

Specialty-specific References for DIOs: Expected Time for Coordinator

ACGME

Common Program Requirements are in bold

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Allergy and Immunology	<i>None</i>
Anesthesiology	<i>None</i>
Adult Cardiothoracic Anesthesiology	<i>None</i>
Anesthesiology Critical Care Medicine	<i>None</i>
Obstetric Anesthesiology	<i>None</i>
Pediatric Anesthesiology	<i>None</i>
Regional Anesthesiology and Acute Pain Medicine	<i>None</i>
Colon and Rectal Surgery	<p>II.C.1. The program must have a program coordinator with at least 10% of his or her time dedicated to the program. ^(Core)</p> <p>II.C.1.a) Programs with more than one resident per year should provide an additional 5% of program coordinator time per additional resident. Therefore, if there is one resident per year, at least 10% of the program coordinator’s time must be dedicated to the program. If there are two residents per year, at least 15% of the program coordinator’s time must be dedicated to the program. If there are three residents per year, at least 20% of the program coordinator’s time must be dedicated to the program. If there are four residents per year, at least 25% of the program coordinator’s time must be dedicated to the program. If there are five residents per year, at least 30% of the program coordinator’s time must be dedicated to the program. ^(Detail)</p>
Dermatology	<i>None</i>

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Micrographic Surgery and Dermatologic Oncology	<i>None</i>
Diagnostic Radiology	<p>I.A.3. The programs must have a dedicated residency program coordinator who must be provided sufficient time and support to fulfill the responsibilities essential to meeting the educational goals and administrative duties of the program. ^(Core)</p> <p>This support must be provided as follows:</p> <p>I.A.3.a) Programs approved for eight to 24 residents must have at least 1.0 FTE program coordinator support. ^(Core)</p> <p>I.A.3.b) Programs approved for 25 to 39 residents must have at least 1.50 FTE program coordinator support. ^(Core)</p> <p>I.A.3.c) Programs approved for 40 or more residents must have at least 2.0 FTE program coordinator support. ^(Core)</p> <p>II.C.1. Programs must have a dedicated radiology residency program coordinator. This person must have sufficient time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program. ^(Core)</p>
Abdominal Radiology	II.C.1. The program coordinator must devote sufficient time to support the administration and educational conduct of the program. ^(Core)
Musculoskeletal Radiology	II.C.1. The program coordinator must devote sufficient time to support the administration and educational conduct of the program. ^(Core)
Neuroradiology	<i>None</i>
Nuclear Radiology	II.C.1. There must be a program coordinator who devotes sufficient time to support the administration and educational conduct of the program. ^(Core)
Pediatric Radiology	II.C.1. The program coordinator must devote sufficient time to support the administration and educational conduct of the program. ^(Core)
Vascular Interventional Radiology	II.C.1. There must be a program coordinator who devotes sufficient time to support the administration and educational conduct of the program. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Emergency Medicine	<p>II.C.1. At a minimum, there must be at least one program coordinator dedicated solely to the residency program administration and additional support personnel at resident complements according to the following parameters: ^(Core)</p> <p>II.C.1.a) Programs with fewer than 31 residents must have at least one FTE program coordinator. ^(Core)</p> <p>II.C.1.b) Programs with 31-45 residents must have at least 1.5 FTE support personnel including at least one FTE program coordinator. ^(Core)</p> <p>II.C.1.c) Programs with 46-60 or more residents must have at least 2.0 FTE support personnel including at least one FTE program coordinator. ^(Core)</p> <p>II.C.1.d) Programs with 61-75 or more residents must have at least 2.5 FTE support personnel including at least one FTE program coordinator. ^(Core)</p> <p>II.C.1.e) Programs with 76 or more residents must have at least 3.0 FTE support personnel including at least one FTE program coordinator. ^(Core)</p>
Emergency Medical Services	<p>I.A.1.c) The sponsoring institution and participating sites must provide support at least 20 percent salary support for a program coordinator(s). ^(Detail)</p> <p>I.A.1.d) The sponsoring institution and participating sites must provide other support personnel required for operation of the program. ^(Detail)</p> <p>II.C.1. At a minimum, there must be at least one 0.2 FTE program coordinator dedicated solely to the fellowship program administration. ^(Core)</p>
Pediatric Emergency Medicine	<i>None</i>
Family Medicine	<p>I.A.4.b) The sponsoring institution and participating sites must provide support for a full-time residency coordinator and other support personnel required for the operation of the program. ^(Detail)</p> <p>II.C.1. The program must have a program coordinator. ^(Core)</p>
Internal Medicine	<p>I.A.2.e) The sponsoring institution and participating sites must provide support for program administrator(s) and other support personnel required for operation of the program. ^(Core)</p>
Adult Congenital Heart Disease	<i>None</i>
Advanced Heart Failure/Transplant Cardiology	<i>None</i>

