Fellowship Council Accreditation, Core Curriculum and Program Requirements

Approved by The Fellowship Council Board of Directors

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* This is a non-ACGME program
I. Fellowship Council Accredited Fellowships in Surgery

A. Background

The unprecedented growth of knowledge and technology in surgical disciplines in the past 30+ years, has had a profound effect on the training of surgeons. In particular, the development of minimally invasive surgery and other factors precipitated a need and demand for advanced training beyond general surgery residency via both Accreditation Council for Graduate Medical Education (ACGME) and non-ACGME accredited fellowships.

The Fellowship Council (FC) has its origins in the Minimally Invasive Surgery Fellowship Council (MISFC), which was established in 2001. Initially an informal organization of a small number of MIS fellowship program directors, it quickly evolved into a formal entity and by 2003 had over 60 member fellowship programs and conducted a match where over 90 applicants matched into these programs. Coincident with the activities of the MISFC, a tripartite group of societies (Society of American Gastrointestinal and Endoscopic Surgeons [SAGES], the Society for Surgery of the Alimentary Tract [SSAT], and the Americas Hepato-Pancreato-Biliary Association [AHPBA]) commissioned a joint committee to establish guidelines for fellowships in endoscopic, gastrointestinal and hepato-pancreato-biliary (HPB) surgery. The bylaws and organizational structure from this joint effort evolved into the Fellowship Council. Soon after the establishment of the FC, the American Society of Metabolic and Bariatric Surgery (ASMBS) joined the other members of the Fellowship Council as did the American Society of Colon and Rectal Surgeons (ASCRS) in 2010 for non-ACGME colorectal fellowship and more recently in 2017 the Americas Hernia Society (AHS). By incorporating the leadership and organization of established member societies, the FC provides a formal structure and guidelines for advanced fellowship training, manages the directory of fellowship programs, the matching process and evaluation system, and program accreditation process with site visits based on standards outlined in the guidelines document. Today, the FC manages 178 fellowship programs that sponsor 220 fellowship positions that include Advanced GI, Advanced GI/MIS, Bariatrics, Flexible Endoscopy, HPB, non-ACGME colorectal and non-ACGME thoracic surgery fellowships.

The founding societies directed that the guiding principle for establishment of a fellowship in surgery require that the fellowship not interfere with or detract from the training of residents in general surgery and/or any other ACGME approved/ABMS- or Royal College of Physicians & Surgeons of Canada (RCPSC) recognized surgical training program. The FC program is based on the assumption that program applicants are fully trained in general surgery and seek additional experience in surgical management of complex surgical problems including mastery of specialized surgical skills. This fellowship training is not being established to exclude other surgeons in the community from performing such procedures but to enhance the skills of those choosing this additional experience.

B. Objectives

We propose that the guidelines herein detailed will:

1. Provide a mechanism for establishing and accrediting fellowships in surgery.
2. Provide a mechanism to ensure that FC accredited surgery fellowship programs attain and maintain a high level of quality.
3. Provide mechanisms to ensure that surgery fellowships do not interfere with residency training in general surgery and/or any other ACGME approved/ABMS- or RCPSC- recognized surgical training program.
4. Provide a central directory of approved surgery fellowships to which prospective fellows can apply.
5. Provide a central directory of data on approved surgery fellowships to assist general surgery residents in choosing the best fellowship for themselves.
6. Provide a diverse range of fellowship opportunities within the scope of general surgery.
7. Provide a mechanism for matching in the various fellowships governed by the FC.
II. PROGRAM REQUIREMENTS FOR FELLOWSHIPS IN SURGERY

A. General Information

1. In this document, a fellowship is defined as a clinical experience of not less than one (1) year in duration, with a minimum of the (10) months of clinical time. Fellowship programs may be flexible in design but are required to provide a clear focus on the anatomical and functional evaluation of the diseases typically managed within the field of focus for the fellowship (e.g., GI Surgery, Bariatric Surgery, etc.) as well as techniques for operative and perioperative management. In addition, it is essential that scholarly activity be integrated into the daily activities of the fellowship program. Fellowship training requires adequate previous training in general surgery. Therefore, fellowships will follow completion of an accredited general surgery residency program in the United States or Canada or equivalent general surgery training outside North America. Training requirements are determined by the individual member institution.

2. Rotations to other institutions for a period not exceeding 25% of the total time in the fellowship program may be approved; adequate educational justification for such rotations must be provided during program review.

3. Fellowship programs will not be approved if they will have a substantial negative effect on the training of general surgery residents and/or residents in any other ACGME approved/ABMS or RCPSC-recognized surgical training program. Specifically, the general surgery residency-training program cannot have been cited for a deficiency in the area of the proposed fellowship.

4. Each member’s program must comply with the following requirements:
   - Adherence to the application and matching process deadlines and guidelines.
   - Payment of its membership dues by the designated date.
   - Participation in the accreditation process within seven (7) months into the first FC-matched fellow’s year.
   - Quarterly written evaluation of the fellow.
   - Quarterly operative assessment of the fellow.
   - Evidence of scholarly activity. Fellows must submit at least one clinical and/or research project during the fellowship to a National or Regional Society meeting or journal. The project need not be accepted for presentation by the conference or for publication in the journal to which it was submitted. Completion of a quality improvement project with local, regional or national presentation may be substituted instead of a clinical or research project.

