

A Nationwide Evaluation of U.S. Geriatric Fellowship Websites: Assessing Program Information Availability

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ABSTRACT

Introduction: Prospective students interested in any medical fellowship seek out program information in order to help them make application and attendance decisions. Additionally, the field of geriatric medicine is traditionally underserved in the United States, and attending geriatric fellowship programs can make a great impact in improving this population's care. The purpose of this study was to examine geriatric medicine fellowship program websites and assess their available information for prospective fellows.

Methods: Using the Electronic Residency Application Services (ERAS), a list of websites was created of U.S. institutions offering Accreditation Council for Graduate Medical Education (ACGME)-accredited geriatric programs also participating in the National Residency Matching Program (NRMP, or "the Match"). Every website was evaluated for 8 items of application information such as application deadlines, program director/coordinator contact information, and a list of application requirements and 17 items of program information, such as compensation, locations of service, and rotation schedule.

Results: In total, 103 programs were assessed in this study. Overall, the information most often listed on these fellowship websites were program affiliation (100%), training sites (88.3%), and program coordinator's contact (83.5%). In total, only 51% and 45% of all application and program information, respectively, was available according to the assessment criteria. There is a clear lack of information for prospective fellows to access.

Conclusion: In order to help increase fellow attendance, adequate information must be available. With the increasing geriatric population, there will be an increased need for fellowship-trained physicians trained in geriatric medicine to serve them.

Keywords: Geriatrics; Fellowships and Scholarships; Program Evaluation

INTRODUCTION

By 2030, the geriatric population is expected to reach 73 million people in the United States.¹ To account for this exponential rise, and provide enough physicians trained in geriatric-centered care, there has been a substantial rise (64.6%) in geriatric medicine fellowship programs, from 2001 to 2018.² A survey study evaluating geriatric medicine scholarly concentration programs amongst nine different medical schools determined that curriculum and mentoring were two of the most important components which improved a physician's ability to care for older adults.³ Unfortunately, despite this perspective and the resources being created to address this anticipated healthcare shortage, many of the geriatric medicine fellowship positions are consistently left unfilled. In 2022, only 177 of 411 positions, or 43% of geriatric medicine fellowships, were filled, which was the lowest rate among all 71 specialties.⁴ Additionally, the current number of geriatricians has been falling in the United States to 7,300, which makes up less than 1% of all physicians.⁵

Many factors could be contributing to this, including lower compensation, minimal exposure to the field, and the complexities of managing multiple comorbidities; however, another potential cause for this diminished fill rate is a lack of knowledge of the application or program itself. A survey study by Oliver and Kelly noted that medical school applicants for family medicine residency programs received most or all of their program information from the internet and social media.⁶ Due to the rise of accessible technology, providing information online is now the most effective avenue for making informed decisions. More specifically, online information has been known to act as a decision-aid for choosing career paths or programs.⁷ It is hoped that the attention to lacking program information can be insightful and provide some means of addressing low U.S. fellowship attendance rates. In fact, some studies have sought to explore the availability of program information, from epilepsy fellowships, to orthopedic surgery residency programs, cardiothoracic surgery fellowship, and child and adolescent psychiatry fellowships.⁸⁻¹¹ To date, no study has yet to explore program information availability in geriatric fellowships across the United States. The purpose of this study was to investigate the available application and program information for geriatric medicine fellowships.

METHODS

Study Overview

This is a cross-sectional website analysis, designed to examine the available application and program information for geriatric fellowships. Reporting followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.

Search Strategy

Using the Electronic Residency Application Services (ERAS), a list of websites from institutions offering Accreditation Council for Graduate Medical Education (ACGME)-accredited internal

1 medicine-based geriatric medicine fellowship programs was created. All programs must also
2 participate in the National Residency Matching Program (NRMP, or “the Match”). This list was
3 acquired on July 23, 2023 and searched throughout September 2023 to January 2024.

4
5 For programs which had incorrect links or those that could not be accessed directly through ERAS,
6 a simple Google search was conducted to try and locate an appropriate website for the program.
7 Programs that could not be accessed either directly through ERAS or through this simple Google
8 search were excluded from this study.

10 ***Evaluation Criteria***

11 A list of evaluation criteria for both the application and the program itself were defined by the
12 authors and tabulated in **Appendix A**. There were 8 items evaluated for the application information
13 and 17 items evaluated for the program information.

