



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)**

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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

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

Int.II. Duration of Education

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

I. Institution

I.A. Sponsoring Institution

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

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

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

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

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;
 - II.C.1.b) nurses;

- II.C.1.c) nutrition professionals, such as dietitians;
- II.C.1.d) pharmacy professionals; and,
- II.C.1.e) physical activity professionals, such as exercise physiologists, occupational therapists, or physical therapists.

II.D. Resources

- II.D.1. Clinical facilities and services, including comprehensive laboratory, pathology, and imaging services, must be available.
 - II.D.1.a) The program must have access to adequate outpatient clinical space to deliver longitudinal care for patients who have pre-obesity (patients who are overweight) or obesity.
 - II.D.1.b) A multidisciplinary specialized obesity clinic must be available for clinical experiences.
- II.D.2. Medical equipment to accommodate the routine care of patients who have pre-obesity (overweight) or obesity, including appropriately sized chair(s), exam table(s), scale(s), and sphygmomanometer(s) with large circumference cuffs, must be available.
- II.D.3. An adequate number and variety of patients who have pre-obesity (overweight) or obesity, ranging across all stages of the life course, must be available to provide a broad experience for fellows and to meet the educational needs of the program.
 - II.D.3.a) There must be a bariatric and metabolic surgery service that performs bariatric and metabolic surgery on a wide range of patients available for fellow education.
 - II.D.3.a).(1) At a minimum, procedures performed should include Roux-en-Y gastric bypass and sleeve gastrectomy.
- II.D.4. The program should have access to services and/or equipment to perform testing specific to obesity medicine/bariatric medicine, such as indirect calorimetry and body composition.

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 family medicine, internal medicine, obstetrics and gynecology, ~~or~~ pediatrics, or preventive medicine; or a family medicine, internal medicine, obstetrics and gynecology, ~~or~~ pediatrics, or preventive medicine 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. Fellows must:

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

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

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:

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

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

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

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

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.

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:

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,

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.

IV.A.1.c)

Medical Knowledge

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:

IV.A.1.c).(1).(a)

anthropometric (body composition) assessments and clinical assessment of energy expenditure across the life course;

IV.A.1.c).(1).(b)

energy homeostasis and weight regulation across the life course;

IV.A.1.c).(1).(c)

etiologies, mechanisms, and biology of obesity across the life course;

IV.A.1.c).(1).(d)

obesity epidemiology;

IV.A.1.c).(1).(e)

obesity-related comorbidities and corresponding benefits of weight reduction or weight management (such as in pediatric patients); and,

IV.A.1.c).(1).(f)

the application of the following in developing a comprehensive, personalized obesity treatment care plan across the life course:

IV.A.1.c).(1).(f).(i)

behavioral and psychological interventions;

IV.A.1.c).(1).(f).(ii)

emerging treatment modalities;

IV.A.1.c).(1).(f).(iii)	nutrition interventions;
IV.A.1.c).(1).(f).(iv)	pharmacologic treatments that influence body weight;
IV.A.1.c).(1).(f).(v)	physical activity interventions;
IV.A.1.c).(1).(f).(vi)	principles of obesity treatment guidelines;
IV.A.1.c).(1).(f).(vii)	principles of primary, secondary, and tertiary prevention of obesity; and,
IV.A.1.c).(1).(f).(viii)	surgical and procedural treatments of obesity.

IV.A.1.d)

Practice-Based Learning and Improvement

IV.A.1.d).(1)

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Fellows must demonstrate ability to:

IV.A.1.d).(1).(a)	evaluate strengths and deficiencies in knowledge of obesity medicine/bariatric medicine, and set and achieve goals for improvement;
IV.A.1.d).(1).(b)	analyze practice systems using quality improvement methods to monitor and optimize obesity care;
IV.A.1.d).(1).(c)	use resources to locate, interpret, and apply evidence from scientific studies regarding obesity co-morbidities and treatment;
IV.A.1.d).(1).(d)	use information technology related to obesity treatment to optimize delivery of care, including electronic health records, software applications, and related devices (such as accelerometers, resting metabolic rate, and body composition analysis technology); and,
IV.A.1.d).(1).(e)	educate patients, students, residents, and other health professionals about the disease and the assessment, prevention, and treatment of obesity.