5. The fellowship program should be designed such that transition to independent practice is emphasized. The FC will monitor for graduated responsibility.

6. The program director must have been at the applying institution for at least one (1) year and must be at minimum three (3) years out of fellowship training at the time of the application.

7. The program should have a compliment of faculty to provide a broad experience.

8. Programs are required to identify an associate program director. This is recommended to ensure sufficient support is available for a fellowship to continue to train a matched fellow in the event of an unexpected departure or required medical or personal leave of the program director. In rare circumstances, there may not be an appropriate second faculty member to appoint in this capacity.

9. The FC requires that each program designate an institutional official that will co-sign all official correspondence with the FC, such as the membership application and member change form. The designated institutional official (DIO) should be a Department Chair, a designated institutional official for graduate medical education, a chief medical officer, chief of surgery, or chief of staff. The program director will remain the primary point of contact and communication with the FC and will represent the member program with a vote for all official FC decisions.

B. Program Director, Associate Program Director, Contributing Faculty, Designated Institutional Official (DIO), and Support Personnel

Fellowships will be approved only in institutions capable of providing a scholarly environment for acquiring the necessary range of clinical and academic skills essential to surgical practice. This objective can only be achieved when the program director, associate program director, faculty
and administration are fully committed to the educational program being offered. It is also imperative that appropriate resources and facilities be present. Service obligations must not compromise the fellowship’s educational goals and objectives.

The FC designated program director/associate program director dichotomy may be different than the institutional structure. This is for FC purposes only. Some programs employ a multiple director/co-director structure within their institutions-this requirement does not change the program’s internal institutional practice.

1. **Program Director**

A single program director must be responsible for the fellowship program.

a. **Qualifications of the Program Director**

The program director must be a surgeon who is qualified to supervise and to educate fellows in the broad field of the fellowship as defined previously and must meet requirements similar to those required of program directors of ACGME- or RCPSC-approved general surgery training programs. The director must be recognized nationally or regionally by his or her peers as a leader in some facet of the area of the program’s focus and being fellowship trained in that specialty is encouraged. Specifically, the program director must:

1. Be certified by the American Board of Surgery (ABS) or be a fellow of the RCPSC, or have equivalent qualifications.
2. Have an appointment in good standing to the medical staff of the institution sponsoring the fellowship program.
3. Be licensed to practice medicine in the state or province in which the sponsoring institution is located.
4. Maintain a cooperative working relationship with the director of the general surgery residency program (where one exists) and/or all other ACGME approved/ABMS- or RCPSC- recognized surgical training programs.
5. Be a member in good standing of at least one (1) of the constituent societies or advisory groups.
6. Have a minimum of three (3) years post-training experience at the time of membership application to the FC.
7. Have demonstrated scholarly activity in the area of the fellowship specialty by having published in a peer reviewed journal or presented at a national or regional meeting.
8. Have demonstrated experience and/or expertise in teaching residents, fellows, or post-graduate surgeons on a regional, national or international level.
9. Have been employed at the applying institution for at least one (1) year.

b. **Responsibilities of the Program Director**

It is the responsibility of the program director to support the fellowship program by devoting his or her efforts to its management and administration. The director is also expected to be an active and recognized participant in the institution’s clinical and educational programs. This general responsibility includes the following specific activities:

1. Preparation of a written statement to include an outline of the goals of the fellowship program with respect to knowledge, skills, and other attributes, a narrative description of the fellowship, including details of fellows’ involvement in clinical, research, teaching, and administrative activities, and a description of the relationship between the fellowship and the general surgery residency program. This statement must be made available to fellows, general surgery residents, the director of the general surgery residency program, members of the teaching staff and the designated institutional official.
2. Selection of fellows for the program in accordance with institutional and departmental policies and procedures.
3. Selection and supervision of the contributing faculty and other program personnel at each institution participating in the program.
4. Supervision of fellows through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the fellowship program staff and to the general surgery staff and residents. Fellows must be provided with prompt, reliable systems for communicating and interacting with supervising physicians.

5. Organization and supervision of the academic activities of fellows.

6. Organization and supervision of fellow participation in conferences and other educational activities, and oversight of implementation of the fellowship curriculum.

7. Organization and supervision of fellow interaction with general surgery residents at the educational, research, administrative, and patient care levels.

8. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline complaints and grievances.

9. Monitoring of fellow wellness, including mental and emotional conditions inhibiting job performance and for drug- or alcohol misuse. The program director and contributing faculty should be sensitive to the need, where applicable, for timely referral for confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.