15 ***Criteria Justification and Reasoning***

16 All the application and program evaluation criteria were based on previously-established scientific
17 literature evaluating website information for medical fellowship programs.^{12,13} The current authors
18 also incorporated some of their own criteria from personal experience of applying to varying
19 educational programs. Much of the criteria were logistical and practical, such as program benefits
20 and training sites, with additional factors they deemed important to consider for student life, such as
21 faculty to fellow ratio and evaluation methods. While there is a chance some students may
22 determine the selected criteria inapplicable to their personal needs, other students might disagree.
23 To consider information based on many perspectives, an extensive list of criteria was developed
24 beyond those used in previously published literature. Additionally, the expertise of a fellowship-
25 trained geriatrician physician was obtained for this project and determined the selected criteria were
26 sufficient for prospective fellows entering these programs.

28 ***Data Collection, Analysis, and Synthesis***

29 To account for any potential biases in assessing each program, no team member assigned to
30 evaluate program websites had entered or tried to enter any particular geriatric fellowship program,
31 ensuring assessors were impartial. Additionally, all criteria for which the websites were evaluated
32 relied on binary answers (‘yes’ or ‘no’), for present or absent information, requiring objective
33 judgement.

34
35 All geriatric medicine fellowship websites were equally divided and assigned to each of the
36 reviewers (ECC, JL, TCV). All websites were screened for application and program evaluation
37 criteria and compiled within a shared spreadsheet. If there was a dispute or inquiry into a certain

criteria item, the other authors served as consultants to determine the information. All authors must come to a consensus before recording the final result.

All data were analyzed in Microsoft Excel.¹⁴ The results were tabulated and then visually depicted by bar graphs and further analyzed by percentages of recorded versus missing data. All website data were kept separated between application and program criteria throughout the study.

RESULTS

Search Results

Using ERAS, 111 programs were identified which offered geriatric medicine fellowships. Eight programs were excluded after they could not be located from the simple Google search. In total, 103 programs were included into this study.

Results of Available Application Information

There were 8 items for which each program application was assessed. As shown in **Figure 1**, 86 programs listed their coordinator's contact information, 62 listed their director's contact information, 28 listed their program's opening date for applications, 33 listed their application's submission deadline, 70 listed their application's timeline, 79 listed their program's application requirements, only 1 listed their board score requirements, and 59 listed their program's visa sponsorship information for non-United States citizens interested in applying.

The information most often listed on program websites was the program coordinator's contact, however, this was only available for 86 of the 103 websites (83.5%). The second-most often available information was the list of application requirements, which was only listed for 79 of the 103 websites (76.7%).

The criteria found in less than 50% of the websites were opening date of application (27.2%), application submission deadline (32.0%), and board score requirements (1.0%).

Results of Available Program Information

There were 17 items for which each program was assessed. As seen in **Figure 2**, 18 websites listed their program's call schedule, 85 listed their clinical schedule/rotation, 103 listed their program's affiliation, 34 listed their fellow alumni directory, 58 listed their current fellow directory, 49 offered a program video or virtual tour, 69 listed their program's didactic requirements, 14 listed their fellow's publications, 28 listed their fellow's demographics, 5 listed their fellow board pass rates, 73 listed their program's educational/academic activities, 7 listed their program's evaluation methods for fellow performance, 36 listed their diversity information, 41 displayed their compensation

information, 42 provided program size information, 91 listed training sites, and 42 provided sufficient information to calculate a faculty-to-fellow ration.

The information most often listed on these fellowship websites were program affiliation (100%) and training sites (88.3%), followed by the fellowship's clinical schedule (82.5%).

The criteria found in less than 50% of the websites were call schedule (17.5%), fellow alumni directory (33.0%), program video or virtual tour (47.6%), fellow publications (13.6%), fellow demographics (27.2%), fellow board pass rates (4.9%), fellow evaluation methods (6.8%), diversity (35.0%), compensation (39.8%), program size (40.8%), and faculty to fellow ratio (40.8%). The results show that the majority of the program criteria (n = 11 of 17) was not found in 50% of the websites.

Results Overview

The application information that was the least available across the fellowship program was the board score requirement, followed by the opening date of the program application. For the program information, the least reported statistic was the fellow board pass rates for the program, followed by the program's evaluation methods for its fellows.

