



***Fellowship Council Accreditation Guidelines and Definitions:
Updated May 4, 2010***

Surgeon Role Guidelines -- *First assistant and Primary surgeon designated cases only count towards the minimum case requirements for minimally invasive and open procedures. For laparoscopic and open procedures, the fellow should designate themselves as the primary surgeon if they performed the majority of the procedure, as first assistant if they performed a significant but less than 50% of the key portion of the procedure, as teaching assistant if they guided a more junior trainee through the procedure, and as an observer if they did not personally perform any critical portion of the procedure. For robotic cases, fellows should designate themselves as primary surgeon if they spent greater than 50% of the procedure as the operating surgeon at the console, as first assistant if they spent less than 50% of the time at the console as operating surgeon, and as an observer if they did not spend any significant time at the console (e.g. served as the bedside assistant or observer at the console).*

Bariatrics -- A Bariatric fellowship provides exclusively or predominantly bariatric surgical training. The institution sponsoring the fellowship must be certified as a Center of Excellence by either the ASMBS or the ACS, or be actively engaged in the application process. Fellows finishing bariatric fellowships should have completed the minimum number of cases required to allow them to be "certified" as bariatric surgeons at the completion of their training. Current ASMBS guidelines require a minimum of 100 cases with 51 as primary surgeon, and must include a combination of restrictive procedures (bands and sleeves) and malabsorptive procedures. In addition, fellows must have demonstrable experience in the pre operative evaluation and assessment as well as post operative follow up and assessment of patients.

Advanced MIS -- An advanced MIS fellowship consists of broad based training in MIS surgery which may include exposure to minimally invasive bariatric surgery. The number of bariatric cases, however, do not necessarily meet the requirements set forth by the ASMBS and only 50 of these minimally invasive cases may count towards the minimal case requirements for accreditation as an advanced MIS program. The minimum number of advanced MIS cases required is 150, and excludes basic MIS procedures. These excluded procedures include laparoscopic cholecystectomy, appendectomy, and diagnostic laparoscopy; and ventral hernia repair should not represent a preponderance of the cases. Single incision, robotic, or NOTES basic MIS procedures as defined above will be counted as advanced MIS procedures and should be identified accordingly in the case log system.

Advanced MIS/Bariatric -- An Advanced MIS/Bariatric fellowship consists of a mixture of bariatric surgery training and broad advanced MIS training. In order to be dually accredited as an MIS/Bariatric program, the bariatric experience must meet the requirements for a pure bariatric fellowship (*See guidelines for *Bariatrics**), and must also provide exposure to broad based advanced MIS training as evidenced by performance of an additional 150 advanced MIS cases. Basic MIS procedures do not count towards these minimum requirements, and these excluded procedures include laparoscopic cholecystectomy, appendectomy, and diagnostic laparoscopy; and ventral hernias should not represent a preponderance of the cases. Single incision, robotic, or NOTES basic MIS procedures as defined above will be counted as advanced MIS procedures and should be identified accordingly in the case log system. Credit for minimally invasive bariatric procedures is allowed for up to 50 of these required 150 procedures – thus the minimum total number of cases required for Advanced MIS/Bariatric accreditation ranges from 200 – 250 bariatric and/or advanced MIS cases.

HPB programs--A HPB fellowship program provides a concentrated exposure to patients with pancreatic, biliary, and liver diseases. While absolute numbers of operative cases have not yet been defined for a specific disease, a minimum of 100 total major operative HPB cases are required, and the fellow must act in the primary surgeon role for at least 70 of these major cases. A minimum of 25 major liver, 15 complex biliary, and 25 major pancreas cases are required. The remaining 35 major operative HPB cases may be within any of these categories. Within the liver unit, at least 15 of these procedures must be hemi-liver resections. Basic HPB cases which do not count towards these minimum requirements include cholecystectomy, liver and pancreas biopsy (any technique). Liver and pancreas transplants and donor hepatectomy and pancreatectomy may account for up to 20% of each category. The programs must provide a minimum of 1 year of in depth experience in the pre and post operative management of patients with simple and complex HPB pathology as well as the acquisition of technical skills for performing complex HPB operations. Experience with ablation techniques, intra-operative ultrasonography, and minimally invasive HPB surgery techniques are required. Please see the Appendix to the HPB curriculum for additional information regarding allowable unbundling of HPB procedures.

Flexible Endoscopy-- The programs should contain a mixture of flexible endoscopy training and broad-based MIS training. Flexible endoscopy training, including diagnostic and therapeutic upper endoscopy, colonoscopy, and ERCP should satisfy the SAGES and ASGE guidelines for training and credentialing. Exposure to advanced therapeutic flexible endoscopic procedures is encouraged.