

American Association of Endocrine Surgeons (AAES) Endocrine Surgery Fellowship Accreditation

Definition of an AAES accredited fellowship

The program meets at minimum the objectives and requirements as outlined in the current version of the document entitled "Endocrine Surgery Fellowship Accreditation". Accredited programs meeting Match requirements will be able to participate in the AAES Match. Fellows graduating from an accredited program will receive a letter from the AAES stating that they have completed an AAES accredited endocrine surgery fellowship.

Overall objectives for an Endocrine Surgery fellowship:

- Demonstrate knowledge and understanding of endocrine gland anatomy and physiology, in both the normal and pathological states
- Demonstrate the ability to diagnose clinical endocrinopathies associated with endocrine surgical diseases
- Develop knowledge of the inherited endocrine disorders and understand the role of genetic counseling and testing
- Demonstrate an appreciation of the current controversies, current areas of research, and clinical literature in endocrine surgical diseases
- Demonstrate the ability to apply this knowledge and safely perform the appropriate surgical operation for endocrine surgical disease
- Demonstrate objective self-examination of surgical outcomes

I. Program requirements for Endocrine Surgery Fellowship Accreditation

A. General information

1. An Endocrine Surgery Fellowship is generally defined by a clinical experience of one year, but length of training may vary depending on the design of the program and the ultimate goals and type of practice pursued by the trainee. A research component of the fellowship may be included, concurrently or in multi-year programs.
2. Endocrine Surgery Fellowship training requires adequate previous training in general surgery. Therefore, fellowships will follow completion of an accredited general surgery residency program in the United States or equivalent general surgery training outside the United States (candidates must be board certified or board-eligible to apply).
3. An Endocrine Surgery Fellowship must offer exposure to management of the thyroid, parathyroid, adrenal and neuroendocrine tumors of the pancreas and GI tract. Multidisciplinary exposure to Endocrinology, Medical Oncology, Pathology, Radiology, and Genetics, is encouraged.

4. The fellowship must have the approval of the Graduate Medical Education office or its equivalent in the hosting institution. Programs in host institutions with a General Surgery residency must have approval of the General Surgery Program Director in addition to the chairperson of the Department of Surgery. The hosting institution should have teaching and training as a core mission and be preferably associated with a medical school. Each hosting institution should have no more than one AAES-accredited fellowship program; programs may apply for approval of more than one clinical fellow.

B. Program Director, Teaching Staff, and Support Personnel

1. Program Director

i. Qualifications

1. Have an active medical staff appointment that is in good standing and an academic appointment on the faculty of the institution sponsoring the fellowship program.
2. Be licensed to practice medicine in the state of the sponsoring institution.
3. Be a member (Active or Senior) in good standing of the AAES.
4. Demonstrate professionalism and ethical behavior.

ii. Responsibilities: it is the responsibility of the program director to support the fellowship program by devoting his/her efforts to its management and administration. This includes:

1. Preparation of a written statement that includes a narrative description of the fellowship and details of the fellows' involvement in clinical, research, and teaching activities. This statement must be readily available on the AAES website.
2. Selection of fellows in accordance with institutional and AAES policies and procedures.
3. Organization and supervision of the fellows' clinical activities, research activities, participation in educational activities, and interaction with general surgery residents (as applicable) at the educational, research, administrative, and patient care levels.
4. Supervise accurate tabulation and recording of operative case logs and objective self-examination of surgical outcomes.
5. Communicate in timely and accurate fashion with the Fellowship Accreditation Committee; including submission of an annual report and a required re-accreditation application, and prompt notification to the committee chair regarding significant changes in the fellowship i.e. change in Program Director or hosting institution, reduction in faculty, etc.

2. Surgery Teaching Staff

- i. Other than the program director, it is encouraged that there be at least one additional teaching staff with documented qualifications and who is a Candidate, Active, Senior, or Allied Specialist member of the AAES with dedicated expertise in the field of

Endocrine Surgery and a commitment to instruct and supervise fellows. Change in core faculty requires approval from the Fellowship Accreditation Committee.

- ii. The teaching staff and program director should regularly review each other's performance in accordance with the objectives of the fellowship.

C. Educational Components

1. General Competencies: In accordance with the core competencies established by the Accreditation Council for Graduate Medical Education, fellows must become competent in the following six areas, at the level expected of a practicing surgeon:
 - i. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - ii. *Knowledge* about established and evolving issues in biomedical and clinical sciences and application of this knowledge to patient care.
 - iii. *Practice-based learning and improvement* that involve investigation and evaluation of the fellows' patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
 - iv. *Interpersonal and communication skills* that result in effective information exchange and teaming with patients, their families, and other health professionals.
 - v. *Professionalism*, as manifested by a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
 - vi. *Systems-based practice* as manifested by actions that demonstrate an awareness of and response to the larger context and system of health care and effectively call on system resources to provide optimal care
2. Specific program requirements
 - i. A sufficient number and variety of patients must be available during fellowship training to ensure that fellows receive appropriate experience in the management of complex endocrine surgery problems.
 - ii. Conferences, including morbidity and mortality, clinical instruction, and multidisciplinary conferences, must be regular features of the curriculum.
 - iii. Fellows must be able to provide patient consultation with adequate faculty supervision.
 - iv. A fellow may be appointed as an instructor, junior faculty member or as a postgraduate trainee, depending on the institutional policies.
3. Endocrine Surgery Clinical and Technical requirements
 - i. Clinical curriculum – Fellows should be able to fulfill the objectives of the clinical curriculum, as outlined by the AAES Education Committee.
 - ii. Operative volume – Fellows should complete fellowship training with a minimum of 100 procedures in core cases per fellow as the first assistant and/or as the primary surgeon. Core case volume should include thyroidectomy for benign and malignant disease, central and lateral neck dissections, parathyroidectomy, and adrenalectomy.