10. Oversight of accurate tabulation and recording of operative logs by surgical fellows in the FC case log system.

11. Notification in writing to the FC if there are major changes, which includes:
   - Change in Program Director
   - Change in Associate Program Director
   - Change in Contributing Faculty
   - Change in Number of Fellowship Positions Available
   - Change in Program Designation
   - Withdrawal from the FC or Program Closure
   - Major Change in Rotation or Clinical Volume
   - Impact on Other Learners
   - Change in Matched or Current Fellow
   - Fellow Time Extensions or Changes to Fellowship Dates (decrease or increase)

2. Associate Program Director

Programs are required to identify an associate program director. This is required to try to ensure sufficient support is available for a fellowship to continue to support a matched fellow in the event of an unexpected departure or required medical or personal leave of the program director. In rare circumstances, there may be an appropriate second faculty member to appoint in this capacity. The qualifications of the associate program director are similar to the program director, as are the responsibilities but in a supportive role. The qualifications of the associate program director are expected to be the same as those for the program director as listed in Section B.1.

3. Contributing Faculty

1. Other than the program director and associate program director, contributing faculty with documented qualifications and a commitment to instruct and supervise fellows must be available. Faculty members should have a recognized record of achievement in clinical practice, teaching, research, or a combination of these. Faculty members should be primarily committed to the program’s area of focus and have a clinical practice that supports areas of special emphasis. Members of the contributing faculty must be able to devote sufficient time to supervisory and teaching responsibilities.

2. When the fellowship program is located in more than one institution, a member of the contributing faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

3. The contributing faculty and program director must regularly and formally review each other’s performance in accordance with the goals and objectives of the fellowship.
4. The contributing faculty should regularly evaluate the financial and clinical contribution of the resources available to the fellowship program, the contribution of each institution participating in the program, and the effect of the fellowship on the general surgery residency program.

4. Designated Institutional Official (DIO)

Each program must designate an institutional official that will approve all official correspondence with the FC including membership application, member change form, and application and matching process agreement. The DIO may be a Department Chair, a designated institutional official for graduate medical education, a chief medical officer, chief of surgery or chief of staff. The program director will remain the primary point of contact and communication with the FC and will represent the member program with a vote for all official FC decisions.

In the event that the program director and the associate program director hold positions in the General Surgery Program that may provide a conflict of interest to a General Surgery Residency, the DIO must be an official from outside the Department of Surgery.

5. Support Personnel/Facility

The fellowship program must be provided with the professional, technical, and clerical personnel needed for it to function smoothly and effectively.

Each program should designate a coordinator that will assist in administrative aspects of the fellowship.

The program must supply office space for the fellow with a computer with internet access for access to the FC resources and case log entry system.

C. Educational Principles

The principles of education enumerated in the Program Requirements for Residency Education in General Surgery published by the ACGME are also applicable to the fellowship. In particular:

1. The program director is responsible for ensuring that adequate facilities and resources are available to achieve the educational objectives.
2. The fellowship must provide advanced education such that fellows can acquire the special skills and knowledge of the field represented by the fellowship. This should result in the ability to independently perform the functions of an attending surgeon across all of the six (6) Core Competencies (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice). Upon completion of fellowship, graduates should be able to diagnose and manage preoperative, intraoperative and postoperative care, select and perform the relevant operations, communicate effectively with patients, families and the clinical team, demonstrate professional behaviors and engages in academic activities. There must be sufficient opportunity for fellows to acquire the operative skills required for the practice of advanced surgery.
3. The program director must establish an environment that is optimal for both the education of fellows and patient care. It is the program director’s responsibility to ensure assignment of appropriate in-hospital duty hours that balances exposure to cases, continuity of care and educational activities.
4. During in house on-call hours, fellows should be provided with adequate sleeping, lounge, and food facilities. There must be adequate structures in place so that patient care is not jeopardized during or after assigned periods of duty. Support services and systems must be such that fellows do not spend any significant amount of time in non-educational activities that can be conducted by other personnel. The FC fellow can cover cases that are under the scope of general surgery and not under fellowship level cases (which should be supervised). The fellow is able to perform attending call on the weekends as long as there is appropriate backup. The fellow must meet institutional guidelines for credentialing/privileging and the program needs to remain in good standing.
5. There needs to be a written curriculum of the conditions and diseases that will be covered in the course of the fellowship training. This may include suggested reading material. It is not sufficient to have a list of procedures or cases that will be taught.

D. Educational Components

General competencies

Fellows must become competent in the following six areas at the level expected of a surgery practitioner. Training programs must define the specific knowledge, skills, and attitudes required and provide the educational experience for fellows to demonstrate:

a) Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
b) Medical knowledge about established and evolving issues in biomedical and clinical sciences and application of this knowledge to patient care.
c) Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
d) Professionalism, as manifested by a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
e) Practice-based learning and improvement that involve investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
f) Systems-based practice as manifested by actions that demonstrate an awareness of and response to the larger context and system of health care and effectively call on system resources to provide optimal care.