Out of the 8 application information assessment criteria that could have been recorded for all 103 websites (824 total), only 51% could be located, and similarly, for the 17 different program information assessment criteria (1,751 total), only 45% could be located (**Figure 3**).

DISCUSSION

Out of 103 geriatric medicine fellowship programs assessed, there was a significant lack of available information for both application and program criteria. This finding creates some cause for concern for prospective applicants. Notably, some trends exist across the programs. For example, all programs provided affiliation information, the majority also provided information for fellowship training sites, and most provided contact information for program coordinators. In contrast, almost all studies did not provide information for board score requirements, the fellow evaluation methods, or fellow board pass rates. From these results, we cannot infer the information's level of importance, however, it may be that these programs are required to provide affiliation information, while information on board scores may not be of their utmost concern, rather opting to highlight clinical experience and research opportunities.

There were two located studies which have examined geriatric medicine fellowship programs in previous years. One study found that there was difficulty pertaining to accessibility of program

information, however, they analyzed 43 family medicine geriatric fellowship programs and utilized a less robust set of criteria in which they analyzed these programs.¹⁵ Regardless, the same conclusion stands true—there is a need for improvement. The second study discovered, after reviewing these same 43 family medicine programs and an additional 107 internal medicine programs in 2019, that the websites listed inconsistent or absent information, similar to the findings in our current study.¹⁶ Of note, there has been a decrease in the number of analyzed internal medicine geriatric fellowship programs, with the 2019 study analyzing 107 websites as compared to the current study, which could only evaluate 103 in 2024. Many reasons for this difference may exist, such as differing inclusion or exclusion criteria and a change in website access over time. In summary, the current study provides an updated assessment of the websites. Using this literature, a trend of insufficient geriatric fellowship program information can be established.

It is well-known in job recruitment that a clear job description and the candidate's self-assessment for a good fit strongly influences whether or not the candidate applies for the job. This real-world experience is the similar to, if not the same as, applying to a fellowship program. Thus, the current study's results may highlight a deterrent from fellowship enrollment, given that there is still an insufficient volume of geriatric medicine fellows.¹⁷ For example, the prospective fellow may be more inclined to apply for a fellowship with available compensation information rather than applying to one that does not. The prospective fellow's assessment of the programs can only rely on the information readily available, before necessitating direct contact to program coordinators or faculty. Therefore, it is essential this information is available in order to prevent further dissuasion of potential applicants.

There are some limitations inherent with those of a retrospective review. None of the authors have recently begun or are currently pursuing a geriatric medicine fellowship and only one of the authors is a fellowship-trained geriatrician. These factors may lead to oversight regarding which criteria are more or less applicable to the pursuit of this type of fellowship.

The strengths of this review are the rigid methodology and concise definitions of the criteria for completion of this study, lending credible validity to the results. Also, the Google search for those fellowships not accessible via ERAS depicted the real-life experience of a prospective student trying to access program information.

Given both the decline of geriatricians and the quickly-rising geriatric population over the past 20 years, the demand for geriatric medicine specialists is only expected to increase.^{4,18} Inadequate information for these programs may be an inadvertent deterrent for many applicants. Based on the findings of the current study, individual programs need to add, and if necessary, update their program information. It is recommended that programs assess their own websites using the

1 evaluation criteria in the current study as a foundation. While we as an authorial team recognize that
2 improving the presentation and amount of relevant information on program websites is in no way a
3 perfect solution for the geriatrician shortage or perhaps even a primary factor expected to greatly
4 increase geriatric medicine fellows, removing this barrier could alleviate some concerns around
5 attendance and provide a potential avenue for increasing the number of fellowship-trained
6 geriatricians in the future.

8 **CONCLUSION**

9 It is hoped that the findings of this study will bring light to areas needing improvement relating to the
10 concerning scarcity of fellowship-trained geriatricians. Given the need for more geriatricians, it is
11 important for these programs to update their websites to increase accessibility and provide more
12 transparency to their prospective fellows. The evaluation criteria utilized for this investigation may
13 serve as a checklist for programs self-assessing their own websites for adequate program
14 information.

