



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Obesity Medicine/Bariatric Medicine
(Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics,
Preventive Medicine)**

Initial approval: 19 May 2023

**ACGME International Specialty Program Requirements for
Graduate Medical Education
in Obesity Medicine/Bariatric Medicine
(Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics,
Preventive Medicine)**

1 **Int. Introduction**

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

8
9 **Int.I. Definition and Scope of the Specialty**

10
11 Obesity medicine/bariatric medicine physicians provide respectful, effective care
12 to patients who are overweight or people who have obesity, and participate in
13 prevention of this chronic disease. Obesity medicine/bariatric medicine
14 physicians typically serve as clinical leaders of a multidisciplinary team involving
15 nutrition, physical activity, and psychological support, in addition to
16 pharmacological management and bariatric peri-procedural care, as well as
17 management of obesity-related comorbidities.

18
19 **Int.II. Duration of Education**

20
21 Int.II.A. The educational program in obesity medicine/bariatric medicine must be 12 or 24
22 months in length.

23
24 **I. Institution**

25
26 **I.A. Sponsoring Institution**

27
28 I.A.1. A fellowship in obesity medicine/bariatric medicine must function as an
29 integral part of an ACGME-I-accredited residency in family medicine,
30 internal medicine, obstetrics and gynecology, ~~or~~ pediatrics, or preventive
31 medicine.

32
33 I.A.1.a) The Sponsoring Institution should also sponsor an ACGME-I-
34 accredited residency program in general surgery.

35
36 I.A.2. The educational program in obesity medicine/bariatric medicine must not
37 negatively affect the education of the residents in the affiliated family
38 medicine, internal medicine, obstetrics and gynecology, ~~or~~ pediatrics, or
39 preventive medicine residency program(s).

40
41 **I.B. Participating Sites**

42
43 See International Foundational Requirements, Section I.B.

44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. Qualifications of the program director must include:
 - II.A.1.a) at least three years of experience as a clinician and/or teacher in obesity medicine/bariatric medicine; and,
 - II.A.1.b) a record of ongoing involvement in scholarly activity in the field of obesity medicine/bariatric medicine.

II.B. Faculty

- II.B.1. There must be at least two core faculty members, including the program director, who have at least three years of experience in obesity medicine/bariatric medicine.
- II.B.2. Faculty members must be available for the education of fellows with the following specialized expertise:
 - II.B.2.a) management of adult patients with obesity;
 - II.B.2.b) management of patients undergoing bariatric and metabolic surgery; and,
 - II.B.2.c) management of pediatric patients with obesity.
- II.B.3. Faculty members should be available to participate in the education of fellows from the following specialties:
 - II.B.3.a) cardiology, including preventive cardiology;
 - II.B.3.b) endocrinology;
 - II.B.3.c) gastroenterology and hepatology, including advanced endoscopy; and,
 - II.B.3.d) sleep medicine.

II.C. Other Program Personnel

- II.C.1. To ensure effective multidisciplinary and interprofessional practice in obesity medicine/bariatric medicine, the following personnel with experience treating patients with overweight/obesity must be available:
 - II.C.1.a) mental health practitioners, such as psychologists or social workers;

- 91 II.C.1.b) nurses;
- 92
- 93 II.C.1.c) nutrition professionals, such as dietitians;
- 94
- 95 II.C.1.d) pharmacy professionals; and,
- 96
- 97 II.C.1.e) physical activity professionals, such as exercise physiologists,
- 98 occupational therapists, or physical therapists.
- 99

100 **II.D. Resources**

- 101
- 102 II.D.1. Clinical facilities and services, including comprehensive laboratory,
- 103 pathology, and imaging services, must be available.
- 104
- 105 II.D.1.a) The program must have access to adequate outpatient clinical
- 106 space to deliver longitudinal care for patients who have pre-
- 107 obesity (patients who are overweight) or obesity.
- 108
- 109 II.D.1.b) A multidisciplinary specialized obesity clinic must be available for
- 110 clinical experiences.
- 111
- 112 II.D.2. Medical equipment to accommodate the routine care of patients who
- 113 have pre-obesity (overweight) or obesity, including appropriately sized
- 114 chair(s), exam table(s), scale(s), and sphygmomanometer(s) with large
- 115 circumference cuffs, must be available.
- 116
- 117 II.D.3. An adequate number and variety of patients who have pre-obesity
- 118 (overweight) or obesity, ranging across all stages of the life course, must
- 119 be available to provide a broad experience for fellows and to meet the
- 120 educational needs of the program.
- 121
- 122 II.D.3.a) There must be a bariatric and metabolic surgery service that
- 123 performs bariatric and metabolic surgery on a wide range of
- 124 patients available for fellow education.
- 125
- 126 II.D.3.a).(1) At a minimum, procedures performed should include Roux-
- 127 en-Y gastric bypass and sleeve gastrectomy.
- 128
- 129 II.D.4. The program should have access to services and/or equipment to
- 130 perform testing specific to obesity medicine/bariatric medicine, such as
- 131 indirect calorimetry and body composition.
- 132

