

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty ACGME-I

Advanced Specialty Requirements for: **Vascular Surgery**
Proposed Effective Date: **15 September 2026**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements that will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
II.B.2. The majority of core faculty members must be vascular surgeons.	102	In both integrated and independent programs, the number of vascular surgeons needs to comprise greater than 50 percent of the core Faculty Roster. For example, a fellowship program with one fellow per year is required to have, in addition to the program director, a minimum of two core faculty members, both of whom are vascular surgeons.
IV.C.3. The curriculum for each resident in an integrated (residency) program must include at least a) 12 months of foundational educational experience that best suits each program's unique environment to be chosen from among the following: abdominal and alimentary tract surgery; anesthesia; burn surgery; cardiothoracic surgery; critical care; endocrine surgery; general surgery; head and neck surgery; neurological surgery; orthopaedic surgery; pediatric surgery; plastic surgery; surgical oncology; transplantation; trauma; and, urology.	408-417	Each program needs to provide integrated residents with a breadth and depth of foundational educational experiences best suited to each program's unique environment, which does not necessarily need to include experience in each of the domains noted in the requirement. For example, programs can tailor the educational experience to meet local board certification requirements, surgical practice patterns, and common patient surgical conditions.

<p>IV.C.5. Resident/fellow operative experience must meet the minimums specified by the Review Committee-International.</p>	<p>444-445</p>	<p>Completion of the minimum number of required cases does not signify a resident's/fellow's achievement of competence in any procedure. Most importantly, meeting the minimum requirements for procedures does not replace or negate the requirement that, upon a resident's/fellow's completion of the program, the program director must verify that they have demonstrated sufficient competence to enter practice without direct supervision.</p> <p>Minimum procedure numbers in the ACGME-I Program Requirements match those for Accreditation Council for Graduate Medical Education-accredited programs in the United States. Residents/fellows will be required to log procedures in ACGME-I Case Log System. Attainment of minimum case requirements will be considered by the Review Committee-International for graduates who began the program after ACGME-I accreditation was achieved.</p>
<p>IV.C.6. The curriculum for each resident/fellow must include a final 12 months with chief resident responsibility on the vascular surgery service at the primary clinical site or at a participating site. a) vascular surgery chief residents must not share primary responsibility for the same patient with another learner.</p>	<p>450-455</p>	<p>Chief residents are residents/fellows in their final year of the educational program (PGY-5 or -6 for residences; PGY-2 or -3 for fellowships) who have primary responsibility, under appropriate faculty member supervision, for patients in their care. While the clinical learning environment is well served by learners from multiple specialties, vascular surgery chief residents are in the ultimate position of accountability to the program's faculty members for patients under their care.</p>