

Specialty-Specific Program Requirements: Faculty Member Qualifications

Effective as of July 1, 2024

Common Program Requirements are in bold

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Allergy and Immunology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Allergy and Immunology or the American Osteopathic Board of Internal Medicine or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(2) Physician faculty members who are not specialists in allergy and immunology must be certified in their specialty by the appropriate American Board of Medical Specialties (ABMS) board or AOA certifying board, or possess qualifications acceptable to the Review Committee. (Core) II.B.3.b).(3) Faculty members must be certified by the American Board of Allergy and Immunology, AOA certification in allergy and immunology, or possess qualifications acceptable to the Review Committee. (Detail) II.B.3.b).(4) At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in pediatrics. (Detail) II.B.3.b).(5) At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in internal medicine. (Detail)
Anesthesiology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. (Core)
Adult Cardiothoracic Anesthesiology	II.B.3.b) Subspecialty physician faculty members must:

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	II.B.3.b).(1) have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee; and, (Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(2) have fellowship education or post-residency experience in the care of adult cardiothoracic patients that meets or exceeds completion of a one-year adult cardiothoracic anesthesiology program. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Anesthesiology Critical Care Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(1).(a) Other qualifications that are acceptable to the Review Committee include certification in critical care medicine or its affiliated subspecialties by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA). (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Obstetric Anesthesiology	II.B.3.b) Physician faculty members must:

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	II.B.3.b).(1) have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee; and, (Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(2) have fellowship education or post-residency experience in clinical obstetric anesthesiology that meets or exceeds completion of a one-year obstetric anesthesiology program. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Pediatric Anesthesiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Pediatric Cardiac Anesthesiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee; and, (Core)

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	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.] II.B.3.b).(2) have fellowship education or post-residency experience in the care of pediatric cardiac patients that meets or exceeds completion of a one-year pediatric cardiac anesthesiology program. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Regional Anesthesiology and Acute Pain Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee; and, (Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(2) have fellowship education or post-residency experience in regional anesthesiology and acute pain medicine that meets or exceeds completion of a one-year regional anesthesiology and acute pain medicine program. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) <u>Frequently Asked Questions</u>

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	<i>Would a clinical psychologist with a doctorate (PhD) be accepted as qualified psychiatry faculty? [Program Requirement: II.B.3.c)]</i> Each program will be evaluated on a case-by-case basis. Programs are encouraged to establish meaningful educational relationships with a physician trained in psychiatry. However, it is recognized that a clinical psychologist may contribute in a meaningful way to the program.
Colon and Rectal Surgery	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Colon and Rectal Surgery or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]
Dermatology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(1).(a) Physician faculty members directing resident education in dermatopathology should have subspecialty certification in dermatopathology by the American Board of Dermatology, or the American Osteopathic Board of Dermatology. (Core) II.B.3.b).(1).(b) Physician faculty members directing resident education in dermatologic surgery should have advanced fellowship education in procedural dermatology. (Core) Specialty-Specific Background and Intent: The Review Committee recognizes the role of non-physician faculty members as an important part of the clinical team, including serving as conference educators, workshop leaders, and as clinical team members.
Pediatric Dermatology	II.B.3.b) Subspecialty physician faculty members must:

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	II.B.3.b).(1) have current certification in the subspecialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) Subspecialty-Specific Background and Intent: Documentation of alternate qualifications is the responsibility of the program director. For a faculty member without pediatric dermatology certification from the American Board of Dermatology or American Osteopathic Board of Dermatology, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • primary certification in dermatology from the American Board of Dermatology/or American Osteopathic Board of Dermatology • evidence of adequate scholarship within the field of dermatology, and pediatric dermatology specifically; and/or evidence of ongoing scholarship documented by significant educational, curricular, or research contributions such as: ○ creation of enduring educational materials; ○ contributions to the peer-reviewed literature in dermatology and (or) pediatric dermatology and dermatology; or, ○ pediatric dermatology presentations at national meetings. II.B.3.b).(2) have evidence of current clinical activity in pediatric dermatology that provides greater than 50 percent of clinical time caring for children. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.d) Other specialty physician faculty members may include members from specialties and subspecialties directly related to pediatric dermatology, such as dermatology, dermatopathology, pediatric allergy and immunology, pediatric medical oncology and hematology, pediatric rheumatology, and pediatric plastic surgery. ^(Detail) <u>Frequently Asked Questions</u>

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	<i>Are there other specialists beyond those listed in the requirements who the Review Committee would consider acceptable as physician faculty members? [Program Requirement: II.B.3.d)]</i> The committee would also accept specialty physician members from other pediatric specialties and subspecialties, including neonatology, infectious diseases, plastic surgery, general surgery, pediatric surgery, and radiology.
Micrographic Surgery and Dermatologic Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(2) Members of the faculty who have responsibility for fellow education in Mohs micrographic surgery must have completed a 12-month PGY-5 dermatologic surgery fellowship or have experience as a program director of a dermatologic surgery fellowship program for at least 10 years. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Diagnostic Radiology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(2) Other faculty qualifications acceptable to the Review Committee include certification by other American Board of Medical Specialties (ABMS) member boards, or other American Osteopathic Association (AOA) certifying boards. (Core)
Interventional Radiology	II.B.3.b) Physician faculty members must:

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	II.B.3.b).(1) have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(2) Other faculty qualifications acceptable to the Review Committee include certification by other American Board of Medical Specialties (ABMS) member boards, or other American Osteopathic Association (AOA) certifying boards. ^(Core)
Abdominal Radiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(2) have post-residency experience in abdominal radiology, including fellowship education. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Musculoskeletal Radiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the ABMS or the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]

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	II.B.3.b).(2) have post-residency experience in musculoskeletal radiology, including fellowship education. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Neuroradiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(1).(a) At least 50 percent of the physician faculty must have subspecialty certification in neuroradiology from the American Board of Radiology or the American Osteopathic Board of Radiology. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Nuclear Radiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(2) be certified by the American Board of Radiology or American Osteopathic Board of Radiology in diagnostic radiology, by the American Board of Radiology in nuclear radiology, or by the

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	American Board of Nuclear Medicine or American Osteopathic Board of Nuclear Medicine in nuclear medicine, or possess qualifications acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Pediatric Radiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Emergency Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee; or ^(Core) II.B.3.b).(2) have certification by a subspecialty board sponsored or co-sponsored by the ABEM or the AOBE. ^(Core) <u>Frequently Asked Questions</u> <i>What other faculty qualifications are acceptable to the Review Committee? [Program Requirement: II.B.3.a).]</i> The Review Committee would accept faculty members’ certification by the American Osteopathic Board of Emergency Medicine (AOBE), and certification by a subspecialty board sponsored or co-sponsored by the American Board of Emergency Medicine (ABEM). It would also accept for faculty

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	appointment recent residency or fellowship graduates (within the past two years) actively working toward certification by these boards. <i>Are there any qualification requirements specific to emergency medicine faculty members related to supervision? [Program Requirement: II.B.3.a).]</i> Faculty members providing supervision to emergency medicine residents on emergency medicine rotations must have appropriate qualifications relative to the patient population for which they are providing the supervision. For example, a faculty member certified in pediatrics and pediatric emergency medicine would be qualified to supervise emergency medicine residents on pediatric cases, but not adult cases. Emergency medicine residents rotating in a pediatric emergency department where there are also pediatric emergency medicine fellows in an ACGME-accredited program are subject to the pediatric emergency medicine requirements related to faculty qualifications and supervision. Faculty qualifications for supervision in an ACGME-accredited pediatric emergency medicine program include certification in pediatric emergency medicine, pediatrics, or emergency medicine (two pediatric emergency medicine program faculty members must be certified in pediatric emergency medicine). In all other instances, faculty members board-certified solely in pediatrics may not supervise emergency medicine residents in the Emergency Department. <i>Can non-ABEM-/non-AOBEM-certified faculty members see patients in the Emergency Department? [Program Requirement: II.B.3.a).]</i> The presence of non-ABEM/non-AOBEM-certified faculty members in the Emergency Department is acceptable only if they do not directly supervise residents.
Emergency Medical Services	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)

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	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>Does the Review Committee consider any other credentials acceptable for core faculty members in the absence of board certification in EMS? [Program Requirements: II.B.3.b).(1) and II.B.4.b)]</i> The Review Committee expects ABEM or AOBEM EMS board certification for all required core faculty members. The only exemption that the Review Committee may consider is for board-eligible core faculty members who participated in the creation of the EMS board certification exam and are precluded from taking the exam and becoming board certified for a defined period of time. The Review Committee will consider these cases individually and expects such individuals to obtain board certification at the earliest opportunity.
Family Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(1).(a) Family medicine physician faculty members who are not certified by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP) must demonstrate ongoing learning activities equivalent to the ABFM or AOBFP Maintenance of Certification process, including demonstration of professionalism, cognitive expertise, self-assessment and life-long learning, and assessment of performance in practice. ^(Core) II.B.3.b).(2) Physician faculty members from other specialties must have current certification in their specialties by a member board of the American Board of Medical Specialties, or an American Osteopathic Association certifying board, or possess qualifications acceptable to the Review Committee. ^(Core)

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Internal Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)
Adult Congenital Heart Disease	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Advanced Heart Failure/Transplant Cardiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Cardiovascular Disease	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)

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	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Clinical Cardiac Electrophysiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Critical Care Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c).(1) ABIM- or AOBIM-certified clinical faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, oncology, and pulmonary disease, must participate in the program. (Core) II.B.3.c).(2) Faculty members from anesthesiology, cardiovascular surgery, emergency medicine, neurology, neurological surgery, obstetrics and gynecology, orthopaedic surgery, surgery, thoracic surgery, urology, and vascular surgery should be available to participate in the education of fellows. (Core)

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Endocrinology, Diabetes and Metabolism	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Gastroenterology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Hematology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c).(1) Faculty members who are ABIM- or AOBIM-certified in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious

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	disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. ^(Core)
Hematology and Medical Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Faculty members who are ABIM- or AOBIM-certified in cardiovascular disease, endocrinology, diabetes and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, nephrology, and pulmonary disease should be available to participate in the education of fellows. ^(Core)
Infectious Disease	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Interventional Cardiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)

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	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Interventional Pulmonology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification in the specialty by a member board of the American Board of medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Medical Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Faculty members who are ABIM- or AOBIM-certified in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious

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	disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. ^(Core)
Nephrology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Pulmonary Disease and Critical Care Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Faculty members who are ABIM- or AOBIM-certified clinical faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, and oncology must participate in the program. ^(Core) II.B.3.c).(2) Faculty members from several related disciplines, including anesthesiology, cardiovascular surgery, emergency medicine, general surgery, obstetrics and gynecology, orthopaedic surgery, neurological surgery, neurology, thoracic surgery, urology, and vascular surgery must be available to participate in the program. ^(Core)
Pulmonary Disease	II.B.3.b) Subspecialty physician faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Rheumatology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Transplant Hepatology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Medical Genetics and Genomics	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Medical Genetics and Genomics or possess qualifications judged acceptable to the Review Committee; (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty] II.B.3.b).(2) have current medical licensure and appropriate medical staff appointment. (Core) <u>Frequently Asked Questions</u> <i>What are appropriate qualifications and institutional appointments for non-physician faculty members, such as genetic counselors, nurses, and nutritionists? [Program Requirement: II.B.3.a)]</i> The Review Committee accepts hospital-approved credentialing or other equivalent qualifications for non-physician faculty members.
Clinical Biochemical Genetics	II.B.3.b) Faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Medical Genetics and Genomics, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty] II.B.3.c) Faculty members responsible for post-doctoral fellow education in biochemical genetics must have current ABMGG certification in clinical biochemical genetics. (Core) <u>Frequently Asked Questions</u> <i>What other qualifications would the Review Committee judge as acceptable for program faculty members? [Program Requirement: II.B.3).(a).(1)]</i> Appropriately qualified genetic counselors or laboratory technicians who serve in teaching roles would be acceptable program faculty members.
Laboratory Genetics and Genomics	II.B.3.b) Faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1) have current certification in the specialty by the American Board of Medical Genetics and Genomics, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty] II.B.3.c) Faculty members responsible for post-doctoral fellow education in clinical molecular genetics and genomics must have current ABMGG certification in clinical molecular genetics and genomics or laboratory genetics and genomics. ^(Core) II.B.3.d) Faculty members responsible for post-doctoral fellow education in clinical cytogenetics and genomics must have current ABMGG certification in clinical cytogenetics and genomics or laboratory genetics and genomics. ^(Core) <u>Frequently Asked Questions</u> <i>What other qualifications would the Review Committee judge as acceptable for program faculty members? [Program Requirement: II.B.3).(a).(1)]</i> The Review Committee recognizes that some qualified individuals may have certification in molecular genetic pathology, and would evaluate those qualifications on an individual basis. Appropriately qualified genetic counselors or laboratory technicians who serve in teaching roles are also acceptable.
Medical Biochemical Genetics	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Medical Genetics and Genomics or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1).(a) The Review Committee will also accept current ABMGG certification in either clinical genetics and genomics or clinical biochemical genetics. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Neurological Surgery	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in neurological surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(1).(a) Any faculty member appointed as a site director must be certified in the specialty by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery. ^(Core) <u>Frequently Asked Questions</u> <i>How does the Review Committee judge physician faculty member qualifications for those faculty members who do not have current certification in the specialty? [Program Requirement: II.B.3.b).(1)]</i> The Review Committee will consider faculty member certification by non-domestic entities, as well as neurological surgeons who are on a path to ABNS or AOBS certification in neurological surgery based on review of the submitted CV.
Neurology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Child Neurology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<i>What is considered appropriate certification for subspecialty faculty members? [Program Requirement: II.B.3.b).(1)]</i> All faculty members providing subspecialty teaching in the program should be board-certified in the relevant subspecialty by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Board of Neurology and Psychiatry (AOBNP), when an applicable board is available. This would apply to situations in which residents rotate through subspecialty clinics or subspecialty inpatient rotations. Those faculty members supervising general patient experiences would only be required to be ABPN- or AOBNP-certified in neurology. <i>If a program does not have faculty members with expertise in particular disciplines, how should it ensure its residents have exposure to all of the areas listed in the Program Requirements? [Program Requirement: II.B.3.b).(1)]</i> Resident exposure to all the disciplines identified in the Program Requirements may occur through several methods. Residents may learn from a child neurologist who sees a high volume of patients with a particular problem, even if that faculty member is not formally listed as an expert in this area. Residents may also work with multi-disciplinary specialists or rotate to other clinical sites to obtain exposure to all required disciplines.
Clinical Neurophysiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>Must faculty members be board certified in clinical neurophysiology by the ABPN or AOBNP, or will alternative board certifications be acceptable? [Program Requirement: II.B.3.]</i>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	While not every faculty member must be board certified in clinical neurophysiology, all eligible faculty members teaching in the program must be board certified in clinical neurophysiology, epilepsy, or neuromuscular medicine by the ABPN or AOBNP. The Review Committee does not consider ABCN or ABEM certification as equivalent.
Epilepsy	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>Must faculty members be board certified in epilepsy by the ABPN or the AOBNP, or will alternative board certifications be acceptable? [Program Requirement: II.B.3.b).(1)]</i> While not every faculty member must be board certified in epilepsy, all eligible faculty members teaching in the program must be board certified in epilepsy or clinical neurophysiology by the ABPN or the AOBNP. The Review Committee does not consider ABCN certification as equivalent.
Neurodevelopmental Disabilities	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Additional faculty members must include specialists in child and adolescent psychiatry, dentistry, genetics, metabolism, neonatology, neurology, neurological surgery, ophthalmology, orthopaedic surgery, otolaryngology, pediatrics and its related subspecialties, physical medicine and rehabilitation, and psychiatry. ^(Detail)
Vascular Neurology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Faculty members from other disciplines, including cardiologists, neurological surgeons, neuro-rehabilitation specialists, and vascular surgeons, must be available to the program. ^(Detail)
Nuclear Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine, or possess qualifications judged acceptable to the Review Committee; or, ^(Core) II.B.3.b).(2) have current certification in nuclear radiology by the American Board of Radiology. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(2).(a) In programs affiliated with a medical school, all physician faculty members must have an academic appointment. ^(Core)
Obstetrics and Gynecology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>Do programs need to review program director and faculty member certification information that is automatically provided in ADS? [Program Requirement: II.B.3.b).(1)]</i> Yes, programs are expected to review faculty members’ certification information for accuracy during the ADS Annual Update and when a new faculty member is entered into the system. If an error is identified, programs should correct this in the Faculty Roster [Specialty Certification – Manual Entries > +Add > enter correct certification information and an explanation in “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”]. <i>When does the Review Committee need to review the qualifications of a faculty member who is not certified in obstetrics and gynecology by ABOG or AOBOG? [Program Requirement: II.B.3.b).(1)]</i> Programs are expected to submit an approval request for: • A faculty member whose certification is from a country outside of the United States. • A faculty member who is not an ABOG active candidate or an AOBOG-eligible candidate. • A faculty member with lapsed ABOG or AOBOG certification. A request is not needed for: • A faculty member who is an ABOG active candidate or an AOBOG-eligible candidate. Programs should enter “ABMS Board Eligible” or “AOA Board Eligible” in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add). A non-obstetrician-gynecologist faculty member who is board certified in another (sub)specialty.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<i>How should a program request Review Committee consideration of the qualifications of a physician faculty member who does not have certification in obstetrics and gynecology by ABOG or AOBOG? [Program Requirement: II.B.3.b).(1)]</i> The program must submit a letter of support, signed by the program director and DIO, to the Review Committee. A CV for the faculty member must be attached and both should be sent by email to the Review Committee’s Accreditation Administrator, contact information for whom can be found on the Obstetrics and Gynecology section of the ACGME website. If the Review Committee approves the request, programs should note this approval in the ADS Faculty Roster [Specialty Certification – Manual Entries > +Add > enter certification information > indicate Review Committee approval under “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”].
Complex Family Planning	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Obstetrics and Gynecology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>How should faculty members’ certification information be reported in the ADS Faculty Roster? [Program Requirement: II.B.3.b).(1)]</i> Programs must enter both obstetrics and gynecology and complex family planning certification information on the Faculty Roster.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	For obstetrics and gynecology certification: - Most faculty members have time-limited certifications and programs should indicate continuing certification by “Meets MOC/CC Requirements” for American Board of Medical Specialties (ABMS) certification or “Meets Osteopathic Continuous Certification (OCC)” for American Osteopathic Association (AOA) certification. For faculty members who received a time-<i>unlimited</i> certificate (before re-certification was required) and are <i>not</i> engaged in maintenance of certification, choose “Time-unlimited certification/no Re-certification.” - For faculty members who recently completed obstetrics and gynecology education and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” - For faculty members who do not have ABMS or AOA certification and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” “Certification Lapsed,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section. See the question below for more information on faculty members who are certified by another certifying body, have lapsed certification, or are not certified. For complex family planning certification: - Until certification is offered in complex family planning, programs should enter “Not Certified.” Once certification is offered, programs should enter “ABMS Board Eligible” or “Meets MOC/CC Requirements.” <i>When does a program need to request the Committee review the qualifications of a faculty member who is not certified in obstetrics and gynecology by ABOG or AOBOG or complex family planning by ABOG? [Program Requirement: II.B.3.b).(1)]</i> Programs are expected to submit an approval request for: - a faculty member whose certification in obstetrics and gynecology is from a country outside of the United States. - a faculty member who is not an ABOG active candidate or an AOBOG-eligible candidate in obstetrics and gynecology. - a faculty member with lapsed ABOG or AOBOG certification in obstetrics and gynecology. - a faculty member who is not an ABOG active candidate or board certified in complex family

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	planning, <i>once certification is available</i>. A request is <i>not</i> needed for: • a faculty member who is an ABOG active candidate or an AOBOG-eligible candidate in obstetrics and gynecology. • a faculty member who is an ABOG active candidate in complex family planning, <i>once certification is available</i>. a non-obstetrician/gynecologist faculty member who is board certified in another (sub)specialty. <i>How should a program request Review Committee consideration of the qualifications of a physician faculty member who does not have certification in obstetrics and gynecology by ABOG or AOBOG?</i> [Program Requirement: II.B.3.b).(1)] The program must submit a letter of support to the Review Committee signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee’s Accreditation Administrator, contact information for whom can be found in the Obstetrics and Gynecology section of the ACGME website. If the Review Committee approves the individual, the program should note this in the ADS Faculty Roster’s Specialty Certification section under “Explain Equivalent Qualifications for RC Consideration.”
Gynecologic Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1) In addition to the core faculty in gynecologic oncology, a program must include faculty members, who participate in the care of patients and are involved in the training of the fellows, with special interest and expertise in the following areas: ^(Core) II.B.3.c).(1).(a) Radiation Therapy II.B.3.c).(1).(a).(i) At least one radiation oncologist must be involved in an active program of radiation therapy with modern equipment for teletherapy and sources for brachytherapy. ^(Core) This individual must: II.B.3.c).(1).(a).(i) provide consultation for patient care; and, ^(Core) II.B.3.c).(1).(a).(ii) provide formal instruction to the fellows in the principles and techniques of all forms of radiation therapy. ^(Core) II.B.3.c).(1).(b) Pathology At least one pathologist who is skilled in the areas of cytology and gynecologic malignancies must be available to the fellows for consultation and instruction. ^(Core) II.B.3.c).(1).(c) Chemotherapy and Other Targeted Therapeutics At least one physician with expertise in chemotherapy and other targeted therapeutics must be available to the fellows. This individual may be a gynecologic oncologist or a subspecialist in another discipline. ^(Core) This individual must: II.B.3.c).(1).(c).(i) be readily available for consultation; and, ^(Core) II.B.3.c).(1).(c).(ii) provide formal instruction for the fellows in the principles, use, and complications of chemotherapy and other targeted therapeutics. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(c).(ii).(a) This instruction must include clinical teaching and supervision. ^(Core) II.B.3.c).(2) There must be evidence of mutually complementary active and continuing interaction between these disciplines and the fellows. ^(Core) <u>Frequently Asked Questions</u> <i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: II.B.3.b).(1)]</i> Programs must enter both obstetrics and gynecology and gynecologic oncology certification information into the Faculty Roster. Note: • Most faculty members have time-limited certifications, and programs should indicate continuing certification by “MOC/CC Requirements” for American Board of Medical Specialties (ABMS) certification or “Osteopathic Continuous Certification (OCC)” for American Osteopathic Association (AOA) certification. • For faculty members who received a time-unlimited certificate (before re-certification was required) and are not engaged in maintenance of certification, choose “Time-unlimited.” • For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” “Certification Lapsed,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section. See the next two questions for additional information. <i>When does a program need to request the Committee’s review of the qualifications of a faculty member who is not certified in gynecologic oncology by ABOG or AOBOG? [Program Requirement: II.B.3.b).(1)]</i> Programs are expected to submit an approval request for: • a faculty member whose certification is from a country outside of the United States • a faculty member who is not an ABOG active candidate or an AOBOG-eligible candidate in gynecologic oncology