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SUMMARY

A Nationwide Evaluation of U.S. Geriatric Fellowship Websites: Assessing Program Information Availability

Prospective students interested in any medical fellowship seek out program information in order to help them make application and attendance decisions. Additionally, the field of geriatric medicine is traditionally underserved in the United States, and attending geriatric fellowship programs can make a great impact in improving this population's care. To compensate for the growing need of geriatricians, more geriatric fellowship programs have been created; however, many of the fellowship positions are consistently left unfilled. One possible factor that could be limiting enrollment is the availability of program information for prospective fellows. The purpose of this study was to examine geriatric medicine fellowship program websites and assess their available information for prospective fellows.

This was a cross-sectional evaluation study. Using the Electronic Residency Application Services (ERAS), a list of websites was created of U.S. institutions offering Accreditation Council for Graduate Medical Education (ACGME)-accredited geriatric programs also participating in the National Residency Matching Program (NRMP, or "the Match"). Every website was evaluated for 8 items of application information such as application deadlines, program director/coordinator contact information, and a list of application requirements and 17 items of program information, such as compensation, locations of service, and rotation schedule.

In total, 103 programs were assessed in this study. Overall, the information most often listed on these fellowship websites were program affiliation (100%), training sites (88.3%), and program coordinator's contact (83.5%). In total, only 51% and 45% of all application and program information, respectively, was available according to the assessment criteria. There is a clear lack of information for prospective fellows to access.

In order to help increase fellow attendance, adequate information must be available. With the increasing geriatric population, there will be an increased need for fellowship-trained physicians trained in geriatric medicine to serve them.