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Cardiovascular Disease	<i>None</i>
Clinical Cardiac Electrophysiology	<i>None</i>
Critical Care Medicine	<i>None</i>
Endocrinology, Diabetes and Metabolism	<i>None</i>
Gastroenterology	<i>None</i>
Hematology	<i>None</i>
Hematology and Medical Oncology	<i>None</i>
Infectious Disease	<i>None</i>
Interventional Cardiology	<i>None</i>
Medical Oncology	<i>None</i>
Nephrology	<i>None</i>
Pulmonary Critical Care	<i>None</i>
Pulmonary Disease	<i>None</i>
Rheumatology	<i>None</i>
Transplant Hepatology	<i>None</i>
Interventional Radiology	I.A.3. The program must have a dedicated residency program coordinator who must be provided sufficient time and support to fulfill the responsibilities essential to meeting the educational goals and administrative duties requirements of the program. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
	<p>For integrated programs, there must be support for a program coordinator as follows: ^(Core)</p> <p>I.A.3.a) Programs approved for 1-5 residents must have at least 0.2 FTE program coordinator support. ^(Core)</p> <p>I.A.3.b) Programs approved for 6-10 residents must have at least 0.4 FTE program coordinator support. ^(Core)</p> <p>I.A.3.c) Programs approved for 11-15 residents must have at least 0.6 FTE program coordinator support. ^(Core)</p> <p>I.A.3.d) Programs approved for 16-20 residents must have at least 0.8 FTE program coordinator support. ^(core)</p> <p>I.A.3.e) Programs approved for more than 20 residents must have at least 1.0 FTE program coordinator support. ^(Core)</p> <p>II.C.1. The program must have a dedicated program coordinator. ^(Core)</p> <p>II.C.1.a) The program coordinator must be provided sufficient time to fulfill the responsibilities essential to meeting the educational goals and administrative requirements of the program. ^(Core)</p>
Medical Genetics and Genomics	II.C.2. There must be a dedicated program coordinator to assist the program director in effectively fulfilling the administrative requirements of the program. ^(Detail)
Medical Biochemical Genetics	<i>None</i>
Neurological Surgery	II.C.1. There must be a designated program coordinator with financial support from the sponsoring institution. ^(Core)
Neurology	I.A.2. The sponsoring institution must provide adequate time and funding for a program coordinator who will assist the program director in the administration of the program. ^(Core)
Child Neurology	I.A.4. The sponsoring institution must provide financial support for a program coordinator to assist the program director in the administration of the program. ^(Core)
Clinical Neurophysiology	I.A.4. The sponsoring institution must provide financial support for a program coordinator to assist the program director in the administration of the program. ^(Core)
Epilepsy	I.A.2. The sponsoring institution must provide salary support for a program coordinator to assist the program director in the administration of the program. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Neurodevelopmental Disabilities	I.A.4. The sponsoring institution must provide financial support for a program coordinator to assist the program director in the administration of the program. ^(Core)
Vascular Neurology	I.A.4. The Sponsoring Institution must provide financial support for a program coordinator to assist the program director in the administration of the program. ^(Core)
Nuclear Medicine	I.C.1. There must be a designated program coordinator to assist the program director in effectively fulfilling the administrative requirements of the program. ^(Core)
Obstetrics and Gynecology	I.A.3. At a minimum, a full-time program coordinator is required for all programs, and should receive full financial support from the institution. ^(Detail)
Gynecologic Oncology	I.A.1.e) The Sponsoring Institution should ensure each fellowship has a program coordinator who receives financial support for time spent assisting with administrative aspects of the program. ^(Detail)
Maternal-Fetal Medicine	I.A.3. The Sponsoring Institution and the program should ensure the fellowship has a program coordinator who receives financial support for time spent assisting with administrative aspects of the program. ^(Detail)
Reproductive Endocrinology and Infertility	I.A.3. The Sponsoring Institution and the program should ensure the fellowship has a program coordinator who receives financial support for time spent assisting with administrative aspects of the program. ^(Detail)
Ophthalmology	<i>None</i>
Ophthalmic Plastic and Recon Surgery	<i>None</i>
Orthopaedic Surgery	II.C.1. There should be institutional support for a full-time equivalent orthopaedic surgery program coordinator designated specifically for orthopaedic surgical education. ^(Core) II.C.1.a) Programs with more than 20 residents should be provided with additional administrative support. ^(Detail)
Adult Reconstructive Orthopaedic Surgery	<i>None</i>
Foot and Ankle Orthopaedic Surgery	<i>None</i>
Musculoskeletal	<i>None</i>