Exposure to surgical resections of neuroendocrine tumors of the pancreas and GI tract is required.

- iii. Clinic – Fellows should have adequate experience in preoperative and postoperative Endocrine Surgery clinics, with faculty supervision. Multidisciplinary clinics and tumor boards for oncologic endocrine diseases are encouraged and when available should be attended by the fellow on a regular basis.
- iv. Cervical ultrasound – Exposure to cervical ultrasound for detection of thyroid disease, lymphadenopathy, and parathyroid localization, by surgeon, endocrinologist, or radiologist, is required.
- v. Laryngoscopy – Exposure to direct and/or indirect laryngoscopy, evaluation of vocal cord function, and management of postoperative voice issues is required.

D. Research and Scholarly Activity Fellowship programs should establish and maintain an environment of inquiry and scholarship.

1. The teaching staff should demonstrate involvement in scholarly activity including, but not limited to:
 - i. Participation in regional and national professional societies, particularly through oral/poster presentation and publications in peer-reviewed journals.
 - ii. Participation in basic science and/or clinical investigations.
 - iii. Maintaining a thorough knowledge of current and evolving surgical techniques and technologies in endocrine surgery.
 - iv. Active involvement in medical student and resident teaching rounds and/or multidisciplinary conferences, if applicable.
 - v. Active supervision of the fellow in the operating room, on the wards and in clinics.
2. Fellows should be encouraged to participate in research activities (basic science and/or clinical).
3. All fellows should attend the AAES annual meeting and Endocrine Surgery University during their clinical fellowship year.

E. Completion of the fellowship

At the completion of the fellowship, fellows should review with the program director their case log and lists describing their clinical exposure, research experience and publications. These documents should be collected in a completion file for each fellow, which should be maintained for at least five years. Graduating fellows will receive a letter from the AAES certifying completion of an AAES accredited fellowship.

F. Evaluation of Fellows, Program Director, Teaching Staff, and Program

1. Documentation of formal evaluation of the fellows, program director, teaching faculty, and program (as below) should be available at the time of re-accreditation of the program.

- i. Fellows
 2. There should be regular and timely evaluation of the fellows' knowledge, clinical and technical skills, skill progression, maturity, and overall performance.
 3. Evaluations should be performed with the input of other faculty, general surgery residents, and medical students (if applicable).
- ii. Program director and teaching faculty
 1. The fellowship program director should be evaluated with respect to his/her teaching effectiveness, scholarly research productivity, patient care, and administrative abilities.
 2. Teaching faculty should be evaluated with respect to their teaching effectiveness, scholarly research productivity, and patient care.
- iii. Program – The educational effectiveness of a fellowship program should be assessed regularly by the program director in conjunction with the general surgery program director and/or surgery department chair. Ongoing support from the General Surgery Program Director or equivalent is required. Fellows should be provided the opportunity to evaluate the fellowship on a regular basis, offer constructive feedback, and identify deficiencies.

II. Accreditation of Endocrine Surgery fellowships

A. Approval process for new fellowships

An institution wishing to receive AAES-accreditation for an Endocrine Surgery fellowship will submit an application to the chair of the Fellowship Accreditation Committee no later than January 1 of the year preceding the start of the fellow's first year (i.e. Jan 1, 2012 for a fellowship position beginning July 1, 2013) up till January 2015 for fellows starting in 2016. Subsequently, applications must be submitted by September 1 two years prior to the start of the fellow's first year (i.e. September 1, 2015 for a fellow starting in 2017).

1. The application should include:
 - a. Clinical curriculum
 - i. Planned rotations, including time spent in other disciplines
 - ii. Operative experience, including anticipated number of overall cases in required categories
 - b. Research and scholarly curriculum
 - i. Departmental and institutional conferences
 - ii. Learning curriculum for Endocrine Surgery
 - iii. Research opportunities and expectation
 - c. Resources
 - i. Faculty, including curriculum vitae for all surgical faculty
 - ii. Facilities
 - iii. Funding source for salary support of fellow

- d. Assessment of impact of the fellowship on other institutional training programs, including current institutional case volumes (Endocrine and Head and Neck) of recent graduating chief residents of the associated General Surgery residency program.
 - e. Statement from the GME office or equivalent, Chair of Department of Surgery, and General Surgery Program Director (as applicable) attesting to support of application for Endocrine Surgery fellowship.
2. The application will be reviewed by the Fellowship Accreditation Committee. Applications meeting criteria will be brought forward to the AAES Executive Council.
 - a. Initial approval of an institution's application will require agreement of a majority of the Fellowship Accreditation Committee.
 - b. Final approval of a fellowship will require agreement of a majority of the AAES Executive Council.

B. Monitoring and re-accreditation of existing fellowships

1. Every year, fellowship programs must submit a report to the AAES Fellowship Accreditation Committee by January 31. Every three years, fellowship programs will undergo re-accreditation.
2. The Fellowship Accreditation Committee will review the annual reports and reaccreditation applications and report their findings to the Executive Council at the AAES annual meeting. The Fellowship Accreditation Committee will report on any areas of concern and make recommendations for improvement, as needed. Serious concerns, or repeated failure to address areas of concern will result in the program being placed on probation. Close monitoring including site visits at the host institutions expense may be implemented.
3. Fellowship programs will have one academic year to address the areas of concern and will submit a report to the Fellowship Accreditation Committee, detailing corrective actions taken, the following year. Failure to address areas of concern for a program on probation will result in loss of AAES accreditation. A minimum of two years must pass prior to a fellowship program re-applying for accreditation; the application process for a new fellowship must be followed.