

# Transplant Accreditation & Certification Council

## Fellowship Training Program Accreditation



ASTS

2020 - 2021

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## **I. Overview**

### **Mission**

The Transplant Accreditation & Certification Council (TACC) serves the public, healthcare community, and transplant surgeons by promoting excellence and professionalism through education, accreditation, and certification.

### **Purpose**

The Transplant Accreditation & Certification Council was formed for the following purpose:

- To improve the safety and quality of transplant care.
- To develop and maintain high standards of excellence by rigorous evaluation and accreditation of training programs.
- To establish professional standards through, setting training benchmarks, examination and certification of transplant surgeons

### **History**

The Transplant Accreditation & Certification, LLC is a limited liability corporation founded by the American Society of Transplant Surgeons (ASTS) in January 2017 to oversee the accreditation of fellowship training programs and implement a certification pathway for transplant surgeons.

### **Transplant Accreditation & Certification Council**

The [Transplant Accreditation & Certification Council](#) is nominated by the American Society of Transplant Surgeons (ASTS) Council. The TACC is comprised of members of the transplant community who are dedicated to advancing fellowship training and the field of transplantation.

## **II. Fellowship Training Program Accreditation**

The Transplant Accreditation & Certification Council is committed to defining and promoting training and the career-long education of transplant surgeons. One of the primary avenues by which TACC defines and promotes training is through its accreditation of abdominal fellowship training programs throughout the United States and Canada.

The objective of a Transplant Surgery Fellowship Training Program approved by the Transplant Accreditation & Certification Council is to develop proficiency in the surgical and medical management of patients with end-stage organ diseases amenable to transplantation. This objective should be achieved through a 24-month structured supplemental program for the study and treatment of these diseases in an accredited and properly supervised transplant surgery fellowship. Candidates for training in an Accredited Abdominal Transplant Surgery Fellowship Training Program must have satisfactorily completed a residency which satisfies the educational requirements for certification by the American

Board of Surgery, American Board of Urology, American Osteopathic Board Certification, or foreign equivalency. Individual training programs may also have additional requirements.

The ASTS is the recognized accrediting and certifying body in the field of transplant surgery fellowship training and aims to ensure future generations of transplant surgeons get the training that provides the skills, knowledge and professionalism needed to perform in the complex environment of solid organ, composite tissue and cellular transplantation. The TACC will:

- Provide structural requirements in a manner consistent with other accrediting bodies
- Establish guidelines and requirements for program, program directors and faculty for maintain an educational environment
- Define program director responsibility
- Mandate program annual case volume minimums with annual volume review
- Ensure programs and transplant centers are recognized as compliant by outside regulatory bodies such as CMS and OPTN.

### **Accreditation**

New programs must submit an online Fellowship Training Program Accreditation [application](#) by the Accreditation Application deadline (August 1). The program must host two members of the Program Accreditation Committee for a one-day site visit to evaluate the institution's educational and surgical training environment. Programs will be responsible for any fees associated with the site visit. If approved, programs will be required to pay an accreditation fee to obtain fellowship training program accreditation.

### **Reaccreditation**

Accredited Fellowship Training Programs are required to submit a reaccreditation [application](#) every three years. Applications must be submitted on time by September 15; late applications will not be accepted. Programs must submit a reaccreditation fee to maintain accreditation. If a program undergoes any major institutional changes, they may be asked to submit a reaccreditation application outside of their cycle.

Programs requesting to change their accreditation in any Basic Transplant Fellowship/Specialized Transplant Fellowship (BTF/STF) categories or requesting to change their fellowship complement must submit a full reaccreditation application by the reaccreditation application deadline. Applications will not be reviewed during the match cycle.

### **Application Review Process**

Applications are reviewed by the Program Accreditation Committee (PAC) and decisions regarding approval or denial are presented to the Transplant Accreditation & Certification Council (TACC). Applications are presented to be approved before the Fall Council Meeting. Applications will not be presented at the Winter and Spring Council Meeting due to the Annual Abdominal Transplant Surgery Match. This ensures any changes happen prior the opening of the match.