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	• a faculty member with lapsed ABOG or AOBOG certification in gynecologic oncology A request is not needed for: • a faculty member who is an ABOG active candidate or an AOBOG-eligible candidate in gynecologic oncology. a non-obstetrician/gynecologist faculty member who is board certified in their (sub)specialty. <i>How should a program request the Committee’s consideration of the qualifications of a physician faculty member who does not have certification in gynecologic oncology by ABOG or AOBOG?</i> <i>[Program Requirement: II.B.3.b).(1)]</i> The program must submit a letter of support to the Review Committee signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee’s Accreditation Administrator, contact information for whom can be found in the Obstetrics and Gynecology section of the ACGME website. If the Review Committee approves the individual, the program should note the approval in the ADS Faculty Roster’s Specialty Certification section under “Explain Equivalent Qualifications for RC Consideration.”
Maternal-Fetal Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the members of the core faculty, there must be faculty members, in the following specialty areas, who participate in the care of patients and are involved in the education of fellows:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(a) critical care medicine; (Core) II.B.3.c).(1).(b) genetics; (Core) II.B.3.c).(1).(c) infectious diseases; (Core) II.B.3.c).(1).(d) neonatology; (Core) II.B.3.c).(1).(e) obstetrical anesthesiology; and, (Core) II.B.3.c).(1).(f) perinatal pathology. (Core) II.B.3.c).(2) There must be evidence of mutually complementary active and continuing interaction between these disciplines and fellows. (Core) <u>Frequently Asked Questions</u> <i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: II.B.3.b).(1)]</i> Programs must enter both obstetrics and gynecology and maternal-fetal medicine certification information into the Faculty Roster. Note: • Most faculty members have time-limited certifications, and programs should indicate continuing certification by “MOC/CC Requirements” for American Board of Medical Specialties (ABMS) certification or “Osteopathic Continuous Certification (OCC)” for American Osteopathic Association (AOA) certification. • For faculty members who received a time-unlimited certificate (before re-certification was required) and are not engaged in maintenance of certification, choose “Time-unlimited.” • For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” “Certification Lapsed,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	“Explain Equivalent Qualifications for RC Consideration” section. See the next two questions for additional information. <i>When does a program need to request the Committee’s review of the qualifications of a faculty member who is not certified in maternal-fetal medicine by ABOG or AOBOG? [Program Requirement: II.B.3.b).(1)]</i> Programs are expected to submit an approval request for: • a faculty member whose certification is from a country outside of the United States • a faculty member who is not an ABOG active candidate or an AOBOG-eligible candidate in maternal-fetal medicine • a faculty member with lapsed ABOG or AOBOG certification in maternal-fetal medicine A request is not needed for: • a faculty member who is an ABOG active candidate or an AOBOG-eligible candidate in maternal-fetal medicine. a non-obstetrician/gynecologist faculty member who is board certified in their (sub)specialty. <i>How should a program request the Committee’s consideration of the qualifications of a physician faculty member who does not have certification in gynecologic oncology by ABOG or AOBOG? [Program Requirement: II.B.3.b).(1)]</i> The program must submit a letter of support to the Review Committee signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee’s Accreditation Administrator, contact information for whom can be found in the Obstetrics and Gynecology section of the ACGME website. If the Review Committee approves the individual, the program should note the approval in the ADS Faculty Roster’s Specialty Certification section under “Explain Equivalent Qualifications for RC Consideration.”
Reproductive Endocrinology and Infertility	II.B.3.b) Subspecialty physician faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1) have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c).(1) In addition to the faculty in reproductive endocrinology and infertility, there must be faculty members in the following specialty areas who participate in the care of patients, have mutually complementary and continuing interaction with the fellows, and are involved in the education of the fellows: II.B.3.c).(1).(a) genetics; (Core) II.B.3.c).(1).(b) male infertility; (Core) II.B.3.c).(1).(c) medical endocrinology; and, (Core) II.B.3.c).(1).(d) pediatric endocrinology. (Core) <u>Frequently Asked Questions</u> <i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: II.B.3.b).(1)]</i> Programs must enter both obstetrics and gynecology and reproductive endocrinology and infertility certification information into the Faculty Roster. Note: • Most faculty members have time-limited certifications, and programs should indicate continuing certification by “MOC/CC Requirements” for American Board of Medical Specialties (ABMS) certification or “Osteopathic Continuous Certification (OCC)” for American Osteopathic Association (AOA) certification. • For faculty members who received a time-unlimited certificate (before re-certification was required)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	and are not engaged in maintenance of certification, choose “Time-unlimited.” - For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” “Certification Lapsed,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section. See the next two questions for additional information. <i>When does a program need to request the Committee’s review of the qualifications of a faculty member who is not certified in reproductive endocrinology and infertility by ABOG or AOBOG?</i> [Program Requirement: II.B.3.b).(1)] Programs are expected to submit an approval request for: - a faculty member whose certification is from a country outside of the United States - a faculty member who is not an ABOG active candidate or an AOBOG-eligible candidate in reproductive endocrinology and infertility - a faculty member with lapsed ABOG or AOBOG certification in reproductive endocrinology and infertility A request is not needed for: - a faculty member who is an ABOG active candidate or an AOBOG-eligible candidate in reproductive endocrinology and infertility. a non-obstetrician/gynecologist faculty member who is board certified in their (sub)specialty. <i>How should a program request the Committee’s consideration of the qualifications of a physician faculty member who does not have certification in gynecologic oncology by ABOG or AOBOG?</i> [Program Requirement: II.B.3.b).(1)] The program must submit a letter of support to the Review Committee signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee’s Accreditation Administrator, contact information for whom can be found in the Obstetrics and Gynecology section of the ACGME website.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	If the Review Committee approves the individual, the program should note the approval in the ADS Faculty Roster’s Specialty Certification section under “Explain Equivalent Qualifications for RC Consideration.”
Ophthalmology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>Do programs need to review program director and faculty member certification information that is automatically provided in ADS? [Program Requirements: II.A.3.b) and II.B.3.b).(1)]</i> Yes, programs are expected to review faculty member certification information for accuracy during the ADS Annual Update and when a new faculty member is entered into ADS. If an error is identified, programs should correct this in the faculty roster (Specialty Certification – Manual Entries > +Add > enter correct certification information and an explanation in “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”). <i>Under what circumstances does the Committee need to review the qualifications of a program director or faculty member who is not certified in ophthalmology by the American Board of Ophthalmology (ABO) or American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS)? [Program Requirements: II.A.3.b) and II.B.3.b).(1)]</i> Programs are expected to submit a request for a <u>proposed</u> program director or faculty member: • whose certification is from a country outside of the United States, ○ Note: Faculty members trained outside of the United States are expected to participate in the ABO’s Internationally Trained Ophthalmologists program once eligible. • who is not certified by the ABO or AOBOO-HNS and does not plan on becoming certified by the ABO or AOBOO-HNS in the near future, or, • who has lapsed ABO or AOBOO-HNS certification.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	A request is <i>not</i> needed for: - a faculty member who recently completed an ACGME-accredited ophthalmology residency program and has not yet received ABO or AOBOO-HNS certification, or, - Note: Programs should enter “ABMS Board Eligible” or “AOA Board Eligible” in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add). - non-ophthalmologist faculty members who are board certified in their (sub)specialty. <i>How should a program request the Committee’s consideration of the qualifications of a proposed program director or faculty member who is not certified in ophthalmology by the ABO or AOBOO-HNS? [Program Requirements: II.A.3.b) and II.B.3.b).(1)]</i> The program must submit a letter of support to the Review Committee, signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee’s Accreditation Administrator, contact information for whom can be found in the Ophthalmology section of the ACGME website. If the Review Committee approves the request, programs should note this in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add > enter certification information > indicate Review Committee approval under “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”).
Ophthalmic Plastic and Reconstructive Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(2) Faculty members in ophthalmic plastic and reconstructive surgery should have completed an ophthalmic plastic and reconstructive surgery fellowship; they may have part-time or voluntary faculty appointments. ^(Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) There should be designated faculty members from the specialties of otolaryngology, procedural dermatology, craniofacial surgery, plastic surgery, neuroradiology, ocular pathology, and neurology to supervise rotations in these specialties. ^(Detail)
Orthopaedic Surgery	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(1).(a) The primary provider of orthopaedic surgery education in any subspecialty area must have ABOS/AOBOS certification. Other qualified and properly credentialed non-physician practitioners may participate in the education of residents as determined by the program director. ^(Core)
Adult Reconstructive Orthopaedic Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Foot and Ankle Orthopaedic Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Musculoskeletal Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board to the AOA acceptable, there is not ABMS or AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Orthopaedic Sports Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Orthopaedic Trauma	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a member board of the ABMS or the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Pediatric Orthopaedic Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board of the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Orthopaedic Surgery of the Spine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board of the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1).(a) Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c).(1) There must be at least one physician faculty member who is a neurosurgeon and who has current certification in neurological surgery by the American Board of Neurological Surgeons or the American Osteopathic Board of Surgery or be on a pathway towards achieving such certification. (Core)
Osteopathic Neuromusculoskeletal Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Osteopathic Board of Neuromusculoskeletal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) acceptable, there is no ABMS member board that offers certification in this specialty] II.B.3.b).(1).(a) Current certification through the AOBSPOMM is also acceptable. (Core)
Otolaryngology – Head and Neck Surgery	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Otolaryngology – Head and Neck Surgery or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) <u>Frequently Asked Questions</u> <i>What qualifications are acceptable for core physician faculty members in lieu of American Board of Otolaryngology-Head and Neck Surgery (ABOHNS) or American Osteopathic Board of Ophthalmology</i>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<i>and Otorhinolaryngology Head and Neck Surgery (AOBOOHNS) certification? [Program Requirements: II.B.3.b).(1) and II.B.4.b)]</i> The Review Committee expects that all core faculty members will be either ABOHNS or AOBOOHNS certified or ABOHNS- or AOBOOHNS-eligible. The program director must send a letter to the Executive Director of the Review Committee at the ACGME explaining the reason for each core faculty member who is not certified by the ABOHNS or AOBOOHNS. The letter must provide a summary description of their board certification equivalency qualifications (i.e., other certification), prior GME teaching experience, a letter of support from the department chair, and a description of their effort to seek an alternative pathway to ABOHNS or AOBOOHNS certification. A curriculum vitae should be attached to the letter.
Neurotology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Otolaryngology – Head and Neck Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) The Review Committee for Otolaryngology – Head and Neck Surgery does not accept alternate qualifications for core physician faculty members. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Pediatric Otolaryngology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) The Review Committee only accepts ABOHNS or AOBOO-HNS certification in otolaryngology – head and neck surgery. ^(Core) Frequently Asked Questions <i>What qualifications are acceptable to the Review Committee for faculty members who completed their education prior to the existence of formal pediatric otolaryngology fellowships? [Program Requirement: II.B.3.b).(1).(a)]</i> Core physician faculty members must have ABOHNS or AOBOOHNS certification in otolaryngology and must have a record demonstrating that pediatric otolaryngology has been their career focus. The Review Committee will review submitted CVs on a case-by-case basis. <i>What qualifications must faculty members from other disciplines have? [Program Requirement: II.B.3.c)]</i> Physician faculty members from related disciplines should be board certified in their respective specialty/subspecialty. Non-physician clinical faculty members, such as audiologists and speech pathologists, should have certification of clinical competence from the appropriate certifying organizations.
Pathology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) An associate program director should have at least two years of experience as an active faculty member in an ACGME-accredited pathology residency program or a pathology residency located in Canada and accredited by the RCPSC. ^(Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Blood Banking/Transfusion Medicine	<u>Currently in Effect (7/1/2023)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] II.B.3.b).(1).(a) Core physician faculty members, who are not currently certified in blood banking/transfusion medicine must have one of the following: II.B.3.b).(1).(b) completed a fellowship in blood banking/transfusion medicine; (Core) II.B.3.b).(1).(c) at least three years of practice experience in the subspecialty; or, (Core) II.B.3.b).(1).(d) completed a fellowship in a subspecialty relevant to their clinical and educational responsibilities in the program. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) <u>Future Effective Date (7/1/2024)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in blood banking/transfusion medicine must have one of the following: II.B.3.b).(1).(a).(i) completion of a fellowship in blood banking/transfusion medicine; (Core) II.B.3.b).(1).(a).(ii) at least three years of practice experience in the subspecialty; or, (Core) II.B.3.b).(1).(a).(iii) completion of a fellowship in a subspecialty relevant to their clinical and educational responsibilities in the program. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Chemical Pathology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in chemical pathology must have either completed a chemical pathology fellowship or have three years of practice experience in the subspecialty. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Cytopathology	<u>Currently in Effect (7/1/2023)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] II.B.3.b).(1).(a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in cytopathology with either cytopathology certification by the ABPath or qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(1).(b) Core physician faculty members who are not currently certified in cytopathology must have either completed a cytopathology fellowship or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Future Effective Date (7/1/2024)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in cytopathology must have either completed a cytopathology fellowship or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Forensic Pathology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) II.B.3.b).(2) Core physician faculty members who are not currently ABPath- or AOBPath-certified forensic pathologists must have either completed a forensic pathology fellowship or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Hematopathology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in hematopathology must have either completed a hematopathology fellowship or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Medical Microbiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in medical microbiology must have either completed a medical microbiology fellowship or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Neuropathology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in neuropathology must have either completed a neuropathology fellowship or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Pediatric Pathology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in pediatric pathology must have one of the following: II.B.3.b).(1).(a).(i) completed a pediatric pathology fellowship; ^(Core) II.B.3.b).(1).(a).(ii) at least three years of practice experience in the subspecialty; or, ^(Core) II.B.3.b).(1).(a).(iii) completed a fellowship in a subspecialty of pathology relevant to their clinical and educational responsibilities in the program. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Selective Pathology	II.B.3.b) Subspecialty physician faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1) have current certification in the specialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee; and, (Core) [Note that while the Common Program Requirements deem certification by a member board of the ABMS or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Physician faculty members must have current certification in anatomic pathology and clinical pathology, in anatomic pathology, or in clinical pathology by the ABPath <u>or the AOBPa</u>. (Core) II.B.3.b).(2) have completed a fellowship in the identified area of the program, or have at least three years of active participation as a specialist in: (Core) II.B.3.b).(2).(a) Track A: surgical pathology. (Core) II.B.3.b).(2).(b) Track B: the identified area of focused anatomic pathology. (Core) II.B.3.b).(2).(c) Track C: the identified area of focused clinical pathology. (Core)
Pediatrics	<u>Currently in Effect (7/1/2023)</u> II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core) Specialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member who has not achieved pediatrics certification from the ABP or AOBP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatrics residency program • leadership and/or participation on committees in national pediatric organizations