IV.A.1.e)

Interpersonal and Communication Skills

IV.A.1.e).(1)

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients'

families, and other health professionals. Fellows must:

- IV.A.1.e).(1).(a) use appropriate language in verbal, non-verbal, and written communication that is non-stigmatizing, non-judgmental, respectful, and empathetic when communicating with patients with obesity;
- IV.A.1.e).(1).(b) use appropriate language in verbal, non-verbal, and written communication that is non-stigmatizing, non-judgmental, respectful, and empathetic when communicating about patients with obesity with colleagues within one's profession and other members of the health care team; and,
- IV.A.1.e).(1).(c) demonstrate awareness of different cultural views regarding perception of desired weight and preferred body shape when communicating with patients, patients' families, and other members of the health care team.

IV.A.1.f)

Systems-Based Practice

- IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care. Fellows must:
 - IV.A.1.f).(1).(a) advocate for health system and public health policies to improve obesity treatment and prevention;
 - IV.A.1.f).(1).(b) advocate for policies that are respectful and free of weight bias;
 - IV.A.1.f).(1).(c) apply critical appraisal of scientific articles and research methods in the field of obesity medicine/bariatric medicine;
 - IV.A.1.f).(1).(d) demonstrate awareness of the costs of obesity intervention and prevention with regards to the individual, health care system, and community;
 - IV.A.1.f).(1).(e) use chronic disease treatment and prevention models to advance obesity intervention and prevention efforts within the clinical, community, and public policy domains; and,
 - IV.A.1.f).(1).(f) work collaboratively within an interdisciplinary team dedicated to obesity prevention and treatment strategies.

IV.B. Regularly Scheduled Educational Activities

- IV.B.1. Fellows must have a formally structured educational program in the clinical and basic sciences related to obesity medicine/bariatric medicine.
- IV.B.2. Fellows must participate in multi-disciplinary conferences that include lectures, seminars, case discussions, research seminars, and journal clubs, as well as directed readings.
- IV.B.3. Didactic sessions must include:
 - IV.B.3.a) anthropometric measurements and clinical assessment of energy expenditure and its application to patient care;
 - IV.B.3.b) behavioral and psychological interventions;
 - IV.B.3.b).(1) This must include behavioral interventions, including behavioral counseling techniques, cognitive behavioral therapy, and self-monitoring.
 - IV.B.3.b).(2) This must include general concepts, such as disordered eating and body image disturbance, as well as the psychological effects of obesity and its management.
 - IV.B.3.d) emerging obesity treatment modalities;
 - IV.B.3.e) energy homeostasis and weight regulation across the life course;
 - IV.B.3.f) etiologies, mechanisms, and biology of obesity across the life course;
 - IV.B.3.f).(1) This must include determinants of obesity, including behavioral, cultural, environmental, epigenetic, fetal environment, genetic, and lifestyle.
 - IV.B.3.f).(2) This must include other secondary causes of obesity.
 - IV.B.3.f).(3) This must include physiology and pathophysiology of obesity, including enterohormonal, microbiome, neurohormonal, and obesity-related cell physiology.
 - IV.B.3.g) nutrition interventions;
 - IV.B.3.g).(1) This must include general concepts, including macro and micronutrients, gastrointestinal sites of nutrient absorption, and vitamin and mineral metabolism.
 - 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.

IV.B.3.h)	obesity epidemiology;
IV.B.3.h).(1)	This must include incidence, prevalence, and demographic distribution across the life cycle and relevant to the local context.
IV.B.3.i)	obesity-related comorbidities;
IV.B.3.j)	obesity treatment guidelines relevant internationally and to the local context;
IV.B.3.k)	pharmacological management;
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.
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.
IV.B.3.l)	physical activity interventions;
IV.B.3.l).(1)	This must include general concepts, including body composition, biomechanics, cardiorespiratory fitness, and kinesiology.
IV.B.3.l).(2)	This must include understanding physical activity interventions, including exercise prescription.
IV.B.3.m)	principles of primary, secondary, and tertiary prevention of obesity; and,
IV.B.3.n)	surgical procedures.
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.
IV.B.3.n).(2)	This must include advanced concepts, including post-operative medical, nutritional, and psychological management (inpatient and outpatient).
IV.B.4.	Obesity medicine/bariatric medicine conferences must occur regularly and must involve active participation by the fellows in planning and implementation.