133 **III. Fellow Appointment**

134

135 **III.A. Eligibility Criteria**

- 136
- 137 III.A.1. Prior to appointment in the program, fellows should have completed an
- 138 ACGME-I-accredited residency program in family medicine, internal
- 139 medicine, obstetrics and gynecology, ~~or~~ pediatrics, or preventive
- 140 medicine; or a family medicine, internal medicine, obstetrics and
- 141 gynecology, ~~or~~ pediatrics, or preventive medicine program acceptable to

142 the Sponsoring Institution's Graduate Medical Education Committee.

143

144 **III.B. Number of Fellows**

145

146 See International Foundational Requirements, Section III.B.

147

148 **IV. Specialty-Specific Educational Program**

149

150 **IV.A. ACGME-I Competencies**

151

152 IV.A.1. The program must integrate the following ACGME-I Competencies into
153 the curriculum.

154

155 IV.A.1.a) **Professionalism**

156

157 IV.A.1.a).(1) Fellows must demonstrate a commitment to
158 professionalism and an adherence to ethical principles.
159 Fellows must:

160

161 IV.A.1.a).(1).(a) demonstrate ethical behavior and integrity when
162 counseling patients who have pre-obesity
163 (overweight) or obesity, as well as their families;
164 and,

165

166 IV.A.1.a).(1).(b) display compassion and respect toward all patients
167 who have pre-obesity (overweight) or obesity as
168 well as their families.

169

170 IV.A.1.b) **Patient Care and Procedural Skills**

171

172 IV.A.1.b).(1) Fellows must provide patient care that is compassionate,
173 appropriate, and effective for the treatment of health
174 problems and the promotion of health. Fellows must
175 demonstrate competence in:

176

177 IV.A.1.b).(1).(a) eliciting a comprehensive obesity-focused medical
178 history;

179

180 IV.A.1.b).(1).(b) performing and documenting a comprehensive
181 physical examination for the assessment of obesity;

182

183 IV.A.1.b).(1).(c) applying clinical reasoning skills when ordering and
184 interpreting appropriate laboratory and diagnostic
185 tests during the evaluation of patients who have
186 pre-obesity (overweight) and obesity;

187

188 IV.A.1.b).(1).(d) using evidence-based models of health behavior
189 change to assess patients' readiness to change
190 and effectively counsel patients for weight
191 management; and,

192

193	IV.A.1.b).(1).(e)	engaging patients and their support systems in shared decision-making by incorporating their values and preferences in the development of a comprehensive, personalized obesity management care plan.
194		
195		
196		
197		
198		
199	IV.A.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows must demonstrate competence in the:
200		
201		
202		
203	IV.A.1.b).(2).(a)	use of laboratory evaluation, including appropriate test selection for screening, diagnosis, and monitoring response to diagnosis and treatment of obesity- related conditions; and,
204		
205		
206		
207		
208	IV.A.1.b).(2).(b)	use of radiological and other diagnostic procedures, including appropriate test selection, for screening, diagnosis, and monitoring response to diagnosis and treatment of obesity-related conditions.
209		
210		
211		
212		
213	IV.A.1.c)	Medical Knowledge
214		
215	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:
216		
217		
218		
219		
220		
221	IV.A.1.c).(1).(a)	anthropometric (body composition) assessments and clinical assessment of energy expenditure across the life course;
222		
223		
224		
225	IV.A.1.c).(1).(b)	energy homeostasis and weight regulation across the life course;
226		
227		
228	IV.A.1.c).(1).(c)	etiologies, mechanisms, and biology of obesity across the life course;
229		
230		
231	IV.A.1.c).(1).(d)	obesity epidemiology;
232		
233	IV.A.1.c).(1).(e)	obesity-related comorbidities and corresponding benefits of weight reduction or weight management (such as in pediatric patients); and,
234		
235		
236		
237	IV.A.1.c).(1).(f)	the application of the following in developing a comprehensive, personalized obesity treatment care plan across the life course:
238		
239		
240		
241	IV.A.1.c).(1).(f).(i)	behavioral and psychological interventions;
242		
243	IV.A.1.c).(1).(f).(ii)	emerging treatment modalities;