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	• scholarship within the field of pediatrics, specifically, evidence of ongoing scholarship documented by contributions to the peer-reviewed literature in pediatrics, and pediatrics presentations at national meetings • experience in providing clinical activity in pediatrics The Review Committee expects faculty members who are recent graduates of ACGME-accredited or AOA-approved pediatrics programs to take and pass the next available ABP or AOBP pediatrics certifying examination. If a faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." <u>Future Effective Date (7/1/2025)</u> II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who have current certification in their subspecialty by the ABP or the AOBP, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.d) Other physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess other qualifications judged acceptable to the Review Committee. (Core) Specialty-Specific Background and Intent: The Review Committee maintains that ABP and AOBP specialty/subspecialty board certification is the standard for expertise.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member who has not achieved certification from the ABP or AOBP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatrics residency program • completion of a pediatric subspecialty fellowship program • demonstrated ability in teaching • leadership and/or participation on committees in national pediatric organizations • scholarship within the field of pediatrics, specifically, evidence of ongoing scholarship documented by contributions to the peer-reviewed literature in pediatrics, and pediatrics presentations at national meetings • experience in providing clinical activity in pediatrics The Review Committee expects faculty members who recently graduated from an ACGME-accredited or AOA-approved pediatrics program to take and pass the next available ABP or AOBP pediatrics certifying examination. An explanation is to be provided for any faculty member unable to take the next administration of the certifying examination. Years of practice are not equivalent to specialty board certification.
Adolescent Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics, the American Board of Family Medicine, or the American Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without adolescent medicine certification from the ABP, ABFM, or ABIM, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	• completion of an adolescent medicine fellowship program • scholarship within the field of adolescent medicine; specifically, evidence of ongoing scholarship documented by contributions to the peer-reviewed literature in adolescent medicine, and adolescent medicine presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in adolescent medicine Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited or AOA-approved fellowship education within the United States and have failed the ABP, ABFM, or ABIM certification exam, or have chosen not to take the ABP, ABFM, or ABIM certification exam. For faculty members who are recent graduates of an ACGME-accredited adolescent medicine program, the Review Committee expects that individual to take and pass the next eligible ABP, ABFM, or ABIM adolescent medicine certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the adolescent medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) pediatric cardiology; ^(Core) II.B.3.c).(1).(b) pediatric critical care medicine; ^(Core) II.B.3.c).(1).(c) pediatric endocrinology; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric gastroenterology; (Core) II.B.3.c).(1).(e) pediatric hematology-oncology; (Core) II.B.3.c).(1).(f) pediatric infectious diseases; (Core) II.B.3.c).(1).(g) pediatric nephrology; (Core) II.B.3.c).(1).(h) pediatric pulmonology; and, (Core) II.B.3.c).(1).(i) pediatric rheumatology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Detail) II.B.3.c).(2).(b) anesthesiologist(s); (Detail) II.B.3.c).(2).(c) child and adolescent psychiatrist(s); (Core) II.B.3.c).(2).(d) child neurologist(s); (Detail) II.B.3.c).(2).(e) dermatologist(s); (Detail) II.B.3.c).(2).(f) diagnostic radiologist(s); (Detail) II.B.3.c).(2).(g) obstetrician(s) and gynecologist(s); (Core) II.B.3.c).(2).(h) orthopaedic surgeon(s); (Detail) II.B.3.c).(2).(i) pathologist(s); (Detail) II.B.3.c).(2).(j) pediatric surgeon(s); (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(k) sports medicine physician(s); and, ^(Core) II.B.3.c).(2).(l) urologist(s). ^(Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. ^(Detail)
Child Abuse	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without child abuse pediatrics certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a child abuse pediatrics fellowship program • scholarship within the field of child abuse pediatrics; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in child abuse pediatrics, and child abuse pediatrics presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in child abuse pediatrics For faculty members who are recent graduates of an ACGME-accredited child abuse pediatrics program, the Review Committee expects that individual to take and pass the next available ABP child abuse pediatrics certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the child abuse pediatrics faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) pediatric critical care medicine; ^(Core) II.B.3.c).(1).(b) pediatric emergency medicine; ^(Core) II.B.3.c).(1).(c) pediatric endocrinology; and, ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric hematology-oncology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) child and adolescent psychiatrist(s); (Core) II.B.3.c).(2).(b) child neurologist(s); (Detail) II.B.3.c).(2).(c) forensic pathologist(s); (Detail) II.B.3.c).(2).(d) medical geneticist(s); (Core) II.B.3.c).(2).(e) neurological surgeon(s); (Detail) II.B.3.c).(2).(f) neuroradiologist(s); (Detail) II.B.3.c).(2).(g) ophthalmologist(s); (Core) II.B.3.c).(2).(h) orthopaedic surgeon(s); (Detail) II.B.3.c).(2).(i) pathologist(s); (Core) II.B.3.c).(2).(j) pediatric gastroenterologist(s); (Detail) II.B.3.c).(2).(k) pediatric surgeon(s); (Core) II.B.3.c).(2).(l) pediatric radiologist(s); and, (Core) II.B.3.c).(2).(m) trauma surgeon(s). (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines, and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available.
Developmental-Behavioral Pediatrics	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without developmental-behavioral pediatrics certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a developmental-behavioral pediatrics fellowship program • scholarship within the field of developmental-behavioral pediatrics; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in developmental-behavioral pediatrics, and developmental-behavioral pediatrics presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in developmental-behavioral pediatrics For faculty members who are recent graduates of an ACGME-accredited developmental-behavioral pediatrics program, the Review Committee expects that individual to take and pass the next available ABP developmental-behavioral pediatrics certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the developmental-behavioral pediatrics faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) adolescent medicine; ^(Core) II.B.3.c).(1).(b) child neurology; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(c) child and adolescent psychiatry; and, (Core) II.B.3.c).(1).(d) medical genetics. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Detail) II.B.3.c).(2).(b) child abuse pediatrics specialist(s); (Detail) II.B.3.c).(2).(c) dermatologist(s); (Detail) II.B.3.c).(2).(d) neonatologist(s); (Detail) II.B.3.c).(2).(e) neurological surgeon(s); (Detail) II.B.3.c).(2).(f) ophthalmologist(s); (Detail) II.B.3.c).(2).(g) orthopaedic surgeon(s); (Detail) II.B.3.c).(2).(h) otolaryngologist(s); (Detail) II.B.3.c).(2).(i) pediatric cardiologist(s); (Detail) II.B.3.c).(2).(j) pediatric endocrinologist(s); (Detail) II.B.3.c).(2).(k) pediatric gastroenterologist(s); (Detail) II.B.3.c).(2).(l) pediatric hematologist-oncologist(s); (Detail) II.B.3.c).(2).(m) pediatric infectious diseases specialist(s); (Detail) II.B.3.c).(2).(n) pediatric rheumatologist(s); (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(o) pediatric surgeon(s); (Detail) II.B.3.c).(2).(p) physiatrist(s); (Core) II.B.3.c).(2).(q) radiologist(s); and, (Detail) II.B.3.c).(2).(r) urologist(s). (Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Neonatal-Perinatal Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b.(1) have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without neonatal-perinatal medicine certification from the ABP or AOBP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a neonatal-perinatal medicine fellowship program • scholarship within the field of neonatal-perinatal medicine; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in neonatal-perinatal medicine, and neonatal-perinatal medicine presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in neonatal-perinatal medicine For faculty members who are recent graduates of an ACGME-accredited neonatal-perinatal medicine program, the Review Committee expects that individual to take and pass the next available ABP or AOBP neonatal-perinatal medicine certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the neonatal-perinatal medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) pediatric cardiology; ^(Core) II.B.3.c).(1).(b) pediatric critical care medicine; ^(Core) II.B.3.c).(1).(c) pediatric endocrinology; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric gastroenterology; (Core) II.B.3.c).(1).(e) pediatric hematology-oncology; (Core) II.B.3.c).(1).(f) pediatric infectious diseases; (Core) II.B.3.c).(1).(g) pediatric nephrology; and, (Core) II.B.3.c).(1).(h) pediatric pulmonology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) anesthesiologist(s); (Detail) II.B.3.c).(2).(b) pathologist(s); (Detail) II.B.3.c).(2).(c) radiologist(s); (Core) II.B.3.c).(2).(d) cardiothoracic surgeon(s); (Detail) II.B.3.c).(2).(e) child neurologist(s); (Detail) II.B.3.c).(2).(f) medical geneticist(s); (Detail) II.B.3.c).(2).(g) neurodevelopmentalist(s); (Detail) II.B.3.c).(2).(h) neurological surgeon(s); (Detail) II.B.3.c).(2).(i) neuroradiologist(s); (Detail) II.B.3.c).(2).(j) obstetrician(s) and gynecologist(s); (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(k) ophthalmologist(s); (Core) II.B.3.c).(2).(l) orthopaedic surgeon(s); (Detail) II.B.3.c).(2).(m) otolaryngologist(s); (Detail) II.B.3.c).(2).(n) pediatric surgeon(s); and, (Core) II.B.3.c).(2).(o) urologist(s). (Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available.
Pediatric Cardiology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric cardiology certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric cardiology fellowship program • scholarship within the field of pediatric cardiology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric cardiology, and pediatric cardiology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric cardiology For faculty members who are recent graduates of an ACGME-accredited pediatric cardiology program, the Review Committee expects that individual to take and pass the next available ABP pediatric cardiology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and, the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric cardiology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) neonatal-perinatal medicine; ^(Core) II.B.3.c).(1).(b) pediatric critical care medicine; ^(Core) II.B.3.c).(1).(c) pediatric gastroenterology; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric hematology-oncology; (Core) II.B.3.c).(1).(e) pediatric infectious diseases; (Core) II.B.3.c).(1).(f) pediatric nephrology; and, (Core) II.B.3.c).(1).(g) pediatric pulmonology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) anesthesiologist(s); (Detail) II.B.3.c).(2).(b) child and adolescent psychiatrist(s); (Detail) II.B.3.c).(2).(c) child neurologist(s); (Detail) II.B.3.c).(2).(d) congenital cardiothoracic surgeon(s); (Core) II.B.3.c).(2).(e) medical geneticist(s); (Core) II.B.3.c).(2).(f) pathologist(s); (Detail) II.B.3.c).(2).(g) pediatric surgeon(s); (Detail) II.B.3.c).(2).(h) physiatrist(s); and, (Detail) II.B.3.c).(2).(i) radiologist(s). (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Faculty members with expertise in adult congenital cardiac disease should be available for transition care of young adults. (Detail) II.B.3.c).(4) Consultants should be available in obstetrics and gynecology and maternal-fetal medicine. (Detail)
Pediatric Critical Care Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: For a faculty member without pediatric critical care medicine certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric critical care medicine fellowship program • scholarship within the field of pediatric critical care medicine; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric critical care medicine, and pediatric critical care medicine presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • current clinical activity in pediatric critical care medicine If a faculty member is a recent graduate of a pediatric critical care medicine program, the Review Committee expects that individual to take and pass the next eligible ABP subspecialty certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation should be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." Provision of documentation of alternate qualifications is the responsibility of the program director. II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric critical care medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) neonatal-perinatal medicine; ^(Core) II.B.3.c).(1).(b) pediatric cardiology; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(c) pediatric endocrinology; (Core) II.B.3.c).(1).(d) pediatric emergency medicine; (Core) II.B.3.c).(1).(e) pediatric gastroenterology; (Core) II.B.3.c).(1).(f) pediatric hematology-oncology; (Core) II.B.3.c).(1).(g) pediatric infectious diseases; and, (Core) II.B.3.c).(1).(h) pediatric nephrology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Core) II.B.3.c).(2).(b) anesthesiologist(s); (Core) II.B.3.c).(2).(c) child abuse pediatrician(s); (Core) II.B.3.c).(2).(d) child and adolescent psychiatrist(s); (Core) II.B.3.c).(2).(e) child neurologist(s); (Core) II.B.3.c).(2).(f) congenital cardiac surgeon(s); (Detail) II.B.3.c).(2).(g) medical geneticist(s); (Detail) II.B.3.c).(2).(h) neurological surgeon(s); (Core) II.B.3.c).(2).(i) neuroradiologist(s); (Detail) II.B.3.c).(2).(j) orthopaedic surgeon(s); (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(k) otolaryngologist(s); (Core) II.B.3.c).(2).(l) pathologist(s); (Detail) II.B.3.c).(2).(m) pediatric surgeon(s); (Core) II.B.3.c).(2).(n) physiatrist(s); (Detail) II.B.3.c).(2).(o) radiologist(s); and, (Core) II.B.3.c).(2).(p) trauma surgeon(s). (Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available.
Pediatric Endocrinology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric endocrinology certification from the ABP or AOBP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric endocrinology fellowship program • scholarship within the field of pediatric endocrinology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric endocrinology, and pediatric endocrinology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric endocrinology For faculty members who are recent graduates of an ACGME-accredited pediatric endocrinology program, the Review Committee expects that individual to take and pass the next available ABP or AOBP pediatric endocrinology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric endocrinology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) adolescent medicine; ^(Core) II.B.3.c).(1).(b) neonatal-perinatal medicine; ^(Core) II.B.3.c).(1).(c) pediatric critical care medicine; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric emergency medicine; (Core) II.B.3.c).(1).(e) pediatric gastroenterology; and, (Core) II.B.3.c).(1).(f) pediatric hematology-oncology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) anesthesiologist(s); (Detail) II.B.3.c).(2).(b) child and adolescent psychiatrist(s); (Core) II.B.3.c).(2).(c) child neurologist(s); (Detail) II.B.3.c).(2).(d) medical geneticist(s); (Detail) II.B.3.c).(2).(e) neurological surgeon(s); (Detail) II.B.3.c).(2).(f) neuroradiologist(s); (Detail) II.B.3.c).(2).(g) nuclear medicine physician(s); (Detail) II.B.3.c).(2).(h) obstetrician(s) and gynecologist(s)(Detail) II.B.3.c).(2).(i) ophthalmologist(s); (Detail) II.B.3.c).(2).(j) pathologist(s); (Detail) II.B.3.c).(2).(k) pediatric surgeon(s); (Core) II.B.3.c).(2).(l) interventional radiologist(s); and, (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(m) urologist(s). ^(Core) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines, and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. ^(Detail)
Pediatric Gastroenterology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric gastroenterology certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric gastroenterology fellowship program • scholarship within the field of pediatric gastroenterology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric gastroenterology, and pediatric gastroenterology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric gastroenterology For faculty members who are recent graduates of an ACGME-accredited pediatric gastroenterology program, the Review Committee expects that individual to take and pass the next eligible ABP