In order for fellows to achieve the expected competencies listed above, fellowship programs must meet the following expectations:

a) A sufficient number of patients must be available to ensure that fellows receive appropriate clinical and operative experience in the management of complex problems without adversely affecting the experience of residents in the general surgery core program. A fellowship will not be approved in an institution that has a program deficiency in the pertinent areas of general surgery. Fellows must have adequate responsibility for continuity of care, including pre-hospital and post-hospital experience, and these experiences must be distinct from those of General Surgery Chief Residents if applicable.
b) Conferences, including medical-surgical reviews, analyses of complications and deaths, seminars, and clinical and scientific lectures, must be regularly scheduled. In most cases, these educational activities will be shared with general surgery residents. Active participation of fellows in the planning and production of these meetings is essential to the fellows’ education and should enhance the education of general surgery residents.
c) Fellows must have the opportunity to provide patient consultation with faculty supervision. They should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. These teaching experiences should involve correlation of basic biomedical knowledge with the clinical aspects of the fellowship.
d) A fellow may be appointed as an instructor to fulfill the role of a junior faculty member or as a postgraduate trainee, depending on the number of years of postgraduate training completed and institutional requirements and policies.
e) There must be close interaction between the fellowship program and the general surgery residency program and/or all other ACGME approved/ABMS- or RCPSC- recognized surgical training programs (where such programs exist). Lines of responsibility for general surgery residents and other residents and fellows must be defined clearly. Fellows may serve as teaching assistants for residents as appropriate.
f) The fellowship should include meaningful participation in the administrative activities of the department. Active learning about practice management and other administrative aspects related to the future practice of their specialty, surgical research, and surgical education of residents and medical students should be made available to fellows, as applicable.
g) Adequate and appropriate supervision of fellows must be provided at all times, in accordance with each fellow’s level of experience and expertise and institutional rules and policies.
E. Research and Scholarly Activity

It is a requirement of the FC that graduate medical education must take place in an environment of inquiry and scholarship in which trainees participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the program director, associate program director and the contributing faculty of the fellowship. Therefore, the faculty as a whole must demonstrate some involvement in scholarly activity.

Required academic activities include:

1. Active participation of the contributing faculty in regular clinical rounds and conferences in a manner that promotes inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal conditions and the application of current knowledge, techniques and technology to clinical practice.
2. Active participation of the fellow journal clubs and research rounds/conferences, with the fellow assuming a leadership role when they are in the fellowship’s area of focus.
3. Active participation of the fellow in medical student and resident teaching rounds (if applicable).
4. Support for the fellow to lead at least one research study or quality improvement project, including submission to a regional, national or international society meeting or journal. It is desirable but not required that the project be accepted for presentation by the conference or for publication in the journal to which it was submitted.
5. Active supervision of the fellow in the OR, on the inpatient floors and in the clinics.

Other suggested activities:

1. Active participation of the faculty and fellow in regional and national professional and scientific societies, particularly through presentations at the organizations’ meetings and publication in their journals.
2. Active participation of the faculty and fellow in research or quality improvement (QI) projects, particularly in those with peer-reviewed funding and that result in presentation and publication at regional and national scientific meetings.
3. Provision of guidance and technical support as needed (for example, research design and statistical analysis) to students, residents, and fellows involved in research and other scholarly activities.

F. Library Facilities

1. Fellows must have ready access to a major medical library, either at the institution where they are located, through arrangement with nearby institutions, or by means of appropriate computer access to web portals.
2. The library services available to fellows should include electronic retrieval of information from medical databases.

G. Selection Process

Fellows should be selected in a fair and nondiscriminatory manner in accordance with the Equal Opportunities Act. The selection process may vary according to institution. Each program must make the details of the process known to applicants. During the selection process, applicants should be made familiar with the faculty’s experience, ongoing research, publications, and potential conflicts of interest (as defined by ACGME standards). It is essential that applicants have the opportunity to meet and question current fellows in the absence of the program director, associate program director, faculty, and other staff. If requested, a list of previous fellows with their current positions and contact information should be made available to applicants. Ultimately, selection of a fellow by an institution (and vice versa) will be done with use of a computerized matching program with logic identical to that of the National Resident Matching Program used by the Association of American Medical Colleges. Fellows may also be selected through the matching process “scramble” process or outside of the match (with approval by the
FC when not participating). Only the matches generated through the matching process are under the purview of the FC. The scramble process and those filled outside of the match are not under the purview of the FC. The Communications Committee oversees the application and matching process.

The FC regulates and oversees the matching process and in the course of a thorough accreditation process, strive to ensure that the clinical experience delivered to matched fellows meets the defined standards outlined by the FC Accreditation policies and standards. The Fellowship Council cannot, however, guarantee or warrant that after the matching process has been completed that changes will not occur in the faculty complement or that the program director or associate program director will not resign or be terminated from the program to which the candidate has matched. As a result, applicants entirely assume the risks of any changes in the faculty complement and/or the program director and associate program director during the period of time that they participate in the matched program.

It is the responsibility of the applicant to check with each program to which they are applying and confirm that they are eligible for a position at that institution. Program requirements vary from program to program, and specific eligibility requirements must be confirmed by the applicant. Additionally, it is the responsibility of the applicant to check with the State Board of Medical Examiners or Medical College in each program’s state or province and confirm that they meet the specified criteria for licensing or training. Particular attention should be paid to requirements regarding medical school accreditation status, years of postgraduate residency training in the United States, and visa eligibility requirements and sponsorship. Some institutions will not sponsor a J-1 clinical visa, H-1B visa or O visa for non-ACGME accredited Fellowships for International Medical Graduates.

