

**Frequently Asked Questions for Advanced Specialty Requirements: General Surgery**  
**(effective 1 July 2026)**  
**Review Committee-International**  
**ACGME-I**

Question	Answer
<b>Faculty</b>	
What type of institutional support is required for an associate program director?  <i>[Advanced Specialty Requirement: II.B.2.a)]</i>	In partnership with their Sponsoring Institutions, programs may provide support for an associate program director's time in a variety of ways. Examples include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties.
<b>Resources</b>	
What are examples of clinical experiences with patients who have limited resources?  <i>[Advanced Specialty Requirement: II.D.3.a)]</i>	The clinical experience does not need to be a formal rotation, but the program needs to identify settings and provide exposure to the residents so that they can learn to provide adequate care to patients with limited resources. Examples of resource-limited experiences include, but are not limited to: providing care at a clinic or health system for patients with limited resources or barriers to care; rotating at rural clinics or critical access hospitals; and providing care without immediate access to subspecialists.
<b>ACGME-I Competencies</b>	
What should be included in a comprehensive medical record for a general surgery patient?  <i>[Advanced Specialty Requirement: IV.A.1.e).(1).(e)]</i>	Medical records for surgery patients should include an account of patient care in the inpatient and outpatient settings as required in the country or jurisdiction. Examples include, but are not limited to: a complete patient assessment; documentation of education and/or counselling provided to patients and patients' families; documentation of referrals; and records of operative and non-operative treatment provided during the five phases of care (pre-habilitation, pre-operative, operative, immediate recovery, and long-term recovery/follow-up).

<b>Clinical Experiences</b>	
Is a formal rotation in transplant care preferable over a course or other clinical experience?  <i>[Advanced Specialty Requirement: IV.C.2.c]</i>	Program directors should review the educational opportunities available that will best provide residents with knowledge and skills in the principles of immunology, immunosuppression, and the management of general surgical conditions rising in transplant patients. If a formal clinical rotation meets these educational objectives, it should be used; however, if a clinical rotation is not feasible, another clinical experience or course is acceptable.
What are examples of advanced laparoscopic procedures?  <i>[Advanced Specialty Requirement: IV.C.5.]</i>	Examples of advanced laparoscopic procedures include, but are not limited to, inguinal and ventral hernia repair; anti-reflux surgery, such as the Nissen fundoplication; colon and small bowel resections; splenectomy; pancreatectomy; and adrenalectomy.
Can a program require residents to have experience in bronchoscopy or other procedures not included in the Advanced Specialty Requirements?  <i>[Advanced Specialty Requirement: IV.C.5.]</i>	Yes. If bronchoscopy or other procedures are essential skills for general surgeons in the country or jurisdiction where the program is located, they should be included in the curriculum.
Are outpatient experiences required for all assignments in surgery?  <i>[Advanced Specialty Requirement: IV.C.7.a]</i>	No. An outpatient experience is not required for assignments in the secondary components of surgery or surgical critical care.