244		
245	IV.A.1.c).(1).(f).(iii)	nutrition interventions;
246		
247	IV.A.1.c).(1).(f).(iv)	pharmacologic treatments that influence
248		body weight;
249		
250	IV.A.1.c).(1).(f).(v)	physical activity interventions;
251		
252	IV.A.1.c).(1).(f).(vi)	principles of obesity treatment guidelines;
253		
254	IV.A.1.c).(1).(f).(vii)	principles of primary, secondary, and
255		tertiary prevention of obesity; and,
256		
257	IV.A.1.c).(1).(f).(viii)	surgical and procedural treatments of
258		obesity.
259		

Practice-Based Learning and Improvement

260	IV.A.1.d)	
261		
262	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and
263		evaluate their care of patients, to appraise and assimilate
264		scientific evidence, and to continuously improve patient
265		care based on constant self-evaluation and lifelong
266		learning. Fellows must demonstrate ability to:
267		
268	IV.A.1.d).(1).(a)	evaluate strengths and deficiencies in knowledge of
269		obesity medicine/bariatric medicine, and set and
270		achieve goals for improvement;
271		
272	IV.A.1.d).(1).(b)	analyze practice systems using quality
273		improvement methods to monitor and optimize
274		obesity care;
275		
276	IV.A.1.d).(1).(c)	use resources to locate, interpret, and apply
277		evidence from scientific studies regarding obesity
278		co-morbidities and treatment;
279		
280	IV.A.1.d).(1).(d)	use information technology related to obesity
281		treatment to optimize delivery of care, including
282		electronic health records, software applications,
283		and related devices (such as accelerometers,
284		resting metabolic rate, and body composition
285		analysis technology); and,
286		
287	IV.A.1.d).(1).(e)	educate patients, students, residents, and other
288		health professionals about the disease and the
289		assessment, prevention, and treatment of obesity.
290		

Interpersonal and Communication Skills

291	IV.A.1.e)	
292		
293	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and
294		communication skills that result in the effective exchange

295		of information and collaboration with patients, patients'
296		families, and other health professionals. Fellows must:
297		
298	IV.A.1.e).(1).(a)	use appropriate language in verbal, non-verbal, and
299		written communication that is non--stigmatizing,
300		non-judgmental, respectful, and empathetic when
301		communicating with patients with obesity;
302		
303	IV.A.1.e).(1).(b)	use appropriate language in verbal, non-verbal, and
304		written communication that is non--stigmatizing,
305		non-judgmental, respectful, and empathetic when
306		communicating about patients with obesity with
307		colleagues within one's profession and other
308		members of the health care team; and,
309		
310	IV.A.1.e).(1).(c)	demonstrate awareness of different cultural views
311		regarding perception of desired weight and
312		preferred body shape when communicating with
313		patients, patients' families, and other members of
314		the health care team.
315		
316	IV.A.1.f)	Systems-Based Practice
317		
318	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
319		responsiveness to the larger context and system of health
320		care, including the social determinates of health, as well as
321		the ability to call effectively on other resources in the
322		system to produce optimal care. Fellows must:
323		
324	IV.A.1.f).(1).(a)	advocate for health system and public health
325		policies to improve obesity treatment and
326		prevention;
327		
328	IV.A.1.f).(1).(b)	advocate for policies that are respectful and free of
329		weight bias;
330		
331	IV.A.1.f).(1).(c)	apply critical appraisal of scientific articles and
332		research methods in the field of obesity
333		medicine/bariatric medicine;
334		
335	IV.A.1.f).(1).(d)	demonstrate awareness of the costs of obesity
336		intervention and prevention with regards to the
337		individual, health care system, and community;
338		
339	IV.A.1.f).(1).(e)	use chronic disease treatment and prevention
340		models to advance obesity intervention and
341		prevention efforts within the clinical, community,
342		and public policy domains; and,
343		