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Oncology	
Orthopaedic Sports Medicine	<i>None</i>
Orthopaedic Trauma	<i>None</i>
Pediatric Orthopaedic Surgery	<i>None</i>
Surgery of the Spine	<i>None</i>
Osteopathic Neuromusculoskeletal Medicine	<i>None</i>
Otolaryngology	I.A.2. The sponsoring institution must provide salary support for a residency coordinator dedicated to the educational and administrative needs of the program. ^(Core)
Neurotology	<i>None</i>
Pediatric Otolaryngology	<i>None</i>
Pathology	<i>None</i>
Blood Banking/Transfusion Medicine	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. ^(Core)
Chemical Pathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. ^(Core)
Cytopathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. ^(Core)
Forensic Pathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. ^(Core)
Hematopathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Medical Microbiology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. <small>(Core)</small>
Neuropathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. <small>(Core)</small>
Pediatric Pathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. <small>(Core)</small>
Selective Pathology	II.C.1. There must be a program coordinator and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. <small>(Core)</small>
Pediatrics	<p>I.A.1. The sponsoring institution and the program must support additional program leadership to include an associate program director(s), a liaison(s), and a residency coordinator(s) to assist the program director in effective administration of the program. <small>(Core)</small></p> <p>I.A.1.a) The program leadership must not be required to generate clinical or other income for this support. <small>(Core)</small></p> <p>I.A.1.b) The minimum amount of full-time equivalent (FTE) support provided must be based on the size of the program as follows: <small>(Detail)</small></p> <p>I.A.1.b).(1) The program director must devote a minimum of 0.5 FTE regardless of the size of the program. <small>(Detail)</small></p> <p>I.A.1.b).(1).(a) For programs with 12-30 residents, there must be a minimum of 0.75 combined FTE program director and associate program director, 1.0 FTE liaison, and 1.0 FTE residency coordinator. <small>(Detail)</small></p> <p>I.A.1.b).(1).(b) For programs with 31-60 residents, there must be a minimum of 1.0 combined FTE program director and associate program director, 2.0 FTE liaisons, and 1.5 FTE residency coordinators. <small>(Detail)</small></p> <p>I.A.1.b).(1).(c) For programs with 61-90 residents, there must be a minimum of 1.25 combined FTE program director and associate program director, 2.0 FTE liaisons, and 2.0 FTE residency coordinators. <small>(Detail)</small></p> <p>I.A.1.b).(1).(d) For programs with 91-120 residents, there must be a minimum of 1.5 combined FTE program director and associate program director, 3.0 FTE liaisons, and 3.0 FTE residency coordinators. <small>(Detail)</small></p> <p>I.A.1.b).(1).(e) For programs with more than 120 residents, there must be a minimum of 1.75 combined FTE program directors and associate program directors, 3.0 FTE liaisons, and 3.5 FTE residency</p>