### **Accreditation Applications: (New Programs)**

Submission deadline of August 3, 2020  
Council review in Fall 2020  
Notification of final decision by December 2020

Accreditation status is effective for the match beginning in January 2021 for positions in 2022

**Reaccreditation Applications:**

Submission deadline of September 15, 2020  
Council review in Fall 2020  
Notification of final decision by December 2020

Reaccreditation status is effective for the match beginning in January 2021 for positions in 2022

The completed applications will be reviewed by members of the Program Accreditation Committee. The applicant's institution is asked to cooperate with the reviewers' requests for additional information if necessary.

If the application is from a program not previously accredited, or if the accreditation has lapsed, a site visit to the applicant institution must be arranged for the reviewers. The ASTS National Office will work with both the institution and the reviewers to organize the site visit. The applicant institution is expected to develop an itinerary that is mutually acceptable with the reviewers' goals and objectives.

Direct expenses associated with travel to the site visit are borne by the applicant institution. The ASTS National Office will invoice the applicant institution after the site visit and payment is due after the application ruling is determined by the Transplant Accreditation & Certification Council. If the application is a renewal from an institution previously accredited, a site visit is not mandatory, and will be at the discretion of the reviewers.

The reviewers will submit a detailed report to the Transplant Accreditation & Certification Council and will recommend whether the program meets the requirements for approval, whether additional information is necessary, or whether the application should be disapproved.

The function of the Program Accreditation Committee is one of support to the Transplant Accreditation & Certification Council and the committee will only provide recommendations. The TACC holds ultimate authority in all decision-making matters and the decisions are given final endorsement by the ASTS.

If the program is granted approval by the Transplant Accreditation & Certification Council (TACC), the TACC will announce the decision directly to the applicant institution via letter. That communication will serve as documentation of the approval as well as the date approval was granted, the conditions under which approval is granted and the duration of the approval.

**Organ Specific Program Accreditation**

Fellowship Training Programs can be accredited to train in the following tracks:

**Basic Transplant Fellowship (BTF)**

- Kidney
- Liver

**Specialized Training Fellowship (STF)**

- Pancreas
- Intestine
- Hepatobiliary
- Hepatopancreatobiliary

Programs will be identified as Basic Transplant Fellowships (BTF) categories in Kidney, Kidney/Liver, or Liver. In addition, programs can apply for accreditation in Specialized Training Fellowship (STF) categories in Pancreas, Intestine, Hepatobiliary, and Hepatopancreatobiliary. Note, only programs who are accredited to train in Liver will be eligible to train in intestine, hepatobiliary, or Hepatopancreatobiliary surgery. Programs must specify within their reaccreditation application which organ track(s) they are requested to become accredited to train in. Programs must meet the volume requirements listed in the Program Volume Requirements below to obtain accreditation in any BTF or STF categories.

### **Duration of Training**

Fellowship Training Programs must outline and detail the structure of their fellowship training program within the Fellowship Training Program Accreditation and Reaccreditation Application. Programs must conform to a uniform duration of fellowship training as outlined by the TACC. Fellowships should be a minimum of twenty-four months of training. The twenty-four months must include a minimum of eighteen months of clinical training and the remaining six months can be either clinical training or non-clinical duties.

### **Structure of an Accredited Training Program**

The objective of a Transplant Surgery Fellowship Training Program can best be achieved when it is based within an institution approved for graduate medical education in General Surgery or Urology and also in those other disciplines particularly related to transplantation, such as Infectious Disease, Immunology, Radiology, Nephrology, Diabetology, Cardiology, Pulmonology, and Gastroenterology. To provide for an effective training program, the Transplant Surgery Section should be organized within the framework of a larger administrative unit, such as a Department of Surgery, General Surgery, or Urology. It is essential that the clinical component be centralized if a proper transplant surgery fellowship program is to be conducted. This can be best achieved by establishment of a unit to which all transplant cases are admitted. This should be under the direction of a qualified transplant surgeon with continuous responsibility for teaching, quality of patient care, and research. The director of the program should be certified by the American Board of Surgery or the American Board of Urology. Other staff members should be experienced in transplant surgery, dedicated to teaching, willing to devote the necessary time and effort to the education program, and should be engaged in research activities as well.