Each sponsoring institution (e.g. a teaching hospital or group practice) may have additional requirements for eligibility for its programs. The FC is not responsible for ensuring that any or all of the requirements have or will have been met by an applicant prior to the scheduled beginning of the term of the position to which the applicant matched, or for communicating the sponsoring institution’s additional requirements to applicants. The program will obtain sufficient information from the applicant to have a reasonable expectation that they will be licensed and privileged in a timely fashion. The program confirms that it will verify all of the specified information prior to the submission/certification of the program's rank order list.

A program may opt out of the matching process to take an internal candidate. This may be done for no more than 2 consecutive years. When a program decides to do this and the application period is open, their FC listing will be taken down in order that applicants do not perceive it as a viable location for that applicant year. When re-entering the match, the program must review their listing to ensure it is still accurate. Programs which are dually accredited by the FC and another organization may be exempt from participating in the FC matching process if they participate in the other organizations matching process.

H. Completion of the Fellowship

At completion of the fellowship, fellows are required to review with the program director:

1. Their complete FC case log
2. A list of research or QI projects, grants, presentations and publications
3. An updated curriculum vitae
4. Final written assessment

These documents should be collected in a completion file for each fellow. The institution should maintain documentation on each fellow after his/her completion of the program. On successful completion of a fellowship, fellows should receive an institutional certificate signed by the program director and department chair and/or designated institutional official, where applicable, with the FC seal (if the program is accredited) affixed to the certificate. The FC accredits programs but does not determine or issue institutional certificates to individual fellows; this is under the purview of each individual program/institution. The FC sponsoring societies may also issue certificates to fellows who meet their
requirements. Program directors should contact the appropriate sponsoring society regarding any program requirements. The FC does not determine or issue society certificates to individual fellows; this is under the purview of the sponsoring societies.

In 2008, the FC mandated that all FC fellows must be Fundamentals of Laparoscopic Surgery (FLS) certified upon completion of the fellowship. Note: FC fellows are not required to be Fundamentals of Endoscopic Surgery (FES) and/or Fundamentals of Surgical Energy (FUSE) certified, though this may be a requirement for obtaining a sponsoring society certificate. Program directors and fellows are responsible for contacting the sponsoring societies regarding any certificate requirements.

I. Evaluation of Fellows, Program Director, Associate Program Director, Contributing Faculty, and Program Fellows

There must be regular evaluation of the fellows’ knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. Evaluation should be provided in a timely and constructive manner and be used primarily as a stimulus for improvement. To that end, the program director and associate program director with the participation of the contributing faculty, general surgery residents, and students (if applicable) will:

- Complete at least one Quarterly Fellow Assessment per fellow per quarter via the FC Online Assessment Tool.
- Complete at least one Technical Skills Assessment for each index case per fellow per quarter as defined by the FC via the FC Online Assessment Tool.
- Communicate each evaluation to fellows in a timely manner.
- Advance fellows to positions of higher responsibility only on the basis of evidence of satisfactory progressive professional growth and scholarship.
- Maintain a permanent record of evaluation for each fellow that is accessible to the fellow and other individuals authorized by the fellow or fellowship program director.

A written final evaluation is required for all fellows who have completed a fellowship program. The evaluation must include a review of the fellow’s performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice independently with the highest standard of competence. This final evaluation should be part of the fellow’s permanent record maintained by the institution. For fellows who leave the program prior to its completion, a final evaluation summarizing the progress to that point and the reasons for leaving early is required.

Program director, associate program director and affiliated faculty

The fellowship program director and associate program director should be evaluated annually by the Department Chair or Designated Institutional Official, as appropriate, at the primary hospital with respect to teaching effectiveness, scholarly research productivity, patient care activities, and administrative ability. On completion of the fellowship, fellows should submit a formal evaluation of the teaching faculty to be kept on file and made available to site reviewers.

Program

The educational effectiveness of a fellowship program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which fellows have met its educational goals must be assessed regularly by the program director and either the general surgery program director, the surgery department chair, designated institutional official, or the chief of surgery at the fellowship’s primary hospital. In addition, fellows should be provided the opportunity to evaluate the fellowship on a regular basis, offer constructive feedback, identify deficiencies, and address problems or potential problems without fear of retribution. At a minimum, fellows are required to complete two faculty member evaluations per quarter, unless there is only one faculty member the fellow worked with during that quarter. In that case, the fellow
would only submit one evaluation. Program Directors and Associate Program Directors will have access to completed assessments. These evaluations should be circulated to the faculty, discussed with site reviewers, and submitted with other documentation during the accreditation and reaccreditation process. Written evaluations should be kept on file for ten (10) years. The FC Membership Committee conducts a mandatory confidential exit survey at the conclusion of the fellow’s year. Program directors must forward this information to their fellows and ensure its completion.

III. ACCREDITATION OF FELLOWSHIP COUNCIL FELLOWSHIPS

A. Curriculum Review and Approval Process

FC members must participate in the accreditation process within 7 months of their first FC matched fellow year and are subject to the reaccreditation process as detailed below. Programs must submit the following information online via the accreditation application system and must meet the FC requirements (see Appendix B).