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	pediatric gastroenterology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c).(1) In addition to the pediatric gastroenterology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) neonatal-perinatal medicine; (Core) II.B.3.c).(1).(b) pediatric cardiology; (Core) II.B.3.c).(1).(c) pediatric critical care; (Core) II.B.3.c).(1).(d) pediatric endocrinology; (Core) II.B.3.c).(1).(e) pediatric hematology-oncology; (Core) II.B.3.c).(1).(f) pediatric infectious diseases; (Core) II.B.3.c).(1).(g) pediatric nephrology; and, (Core) II.B.3.c).(1).(h) pediatric pulmonology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(b) anesthesiologist(s); (Core) II.B.3.c).(2).(c) child and adolescent psychiatrist(s); (Core) II.B.3.c).(2).(d) child neurologist(s); (Core) II.B.3.c).(2).(e) dermatologist(s); (Core) II.B.3.c).(2).(f) medical geneticist(s); (Core) II.B.3.c).(2).(g) pathologist(s); (Core) II.B.3.c).(2).(h) pediatric radiologist(s); and, (Core) II.B.3.c).(2).(i) pediatric surgeon(s). (Core) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Pediatric Hematology Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric hematology-oncology certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric hematology-oncology fellowship program • scholarship within the field of pediatric hematology-oncology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric hematology-oncology, and pediatric hematology-oncology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric hematology-oncology For faculty members who are recent graduates of an ACGME-accredited pediatric hematology-oncology program, the Review Committee expects that individual to take and pass the next available ABP pediatric hematology-oncology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric hematology-oncology faculty members, ABP- or AOBP-certified faculty members and consultants in the following specialties/subspecialties must be available: II.B.3.c).(1).(a) neonatal-perinatal medicine; ^(Core) II.B.3.c).(1).(b) pediatric cardiology; ^(Core) II.B.3.c).(1).(c) pediatric critical care medicine; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric emergency medicine; (Core) II.B.3.c).(1).(e) pediatric endocrinology; (Core) II.B.3.c).(1).(f) pediatric gastroenterology; (Core) II.B.3.c).(1).(g) pediatric infectious diseases; (Core) II.B.3.c).(1).(h) pediatric nephrology; and, (Core) II.B.3.c).(1).(i) pediatric pulmonology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Core) II.B.3.c).(2).(b) anesthesiologist(s); (Detail) II.B.3.c).(2).(c) child abuse pediatrician(s); (Detail) II.B.3.c).(2).(d) child and adolescent psychiatrist(s); (Detail) II.B.3.c).(2).(e) child neurologist(s) (Detail) II.B.3.c).(2).(f) hospice and palliative medicine specialist(s); (Core) II.B.3.c).(2).(g) pathologist(s); (Detail) II.B.3.c).(2).(h) medical geneticist(s); (Detail) II.B.3.c).(2).(i) neurological surgeon(s); (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(j) neuroradiologist(s); (Detail) II.B.3.c).(2).(k) orthopaedic surgeon(s); (Core) II.B.3.c).(2).(l) obstetrician(s) and gynecologist(s) (Detail) II.B.3.c).(2).(m) ophthalmologist(s); (Detail) II.B.3.c).(2).(n) pain medicine specialist(s); (Core) II.B.3.c).(2).(o) pediatric surgeon(s); (Core) II.B.3.c).(2).(p) radiation oncologist(s); (Detail) II.B.3.c).(2).(q) radiologist(s); and, (Detail) II.B.3.c).(2).(r) urologist(s). (Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties for which pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Pediatric Hospital Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: Prior to 2025, faculty members must hold current certification by the ABP and are expected to take the pediatric hospital medicine certifying examination by 2024. Effective 2025, faculty members are expected to hold current subspecialty certification in pediatric hospital medicine. The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric hospital medicine certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric hospital medicine fellowship program • scholarship within the field of pediatric hospital medicine; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric hospital medicine, and pediatric hospital medicine presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric hospital medicine For a faculty member who is a recent graduates of an ACGME-accredited pediatric hospital medicine program, the Review Committee expects that individual to take and pass the next available ABP pediatric hospital medicine certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric hospital medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(a) pediatric critical care medicine; and, (Core) II.B.3.c).(1).(b) neonatal perinatal medicine. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: (Detail)† II.B.3.c).(2).(a) anesthesiologist(s); (Core) II.B.3.c).(2).(b) child neurologist(s); (Core) II.B.3.c).(2).(c) child psychiatrist(s); (Core) II.B.3.c).(2).(d) dermatologist(s); (Core) II.B.3.c).(2).(e) medical geneticist(s); (Core) II.B.3.c).(2).(f) neurological surgeon(s); (Core) II.B.3.c).(2).(g) orthopaedic surgeon(s); (Core) II.B.3.c).(2).(h) otolaryngologist(s); (Core) II.B.3.c).(2).(i) palliative care specialist(s); (Core) II.B.3.c).(2).(j) pathologist(s); (Core) II.B.3.c).(2).(k) pediatric cardiologist(s); (Core) II.B.3.c).(2).(l) pediatric child abuse physician(s); (Core) II.B.3.c).(2).(m) pediatric emergency medicine physicians(s); (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(n) pediatric endocrinologist(s); ^(Core) II.B.3.c).(2).(o) pediatric gastroenterologist(s); ^(Core) II.B.3.c).(2).(p) pediatric hematology-oncologist(s); ^(Core) II.B.3.c).(2).(q) pediatric infectious diseases specialist(s); ^(Core) II.B.3.c).(2).(r) pediatric nephrologist(s); ^(Core) II.B.3.c).(2).(s) pediatric surgeon(s); and, ^(Core) II.B.3.c).(2).(t) radiologist(s). ^(Core) II.B.3.c).(3) Consultants should be available for transition care of young adults. ^(Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board-certified pediatric subspecialists in some disciplines, and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification in those subspecialties where pediatric subspecialty board certification is available whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available.
Pediatric Infectious Diseases	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric infectious diseases