The program must provide instruction in the clinical and basic sciences, encompassing anatomy, physiology, pathology, and immunology including histocompatibility testing, as they relate to the diagnosis and treatment of end-stage organ diseases. Case material in sufficient volume must be available for the development of skill in the management of patients requiring transplantation. Adequate facilities must also be available for instructing the trainee in the performance and

interpretation of special diagnostic techniques and instrumentations necessary for the management of transplant patients. Most importantly, the candidate must be provided with an adequate volume of operative experience.

The clinical experience must be obtained after completion of the candidate's general surgery, urology, or foreign equivalent residency program. It is essential for trainees to learn the management of end-stage organ disease and the specific indications and contraindications for organ transplantation. It is also important for the trainee to gain understanding of the function of the histocompatibility laboratory with respect to cross-matching techniques, PRA testing, and tissue typing. Actual time spent in the histocompatibility laboratory is considered desirable.

The trainee must obtain operative experience under the supervision of the Director of the Transplant Program or his/her deputy. An adequate volume of surgical experience must include living related and/or deceased donor operations, transplantation procedures including re-operations and management of complications, and, for fellowships in kidney transplantation, vascular access procedures.

It is essential that the trainee also have an intimate acquaintance with the laboratory and radiologic procedures used in the diagnosis of rejection, infection, and other problems. The trainee should also gain familiarity with the pathology of rejection, infection, and other problems. The fellow must also gain experience in the workup of living donors and in the procurement and preservation of organs obtained from deceased donors. The trainee must also have continuity of experience in the postoperative and long-term follow-up of transplant recipients. Finally, opportunities for participation in basic science research or clinical research are strongly encouraged.

### **Program Volume Requirements**

Programs must maintain a minimum case volume as detailed below for organ specific accreditation. New programs must demonstrate a minimum of three consecutive years of adequate volume to be considered for accreditation. Programs applying for reaccreditation must demonstrate a minimum of two consecutive years of adequate volumes (of the most recent two years) or an average over three years. All data submitted must be from the Academic Year (July 1 - June 30).

The following minimum program volumes are required for Fellowship Training Program Accreditation. Programs will be accredited to train a specific number of fellows in their BTF category. Programs cannot request the number of training slots in individual BTF and STF categories, the TACC will assign the number of fellows based on volume and other requirements. If a program is accredited to train in an STF Category, the Program will determine which of their approved fellows will train in their accredited specialties and is responsible for informing the ASTS prior to the start of their training.

<b>Program Volume Requirements</b>	
All Programs	
<b>Accreditation Eligibility</b>	<b>Minimum Annual Volume</b>
Total Transplant Volume (any organ combination)	75
Multi-organ Procurements	25

The following table illustrates the program volumes necessary to support various numbers of fellows. The TACC will determine the maximum number of fellows the program is eligible to train over a 24-month period, based on the volumes provided within your accreditation application. The program will determine the number of fellows they wish to train each year based on their maximum allowance. For example, if the TACC determines that a program has the volume to support training 4 fellows every 2 years, the program can decide if they want to match 2 fellows per year, alternating 1 and 3 per year, etc.