344 IV.A.1.f).(1).(f) work collaboratively within an interdisciplinary team
345 dedicated to obesity prevention and treatment
346 strategies.
347

348 **IV.B. Regularly Scheduled Educational Activities**
349

350 IV.B.1. Fellows must have a formally structured educational program in the
351 clinical and basic sciences related to obesity medicine/bariatric medicine.
352

353 IV.B.2. Fellows must participate in multi-disciplinary conferences that include
354 lectures, seminars, case discussions, research seminars, and journal
355 clubs, as well as directed readings.
356

357 IV.B.3. Didactic sessions must include:
358

359 IV.B.3.a) anthropometric measurements and clinical assessment of energy
360 expenditure and its application to patient care;
361

362 IV.B.3.b) behavioral and psychological interventions;
363

364 IV.B.3.b).(1) This must include behavioral interventions, including
365 behavioral counseling techniques, cognitive behavioral
366 therapy, and self-monitoring.

367 IV.B.3.b).(2) This must include general concepts, such as disordered
368 eating and body image disturbance, as well as the
369 psychological effects of obesity and its management.
370

371 IV.B.3.d) emerging obesity treatment modalities;
372

373 IV.B.3.e) energy homeostasis and weight regulation across the life course;
374

375 IV.B.3.f) etiologies, mechanisms, and biology of obesity across the life
376 course;
377

378 IV.B.3.f).(1) This must include determinants of obesity, including
379 behavioral, cultural, environmental, epigenetic, fetal
380 environment, genetic, and lifestyle.
381

382 IV.B.3.f).(2) This must include other secondary causes of obesity.
383

384 IV.B.3.f).(3) This must include physiology and pathophysiology of
385 obesity, including enterohormonal, microbiome,
386 neurohormonal, and obesity-related cell physiology.
387

388 IV.B.3.g) nutrition interventions;
389

390 IV.B.3.g).(1) This must include general concepts, including macro and
391 micronutrients, gastrointestinal sites of nutrient absorption,
392 and vitamin and mineral metabolism.
393

394	IV.B.3.g).(2)	This must include nutritional interventions, including calories, macro and micronutrient composition, meal replacements, and low- and very low-calorie diets.
395		
396		
397		
398	IV.B.3.h)	obesity epidemiology;
399		
400	IV.B.3.h).(1)	This must include incidence, prevalence, and demographic distribution across the life cycle and relevant to the local context.
401		
402		
403		
404	IV.B.3.i)	obesity-related comorbidities;
405	IV.B.3.j)	obesity treatment guidelines relevant internationally and to the local context;
406		
407		
408	IV.B.3.k)	pharmacological management;
409		
410	IV.B.3.k).(1)	This must include general concepts related to anti-obesity medications, including benefits, dose effects; drug interactions, indications, and contraindications; monitoring and follow-up; potential adverse effects; rates and magnitude of response; and risks.
411		
412		
413		
414		
415		
416	IV.B.3.k).(2)	This must include advanced concepts, including off-label use, combination anti-obesity medication therapy, and medications that promote weight gain.
417		
418		
419		
420	IV.B.3.l)	physical activity interventions;
421		
422	IV.B.3.l).(1)	This must include general concepts, including body composition, biomechanics, cardiorespiratory fitness, and kinesiology.
423		
424		
425		
426	IV.B.3.l).(2)	This must include understanding physical activity interventions, including exercise prescription.
427		
428		
429	IV.B.3.m)	principles of primary, secondary, and tertiary prevention of obesity; and,
430		
431		
432	IV.B.3.n)	surgical procedures.
433		
434	IV.B.3.n).(1)	This must include general concepts, including types of bariatric surgical procedures, benefits and risks, indications and contraindications, pre-operative and operative assessment, and potential complications.
435		
436		
437		
438		
439	IV.B.3.n).(2)	This must include advanced concepts, including post-operative medical, nutritional, and psychological management (inpatient and outpatient).
440		
441		
442		
443	IV.B.4.	Obesity medicine/bariatric medicine conferences must occur regularly