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric infectious diseases fellowship program • scholarship within the field of pediatric infectious diseases; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric infectious diseases, and pediatric infectious diseases presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric infectious diseases For faculty members who are recent graduates of an ACGME-accredited pediatric infections diseases program, the Review Committee expects that individual to take and pass the next available ABP pediatric infectious diseases certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric infectious diseases faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) adolescent medicine; ^(Core) II.B.3.c).(1).(b) neonatal-perinatal medicine; ^(Core) II.B.3.c).(1).(c) pediatric cardiology; ^(Core) II.B.3.c).(1).(d) pediatric critical care medicine; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(e) pediatric emergency medicine; (Core) II.B.3.c).(1).(f) pediatric gastroenterology; (Core) II.B.3.c).(1).(g) pediatric hematology-oncology; (Core) II.B.3.c).(1).(h) pediatric nephrology; (Core) II.B.3.c).(1).(i) pediatric pulmonology; and, (Core) II.B.3.c).(1).(j) pediatric rheumatology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Core) II.B.3.c).(2).(b) anesthesiologist(s); (Detail) II.B.3.c).(2).(c) cardiac surgeon(s); (Detail) II.B.3.c).(2).(d) child and adolescent psychiatrist(s); (Detail) II.B.3.c).(2).(e) child neurologist(s); (Detail) II.B.3.c).(2).(f) dermatologist(s); (Detail) II.B.3.c).(2).(g) medical geneticist(s); (Detail) II.B.3.c).(2).(h) microbiologist(s); (Core) II.B.3.c).(2).(i) neurological surgeon(s); (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(j) neuroradiologist(s); (Detail) II.B.3.c).(2).(k) ophthalmologist(s); (Detail) II.B.3.c).(2).(l) orthopaedic surgeon(s); (Detail) II.B.3.c).(2).(m) otolaryngologist(s); (Detail) II.B.3.c).(2).(n) pathologist(s); (Core) II.B.3.c).(2).(o) pediatric surgeon(s); (Core) II.B.3.c).(2).(p) plastic surgeon(s); (Detail) II.B.3.c).(2).(q) radiologist(s); and, (Detail) II.B.3.c).(2).(r) urologist(s). (Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines, and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Pediatric Nephrology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric nephrology certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric nephrology fellowship program • scholarship within the field of pediatric nephrology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric nephrology, and pediatric nephrology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric nephrology For faculty members who are recent graduates of an ACGME-accredited pediatric nephrology program, the Review Committee expects that individual to take and pass the next eligible ABP pediatric nephrology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric nephrology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) adolescent medicine; ^(Core) II.B.3.c).(1).(b) developmental-behavioral pediatrics; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(c) neonatal-perinatal medicine; (Core) II.B.3.c).(1).(d) pediatric cardiology; (Core) II.B.3.c).(1).(e) pediatric critical care medicine; (Core) II.B.3.c).(1).(f) pediatric emergency medicine; (Core) II.B.3.c).(1).(g) pediatric endocrinology; (Core) II.B.3.c).(1).(h) pediatric gastroenterology; (Core) II.B.3.c).(1).(i) pediatric hematology-oncology; (Core) II.B.3.c).(1).(j) pediatric infectious diseases; (Core) II.B.3.c).(1).(k) pediatric pulmonology; and, (Core) II.B.3.c).(1).(l) pediatric rheumatology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) anesthesiologist(s); (Detail) II.B.3.c).(2).(b) child and adolescent psychiatrist(s); (Detail) II.B.3.c).(2).(c) child neurologist(s); (Detail) II.B.3.c).(2).(d) medical geneticist(s); (Detail) II.B.3.c).(2).(e) pathologist(s); (Detail) II.B.3.c).(2).(f) pediatric surgeon(s); (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(g) pediatric urologist(s); (Detail) II.B.3.c).(2).(h) radiologist(s); and, (Detail) II.B.3.c).(2).(i) transplant surgeon(s). (Core) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Pediatric Pulmonology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric pulmonology certification from the ABP or AOBP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric pulmonology fellowship program • scholarship within the field of pediatric pulmonology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric pulmonology, and pediatric pulmonology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric pulmonology For faculty members who are recent graduates of an ACGME-accredited pediatric pulmonology program, the Review Committee expects that individual to take and pass the next available ABP or AOBP pediatric pulmonology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric pulmonology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) neonatal-perinatal medicine; ^(Core) II.B.3.c).(1).(b) pediatric cardiology; ^(Core) II.B.3.c).(1).(c) pediatric critical care medicine; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(d) pediatric emergency medicine; (Core) II.B.3.c).(1).(e) pediatric endocrinology; (Core) II.B.3.c).(1).(f) pediatric gastroenterology; and, (Core) II.B.3.c).(1).(g) pediatric infectious diseases. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Detail) II.B.3.c).(2).(b) anesthesiologist(s); (Core) II.B.3.c).(2).(c) cardiothoracic surgeon(s); (Detail) II.B.3.c).(2).(d) child and adolescent psychiatrist(s); (Detail) II.B.3.c).(2).(e) child neurologist(s); (Detail) II.B.3.c).(2).(f) medical geneticist(s); (Detail) II.B.3.c).(2).(g) otolaryngologist(s); (Core) II.B.3.c).(2).(h) pathologist(s); and, (Core) II.B.3.c).(2).(i) pediatric surgeon(s). (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Pediatric Rheumatology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core) Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric rheumatology certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric rheumatology fellowship program • scholarship within the field of pediatric rheumatology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric rheumatology, and pediatric rheumatology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric rheumatology For faculty members who are recent graduates of an ACGME-accredited pediatric rheumatology program, the Review Committee expects that individual to take and pass the next available ABP pediatric rheumatology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible."

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c).(1) In addition to the pediatric rheumatology faculty members, faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) child and adolescent psychiatrist(s); (Core) II.B.3.c).(1).(b) child neurologist(s); (Core) II.B.3.c).(1).(c) pediatric cardiology; (Core) II.B.3.c).(1).(d) pediatric critical care medicine; (Core) II.B.3.c).(1).(e) pediatric gastroenterology; (Core) II.B.3.c).(1).(f) pediatric hematology-oncology; (Core) II.B.3.c).(1).(g) pediatric infectious diseases; and, (Core) II.B.3.c).(1).(h) pediatric nephrology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist and immunologist(s); (Core) II.B.3.c).(2).(b) anesthesiologist(s); (Detail) II.B.3.c).(2).(c) dermatologist(s); (Core) II.B.3.c).(2).(d) medical geneticist(s); (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(2).(e) neuroradiologist(s); (Detail) II.B.3.c).(2).(f) ophthalmologist(s); (Detail) II.B.3.c).(2).(g) orthopaedic surgeon(s); (Detail) II.B.3.c).(2).(h) pathologist(s); (Detail) II.B.3.c).(2).(i) pediatric surgeon(s); (Detail) II.B.3.c).(2).(j) physiatrist(s); and, (Detail) II.B.3.c).(2).(k) radiologist(s). (Detail) Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available. II.B.3.c).(3) Consultants should be available for transition care of young adults. (Detail)
Pediatric Transplant Hepatology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee; and, (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(2) be pediatric hepatologists with expertise in childhood liver diseases and pediatric liver transplantation, and, have ongoing direct patient care responsibilities. ^(Core) Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric transplant hepatology certification from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric transplant hepatology fellowship program • scholarship within the field of pediatric transplant hepatology; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric transplant hepatology, and pediatric transplant hepatology presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric transplant hepatology For faculty members who are recent graduates of an ACGME-accredited pediatric transplant hepatology program, the Review Committee expects that individual to take and pass the next available ABP pediatric transplant hepatology certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) In addition to the pediatric transplant hepatology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available: II.B.3.c).(1).(a) neonatal-perinatal medicine; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c).(1).(b) pediatric cardiology; (Core) II.B.3.c).(1).(c) pediatric critical care medicine; (Core) II.B.3.c).(1).(d) pediatric endocrinology; (Core) II.B.3.c).(1).(e) pediatric gastroenterology; (Core) II.B.3.c).(1).(f) pediatric hematology-oncology; (Core) II.B.3.c).(1).(g) pediatric infectious diseases; (Core) II.B.3.c).(1).(h) pediatric nephrology; and, (Core) II.B.3.c).(1).(i) pediatric pulmonology. (Core) II.B.3.c).(2) The faculty should also include the following specialists with substantial experience with pediatric problems: II.B.3.c).(2).(a) allergist-immunologist(s); (Detail) II.B.3.c).(2).(b) anesthesiologist(s); (Detail) II.B.3.c).(2).(c) child and adolescent psychiatrist(s); (Core) II.B.3.c).(2).(d) child neurologist(s); (Detail) II.B.3.c).(2).(e) medical geneticist(s); (Core) II.B.3.c).(2).(f) pathologist(s); (Core) II.B.3.c).(2).(g) pediatric radiologist(s); and, (Core) II.B.3.c).(2).(h) pediatric transplant surgeon(s). (Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The Review Committee recognizes that some programs may not have access to board certified pediatric subspecialists in some disciplines and will allow adult subspecialists with pediatric expertise. However, it is expected that faculty members have pediatric subspecialty certification, in those subspecialties where pediatric subspecialty board certification is available, whenever possible. Adult subspecialists should not be appointed as faculty members or consultants if pediatric subspecialists are available.
Physical Medicine and Rehabilitation	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. (Core) Specialty-Specific Background and Intent: Years of practice are not an equivalent for board certification. The onus of documenting evidence for consideration of alternate qualifications is on the program director; however, the determination of whether qualifications are an acceptable alternative to certification by the ABPMR or AOBPMR is a judgment call on the part of the Review Committee. The Review Committee will take into consideration a significant record of publication in peer-reviewed journals as evidence of adequate specialty qualifications.
Pediatric Rehabilitation Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Dual primary certifications through both the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation and the American Board of Pediatrics or the American Osteopathic Board of Pediatrics are considered acceptable qualifications. (Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Spinal Cord Injury Medicine	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Plastic Surgery	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery - Plastic and Reconstructive Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Craniofacial Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Plastic Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Aerospace Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Occupational and Environmental Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Public Health and General Preventive Medicine	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Psychiatry	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in psychiatry by the ABPN or the AOBNP? [Program Requirement: II.B.3.b)]</i> For a physician faculty member who has not achieved certification in psychiatry from the ABPN or AOBNP, the following criteria must be met to serve as a member of the faculty: • completion of a psychiatry residency program • leadership in the field of psychiatry • scholarship in the field of psychiatry