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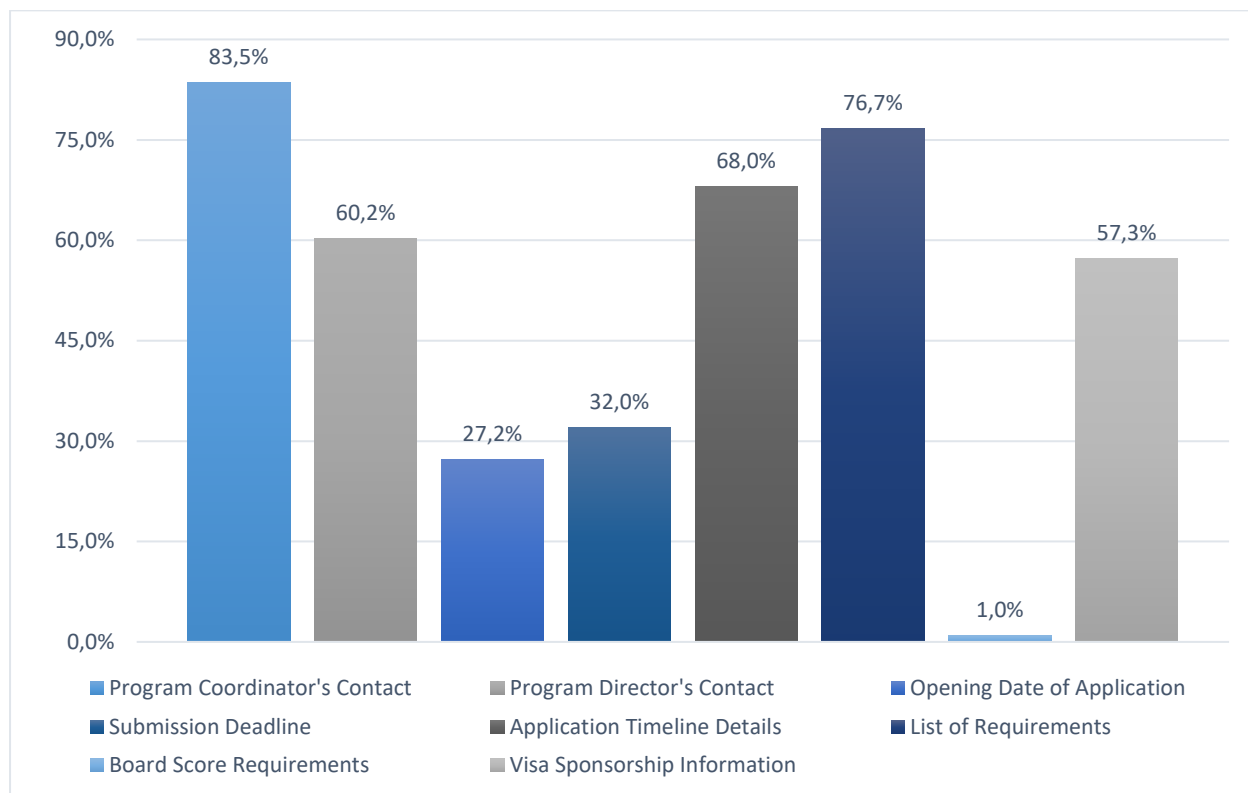
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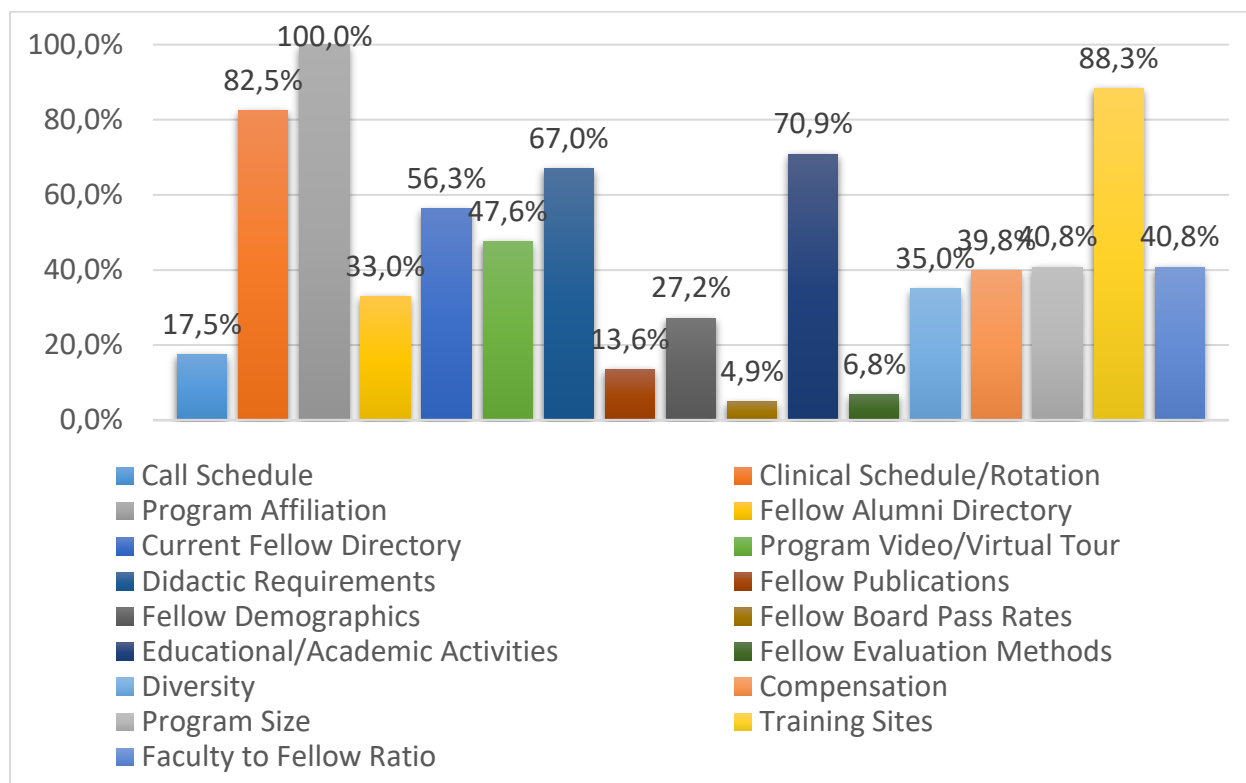
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FIGURES

Figure 1. Number of fellowship programs that listed information for the 8 evaluated items.

