

Dedicated FTEs for Academic Coordinator and Academic Program Manager

	# Trainees (All Training Programs)											
		1-5	6-10	11-20	21-30	31-40	41-50	51-70	71-90	91-110	111-150	151+
# Training Programs	1	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00
	2	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25
	3	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50
	4	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75
	5	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75	4.00

ACGME Common Program Requirements for all programs:

Residency Programs

I.L.C. Program Coordinator

I.L.C.1. There must be a program coordinator.(Core)

I.L.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time.(Core)

i.I.D. Other Program Personnel

The program in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program.

Fellowship Programs

I.L.C.1. There must be a program coordinator, (Core)

I.L.C.2. The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

i.I.D. Other Program Personnel

The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)

Program requirements with core language:

Colon and Rectal Surgery

I.L.C.1. The program must have a program coordinator with at least 10% of his or her time dedicated to the program.

(Core)I.L.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)

Diagnostic Radiology

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)This support must be provided as follows:I.A.3.a) Programs approved for eight to24 residents must have at least 1.0 FTE program coordinator support. (Core)I.A.3.b) Programs approved for 25 to39 residents must have at least 1.50 FTE program coordinator support. (Core)I.A.3.c) Programs approved for 40 or more residents must have at least 2.0 FTE program coordinator support. (Core)I.L.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)

Emergency Medicine

I.L.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)I.C.1.a) Programs with fewer than 31 residents must have at least one FTE program coordinator. (Core)I.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)I.C.1.c) Programs with 46-60 more residents must have at least 2.0 FTE support personnel including at least one FTE program coordinator. (Core)I.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)I.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)

Family Medicine

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)I.L.C.1. The program must have a program coordinator. (Core)

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)
For integrated programs, there must be support for a program coordinator as follows: (Core)I.A.3.a) Programs approved for 1-5 residents must have at least 0.2 FTE program coordinator support. (Core)I.A.3.b) Programs approved for 6-10 residents must have at least 0.4 FTE program coordinator support. (Core)I.A.3.c) Programs approved for 11-15 residents must have at least 0.6 FTE program coordinator support. (Core)I.A.3.d) Programs approved for 16-20 residents must have at least 0.8 FTE program coordinator support. (Core)I.A.3.e) Programs approved for more than 20 residents must have at least 1.0 FTE program coordinator support. (Core)I.L.C.1. The program must have a dedicated program coordinator. (Core)I.L.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)

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)

Orthopaedic Surgery

I.L.C.1. There should be institutional support for a full-time equivalent orthopaedic surgery program coordinator designated specifically for orthopaedic surgical education. (Core)I.L.C.1.a) Programs with more than 20 residents should be provided with additional administrative support. (Detail)

Pediatrics

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. (Core)I.A.1.a) The program leadership must not be required to generate clinical or other income for this support. (Core)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: (Detail)I.A.1.b)(1) The program director must devote a minimum of 0.5 FTE regardless of the size of the program. (Detail)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.(Detail)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.(Detail)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.(Detail)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.(Detail)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 coordinators.

Plastic Surgery

I.L.C.1. There must be institutional support for a program coordinator, as follows: (Core)I.L.C.1.a) 0.5 full-time equivalent for programs with up to six residents; and, (Core)I.L.C.1.b) 1.0 full-time equivalent for programs with more than six residents. (Core)I.L.C.1.c) Programs with more than 20 residents must be provided with additional administrative personnel. (Core)

Surgery

I.L.C.1. There must be a full-time surgery program coordinator designated specifically for surgical education. (Core)I.L.C.1.a) Programs with more than 20 residents should be provided with additional administrative personnel. (Core)

Thoracic Surgery

I.L.C.1. The sponsoring institution must provideadequate support for residency coordinatorwho is dedicated to the thoracic surgery program. (Core)I.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)