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	• involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME/AOBPN-accredited residency education within the United States and are not eligible for certification by the ABPN or AOBNP, have failed the ABPN or AOBNP certification exams, or have chosen not to take the ABPN or AOBNP certification exams. Years of practice are not an equivalent to specialty board certification, and neither the ABPN nor the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME-accredited programs will be board certified within the first three years following the final year of residency and/or fellowship. The designated institutional official (DIO) and program director must verify that this individual meets the qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Addiction Psychiatry	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology (note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA) or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in addiction psychiatry by the ABPN? [Program Requirement: II.B.3.]</i> For a physician faculty member who has not achieved certification in addiction psychiatry from the ABPN, the following criteria must be met in order to serve as a member of the faculty:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	• completion of a psychiatry residency program • completion of an addiction psychiatry fellowship program • leadership in the field of addiction psychiatry • scholarship within the field of addiction psychiatry • involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency and fellowship education within the United States and are not eligible for certification by the ABPN, have failed the ABPN certification exam, or have chosen not to take the ABPN certification exam. Years of practice are not an equivalent to specialty board certification, and neither the ABPN nor the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME programs will be board certified within the first three years following the final year of residency and/or fellowship. The DIO and program director must verify that the individual meets these qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Child and Adolescent Psychiatry	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in child and adolescent psychiatry by the ABPN or the AOBNP? [Program Requirement: II.B.3.]</i>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	For a physician faculty member who has not achieved certification in child and adolescent psychiatry from the ABPN or AOBNP, the following criteria must be met in order to serve as a member of the faculty: • completion of a psychiatry residency program • completion of a child and adolescent psychiatry fellowship program • leadership in the field of child and adolescent psychiatry • scholarship within the field of child and adolescent psychiatry • involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency and fellowship education within the United States and are not eligible for certification by the ABPN or AOBNP, have failed the ABPN or AOBNP certification exam, or have chosen not to take the ABPN or AOBNP certification exam. Years of practice are not an equivalent to specialty board certification, and neither the ABPN, AOBNP, or the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME programs will be board certified within the first three years following the final year of residency and/or fellowship. The DIO and program director must verify that the individual meets these qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Consultation-Liaison Psychiatry	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology (note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA) or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	<u>Frequently Asked Questions</u> What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in consultation-liaison psychiatry by the ABPN? <i>[Program Requirement: II.B.3.]</i> For a physician faculty member who has not achieved certification in psychiatry from the ABPN, the following criteria must be met in order to serve as a member of the faculty: • completion of a psychiatry residency program • completion of a consultation-liaison psychiatry fellowship program • leadership in the field of consultation-liaison psychiatry • scholarship within the field of consultation-liaison psychiatry • involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency and fellowship education within the United States and are not eligible for certification by the ABPN, have failed the ABPN certification exam, or have chosen not to take the ABPN certification exam. Years of practice are not an equivalent to specialty board certification, and neither the ABPN nor the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME programs will be board certified within the first three years following the final year of residency and/or fellowship. The DIO and program director must verify that the individual meets these qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Forensic Psychiatry	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology (note that while the Common Program Requirements deem AOA certification acceptable, certification in this subspecialty is not offered by a certifying board of the AOA) or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in forensic psychiatry by the ABPN? [Program Requirement: II.B.3.]</i> For a physician faculty member who has not achieved certification in forensic psychiatry from the ABPN, the following criteria must be met in order to serve as a member of the faculty: • completion of a psychiatry residency program • completion of a forensic psychiatry fellowship program • leadership in the field of forensic psychiatry • scholarship within the field of forensic psychiatry • involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency education within the United States and are not eligible for certification by the ABPN, have failed the ABPN certification exam, or have chosen not to take the ABPN certification exam. Years of practice are not an equivalent to specialty board certification, and neither the ABPN nor the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME programs will be board certified within the first three years following the final year of residency and/or fellowship. The DIO and program director must verify that the individual meets these qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Geriatric Psychiatry	II.B.3.b) Subspecialty physician faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in geriatric psychiatry by the ABPN or the AOBNP? [Program Requirement: II.B.3]</i> For a physician faculty member who has not achieved certification in geriatric psychiatry from the ABPN or AOBNP, the following criteria must be met in order to serve as a member of the faculty: • completion of a psychiatry residency program • completion of a geriatric psychiatry fellowship program • leadership in the field of geriatric psychiatry • scholarship within the field of geriatric psychiatry • involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-/AOBNP-accredited residency and fellowship education within the United States and are not eligible for certification by the ABPN or AOBNP, have failed the ABPN or AOBNP certification exams, or have chosen not to take the ABPN or AOBNP certification exams. Years of practice are not an equivalent to specialty board certification, and neither the ABPN, AOBNP, or the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME programs will be board certified within the first three years following the final year of residency and/or fellowship.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	The DIO and program director must verify that the individual meets these qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Radiation Oncology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>What are acceptable qualifications for faculty members who are not American Board of Radiology (ABR) certified because of non-traditional education? [Program Requirement: II.B.3.b).(1)]</i> It is recommended that faculty members who have not obtained ABR certification spend four years in an academic department, and then take the ABR certifying examination and enter the Maintenance of Certification (MOC) process.
Surgery	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) II.B.3.b).(2) have current certification in their designated specialty or subspecialty if they are not surgical faculty members, or possess qualifications judged acceptable to the Review Committee. ^(Core) Specialty-Specific Background and Intent: Programs need to submit a request to the executive director of the Review Committee for consideration and approval of qualifications of any faculty member who is not currently certified by the American Board of Surgery, another ABMS member board, or the American Osteopathic Association. In accordance with Program Requirement II.A.4.a).(16), all requests must be co-signed by the DIO.
Complex General Surgical Oncology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Acceptable qualifications include successful completion of a surgical oncology program sponsored by the Society of Surgical Oncology or a complex general surgical oncology program accredited by the ACGME. ^(Core) Subspecialty-Specific Background and Intent: The Review Committee recognizes that programs may wish to appoint physicians with board certification in specialties other than complex general surgical oncology (e.g., head and neck surgeons, colon and rectal surgeons, etc.) as faculty members. The Review Committee will review the qualifications of these individuals individually. II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) Subspecialty-Specific Background and Intent: Non-physician faculty members may include other doctoral-level faculty members, nurses, and nurse practitioners. Programs should ensure that non-physician faculty members who participate in clinical activities have the required licensure and credentials to provide clinical care. When possible, non-physician faculty members are recommended to hold a faculty appointment.
Pediatric Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(2) be licensed to practice medicine in the state where the program or participating site is located. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Surgical Critical Care	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Vascular Surgery - Integrated	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Vascular Surgery - Independent	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) II.B.3.b).(2) have current certification in their specialty (if other than vascular surgery) by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Thoracic Surgery - Integrated	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Thoracic Surgery - Independent	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Congenital Cardiac Surgery	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Thoracic Surgery or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Transitional Year	II.B.3.b) Physician faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.b).(1) have current certification by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association, or possess qualifications judged acceptable to the Review Committee. (Core)
Urology	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Urology or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) <u>Frequently Asked Questions</u> <i>In what circumstances must the RC review the qualifications of a faculty member who is not certified by the by ABU or AOBS? [Program Requirement: II.B.3.b)]</i> Programs are expected to submit a request for review by the RC for a faculty member: • whose certification is from a country outside of the United States; • who does not plan on becoming certified by the ABU or AOBS in the near future; or • with lapsed ABU or AOBS certification. A request is not needed for: • a faculty member who recently completed urology residency in the United States and has not yet received ABU or AOBS certification. In such cases, programs should enter “ABMS [American Board of Medical Specialties] Board Eligible” or “AOA [American Osteopathic Association] Board Eligible” in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add); or • a non-urologist faculty member who is certified in their (sub)specialty. <i>What is the request process for review of a non-ABU- or AOBS-certified faculty member? [Program Requirement: II.B.3.b)]</i> The program must submit a letter of support to the RC signed by the program director and the designated institutional official (DIO). A curriculum vitae for the faculty member must be attached. Email the letter to the RC’s Accreditation Administrator, whose contact information can be found in the Urology section of the ACGME website.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	If the RC approves the request, programs should note this approval in the ADS Faculty Roster: [Specialty Certification – Manual Entries > +Add > enter certification information > indicate Review Committee approval under “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)”].
Pediatric Urology	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Urology, or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Multidisciplinary Subspecialties	
Addiction Medicine (subspecialty of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Preventive Medicine or the American Osteopathic Board of Family Physicians, Internal Medicine, or Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) At least one physician certified in psychiatry by the ABPN or the AOBPN must have a continuous and meaningful role in the fellowship. ^(Core) II.B.3.c).(2) At least one ABMS- or AOA-certified non-psychiatrist physician with specialty expertise from at least one of the following disciplines must have a continuous and meaningful role in the

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	fellowship: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. ^(Core)
Brain Injury Medicine (subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or the American Board of Psychiatry and Neurology or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] Subspecialty-Specific Background and Intent: The program director and faculty members are expected to hold current subspecialty certification in brain injury medicine. Years of practice are not an equivalent to board certification. The onus for documenting evidence for consideration of alternate qualifications is on the program director; however, the determination of whether qualifications are equivalent to certification by the ABPMR or ABPN is a case-by-case judgment call on the part of the Review Committee. II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Clinical Informatics (subspecialty of Anesthesiology, Radiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics, Pathology, Pediatrics, or Preventive	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association, or possess qualifications judged acceptable to the Review Committee; and, ^(Core) II.B.3.b).(2) have at least two years of experience in clinical informatics. ^(Detail)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Medicine)	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Dermatopathology (subspecialty of Dermatology or Pathology)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Dermatology or American Board of Pathology or the American Osteopathic Board of Dermatology or American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Female Pelvic Medicine and Reconstructive Surgery (Urogynecology and Reconstructive Surgery) (subspecialty of Obstetrics and Gynecology or Urology)	<u>Currently in Effect (7/1/2023)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Obstetrics and Gynecology or Urology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) There must be physician faculty members with special interest and expertise in anorectal disorders (fecal incontinence, functional anorectal pain, and functional defecation disorders) and rectovaginal and anovaginal fistulae. ^(Core) II.B.3.c).(1).(a) These faculty members may include a colorectal surgeon, gastroenterologist, and/or female pelvic medicine and reconstructive surgery subspecialist. A female pelvic medicine and

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	reconstructive surgery subspecialist must have qualifications acceptable to the Review Committee. (Core) <u>Future Effective Date (7/1/2024)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Obstetrics and Gynecology or Urology, or the American Osteopathic Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core) II.B..3.c).(1) There must be physician faculty members with special interest and expertise in anorectal disorders (fecal incontinence, functional anorectal pain, and functional defecation disorders) and rectovaginal and anovaginal fistulae. (Core) II.B.3.c).(1).(a) These faculty members may include a colorectal surgeon, gastroenterologist, and/or urogynecology and reconstructive pelvic surgery subspecialist. A urogynecology and reconstructive pelvic surgery subspecialist must have qualifications acceptable to the Review Committee. (Core) <u>Frequently Asked Questions</u> <i>How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: II.B.3.b).(1)]</i> Programs must enter both the primary and second certification information into the Faculty Roster. Obstetrics and gynecology-based programs: • Most faculty members have time-limited certifications, and programs should indicate continuing certification by “MOC/CC Requirements” for American Board of Medical Specialties (ABMS) certification or “Osteopathic Continuous Certification (OCC)” for American Osteopathic Association (AOA) certification.