<b>Program Volume Requirements</b>				
Basic Transplant Fellowship (STF)				
<b>BTF-KIDNEY</b>				
	Number of Fellows Program is Eligible to Train:			
	<b>1 every other year</b>	<b>1 every year</b>	<b>3 every 2 years</b>	<b>2 per year</b>
Required Annual Kidney Volume	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy
<b>BTF-Liver</b>				
Required Annual Liver Volume	50	50	68	90
<b>BTF-Kidney/Liver</b>				
Required Annual Kidney Volume	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy
Required Annual Liver Volume	50	50	68	90

The following minimum program volumes are required for Fellowship Training Program Accreditation in STF Categories. The TACC will only accredit programs to train in these categories and will NOT determine how many fellows are eligible for training. Programs will make this determination internally, up to the total number of approved fellows in the BTF and will be required to notify the ASTS prior to the completion of the fellows’ training, which fellows will receive this training. Note, only programs accredited in BTF-Liver or BTF-Kidney/Liver categories will be eligible to train in intestinal transplantation and/or HB or HPB training



Program Volume Requirements Specialized Training Fellowship (STF)	
Accreditation Type	Minimum Annual Volume
STF – Pancreas	10
STF – Intestine	10
STF – Hepatobiliary*	50
STF – Hepatopancreatobiliary*	75

\*Hepatobiliary and Hepatopancreatobiliary also have additional volume and non-volume requirements as shown below.

HB/HPB Program Volume Requirements	
HB	HPB
50 or more major HB cases per year, consecutively for no less than 2 years	Program must meet all the criteria for the HB program, in addition to:
35 or more major hepatic and gallbladder procedures per year, consecutively for no less than 2 years: <ul style="list-style-type: none"> <li>i. 20 or more major anatomic hepatectomy procedures which involve the resection of 2 or more segments of the liver and include living donor hepatectomy and deceased donor split liver procurement; At least 50% of these major procedures must be non-transplant (non-donor) related cases.</li> <li>ii. Major non-anatomic resection or enucleation (e.g. for symptomatic cystic disease, hemangioma, gallbladder CA and metastatic liver tumors).</li> </ul>	25 or more major non-transplant related pancreatic procedures per year, consecutively for no less than 2 years. These procedures are defined as: <ul style="list-style-type: none"> <li>i. Pancreaticoduodenectomy</li> <li>ii. Total or partial pancreatectomy</li> <li>iii. Pancreatic drainage procedure (Puestow, cyst-jejunostomy, etc.)</li> </ul>
15 or more complex biliary procedures per year (excluding CBD-CBD anastomosis during liver transplantation), consecutively for no less than 2 years: <ul style="list-style-type: none"> <li>i. Bile duct resection and reconstruction</li> <li>ii. Bile duct reconstruction without resection, i.e. Roux-en-Y hepatico-jejunostomy (no more than 5 cases of same-setting OLT and Roux-en-Y hepatico-jejunostomy can be credited)</li> </ul>	

## **Hepatobiliary and Hepatopancreatobiliary Non-Volume Requirements**

The program must have a multidisciplinary committee that consists of at least the following members (i.e. Multidisciplinary Tumor Board): HPB surgeon (ASTS or AHPBA/IHPBA member), endoscopist, medical oncologist, interventional radiologist, and diagnostic radiologist which meet on a regular basis to assist in management of complicated HPB patients.

The program must provide evidence of a structured educational and training experience in comprehensive, state-of-the-art medical and surgical management of patients with surgical diseases of the liver, gallbladder, biliary tract, and pancreas.

The program must provide clinical experience in multidisciplinary approach in the investigation, diagnosis, operative and non-operative treatments as well as peri-operative care of HPB patients in both the in-patient and out-patient settings.

Didactics on HPB surgical diseases that include surgical and non-surgical adjuvant therapies such as chemotherapy, radiation therapy, or ablation (i.e. HPB path conference, seminars, lecture series, journal club, roundtable discussions)

## **Program Probation During Reaccreditation**

Accredited Fellowship Training Programs who do not meet the minimum volume requirements when applying for reaccreditation may be placed on a one-year probation. This probation is at the discretion of the Program Accreditation Committee (PAC) and TACC. The probation will mean that programs cannot match or hire a new fellow to begin training and will be required to submit their volumes the following year to remain accredited. The probation does not affect the current fellow's certification process. If a program fails to meet the requirements after the one-year probation, they will lose accreditation and will be required to submit an accreditation application and complete a site visit when they choose to become accredited again.

