



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Gastroenterology
(Internal Medicine)**

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

~~The medicine-based specialty of gastroenterology concerns disorders of the gastrointestinal tract, which includes the organs from the mouth to the anus, along the alimentary canal.~~ Gastroenterology is the subspecialty of internal medicine that focuses on the evaluation and treatment of disorders of the gastrointestinal tract. Gastroenterology requires an extensive understanding of the entire gastrointestinal tract, including the esophagus, stomach, small intestine, liver, gall bladder, pancreas, colon, and rectum.

Int. II. Duration of Education

Int. II.A. The educational program in gastroenterology must be 36 or 48 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. A fellowship in gastroenterology must function as an integral part of an ACGME-I-accredited residency in internal medicine.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

See International Foundational Requirements, Section II.B.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

- II.D.1. Facilities for the intensive care of critically ill patients with gastrointestinal disorders must be provided.
- II.D.1.a) These facilities should have a working relationship with diagnostic radiology, general surgery, oncology, pathology, and pediatrics services.
- II.D.2. There must be a procedure laboratory completely equipped to provide ~~modern capability in~~ gastrointestinal procedures.
- II.D.2.a) Equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories ~~with esophageal motility instrumentation.~~
- ~~II.D.2.b) There should be a laboratory for parasitology testing.~~
- II.D.3. Support services must be available, including anesthesiology, diagnostic radiology, general surgery, interventional radiology, medical imaging and nuclear medicine, oncology, and pathology.

III. Fellow Appointment

III.A. Eligibility Criteria

- III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in internal medicine, or an internal medicine residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

- IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.
- IV.A.1.a) Professionalism
- IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.
- IV.A.1.b) Patient Care and Procedural Skills
- IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in managing the care of patients:

103	IV.A.1.b).(1).(a)	<u>in a variety of health care settings, including</u>
104		<u>inpatient and ambulatory settings; the practice</u>
105		<u>of health promotion, disease prevention,</u>
106		<u>diagnosis, care, and treatment of patients of</u>
107		<u>each gender, from adolescence to old age,</u>
108		<u>during health and all stages of illness;</u>
109	IV.A.1.b).(1).(b)	<u>using critical thinking and evidence-based tools;</u>
110	IV.A.1.b).(1).(c)	<u>using population-based data; and,</u>
111	IV.A.1.b).(1).(d)	<u>with whom they have limited or no physical contact,</u>
112		<u>through the use of telemedicine.</u>
113		
114	IV.A.1.b).(2)	Fellows must demonstrate competence in prevention,
115		evaluation, and management of:
116		
117	IV.A.1.b).(2).(a)	acid peptic disorders of the gastrointestinal tract;
118		
119	IV.A.1.b).(2).(b)	acute and chronic gallbladder and biliary tract
120		diseases;
121		
122	IV.A.1.b).(2).(c)	acute and chronic liver diseases;
123		
124	IV.A.1.b).(2).(d)	acute and chronic pancreatic diseases;
125		
126	IV.A.1.b).(2).(e)	care of patients under surgical care for gastrointestinal
127		disorders;
128		
129	IV.A.1.b).(2).(f)	diseases of the esophagus;
130		
131	IV.A.1.b).(2).(g)	disorders of nutrient assimilation;
132		
133	IV.A.1.b).(2).(h)	gastrointestinal and hepatic neoplastic disease;
134		
135	IV.A.1.b).(2).(i)	gastrointestinal bleeding;
136		
137	IV.A.1.b).(2).(j)	gastrointestinal diseases with an immune basis;
138		
139	IV.A.1.b).(2).(k)	gastrointestinal emergencies in the acutely-ill patient;
140		
141	IV.A.1.b).(2).(l)	gastrointestinal infections, including retroviral,
142		mycotic, and parasitic diseases;
143		
144	IV.A.1.b).(2).(m)	genetic/inherited disorders;
145		
146	IV.A.1.b).(2).(n)	geriatric gastroenterology;
147		
148	IV.A.1.b).(2).(o)	inflammatory bowel diseases;
149		
150	IV.A.1.b).(2).(p)	irritable bowel syndrome;
151	IV.A.1.b).(2).(q)	motor disorders of the gastrointestinal tract;

