International Advanced Specialty Program Requirements
Summary of Revisions and Rationale
ACGME-I

Advanced Specialty Requirements for: **General Surgery**
Proposed Effective Date of Revised Requirements: **1 July 2026**

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

The Review Committee-International will consider all comments provided in determining the final revision of the Requirements, which will be posted on the ACGME-I website once approved.

REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
II.A.1. For programs with more than 20 residents there should be at least one associate program director with an aggregate minimum of 10 percent full-time equivalent (FTE) support	48-50	Individuals serving as education and administrative leaders of residency programs, as well as those significantly engaged in the education, supervision, evaluation, and mentoring of residents, must have sufficient support to perform the vital activities required to sustain an accredited graduate medical education program. Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institutions, may provide support for this 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.
II.D.3.a) The Sponsoring Institution and program must jointly ensure the availability of adequate resources for resident education, including clinical experiences in a resource-limited environment.	80	Experience in a resource-limited environment is intended to give residents familiarity in caring for patients in systems with limited access to subspecialists and resources, including advanced medical and surgical technology. Examples of a resource-limited experience include, but are not limited to, providing care at a clinic or health system for patients with limited resources or barriers that make it difficult

		for them to access care; or, providing care without immediate access to subspecialists.
IV.A.1.b).(1) Residents must demonstrate competence in and execute comprehensive patient care in: b) evaluation, diagnosis and operative and non-operative treatment across the five phases of care (pre-habilitation, pre-operative, operative, immediate recovery, and long-term recovery/follow up) across the spectrum of ages for elective, urgent, and emergent conditions;	167-172	Demonstration of competence in surgical care must include demonstration of competence in a broad range of settings, both pre- and post-surgical, and for patients with a broad range of acuity levels.
IV.A.1.b).(2) Residents must demonstrate competence in emerging surgical and minimally invasive technologies as relevant to their setting.	194-196	Programs have flexibility in determining which emerging technologies are relevant to their country or jurisdiction.
IV.A.1.c).(2) Residents must demonstrate appropriate knowledge of principles of ethics, palliative care, communication and health care disparities which apply to surgical care.	234-236	It is important that residents have knowledge of the context within which surgical care is delivered in their country or jurisdiction. Programs can develop didactic content that is appropriate for the culture, customs, and applicable laws within their country or jurisdiction.
IV.C.1. 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. a) Core rotations in the essential content areas of surgery must be at least four contiguous weeks in duration	400-407	Rotation length will vary throughout the program based on the educational needs of residents at each level of education; however, it is important that adequate time, particularly in the essential content areas of surgery, is planned to allow residents to learn to provide high-quality, comprehensive care. More junior residents will need to be exposed to the breadth of general surgery early in their education, and therefore shorter rotations are appropriate for these residents. More senior residents will benefit from rotations of longer duration that allow them to progress toward autonomous practice.
V.B.1. The Clinical Competency Committee must a) conduct detailed review of resident case volume, breadth, and complexity; b) assess resident acquisition and maintenance of technical and non-technical skills using competency-	589-600	To conduct a comprehensive evaluation of resident competence, the Clinical Competency Committee must also evaluate the breadth and depth of each resident's operative experience through a regular review of resident case completion.

based evaluation that begins in the PGY-1 and allows formative resident feedback, evidence of learning and development, and provides directly observed evidence for summative judgments; and, c) specifically monitor the residents' knowledge by use of a formal exam.		The formal exam may be developed locally to test specific knowledge required for medical practice in a country or jurisdiction. The exam may also be a nationally or internationally validated exam.

SECTIONS WITH MAJOR REVISIONS

Requirement Number	Line Number	Rationale
II.D.3.c) The Sponsoring Institution and program must jointly ensure the availability of adequate resources for resident education including: c) opportunities for simulation and skills building experiences. ~~laboratories~~	83-84	The revision provides flexibility to programs for development of skill-building experiences. Programs do not need a simulation center or specific simulation equipment. The requirement for simulation means that the program must provide learning about patient care in a setting that does not include actual patients. Examples of simulation activities include objective structured clinical examinations; standardized patients; patient simulators; or electronic simulation of codes, procedures or other clinical scenarios.
IV.B.4. ~~A weekly~~ Morbidity and mortality or quality improvement conferences must be scheduled at least monthly.	385-386	The revision allows for additional flexibility in the frequency and type of conferences.
IV.C.2.b) Formal clinical rotations in burn care, cardiac surgery, gynecology, neurological surgery, orthopaedic surgery, transplant care, and urology are not ~~required~~ mandatory.	441-443	General surgeons' involvement in transplant care varies based on medical practice within a country or jurisdiction. A formal rotation is therefore not required; however, residents must develop competence in providing general surgical care for transplant patients. Programs can provide these learning opportunities through didactic courses, developing rotations with surgical or medical subspecialists who care for transplant patients, or through simulation.
IV.C.2.c) There must be either a transplant rotation or a specifically designed course that includes ~~patient management and covers~~ knowledge of the principles of immunology, immunosuppression, and the management of general	449-453	See rationale noted above.

surgical conditions arising in transplant patients.		
IV.C.5. Residents must have experience with a variety of endoscopic procedures, including esophogastro-duodenoscopy, and colonoscopy, ~~and bronchoscopy,~~ as well as ~~in~~advanced laparoscopy.	479-481	In many countries or jurisdictions, general surgeons are not required to perform bronchoscopy, however, if bronchoscopy is a required skill for general surgeons in the country where the program is located, it must be included.