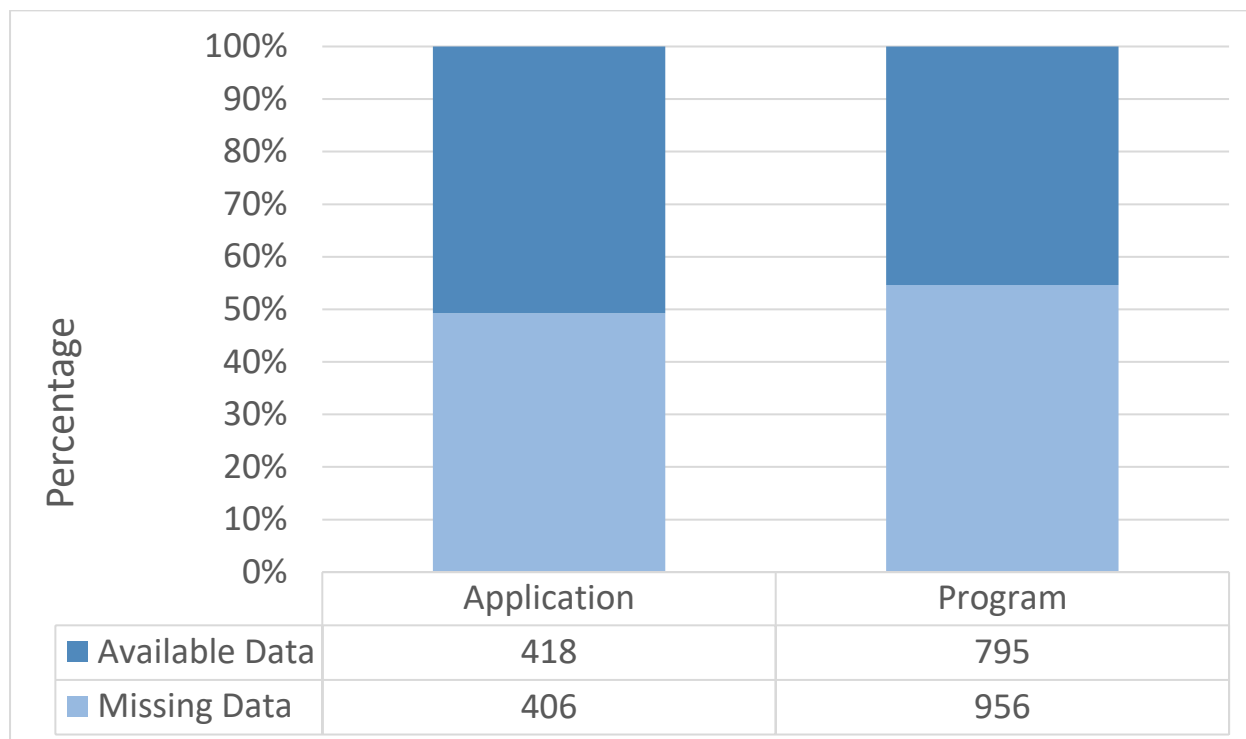


1 **Figure 2.** Number of fellowship programs that listed information for the 17 evaluated items.



2
3

1 **Figure 3.** Visual representation of the total available information versus missing information for both
2 the application and program.



1 **SUPPLEMENTARY MATERIAL**

2 **Appendix A.** Tables 1 and 2 of Assessment Criteria

3 **Table 1.** List of the criteria used to assess each included geriatric fellowship program's application
4 information.

Application Information Evaluation Criteria	
Item	Definition
Program Coordinator Contact	(other accepted titles include: Program Administrator or Program Manager) Program Coordinator first and last name AND phone number OR e-mail address. Contact information of an assistant to the Program Coordinator is acceptable.
Program Director Contact	Program Director first and last name AND phone number OR e-mail address. Any contact information must clearly not be for medical appointment scheduling. Webpage addresses related to the Director's medical practice does not satisfy this requirement.
Opening Date of Application	Any reference to the opening of the fellowship application cycle, which must include the month. A season or time of year (e.g. 'Fall' or 'Late Spring') does not satisfy the requirement. The timeframe for when a school begins reviewing applications does not satisfy the requirement.
Application Deadline	Any reference to the application cycle deadline, which must include the month. A season or time of year (e.g. 'Fall' or 'Late Spring') does not satisfy the requirement.
How to Apply	A simple statement that informs the reader that they must apply using the ERAS or similar service, with or without a link to such service is required. Additionally, the website must also include at least ONE of the following details: When application review begins; When interview invites are delivered; When interviews are held; When final decisions on acceptance will be delivered.
Application Requirements	At least ONE of the following must be listed: Completion of an internal medicine or family medicine residency program; An MD or DO degree; U.S. Citizenship, Permanent Residency, or Visa documentation; ERAS Application; Curriculum Vitae (CV); Personal Statement; Medical School Transcript/Medical School Performance Evaluation (MSPE); USMLE and/or COMLEX board exam scores; Letters of Recommendation (with or without required number of letters); Photograph
Board Score Requirements	The presence of a numerical, objective value, that defines the minimum required or recommended board exam score
Visa Sponsorship	The website must explicitly state that they either will or will not sponsor at least ONE of the following: H1-B; J-1; O-1; EB-1; EB-2.