152		
153	IV.A.1.b).(2).(r)	vascular disorders of the gastrointestinal tract; and,
154	IV.A.1.b).(2).(s)	women's health issues in digestive diseases.
155	<u>IV.A.1.b).(3)</u>	<u>Fellows must be able to perform all medical, diagnostic, and</u>
156		<u>surgical procedures considered essential to the subspecialty,</u>
157		<u>including:</u>
158	IV.A.1.b).(3).(a)	<u>diagnostic and therapeutic procedures relevant to their</u>
159		<u>individual specific planned career path, to include:</u>
160	IV.A.1.b).(3).(a).(i)	biopsy of the mucosa of esophagus,
161		stomach, small bowel, and colon;
162		
163	IV.A.1.b).(3).(a).(ii)	capsule endoscopy;
164		
165	IV.A.1.b).(3).(a).(iii)	colonoscopy with polypectomy;
166		
167	IV.A.1.b).(3).(a).(iv)	conscious sedation;
168		
169	IV.A.1.b).(3).(a).(v)	esophagogastroduodenoscopy;
170		
171	IV.A.1.b).(3).(a).(vi)	both upper and lower non-variceal
172		hemostasis, including <u>for</u> actively
173		bleeding patients;
174		
175	IV.A.1.b).(4).(a).(vii)	other diagnostic and therapeutic procedures
176		utilizing enteral intubation;
177		
178	IV.A.1.b).(3).(a).(vii)	paracentesis;
179		
180	IV.A.1.b).(3).(a).(viii)	percutaneous endoscopic gastrostomy;
181	IV.A.1.b).(3).(a).(ix)	<u>retrieval of foreign bodies from the</u>
182		<u>esophagus; and,</u>
183		
184	IV.A.1.b).(3).(a).(x)	variceal hemostasis, including <u>for</u>
185		actively bleeding patients.
186	IV.A.1.b).(3).(b)	<u>treating their patient's conditions with practices that</u>
187		<u>are patient-centered, safe, scientifically based,</u>
188		<u>effective, timely, and cost-effective; and,</u>
189	IV.A.1. b).(3).(c)	<u>using diagnostic and/or imaging studies relevant to the</u>
190		<u>care of the patient.</u>
191	IV.A.1.c)	Medical Knowledge
192		
193	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and
194		evolving biomedical clinical, epidemiological, and social-
195		behavioral sciences, as well as the application of this
196		knowledge to patient care. Fellows must demonstrate

197		knowledge of:
198		
199	IV.A.1.c).(1).(a)	the scientific method of problem solving and
200		evidence-based decision-making;
201		
202	IV.A.1.c).(1).(b)	indications, contraindications, and techniques for,
203		and limitations, complications, and interpretation of
204		results of those diagnostic and therapeutic
205		procedures integral to the discipline, including the
206		appropriate indication for and use of screening
207		tests/procedures;
208	IV.A.1.c).(1).(c)	anatomy, physiology, pharmacology, pathology,
209		and molecular biology related to the
210		gastrointestinal system, including the liver, biliary
211		tract, and pancreas;
212		
213	IV.A.1.c).(1).(d)	interpretation of abnormal liver chemistries;
214		
215	IV.A.1.c).(1).(e)	liver transplantation;
216		
217	IV.A.1.c).(1).(f)	nutrition;
218		
219	IV.A.1.c).(1).(g)	prudent, cost-effective, and judicious use of special
220		instruments, tests, and therapy in the diagnosis and
221		management of gastroenterologic disorders;
222		
223	IV.A.1.c).(1).(h)	sedative pharmacology; and,
224		
225	IV.A.1.c).(1).(i)	surgical procedures employed in relation to
226		digestive system disorders and their complications.
227	IV.A.1.c).(2).	<u>Fellows must demonstrate sufficient knowledge specific to</u>
228		<u>the subspecialty of gastroenterology, including application of</u>
229		<u>technology appropriate for the clinical context, to include</u>
230		<u>evolving technologies.</u>
231		
232	IV.A.1.d)	Practice-Based Learning and Improvement
233		
234	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and
235		evaluate their care of patients, to appraise and assimilate
236		scientific evidence, and to continuously improve patient
237		care based on constant self-evaluation and lifelong
238		learning.
239	IV.A.1.e)	Interpersonal and Communication Skills
240	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and
241		communication skills that result in the effective exchange
242		of information and collaboration with patients, patients'
243		families, and health professionals.
244		
245	IV.A.1.f)	Systems-Based Practice