## **Non-Volume Metrics**

Programs must identify an active Fellowship Training Program Director. The Program Director must be an ASTS member in good standing. The Program Director will be the primary contact to ASTS and the TACC regarding fellowship training and will assume all responsibility for necessary communications:

- Program Director will be responsible for notifying the ASTS of the following: Name(s) and email(s) of participating fellows
- The anticipated start date and end date of all fellows
- Change in Fellowship Training Program Director and Administrative Coordinator
- Any major structural or institutional changes

Programs must notify the ASTS of any major structural and institutional changes that will affect the fellows' education and training experience. This would include (but is not limited to):

- 50% or more change in surgical faculty and administrative staff
- CMS or UNOS actions that potentially affect program volume

- Change in Fellowship Training Program Director
- Voluntary closures of organ transplant programs by transplant center

Changes reported will be brought to the attention of the TACC for review. The TACC will determine the necessary actions as appropriate and may request a reaccreditation application be submitted for formal review. If the TACC feels additional actions are necessary, including a site visit, the program will be notified. Necessary fees may be applicable.

Other requirements of the Fellowship Training Program Director include:

- Program Director will participate in the annual Program Director's meeting (or will send a proxy from the program)
- Program Director will assume primary responsibility for fellow's training and certify competency
- Program Director will take responsibility for recommending the organs to be listed on the fellows' Certificate of Completion.
- Program Directors must submit a signed Fellowship Completion form within 60 days of when the fellowship is completed.

### **Parallel Track Training**

The objective of a Transplant Surgery Fellowship Training Program is to develop proficiency in the surgical and medical management of patients with end-stage organ diseases amenable to transplantation. To receive fellowship training program accreditation a program must demonstrate the ability to provide sufficient clinical experience within an educational setting that will result in well trained fellows to work in the United States and abroad. TACC accredited programs are further defined by the organ accreditation and number of fellows the program can train.

It is important that fellows in TACC Accredited Fellowship Training Programs have access to the full resources of the program. The training of additional non-ASTS fellows in parallel tracks dilutes the fellowship experience and should not occur at TACC Accredited Programs. Fellows in transplant surgery complete at least two years of post-residency training in approved training programs. Each program is accredited for a specific number of fellows. No fellowship positions other than these specific approved positions are recognized by the TACC. The TACC is committed to training the next generation of surgeons to practice in the United States, Canada, and the rest of the world. The society firmly believes the training in an TACC Accredited Fellowship Training Position is the standard required to practice transplant surgery.

### **Fellowship Program Fees**

The fees outlined below are associated with being an accredited Fellowship Training Program.

#### **Accreditation Fees**

All programs applying for accreditation and reaccreditation are required to pay the following fees. New programs applying for reaccreditation or programs seeking accreditation after a lapse

in accreditation are required to pay the accreditation fees plus the travel expenses for the site visit.

<b>Annual Program Fee Structure:</b>	
<b>Accreditation:</b>	<b>Reaccreditation:</b>
\$5,000 + Site Visit Expenses	\$2,000

### **Annual Program Fee**

Annual program fees are invoiced in April of each year. The amount due depends on the total number of fellows that will be enrolled in the program for the upcoming academic year. Annual Program Fees are due by June 30.

<b>Annual Program Fee Structure:</b>	
0 Fellows:	\$2,500
1 Fellow:	\$3,100
2 Fellows:	\$3,700
3 Fellows:	\$4,300
4 Fellows:	\$4,900
5 Fellows:	\$5,500
>5 Fellows:	\$6,500

### **Late Fees**

Programs that do not pay the above fees by the due date are subject to a \$250 late fee per month until payment is made. Programs that fail to submit the Annual Program Fee within 90 days of the due date may undergo a probationary period as determined by the Transplant Accreditation & Certification Council.