1. General Program Information
2. Curriculum vitae of program director and associate program director
3. Curriculum vitae of all contributing faculty
4. Curriculum vitae of current fellow
5. Case Logs-Current Fellow(s) summary report by category from the FC’s case log system. It is the program’s responsibility to ensure that the current fellow is keeping their case log entry current in the Fellowship Council case log system. The Accreditation Committee will rely solely on the case log system for case data.
6. Case Logs -Previous Fellow(s) from the last 3 years (if applicable) summarized by case category and surgeon role (Primary, First Assistant, or Teaching Assistant).
7. Summary ACGME Defined Category Data for Graduating Chief Residents report or Canadian equivalent in the General Surgery training program affiliated with the fellowship for the last 3 years. If a Canadian equivalent is not available at the institution, Canadian programs can submit a letter from the General Surgery Residency program director attesting to the interaction between the residency program and fellowship program with relation to the relevant index cases.
8. The program is required to complete the mandatory quarterly and technical skills assessments as outlined in the FC Guidelines for Quarterly Fellow Assessments and Technical Skills Assessments. If the program also completes an additional evaluation of the fellow, a sample evaluation may be included (de-identified). Sample Evaluation of Faculty and/or Program (de-identified).
9. Additional Appendices: e.g. curriculum (if different than FC approved curricula), goals and objectives, etc.

Completed accreditation applications will be reviewed by the Accreditation Committee. The Accreditation Committee includes representation from its sponsoring societies and advisory groups. An initial site visit will be conducted no sooner than 6 months into the first Fellowship Council matched fellow’s year. The Accreditation and Membership Committees may make exceptions to this under certain circumstances. The program’s status is considered “Provisional” until a site visit. A fellow must be in place in the program at the time of the accreditation review. The accreditation documentation for program approval must be received by the stated deadline. Copies of the documentation will be distributed to Accreditation Committee members during the review process. An accreditation fee is required for the review to take place. Programs will be charged an amount approved by the Board of Directors to cover costs of monitoring their programs. Accreditation recommendations are presented and approved by and to each group of the Accreditation Committee, and submitted to the Board of Directors for final accreditation decisions which may include citations. The final designation decisions are listed on the FC website. For programs given accreditation with citations, failure to correct cited deficiencies by the time of a subsequent review may result in an adverse designation status.
Accreditation Designation Categories:

<table>
<thead>
<tr>
<th>Designation</th>
<th>Description</th>
<th>Matching Process Status</th>
<th>Member Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>New members or existing programs which require additional review</td>
<td>Participation in the matching process is at the discretion of the Accreditation Committee</td>
<td>Member status pending outcome of future review</td>
</tr>
<tr>
<td>3 Years</td>
<td>All components outlined in this document are verified as satisfactory</td>
<td>Program may participate in the matching process</td>
<td>Full Member Status</td>
</tr>
<tr>
<td>2 Years</td>
<td>Most components outlined in this document are verified as satisfactory with limited citations</td>
<td>Program may participate in the matching process</td>
<td>Full Member Status</td>
</tr>
<tr>
<td>1 Year</td>
<td>Probationary accreditation-major deficiencies were identified and will be addressed in a future site visit or review</td>
<td>Participation in the matching process is at the discretion of the Fellowship Council</td>
<td>Full Member Status</td>
</tr>
<tr>
<td>Suspension</td>
<td>Programs may be suspended for failing to respond to and correct identified citations and deficiencies, having two consecutive adverse reviews, and/or for violating policies and procedures outlined in this document and/or the Bylaws.</td>
<td>Program may not participate in the matching process</td>
<td>Membership may be revoked</td>
</tr>
<tr>
<td>Not Accredited</td>
<td>Programs which are not awarded an accredited status due to failing to meet the criteria as set forth in these guidelines</td>
<td>Program may not participate in the matching process</td>
<td>Membership may be revoked</td>
</tr>
</tbody>
</table>

Adverse Actions

Recommendations for designations including Probation, Suspension, Not Accredited, and/or Pending are subject to the adverse action process. With this process, reviews will be presented to both groups of the Accreditation Committee prior to recommendations being submitted to the Board of Directors. The Board of Directions will issue a final decision.

Appeals Process

If a program wishes to appeal their designation status (this may include designation, number of approved fellow, duration of approved fellows, participation in the matching process, and/or type of program), the process is as follows:

1. Program directors must submit a written appeal within 30 days of the date of the notification letter. This letter must be signed and approved by the program director and the Designated Institutional Official (DIO).
2. Once an appeal is received, a subcommittee of the Accreditation Committee and the Board of Directors will consider the appeal and, if its findings warrant, recommend a change to the designation. If a change is recommended, it will be put forward for a vote by the Board of Directors.
3. If a designation change appeal for the decision for Probation, Not Accredited, Suspended, or Pending have been reviewed and ruled upon such that the status is confirmed, the program must do the following:
   a. Notify fellows currently in the program as well as any matched fellows of its status within 14 days of receipt of the notification letter. A copy of the notification to the fellows must be sent to the FC office.
   b. When requested, the program must submit a plan for correction of the program’s deficiencies to the FC office within the time allotted in the notification letter. Once this plan is received and approved by the FC, the program must provide a copy of the correction plan to the current and matched fellows.
   c. There will be a review of the program which will occur the next accreditation cycles unless there are extenuating circumstances, for which the Accreditation Committee and Board of Directors will make a decision on the appropriate timeframe. If, at that review, the committee finds that a program is still deficient, membership approval for the program will be withdrawn and the program will be removed from the directory.
B. Site Visits