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	- For faculty members who received a time-unlimited certificate (before re-certification was required) and are not engaged in maintenance of certification, choose “Time-unlimited.” For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” - For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” “Certification Lapsed,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section. See the next two questions for additional information. Urology-based programs: - For faculty members with time limited certifications: - Use “Time Limited/Original Currently Valid” for faculty members who have their original certification, and “Re-certified” for faculty members who have re-certified. The certification expiration date must be entered. - OR - Indicate continuing certification by “MOC/CC Requirements” for American Board of Medical Specialties (ABMS) certification or “Osteopathic Continuous Certification (OCC)” for American Osteopathic Association (AOA) certification. The certification expiration date must be entered. - For faculty members who received a time-<i>un</i>limited certificate (before re-certification was required) and are <i>not</i> engaged in maintenance of certification, choose “Time-unlimited.” - For faculty members who recently completed a program and are not yet certified, programs should enter “ABMS Board Eligible” or “AOA Board Eligible.” For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter “Other Certifying Body,” “Not Certified,” “Certification Lapsed,” or “RCPS(C).” “Other Certifying Body” and “Not Certified” require an explanation in the “Explain Equivalent Qualifications for RC Consideration” section. See the next two questions for additional information. <i>When does a program need to request the Committee’s review of the qualifications of a faculty member who is not certified in female pelvic medicine and reconstructive surgery by ABOG, AOBG, or ABU? [Program Requirement: II.B.3.b).(1)]</i>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Programs are expected to submit an approval request for a faculty member: • whose certification is from a country outside of the United States • who does not plan on becoming certified by the ABOG, AOBOG, or ABU in the near future • with lapsed ABOG, AOBOG, or ABU certification A request is <i>not</i> needed for: • a faculty member who recently completed a female pelvic medicine and reconstructive surgery fellowship in the United States and has not yet received certification. a faculty member in another (sub)specialty who is board certified in their (sub)specialty. <i>How should a program request the Committee’s consideration of the qualifications of a physician faculty member who does not have certification in gynecologic oncology by ABOG, AOBOG, or ABU? [Program Requirement: II.B.3.b).(1)]</i> The program must submit a letter of support to the Review Committee signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the applicable Review Committee’s Accreditation Administrator, contact information for whom can be found on either the Obstetrics and Gynecology or Urology section of the ACGME website. If the Review Committee approves the individual, the program should note the approval in the ADS Faculty Roster’s Specialty Certification section under “Explain Equivalent Qualifications for RC Consideration.” <i>How should a program request the Committee’s review to determine if a female pelvic medicine and reconstructive surgery physician has the qualifications to serve as the faculty member with expertise in anorectal disorders, and/or rectovaginal and anovaginal fistulae? [Program Requirements: II.B.3.c).(1)-II.B.3.c).(1).(a)]</i> The program must submit a letter that describes the faculty member’s qualifications to the Review Committee for Obstetrics and Gynecology or the Review Committee for Urology, as appropriate. The letter must be signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the applicable Review Committee’s Accreditation

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Administrator, contact information for whom can be found on either the Obstetrics and Gynecology or Urology section of the ACGME website.
Geriatric Medicine (subspecialty of Family Medicine or Internal Medicine)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine (ABIM), the American Board of Family Medicine (ABFM) or the American Osteopathic Board of Internal Medicine (AOBIM), American Osteopathic Board of Family Physicians (AOBFP), or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Hand Surgery (subspecialty of Orthopaedic Surgery, Plastic Surgery, or Surgery)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Orthopaedic Surgery, the American Board of Plastic Surgery, or the American Board of Surgery, or the American Osteopathic Board of Orthopaedic Surgery, the American Osteopathic Board of Plastic Surgery, or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.b).(1).(a) Physician faculty members who are hand surgeons must have completed an ACGME-accredited or AOA-approved hand surgery fellowship and be certified in hand surgery by an ABMS board or AOA board, or be on a pathway towards achieving such certification. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
Hospice and Palliative Medicine (subspecialty of Anesthesiology, Family Medicine, Internal	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Medicine, Pediatrics, Psychiatry, or Radiation Oncology)	the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neurology and Psychiatry, or Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Internal Medicine-Pediatrics (Combined program for Internal Medicine and Pediatrics)	II.B.3.b) Physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Internal Medicine (ABIM), the American Board of Pediatrics (ABP), or the American Osteopathic Board of Internal Medicine (AOBIM), or the American Osteopathic Board of Pediatrics (AOBP), or possess qualifications judged acceptable to the Review Committee. ^(Core)
Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Emergency Medicine, the American Board of Pediatrics, or the American Board of Preventive Medicine, or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Medical Genetics and Genomics or the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty] II.B.3.b).(1).(a) Physician faculty members who are not currently certified in molecular genetic pathology must have completed a fellowship in a subspecialty relevant to their clinical and educational responsibilities in the program, or have three years of practice experience in the subspecialty. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Neurocritical Care (Subspecialty of Neurology and Neurological Surgery)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(2) Other qualifications acceptable to the Review Committee include American Board of Neurological Surgery certification in neurological surgery and Recognized Focused Practice in neurocritical care by the American Board of Neurological Surgery. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.] II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Faculty members in the following specialties must be available to the program: anesthesiology; clinical neurophysiology; emergency medicine; interventional and diagnostic

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	neuroradiology; medical or surgical critical care; neurology; neurological surgery; pertinent internal medicine subspecialties; and pulmonary disease. ^(Core)
Neuroendovascular Intervention (subspecialty of Child Neurology, Neurological Surgery, Neurology, or Radiology)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the specialty by the American Board of Neurological Surgery, Psychiatry and Neurology, Radiology, or the American Osteopathic Board of Neurological Surgery, Neurology and Psychiatry, Radiology, or possess qualifications judged acceptable to the Review Committee; ^(Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty] II.B.3.b).(2) devote at least 50 percent of their practice to neuroendovascular interventions; ^(Core) II.B.3.b).(3) be appointed in good standing to the faculty of an institution participating in the program; and, ^(Core) II.B.3.b).(4) hold primary and/or joint appointments in the departments of child neurology or neurology, neurological surgery, and radiology. ^(Detail) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)
Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Board of Physical Medicine and Rehabilitation or possess qualifications judged acceptable to the Review Committee. ^(Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) <u>Frequently Asked Questions</u> <i>Must faculty members be board certified in neuromuscular medicine by the ABPN, or will alternative board certifications be accepted? [Program Requirement: II.B.3.]</i> While not every faculty member must be ABPN-certified in neuromuscular medicine, all eligible faculty members teaching in the program must be ABPN-certified in either neuromuscular medicine or clinical neurophysiology.
Pain Medicine (subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	<u>Currently in Effect (7/1/2023)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology, Physical Medicine and Rehabilitation, or Psychiatry and Neurology, American Osteopathic Board of Anesthesiology, or a member board of the American Osteopathic Conjoint Pain Medicine Examination Committee, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(2) The faculty as a whole must possess expertise across the domains of acute and chronic pain and pain in patients who require palliative care. ^(Core) <u>Future Effective Date (7/1/2024)</u> II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Anesthesiology, Physical Medicine and Rehabilitation, or Psychiatry and Neurology, American Osteopathic Board of Anesthesiology, or a member board of the American Osteopathic Conjoint Pain Medicine Examination Committee, or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: This requirement refers to certification in the subspecialty of pain medicine and includes reference to all ABMS member boards and AOA certifying boards that offer this certification. It is recognized that some certifying boards may offer certification in pain medicine to individuals with primary certification in a specialty not listed in II.B.3.b).(1), and the requirement above should not be interpreted to mean that only individuals with primary certification by one of the boards listed above are eligible to serve as a faculty member in a pain medicine fellowship. II.B.3.b).(2) The faculty as a whole must possess expertise across the domains of acute and chronic pain and pain in patients who require palliative care. ^(Core)
Pediatric Emergency Medicine (subspecialty of Pediatrics and Emergency Medicine)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Emergency Medicine, the American Board of Pediatrics or the American Osteopathic Board of Emergency Medicine, or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.b).(1).(a) Fellows must have interactions with both ABEM- or AOBEM-certified faculty members and ABP- or AOBP-certified faculty members over the course of the fellowship in all curricular elements, including didactics and clinical experience in the management of acutely ill and injured patients. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
	Subspecialty-Specific Background and Intent: The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without pediatric emergency medicine certification from the ABEM or ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatric emergency medicine fellowship program • scholarship within the field of pediatric emergency medicine; specifically, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in pediatric emergency medicine, and pediatric emergency medicine presentations at national meetings • leadership and/or participation on committees in national pediatric subspecialty organizations • experience in providing clinical activity in pediatric emergency medicine For faculty members who are recent graduates of an ACGME-accredited pediatric emergency medicine program, the Review Committee expects that individual to take and pass the next available ABEM or ABP pediatric emergency medicine certifying examination. If the faculty member is unable to take the next administration of the certifying examination, an explanation must be provided. Years of practice are not an equivalent to specialty board certification, and the Review Committee does not accept the phrase "board eligible." II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Teaching and consultant faculty members in the full range of pediatric and emergency medicine subspecialties and in other related disciplines who are certified by the applicable ABMS member board or AOA certifying board must be available. ^(Core) II.B.3.c).(1).(a) Consultant faculty members should include radiologists, pediatric surgeons, and surgical subspecialists as appropriate to pediatric emergency medicine. ^(Detail)
Sleep Medicine (subspecialty of Child	II.B.3.b) Subspecialty physician faculty members must:

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)	II.B.3.b).(1) have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c).(1) Faculty who are ABMS- or AOA-certified in anesthesiology, family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, pulmonology, should be available to the program. ^(Core) <u>Frequently Asked Questions</u> <i>Is a sleep medicine fellowship required to have faculty members from family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, and pulmonology? [Program Requirement II.B.3.c).(1) and II.B.4.b)]</i> Programs are advised to use the ACGME’s Accreditation Data System (ADS) to document the presence of appropriate faculty members and consultative expertise in family medicine, internal medicine, pulmonology, psychiatry, pediatrics, neurology, and otolaryngology, particularly expertise in the specialty as it relates to sleep medicine.
Sports Medicine (subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Faculty Member Qualifications”
Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)	II.B.3.b) Subspecialty physician faculty members must: II.B.3.b).(1) have current certification in the subspecialty by the American Board of Emergency Medicine, American Board of Preventive Medicine, or the American Osteopathic Board of Emergency Medicine, American Osteopathic Board of Family Physicians, American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)

Sponsoring Institution-Based Fellowships	
Fellowship Name	Specialty Specific Requirements Referencing “Faculty Member Qualifications”
Health Care Administration, Leadership, and Management	II.B.3.b) Subspecialty* physician faculty members must: II.B.3.b).(1) have current certification by a member board of the ABMS or a certifying board of the AOA, or possess qualifications judged acceptable to the Review Committee. (Core) II.B.3.c) Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)