- IV.B.4.a) Faculty members should regularly attend and present at the conferences.

IV.C. Clinical Experiences

- IV.C.1. Fellows must participate in the care of patients who have pre-obesity (overweight) and obesity across all life stages and with a broad spectrum of disease severity and comorbid conditions.
- IV.C.2. Fellows must have experience in nutritional management of patients who have obesity and obesity-related conditions.
- IV.C.2.a) This experience must be at least 80 hours over the course of the program.
- IV.C.2.b) This experience must include management of patients by dietitians.
- IV.C.2.c) This experience must include nutritional management and/or collaborative management of nutritional issues in patients who have pre-obesity/obesity and obesity complications and comorbidities.
- IV.C.3. Fellows must have experience in bariatric and metabolic surgery.
- IV.C.3.a) This experience must be at least 80 hours over the course of the program.
- IV.C.3.b) This experience must include evaluating patients pre-operatively and monitoring patients post-operatively following bariatric and metabolic surgery procedures, as well as management of post-operative complications.
- IV.C.4. Fellows must have experience in pediatric obesity medicine/bariatric medicine.
- IV.C.4.a) For fellows who completed an internal medicine, obstetrics and gynecology, or preventive medicine residency, this experience must be at least 80 hours over the course of the program.
- IV.C.4.b) For fellows who completed a family medicine or pediatrics residency, this experience must be at least 240 hours over the course of the program.
- IV.C.4.c) This experience must include hands-on care and treatment of pediatric and adolescent patients who have pre-obesity (overweight) and obesity.
- IV.C.5. Fellows must have longitudinal responsibility for providing care to a panel of patients throughout their educational program that is supervised by one or more members of the obesity medicine/bariatric medicine faculty.

- IV.C.5.a) This must include longitudinal care of outpatients and/or patients enrolled in a defined weight management program.
- IV.C.5.b) The panel of patients must represent the spectrum of pre-obesity/obesity and obesity-related conditions that fellows are likely to encounter in practice.
- IV.C.5.c) As appropriate, fellows must employ a comprehensive multidisciplinary approach to longitudinal management of patients who have pre-obesity and obesity.
- IV.C.6. Fellows should have experience in psychology or mental health.
- IV.C.6.a) This experience should be at least two weeks over the course of the program.
- IV.C.6.b) This experience should include psychological management and/or collaborative management of patients with psychiatrists, psychologists, counselors, and/or therapists for the treatment of mental health conditions related to pre-obesity, obesity, and obesity complications and comorbidities.
- IV.C.7. Fellows should have experience in endoscopic or other minimally invasive bariatric procedures.
- IV.C.7.a) This experience should be at least 40 hours over the course of the program.
- IV.C.7.b) This experience should include evaluating patients pre- and monitoring patients post-endoscopic or other minimally invasive bariatric procedures.
- IV.C.8. Fellows should have elective experiences in disciplines related to obesity medicine/bariatric medicine.

IV.D. Scholarly Activity

- IV.D.1. Fellows' Scholarly Activity
- IV.D.1.a) The program must have a core curriculum in research.
- IV.D.1.b) Each fellow must participate in a scholarly project under the guidance of the program director or a designated mentor.
- IV.D.1.b).(1) The experience must include opportunities for scholarly activity in research, quality improvement, education, and/or advocacy either within or across programs.
- IV.D.1.b).(2) The experience should culminate in presentation, a written report, and/or publication.

IV.D.1.c) Fellows' scholarly experience must begin in the first year and continue for the length of the educational program.

IV.D.1.c).(1) The program should provide protected time for each fellow to take part in scholarly activity.

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirement IV.D.2.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.