Site visits will be the mechanism for ensuring that fellowship programs meet the highest possible standards of quality. Site visits are required for the initial accreditation cycle and as designated by the Accreditation Committee. Programs having two (2) consecutive online reviews will be subject to a site visit at the next review. Site visitors will be appointed by the Accreditation Committee and will serve under their guidelines. As part of the initial process, the site visitor will perform a comprehensive review of the program and provide constructive feedback to the program to ensure full compliance with fellowship guidelines. After this initial visit, site visits may occur at the request of a program for the purpose of mediation, to provide administrative recommendations concerning the relationship between the fellowship program and the parent institution, or to help in other ways to ensure the continuity and quality of the fellowship program. Requests for site visits should be addressed to the FC, with the reasons for the request and the time frame in which such a visit is desired specified. Site visits may also be required by the Accreditation Committee for programs that are in questionable compliance with fellowship guidelines. The cost of a site visit will be borne by the fellowship program.

Potential triggers for a site visit include but are not limited to:

1. Change in Program Director or Associate Program Director
2. Significant change in the faculty complement
3. Insufficient case logs or failure to meet program case requirements
4. Program complaints
5. Failure to address previous citations
6. Conflicts with the residency program
7. Failure to provide requested information
8. Failure to comply with FC guidelines and requirements

C. Re-accreditation

Every year the Accreditation Committee will review programs up for re-accreditation. Programs undergoing re-accreditation must submit an application which includes all of the information listed in Section A plus the following (see Appendix B):

1. Current Fellow Survey (confidential online survey)
2. Past Fellows Survey (confidential online survey)
3. General Surgery Program Director Survey (confidential online survey), if applicable.
4. Surveys from the Program Director(s) of any other related ACGME accredited/ABMS - or RCPSC - recognized surgical training program(s), if applicable.

Programs may be reviewed online (which may include conference calls with designated individuals from the program), via a site visit, or both an online review and site visit, if deemed necessary. Re-accreditation of the program will be based on the committee’s findings during the review. The review process and designation statuses and outcomes are detailed above.
IV. PROPOSED ACTIVITIES OF THE CONSTITUENT SOCIETIES AND ADVISORY GROUPS IN RELATION TO THE FELLOWSHIP COUNCIL

The constituent societies and advisory groups will appoint members to the Board of Directors, Education/ Curriculum Committee, and the Accreditation Committee. They will also encourage participation of fellows at their annual meetings.

A. Accreditation of Fellowships

The constituent societies and advisory groups will appoint members to the Accreditation Committee, whose purpose will be to review all applications for accreditation of fellowship programs, make recommendations to the Board, and monitor evolution of the fellowship programs in general. The intent is to establish a process similar to that currently carried out by the RRC for general surgery.

B. Annual Meeting of Program Directors and Fellows

The FC will sponsor an annual meeting of program directors of member programs. The purpose of this meeting will be to provide a forum in which rules and regulations are disseminated, related questions and concerns can be discussed, the discussion of program issues, recommending ways of promoting high-quality fellowship education, reviewing the matching process, advising the Accreditation Committee on grievance and approval issues, recommending creation of special programs or projects for advancing surgical education, and supplying members with program advice. The societies will be encouraged to offer fellows the opportunity to interact with other fellows as well as faculty surgeons in their specialty during their annual scientific meetings and to actively solicit research presentations by fellows.

C. Fellowship Program Registry

The FC will maintain a directory of approved fellowship programs, under the purview of the FC Membership Committee. The FC will also maintain an updated and confidential file on each approved program that includes the original membership application; accreditation application; accreditation notification letters; paper and site visit review summary reports; documentation of the operative experience of the previous year’s fellows and fellow exit surveys. The Membership Committee will also maintain a confidential record of noncompliance or problems.

D. Applicant Registry

The Communications Committee will be responsible for advertising and promoting fellowship opportunities and application and matching deadlines within the FC. Efforts will be made to assist in the recruitment and placement of candidates for fellowship. Such efforts may include placing appropriate advertisements and informing constituent societies and advisory groups of fellowship opportunities and asking them to assist in distributing the information. The FC will maintain a directory of approved fellowship programs. This directory will be made available to eligible applicants or residency program directors, and each society will provide a link to the directory on its web site. For each fellowship program, the directory will include the name of the program, program director and associate program director, program coordinator, and primary institution; and the focus and duration of the fellowship.