As part of the Annual Program Fee process, programs are required to complete the Annual Transplant Fellowship Form and provide information about the fellows who are starting and leaving the program. The program is also required to provide information at the completion of fellows training with their job and location.

### **Match Process**

Programs must participate fully, in good faith, in the [annual match](#) administered through SF Match. ASTS sponsors the matching process and the TACC is responsible for the enforcement of the application rules.

Programs will direct all interested applicants to the SF Match to register for the annual match. Program must report all results, including filled and unfilled positions, to the TACC when the match concludes in June of each year. Programs that do match their open position can fill the slot outside of the SF Match.

The TACC will not recognize fellows that are taken outside the match if a program voluntarily chooses not to participate in the annual match process or is shown not to participate in good faith.

If a program fails to participate in the match for three consecutive years, the program will be placed on a probationary status for one year. Repeated failure to initiate training of a fellow by the completion of the probationary period will result in loss of accreditation. Reaccreditation would entail submission of a completed new program application

### **Managed Time Policy**

Programs must adhere to the Fellows Managed Time Policy, as defined below. If a program fails to adhere to the managed time policy or is delinquent in the submission of requested documentation, the program will receive a warning and will be expected to submit written verification of changes in order to bring the program to compliance. If a program does not respond to written warnings or does not produce requested documentation, a site visit may be necessary. Sanctions for non-compliance range from written warnings, probation, and loss of accreditation. Reaccreditation would entail submission of a new program application.

In addition to training fellows in all aspects of clinical care relevant to transplantation, transplant fellowship programs have a responsibility to ensure safe and responsible work habits. Such habits will lay the groundwork for routines that will form the foundation of a successful career as a transplant surgeon. We recognize that working to the point of exhaustion is both unhealthy for the fellow and unsafe for patients. Efforts to establish work hour and/or schedule restrictions are rife with difficulties. Transplantation is often unpredictable with periods of heavy workload interspersed with slower work periods due to donor paucity. Lastly, there are often valuable clinical education or continuity of care opportunities that may exceed traditional work hour requirements but benefit fellowship training. Despite these obstacles to creating responsible work hour practices, reliance on fellow self-reporting and self-recognition of fatigue does not meet the current standard of fellowship training. The ASTS and TACC believes that certain underlying principles below must be recognized in identifying responsible fellow workload practices:

- 1) Programs must be mindful of the workload they are placing on fellows with respect to all facets of their responsibilities (e.g., clinic, operating room, inpatient service, phone calls, etc.). The fellowship director is responsible for setting this expectation and monitoring the impact of the workload on the fellow.
- 2) The program's faculty must recognize it may be necessary to tell the fellow to rest. It is incumbent on the program's faculty to monitor the fellow's workload and outward signs of fatigue, to intervene appropriately in instances where the fellow does not recognize or acknowledge the need to rest.
- 3) The impact of activities which are neither educational nor require their level of experience should be scrutinized on an ongoing basis. Fellows are board-eligible or certified in General Surgery or

Urology or foreign equivalency and must be given responsibilities consistent with their level of expertise. While any caregiver may need to step in from time to time to help in any task related to patient care, it is not the fellow's role to routinely perform tasks that are more appropriately delegated to a coordinator, resident, physician assistant, or advance nurse practitioner. To be effective in this role, the program must engage sufficient human resources to allow the fellow to function at the appropriate level.