- 1 **Table 2.** List of the criteria used to assess each included geriatric fellowship program's available
- 2 information.

Program Information Evaluation Criteria	
Item	Definition
Current Call Schedule	Any information on the amount of time fellows will spend on call. This requirement can be satisfied if listing the required number of shifts or hours on call OR displaying the call rotation schedule. Mentioning that fellows will be required to take call with no reference to amount of time on call does not satisfy this requirement. Alternatively, consultations (this does not include being on a consultation rotation, such as being on a VA consult block or an ACE consult block) will satisfy this requirement.
Current Clinic/Rotation Schedule	Any information on fellow clinical rotations including rotation sites (note that the names of the physical facility do not need to be listed, but rotation name such as "inpatient palliative" or "ACE consults" are appropriate).
Program Affiliation	The name of the medical school or 3 rd -party entity running the fellowship program.
Alumni Directory	A list of one or more fellowship alumni with their names.
Current Fellow Directory	A list of current fellows including at least the first and last name.
Videos or Virtual Tour	Any informational videos about the program. These can be linked to YouTube or another similar platform or embedded directly into the webpage. Generalized videos on the school running the fellowship do not meet this requirement.
Didactic Requirements	Any program information for fellows' expectations on at least ONE of the following: Grand Rounds; Case Presentations; Attendance of Mandatory Lectures.
Fellow Publications	Any information providing a list of publications authored in whole or in part by current and past fellows including at least ONE of the following: A link to a collection of these publications or links to external sources for them; DOI numbers; full citations for publications. Research that is affiliated with the department or institution but not explicitly linked to past or present fellows does not meet this requirement.
Fellow Demographics	Information about the current fellows, including Medical School OR Residency Location. Any school or program name clearly affiliated with the particular current fellow will be sufficient enough to meet this requirement.
Board Pass Rate	This requirement can only be met if a numerical, objective value, defining the average board exam pass rate must be listed.
Non-Didactic Educational/Academic Activities	Any information of fellows' expectations for at least ONE of the following: Conference presentations of research/quality improvement (QI) projects; Publication of research/QI projects; Other presentation of research/QI projects; Delivery of mandatory lectures or presentations to medical students and/or residents. Participation in a QI or research project, or a QI/Research rotation block, without further mention of presentation of work or results does not meet this requirement.
Fellow Evaluation Methods	Explicit statement of the ACGME competencies, skills, and/or metrics for which fellows will be evaluated at the end of their program OR alternative evaluation methods/techniques.

	<ul style="list-style-type: none"> • Statement that fellows will be evaluated without disclosure of (or access to a webpage displaying) the competencies, skills, and/or metrics does not meet this requirement. • Statement that fellows will be evaluated wholly or in part by their score on the mandatory practice board exam will meet this requirement. • If ACGME requirements are listed but not specified to be from the ACGME, this is sufficient to meet this requirement.
Diversity	<p>This requirement can only be met either in the presence of a clear statement of diversity and/or inclusion practices OR a link to the webpage for the Office of Diversity.</p> <p>A statement solely stating that the program has an Office of Diversity and/or Inclusion does not meet this requirement unless the webpage is available on the website.</p>
Compensation/Benefits	<p>This requirement can only be met in the presence of a numerical, objective value, reflecting baseline financial compensation paid to fellows. The presence or absence of additional information such as time off, insurance, and other such pecuniary benefits does meet this requirement alone.</p>
Program Size	<p>This requirement can only be met in the presence of a numerical, objective value stating the open positions. This cannot be calculated based on the number of current fellows, as it will not necessarily reflect the number of positions.</p>
Faculty to Fellow Ratio	<p>This can be determined only if the ratio is explicitly stated OR the number of fellowship positions AND a faculty directory or number of total faculty members are available so the simple ratio can be calculated.</p>
Training Sites/Locations of Service	<p>A list of the names of different sites/locations where fellows may be practicing and training.</p>