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
	coordinators. ^(Detail)
Adolescent Medicine	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Child Abuse	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Developmental-Behavioral Pediatric	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Cardiology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Critical Care	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Endocrinology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Emergency Medicine	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Gastroenterology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Hematology Oncology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Infectious Diseases	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Neonatal-Perinatal	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Nephrology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Pulmonology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Pediatric Rheumatology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Pediatric Transplant Hepatology	I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)
Physical Medicine and Rehabilitation	II.C.1. There must be a residency coordinator who assists the program director, and performs managerial duties related to planning, directing, and coordinating academic and operational activities of the program. ^(Core)
Pediatric Rehabilitation Medicine	<i>None</i>
Spinal Cord Injury Medicine	<i>None</i>
Plastic Surgery	II.C.1. There must be institutional support for a program coordinator, as follows: ^(Core) II.C.1.a) 0.5 full-time equivalent for programs with up to six residents; and, ^(Core) II.C.1.b) 1.0 full-time equivalent for programs with more than six residents. ^(Core) II.C.1.c) Programs with more than 20 residents must be provided with additional administrative personnel. ^(Core)
Craniofacial Surgery	<i>None</i>
Preventive Medicine	<i>None</i>
Psychiatry	I.A.2. There must be a residency coordinator who has adequate time and institutional support, based on program size and complexity, to support the program. ^(Core)
Addiction Psychiatry	II.C.4. There must be a designated program coordinator. ^(Core)
Child and Adolescent Psychiatry	I.A.2. There must be a residency coordinator who has adequate time and institutional support, based on program size and complexity, to support the program. ^(Core)
Forensic Psychiatry	II.C.4. There must be a designated program coordinator. ^(Core)
Geriatric Psychiatry	II.C.4. There must be a designated program coordinator. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Consultation-Liaison Psychiatry	II.C.4. There must be a designated program coordinator. ^(Core)
Radiation Oncology	<i>None</i>
Surgery	II.C.1. There must be a full-time surgery program coordinator designated specifically for surgical education. ^(Core) II.C.1.a) Programs with more than 20 residents should be provided with additional administrative personnel. ^(Core)
Complex General Surgical Oncology	<i>None</i>
Pediatric Surgery	<i>None</i>
Surgical Critical Care	<i>None</i>
Vascular Surgery	<i>None</i>
Thoracic Surgery	II.C.1. The sponsoring institution must provide adequate support for a residency coordinator who is dedicated to the thoracic surgery program. ^(Core) II.C.1.a) Residency coordinators who manage a single thoracic surgery program, multiple thoracic surgery programs, or other specialty programs (e.g., surgery, plastic surgery) with 20 or more residents/fellows in all programs combined must be provided additional administrative support. ^(Core)
Congenital Cardiac Surgery	<i>None</i>
Urology	<i>None</i>
Pediatric Urology	<i>None</i>
Transitional Year	<i>None</i>
Multidisciplinary Subspecialty	
Addiction Medicine (subspecialty of Anesthesiology,	<i>None</i>

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)	
Brain Injury Medicine (subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)	<i>None</i>
Clinical Informatics (subspecialty of Anesthesiology, Radiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics and Genomics, Pathology, Pediatrics, or Preventive Medicine)	II.C.1. Administrative support must include a program coordinator to provide adequate administrative and technological support to the fellowship. ^(Core)
Dermatopathology (subspecialty of Dermatology or Pathology)	<i>None</i>
Endovascular Surgical Neuroradiology (subspecialty of Child	<i>None</i>

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Neurology, Neurological Surgery, Neurology, or Radiology)	
Female Pelvic Medicine and Reconstructive Surgery (subspecialty of Obstetrics and Gynecology or Urology)	<i>None</i>
Geriatric Medicine (subspecialty of Family Medicine or Internal Medicine)	<i>None</i>
Hand Surgery (subspecialty of Orthopaedic Surgery, Plastic Surgery, or Surgery)	<i>None</i>
Hospice and Palliative Medicine (subspecialty of Anesthesiology, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, or Radiation Oncology)	<i>None</i>
Internal Medicine-Pediatrics (Combined program for Internal Medicine and	II.C.1. The program must provide support for a program coordinator(s) and other support personnel required for operation of the program. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
Pediatrics)	
Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)	II.C.1. There must be at least one 0.2 FTE program coordinator dedicated solely to fellowship program administration. ^(Core)
Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)	II.C.1 Programs must have a designated program coordinator who is provided sufficient time to fulfill the responsibilities essential to meeting the educational goals and administrative requirements of the program. ^(Core)
Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	I.A.4. The sponsoring institution must provide salary support for a program coordinator to assist the program director in the administration of the program. ^(Core)
Pain Medicine (subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	<i>None</i>
Sleep Medicine (subspecialty of Child Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)	<i>None</i>
Sports Medicine	<i>None</i>

Specialty Name	Specialty-Specific Requirements Referencing “Expected Time for Coordinator”
(subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)	
Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)	II.C.1. There must be at least one 0.2 FTE program coordinator dedicated to the fellowship program’s administration. ^(Core)