246		
247	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
248		responsiveness to the larger context and system of health
249		care, including the social determinates of health, as well as
250		the ability to call effectively on other resources in the
251		system to produce optimal care.
252		
253	IV.B.	Regularly Scheduled Educational Activities
254	IV.B.1.	<u>The educational program must include didactic instruction based upon the</u>
255		<u>core knowledge content in gastroenterology.</u>
256	IV.B.1.a)	<u>Fellows must have a sufficient number of didactic sessions to</u>
257		<u>ensure fellow-fellow and fellow-and-faculty member interaction.</u>
258	IV.B.2.	<u>The program must ensure that fellows have an opportunity to review all</u>
259		<u>knowledge content from conferences that they could not attend.</u>
260		
261	IV.B.3.	Fellows must have formal didactics addressing:
262		
263	IV.B.3.a)	the scientific method of problem solving and evidence-
264		based decision making;
265	IV.B.3.b)	indications, contraindications, and techniques for, and limitations,
266		complications, and interpretation of results of those diagnostic and
267		therapeutic procedures integral to the discipline, including the
268		appropriate indication for and use of screening tests and
269		procedures;
270		
271	IV.B.3.c)	anatomy, physiology, pharmacology, pathology, and molecular
272		biology related to the gastrointestinal system, including the liver,
273		biliary tract, and pancreas;
274		
275	IV.B.3.a)	esophageal dilation;
276		
277	IV.B.3.b)	interpretation of abnormal liver chemistries;
278		
279	IV.B.3.c)	liver transplantation;
280		
281	IV.B.3.d)	nutrition;
282		
283	IV.B.3.e)	prudent, cost-effective, and judicious use of special instruments,
284		tests, and therapy in the diagnosis and management of
285		gastroenterologic disorders;
286	IV.B.3.f)	retrieval of foreign bodies from the esophagus and stomach;
287		
288	IV.B.3.g)	sedative pharmacology; and,
289		
290	IV.B.3.h)	surgical procedures employed in relation to digestive system
291		disorders and their complications.
292		
293	IV.B.4.	<u>Fellows must receive instruction in practice management relevant</u>

294		<u>to gastroenterology.</u>
295		
296	IV.C.	Clinical Experiences
297	IV.C.1.	<u>Assignment of rotations must be structured to minimize the frequency of</u>
298		<u>rotational transitions, and rotations must be of sufficient length to provide a</u>
299		<u>quality educational experience, defined by continuity of patient care, ongoing</u>
300		<u>supervision, longitudinal relationships with faculty members, and meaningful</u>
301		<u>assessment and feedback.</u>
302	IV.C.2.	<u>Rotations must be structured to allow fellows to function as a part of an</u>
303		<u>effective interprofessional team that works together toward the shared goals</u>
304		<u>of patient safety and quality improvement.</u>
305	IV.C.3.	<u>Rotations must be structured to minimize conflicting inpatient and outpatient</u>
306		<u>responsibilities.</u>
307		
308	IV.C.4.	At least 18 months must be devoted to clinical experience, of which the
309		equivalent of five months should be comprised of hepatology.
310		
311	IV.C.5.	Fellows must have formal instruction and clinical experience in the
312		interpretation of the following diagnostic and therapeutic techniques and
313		procedures:
314		
315	IV.C.5.a)	endoscopic retrograde and cholangiopancreatography in all its
316		diagnostic and therapeutic applications;
317		
318	IV.C.5.b)	enteral and parenteral alimentation;
319		
320	IV.C.5.c)	esophageal dilation;
321	IV.C.5.d)	imaging of the digestive system, including:
322		
323	IV.C.5.d).(1)	computed tomography (CT), including CT
324		entero/colography;
325		
326	IV.C.5.d).(2)	contrast radiography;
327	IV.C.5.d).(3)	magnetic resonance imaging(MRI);
328		
329	IV.C.5.d).(4)	nuclear medicine;
330		
331	IV.C.5.d).(5)	percutaneous cholangiography;
332		
333	IV.C.5.d).(6)	ultrasound, to include endoscopic ultrasound;
334		
335	IV.C.5.d).(7)	vascular radiography; and,
336		
337	IV.C.5.d).(8)	wireless capsule endoscopy.
338		
339	IV.C.5.e)	interpretation of gastrointestinal and hepatic biopsies;
340		
341	IV.C.5.f)	motility studies, including esophageal motility/pH studies; and,

