



**ACGME-I  
INTERNATIONAL ADVANCED SPECIALTY  
PROGRAM REQUIREMENTS  
SUMMARY OF REVISIONS AND RATIONALE**

Advanced Specialty Requirements for: **Gastroenterology**  
Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.

**REQUIREMENTS DELETED**

Requirement Number	Line Number	Rationale
<del>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 b) There should be a laboratory for parasitology testing.</del>	58-65	While esophageal motility instrumentation and parasitology laboratory are no longer required for all gastroenterology fellowships, programs in which faculty members feel these resources are an important part of training can continue their use.
<del>IV.A.1.b).(4).(a).(viii) Fellows must be able to perform other diagnostic and therapeutic procedures utilizing enteral intubation.</del>	175-176	While competence in performing enteral intubation procedures is no longer required for all gastroenterology fellows, programs in which faculty members feel these resources are an important part of training can continue providing education and experience in this area.
<del>IV.C.11.a).(1) Each fellow should, on average, be responsible for four to eight patients during each half day session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session</del>	358-359 364-369	The specific number of patients seen by fellows during ambulatory care experiences was removed to allow programs flexibility. Programs should continue to monitor fellows' ambulatory clinic load to maximize learning opportunities over service needs.

## REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
<b>IV.A.1.b).(1)</b> Fellows must demonstrate competence in managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; c) using population-based data; and d) with whom they have limited or no physical contact, through the use of telemedicine.	99-112	The additions to competencies in patient care and procedural skills include the new and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making.
<b>IV.A.1.b).(3).(a).(ix)</b> Fellows must be able to perform diagnostic and therapeutic procedures including retrieval of foreign bodies from the esophagus.	181-182	The addition of retrieval of foreign bodies is an important area that was not included in the previous Requirements.
<b>IV.B.1.</b> The educational program must include didactic instruction based upon the core knowledge content in gastroenterology. a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction.	254-257	The addition of these requirements ensures that all fellows have access to didactic sessions and that faculty members are actively involved in didactics.
<b>IV.B.2.</b> The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend. b)	258-259	
<b>IV.C.1.</b> Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback	297-301	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences.

<b>IV.C.2.</b> Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.	302-304	Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. These experiences should allow for interaction between team members to both teach fellows and provide patient care.
<b>IV.C.8.</b> The education program must provide fellows with elective experiences relevant to their future practice or to further still/competence development.	349-351	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship.
<b>IV.D.1.a)</b> While in the program all fellows must complete at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees or serving as a journal reviewer, journal editorial board member or editor.	377-383	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.