- 444 and must involve active participation by the fellow(s) in planning and
445 implementation.
446
- 447 IV.B.4.a) Faculty members should regularly attend and present at the
448 conferences.
449
- 450 **IV.C. Clinical Experiences**
451
- 452 IV.C.1. Fellows must participate in the care of patients who have pre-obesity
453 (overweight) and obesity across all life stages and with a broad spectrum
454 of disease severity and comorbid conditions.
455
- 456 IV.C.2. Fellows must have experience in nutritional management of patients who
457 have obesity and obesity-related conditions.
458
- 459 IV.C.2.a) This experience must be at least 80 hours over the course of the
460 program.
461
- 462 IV.C.2.b) This experience must include management of patients by
463 dietitians.
- 464 IV.C.2.c) This experience must include nutritional management and/or
465 collaborative management of nutritional issues in patients who
466 have pre-obesity/obesity and obesity complications and
467 comorbidities.
468
- 469 IV.C.3. Fellows must have an experience in bariatric and metabolic surgery.
470
- 471 IV.C.3.a) This experience must be at least 80 hours over the course of the
472 program.
473
- 474 IV.C.3.b) This experience must include evaluating patients pre-operatively
475 and monitoring patients post-operatively following bariatric and
476 metabolic surgery procedures, as well as management of post-
477 operative complications.
478
- 479 IV.C.4. Fellows must have experience in pediatric obesity medicine/bariatric
480 medicine.
481
- 482 IV.C.4.a) For fellows who completed an internal medicine residency, this
483 experience must be at least 80 hours over the course of the
484 program.
485
- 486 IV.C.4.b) For fellows who completed a family medicine or pediatrics
487 residency, this experience must be at least 240 hours over the
488 course of the program.
489
- 490 IV.C.4.c) This experience must include hands-on care and treatment of
491 pediatric and adolescent patients who have pre-obesity
492 (overweight) and obesity.
493

- 494 IV.C.5. Fellows must have longitudinal responsibility for providing care to a panel
495 of patients throughout their educational program that is supervised by one
496 or more members of the obesity medicine/bariatric medicine faculty.
497
- 498 IV.C.5.a) This must include longitudinal care of outpatients and/or patients
499 enrolled in a defined weight management program.
500
- 501 IV.C.5.b) The panel of patients must represent the spectrum of pre-
502 obesity/obesity and obesity-related conditions that fellows are
503 likely to encounter in practice.
504
- 505 IV.C.5.c) As appropriate, fellows must employ a comprehensive
506 multidisciplinary approach to longitudinal management of patients
507 who have pre-obesity and obesity.
508
- 509 IV.C.6. Fellows should have an experience in psychology or mental health.
510
- 511 IV.C.6.a) This experience should be at least two weeks over the course of
512 the program.
513
- 514 IV.C.6.b) This experience should include psychological management and/or
515 collaborative management of patients with psychiatrists,
516 psychologists, counselors, and/or therapists for the treatment of
517 mental health conditions related to pre-obesity, obesity, and
518 obesity complications and comorbidities.
519
- 520 IV.C.7. Fellows should have experience in endoscopic or other minimally invasive
521 bariatric procedures.
- 522 IV.C.7.a) This experience should be at least 40 hours over the course of the
523 program.
524
- 525 IV.C.7.b) This experience should include evaluating patients pre- and
526 monitoring patients post-endoscopic or other minimally invasive
527 bariatric procedures.
528
- 529 IV.C.8. Fellows should have elective experiences in disciplines related to obesity
530 medicine/bariatric medicine.
531
- 532 **IV.D. Scholarly Activity**
533
- 534 IV.D.1. Fellows' Scholarly Activity
535
- 536 IV.D.1.a) The program must have a core curriculum in research.
537
- 538 IV.D.1.b) Each fellow must participate in a scholarly project under the
539 guidance of the program director or a designated mentor.
540
- 541 IV.D.1.b).(1) The experience must include opportunities for scholarly
542 activity in research, quality improvement, education, and/or
543 advocacy either within or across programs.

544		
545	IV.D.1.b).(2)	The experience should culminate in presentation, a written report, and/or publication.
546		
547		
548	IV.D.1.c)	Fellows' scholarly experience must begin in the first year and continue for the length of the educational program.
549		
550		
551	IV.D.1.c).(1)	The program should provide protected time for each fellow to take part in scholarly activity.
552		
553		
554	IV.D.2.	Faculty Scholarly Activity
555		
556		See International Foundational Requirement IV.D.2.
557		
558	V.	Evaluation
559		
560		See International Foundational Requirements, Section V.
561		
562	VI.	The Learning and Working Environment
563		
564		See International Foundational Requirements, Section VI.