342	IV.C.5.g)	retrieval of foreign bodies from the esophagus and stomach.
343		
344	IV.C.6.	Fellows must have exposure to and clinical experience in the performance
345		of gastrointestinal motility studies and 24-hour pH monitoring.
346	IV.C.7.	<u>The program must provide educational experiences in team-based care</u>
347		<u>that allow fellows to interact with and learn from other health care</u>
348		<u>professionals.</u>
349	IV.C.8.	<u>The educational program must provide fellows with elective</u>
350		<u>experiences relevant to their future practice or to further</u>
351		<u>skill/competence development.</u>
352	IV.C.9.	Fellows must participate in training using simulation.
353		
354	IV.C.10.	Fellows should have a structured continuity ambulatory clinic experience
355		<u>for the duration of the program</u> that exposes them to the breadth and
356		depth of gastroenterology.
357		
358	IV.C.11.a)	This should include an appropriate distribution of patients of each
359		gender and a diversity of ages.
360		
361	IV.C.10.a)	This experience should average one half-day each week
362		throughout the educational program.
363		
364	IV.C.11.a).(1)	Each fellow should, on average, be responsible for four to
365		eight patients during each half-day session.
366		
367	IV.C.11.a).(1).(a)	Each fellow should, on average, be responsible for
368		no more than eight to 12 patients during each half-
369		day ambulatory session.
370		
371	IV.C.10.b)	The continuing patient care experience should not be interrupted
372		by more than one month, excluding a fellow's vacation.
373		
374	IV.D.	Scholarly Activity
375		
376	IV.D.1.	Fellows' Scholarly Activity
377	IV.D.1.a)	<u>While in the program, each fellow must complete at least one of the</u>
378		<u>following scholarly activities: participation in grand rounds; poster</u>
379		<u>presentations; workshops; quality improvement presentations;</u>
380		<u>podium presentations; grant leadership non-peer-reviewed</u>
381		<u>print/electronic resources; articles or publications; book chapters;</u>
382		<u>textbooks; webinars; service on professional committees, or service</u>
383		<u>as a journal reviewer, journal editorial board member, or editor.</u>
384	IV.D.2.	Faculty Scholarly Activity
385		See International Foundational Requirements, Section IV.D.2
386	V.	Evaluation
387		

388		See International Foundational Requirements, Section V.
389	VI.	The Learning and Working Environment
390		
391	VI.A.	Principles
392		
393		See International Foundational Requirements, Section VI.A.
394		
395	VI.B.	Patient Safety
396		
397		See International Foundational Requirements, Section VI.B.
398		
399	VI.C.	Quality Improvement
400		
401		See International Foundational Requirements, Section VI.C.
402		
403	VI.D.	Supervision and Accountability
404		
405	VI.D.1.	Direct supervision of procedures performed by each fellow must occur
406		until competence has been acquired and documented by the program
407		director.
408		
409	VI.E.	Professionalism
410		
411		See International Foundational Requirements, Section VI.E.
412		
413	VI.F.	Well-Being
414		
415		See International Foundational Requirements, Section VI.F.
416		
417	VI.G.	Fatigue
418		
419		See International Foundational Requirements, Section VI.G.
420		
421	VI.H.	Transitions of Care
422		
423		See International Foundational Requirements, Section VI.H.
424		
425	VI.I.	Clinical Experience and Education
426		
427		See International Foundational Requirements, Section VI.I.
428		
429	VI.J.	On-Call Activities
430		
431		See International Foundational Requirements, Section VI.J.