Based on the three principles above, the following three structural elements are considered requirements of fellowship training programs:

1. The fellowship training program must designate formal continuing medical education (CME) time for the fellows, including attendance to at least one regional/national meeting during their fellowship that does not count toward vacation time.
  - a. Planning for the meeting is the joint responsibility of the fellow and the Program Director.
  - b. Certificates of attendance or registration must be submitted to ASTS at the completion of fellowship training.
  - c. Attendance at the Fellows Symposium does not fulfill this requirement as this is an additional requirement.
2. The fellow must be provided at least two weeks of vacation every year, excluding time for academic meetings.
  - a. Each program must submit their vacation guidelines at the time of fellowship reaccreditation and provide documentation of fellow vacations on a yearly basis.
  - b. Proper adherence to fellow vacation guidelines will be assessed at the time of reaccreditation. Documentation of this requirement is the program's responsibility.
  - c. All fellows will be asked at the end of the fellowship exit survey if they received the allotted time off.
3. The fellow must be off call and free from clinical responsibilities at least one weekend per month (48 hours) and at least two additional 24-hour periods every month exclusive of vacation time.
  - a. Each program must submit their time-off guidelines at the time of reaccreditation.
  - b. Each fellow will be surveyed at the end of fellowship to confirm the time off occurred.

Providing the highest quality care to patients requires caregivers who are not impaired by fatigue, and who are not constrained by arbitrary restrictions regarding participation in a given patient's care. It is incumbent upon ASTS-approved fellowship training programs to responsibly manage these issues.

If at any time a fellow feels that the program is not adhering to the ASTS Fellowship Managed Time Policy, fellows may contact the ASTS Office. The name of the fellow will be kept anonymous and the program will only be contacted at the fellow's discretion.

If a program fails to adhere to the ASTS Managed Time Policy or is delinquent on submission of requested documentation, a written reminder will be sent followed by a written warning if delinquency

is not resolved. In the event of non-adherence to policy, program must submit written verification of changes in fellowship necessary to bring program into compliance.

If a program does not respond to written warnings or does not produce requested documentation, a call will be scheduled with the program director and the members from the FTC. At this point a site visit may be indicated. Sanctions can range from written warnings, probation, to loss of fellowship accreditation.

### **Fellow Operative and Non-Operative Milestones**

The [Fellow Assessment: Surgical Log and Milestones form](#) should be submitted by the Fellowship Training Program Director. Forms should be submitted bi-annually, at 6-month intervals. The assessment should include a copy of the fellow's surgical log report, an operative milestone assessment, and a non-operative milestone assessment. For the milestones, if you are having more than 1 faculty member assessing fellow(s) please average the assessment and send only 1 form. The form can be found under the [Program Director Resources](#).

Forms must be submitted, online, within one month of their required due date. Failure to adhere to this deadline on 3 separate occasions will result in a one-year probationary status. Subsequent additional tardiness will result in loss of program accreditation. Reaccreditation would entail submission of a new program application.

## **III. REQUIREMENTS FOR CERTIFICATE OF COMPLETION**

### **Eligibility**

Fellows are eligible to receive a certificate of completion when they successfully complete a twenty-four month Accredited Abdominal Transplant Surgery Fellowship AND fulfill requirements for organ systems in which their fellowship program is accredited to train. This includes organ systems for which the program is accredited in at the start of the fellow's training AND organ systems for which the program receives accreditation within the first twelve months of the fellow's training.

For example, if a fellow started training in August 2017 and the program became accredited in Pancreas transplant in July 2018, the fellow would be eligible to receive a certificate of completion in pancreas transplant if he or she meets requirements.

It is the responsibility of an individual training program to inform the fellow about specific program accreditation status at the start of fellowship training and when changes to the program accreditation status occur that affect the certificate eligibility of the fellow.

### **Operative Experience**

To receive a certificate of completion from the Transplant Accreditation & Certification Council, fellows must maintain a surgical log. The Program Director is responsible for signing off on the surgical log

during the fellows bi-annual milestone assessment and attest that the operative log is accurate. Fellows must provide a completed surgical log with their [certificate of completion request](#) form which the Program Director has signed. The fellow must meet the following volume requirements to be considered for a certificate of completion:

<b>Fellow Volume Requirements</b>	
	<b>Minimum Volume</b>
Total Transplant Volume	<b>50</b>
Multi-Organ Procurements	<b>25</b>
Kidney Liver Donor Nephrectomy	<b>40</b> in a principal role <b>12</b> (in the principal or participant role)
Liver	<b>45</b>
Pancreas	<b>10</b> Transplants in the principal role <b>10</b> Back table preparations <b>10</b> Pancreas procurements
Intestine	<b>10</b> in a principal role
Hepatobiliary**	<b>35</b> major hepatic resections (total) in a principal role <ul style="list-style-type: none"> <li>• 15 hemihepatectomies</li> <li>• 15 biliary procedures</li> </ul>
Hepatopancreatobiliary**	<b>50</b> major hepatic resections (total) in a principal role <ul style="list-style-type: none"> <li>• 15 hemihepatectomies</li> <li>• 15 biliary procedures</li> <li>• 15 non-transplant major pancreatic procedures</li> </ul>

\* Fellow must perform a minimum of 12 living donor nephrectomies over the 24-month fellowship. Fellow must participate in preoperative evaluation of LDN donors and manage postoperative care. Multi-disciplinary care of these patients should be inherent in the Kidney Training program. The Program Director will designate whether the fellow has had training in LDN or has had exposure in LDN. For the fellow to be designated to have been trained case logs must indicate minimum number of cases as primary surgeon.

\*\* Fellow must complete training in an accredited BTF-Liver transplant program and meet all the requirements for training certification in liver transplantation. Fellows must regularly participate in multidisciplinary operative and non-operative decision-making process and treatment approaches (i.e. radiofrequency ablation, neoadjuvant/adjuvant therapies) as well as in the perioperative management of patients with diseases of the liver, biliary system, and pancreas preferably in the context of a multidisciplinary conference.

**National Transplant Curriculum:**



All fellows will be required to complete all curriculum modules in each unit of the Academic Universe National Transplant Curriculum to receive a certificate of completion. Fellows will receive a certificate from the Academic Universe that shows they successfully completed each module.

### **In-training Exam: Knowledge Assessment**

Fellows in Accredited Training Programs are required to take the annual Knowledge Assessment during their first and second year of fellowship training. To receive the Certificate of Completion from the TACC, fellows must complete all the requirements outlined above as well as achieve satisfactory performance on the Knowledge Assessment.

The TACC Knowledge Assessment will be offered in April of each year for first- and second-year Fellows. Fellows must have an average score of >50% correct when the scores from their first- and second-year assessments are combined. The assessment will be administered using a secure online exam platform and will be proctored by the fellows' Fellowship Training Program Director. Individual scores as well as category breakdown performance will be sent to the fellows and their Fellowship Training Program director after the assessment.

The assessment will consist of 120 questions which fellows will have 2.6 hours to complete (1.3 minutes per question). The assessment will cover the following categories from the National Transplant Curriculum.

- Economics and Ethics
- Hepatobiliary/Hepatopancreatobiliary
- Intestinal Transplantation
- Kidney Transplantation
- Liver Transplantation
- Medical Complications
- Multi-Organ Transplant
- Organ Procurement
- Pancreas Transplantation
- Pharmacology and Immunosuppression
- Transplant Immunology

### **Remediation**

It is expected that there will be improvement in the fellows score from the first to the second-year assessment. For fellows that achieve a high score on their first attempt, the expectation is that they maintain that standard on their second-year assessment. All exams will be adjusted for difficulty and will be assessed for question quality.

Should a fellow not score an average of >50% correct when the scores of their first- and second-year assessments are combined, the following options will be available. Remediation must be completed within 60 days of their released exam scores.

Remediation 1: Repeat the same exam within 60 days of the first exam. Fellow will be provided category breakdown to review prior to the exam.

Remediation 2: If a fellow fails a repeat exam, a focused and incremental self-knowledge assessment will be administered based on areas of weakness.

### **Additional Fellowships**

Any fellows who go on to complete additional fellowships will be required to complete the same Knowledge Assessment requirements and successfully complete the assessment during their first and second year of training.