E. Fellowship Application and Matching Process

The Communications Committee has established a fair and equitable application and matching process similar to that used jointly by the AAMC, the ACGME, and the ABMS. Each fellowship institution (e.g., a teaching hospital or group practice) may have additional requirements for eligibility for its fellowship programs. The FC is not responsible for ensuring that any or all of the requirements have or will have been met by an applicant prior to the scheduled beginning of the term of the position to which the applicant matched, or for communicating the fellowship institution’s additional requirements to applicants. The program will obtain sufficient information from the applicant to have a reasonable
expectation that they will be licensed and privileged in a timely fashion. The program confirms that it will verify all of the specified information prior to the submission/certification of the program’s rank order list. Before confirming a program on an applicant’s list, applicants will receive a warning indicating whether or not their eligibility status matches the program’s eligibility requirements. If an applicant confirms a program where they do not match the eligibility, they acknowledge that they are responsible for making sure that they will fulfill the state and institutional requirements to practice surgery as required by each program that they list on their final rank submission. The applicant acknowledges that this is their responsibility and will fully comply with these criteria when participating in the matching process.

The FC requires matching process applicants to offer or accept an appointment if a match occurs. Additionally, the FC requires the applicant to start their fellowship in good faith (e.g. with the intent to complete the fellowship program) on the date specified by the program. In limited circumstances, the FC may grant a matching process commitment dissolution for programs and matched fellows who are not able to honor the binding commitment. Matched fellows and programs are not authorized to release each other from the binding matching process commitment. Once a fellow and program have matched, the matched fellow and program must first obtain a matching process commitment dissolution from the FC before matched fellow and program can apply for, discuss, interview for, or accept an alternate position. The decision to grant or deny the matching process commitment dissolution is at the sole discretion of the FC.

APPENDIX A

ETHICAL GUIDELINES FOR INDUSTRY INTERACTION WITH POSTGRADUATE FELLOWSHIP PROGRAMS

The primary task of the FC is to ensure the quality of fellowship training programs in order to assure applicants and the public that accredited programs meet a high standard of excellence. This accreditation process is a serious and critical one and must be performed in the most stringently ethical manner. Effective January 1, 2020, AdvaMed has updated its longstanding and highly regarded Code of Ethics in Interactions with Health Care Professionals in the United States (“AdvaMed Code”). The updated code continues to clarify and distinguish appropriate activity between health care professionals and representatives of AdvaMed member companies. The FC has referenced these to create the following code of conduct to ensure ethical behavior between industry, the FC and member FC programs.

The Fellowship Council

The FC recognizes the critical role that industry has played in the advancement of postgraduate training programs and wishes to keep industry supporters and the public fully informed of processes and developments in fellowship programs. It is part of the mission of the FC to accredit programs and to represent the constituent societies and advisory groups represented by the FC to the governing bodies of surgery. As such, it is necessary that the FC holds itself to the highest ethical standards and avoids any conflicts of interest, perceived or actual. The following guidelines are therefore presented to ensure a superior working relationship between Industry and the FC while avoiding the appearance of impropriety:

- Requests or acceptance of Industry contributions require a majority vote of the FC Board of Directors and can only be accepted if in compliance with the 2009 ADVAMED code of Ethics.
- Individual members of the FC shall not solicit contributions from Industry on behalf of the FC, except when sanctioned by the FC Board of Directors.
- Industry contributions should be accepted only if they are in compliance with ADVAMED guidelines.
- Industry supported events will be approved only if they are oriented towards education and research provided they are in compliance with ADVAMED guidelines.
- Industry supported events and projects must be clearly labeled as such.
- An Industry representative may be invited to present a report to the Board of Governors or FC committees but shall have no vote and should not attend non-related portions of the meetings.
Member Programs

The FC recognizes that in the past most fellowship programs belonging to the FC received financial or other support from Industry. Fellowship programs belonging to the FC will only receive contributions for their fellows training under strict compliance with ADVAMED Code of Ethics. The FC believes that such arrangements will eliminate conflict of interest, as well as prevent harm to the program involved, its constituents and the public. Member programs belonging to the FC should, therefore, adhere to the following guidelines in order to avoid the appearance of non-ethical behaviors.

Industry support of a FC program can only be granted in compliance with ADVAMED guidelines. The following guidelines must be enforced:

- Industry support of a FC program shall not be contingent on or tied to purchasing agreements between the sponsoring institution and the sponsoring company.
- Fellowship education and research efforts should be designed and administered by the fellowship program director.
- In the United States, Industry support for fellowships will occur via the Foundation for Surgical Fellowships, thereby assuring the appropriate avoidance of conflict of interest between Industry and the individual fellowship.
- Efforts should be made to expose fellows to a broad spectrum of available devices and drugs beyond that of any sponsoring company.

Industry

Industry relevant offerings in research and training can only be made available to the FC and its member programs provided they follow ADVAMED guidelines. Many industry potential supporters of FC or member program efforts are already voluntarily following strict guidelines regarding their interactions and support of healthcare professionals three (3). Specific to the FC the following guidelines should be followed:

- Proposals for support from Industry to the FC should be made in writing to the President of the FC.
- The FC will consider all such proposals for support in accord with the Advanced Medical Technology Association (Advamed) Code of Ethics.

APPENDIX B

Fellowship Council Program Accreditation and Re-Accreditation information is available at:

- Fellowship Council Accreditation & Re-Accreditation page