



Abdominal Transplant Surgery Fellowship Training and Certification Requirements

This information is published by the Transplant Accreditation & Certification Council (TACC) to outline the requirements for certification in abdominal transplant surgery through the fellowship pathway.

Transplant Accreditation & Certification Council (TACC)

Mission:

The Transplant Accreditation & Certification Council (TACC) serves the public, healthcare community, and transplant surgeons by promoting excellence and professionalism through education, accreditation, and certification.

Purpose:

The Transplant Accreditation & Certification Council was formed for the following purposes:

- To improve the safety and quality of transplant care.
- To develop and maintain high standards of excellence by rigorous evaluation and accreditation of training programs.
- To establish professional standards through setting training benchmarks, examination, and certification of transplant surgeons.

History:

The Transplant Accreditation & Certification Council (TACC) is a limited liability corporation founded by the American Society of Transplant Surgeons (ASTS) in January 2017 to oversee the accreditation of fellowship training programs and implement a certification pathway for transplant surgeons.

Fellowship Objective:

The objective of a transplant surgery fellowship training program approved by the Transplant Accreditation & Certification Council is to develop proficiency in the surgical and medical management of patients with end-stage organ diseases amenable to transplantation. This objective should be achieved through a 24-month structured supplemental program for the study and treatment of these diseases in an accredited and properly supervised transplant surgery fellowship.

Fellows should apply for a complimentary ASTS Trainee membership before entering the fellowship training program. Fellows apply for online at ASTS.org. The application must be completed and include your CV. Applications should be submitted at least 3 months prior to the fellow's start date.

Program Requirements for Fellowship Training:

The program must provide adequate volumes of various transplant procedures and have a formal structure of didactic and clinical training in place. The fellow must demonstrate proficiency by participating in the Principal Role in an adequate number of operative transplants for each organ in order to receive a certificate of completion of a fellowship in a particular organ system.



Fellows will be eligible to train in the Basic Training Categories (BTF) and Specialized Training Categories (STF) category in which they match into and the program is accredited to train in. Upon successful completion, Program Directors will notify the ASTS which organ track(s) the fellow is competent in.

Programs must notify the TAC staff of their incoming fellows. Name, degree, organ training slot, email address and start date must all be submitted to TAC prior to fellowship start date.

Programs must submit surgical milestone assessments of fellows at 6-month intervals after start of training. Program Directors will review surgical logs as part of the milestone assessment..

Review the [Program Accreditation Requirements](#).

Fellowship Match:

The annual Abdominal Transplant Surgery Fellowship match is administered through [SF Match](#). The goal of the SF Match is to coordinate appointments, thus relieving the pressure of uncoordinated appointments and forced early choices. The participating programs will not make any appointments until the match has been completed. The TAC sponsors the matching process and the TACC is responsible for the enforcement of application rules.

The match takes place in June and will be used to process all applicants who want to start their Abdominal Transplant Surgery Fellowship training in July/August of the following year. Applicants are responsible for ensuring they meet all prerequisites for eligibility prior to registering for the match. All match participants must agree and abide by the SF Match rules and policies as well as any additional rules stated by the TACC.

Fellowship Eligibility:

Candidates for training in an accredited abdominal transplant surgery fellowship training program must have satisfactorily completed a surgical residency which satisfies the educational requirements for certification by a recognized American Board or foreign equivalency. Individual training programs may also have additional requirements.

Central Application Process

SF Match's Central Application Service (CAS) distributes complete applications to programs electronically. The use of CAS is mandatory for both programs and applicants. For more information, visit the Central Application Service (CAS) tab.

Duration of Training:

The length of the fellowship should be no less than twenty-four months. The twenty-four months must include a minimum of eighteen months of clinical training and the remaining six months can be either clinical training or nonclinical duties.

Surgical Volume Requirements:

Fellows are required to meet the following volumes over the course of their 24-month fellowship in order to receive a certificate of completion in the organ systems they matched into and the program is accredited to train in.



Fellows must maintain a surgical log in the TAC Portal. This surgical log should be updated in a timely fashion and must be approved by the Fellowship Training Program Director bi-annually during the milestone assessment.

The fellow must demonstrate proficiency by serving in the Principal Role in an adequate number of operative transplants for each organ in order to receive a certificate of completion of a fellowship in a particular organ system. The Program Director will notify the TACC which organ track(s) the fellow is competent in.

"Principal Role" does not suggest that an Attending Surgeon was not present during the procedure. The Fellow can act in the Principal Role when working together with a Staff Surgeon. "Principal Role" does require that the Fellow was present for the vast majority of the procedure. Only one Fellow can be considered to have played the principal role for any one procedure.

	Volume Requirement
Total Transplant Volume	50
Deceased Donor Procurement	25
Kidney Transplant	40
*Living Donor Nephrectomy	12
Liver Transplant	45
Pancreas	10 Pancreas Transplants 10 Pancreas Back Bench 10 Pancreas Procurements
**Intestine Transplant	10
**Hepatobiliary	Minimum 35 Total HB Cases Minimum of 15 Hepatectomy Major Minimum of 15 Biliary procedures
**Hepato-Pancreato-Biliary	Minimum 50 Total HPB Cases Minimum of 15 Hepatectomy Major Minimum of 15 Biliary procedures Minimum of 15 Non-Transplant Pancreas procedures

*Fellows can perform a minimum of 12 living donor nephrectomies in the principal or participant role.

**Fellows must have successfully completed a fellowship in liver transplantation in order to be eligible for intestinal, hepatobiliary, or hepatopancreatobiliary certificate of completion.

HB/HPB Definitions & Categorization	
<p>*Hepatectomy Major <i>These count towards Hepatectomy Major and total HB/HPB cases.</i></p>	<ul style="list-style-type: none"> • Hemi-hepatectomy • Trisectionectomy • Central hepatectomy • Right posterior sectionectomy • Right anterior sectionectomy
<p>**Hepatectomy Minor <i>These only count towards total HB/HPB cases.</i></p>	<ul style="list-style-type: none"> • Resection of 1 or 2 segments • Partial, or non-anatomic resection • Unroofing of large or multiple hepatic cysts • Other minor hepatic procedure



<p>***Biliary <i>These count towards Biliary and total HB/HPB cases.</i></p>	<ul style="list-style-type: none"> • Biliary reconstruction (intra-hepatic or extra-hepatic) • Ampullary or bile duct resection • Transduodenal sphincteroplasty • Radical cholecystectomy • Common bile duct exploration
<p>Pancreas, Non-Transplant <i>These count towards Non-Transplant Pancreas and total HPB cases.</i></p>	<ul style="list-style-type: none"> • Pancreaticoduodenectomy • Pancreatic resections (distal +/- spleen, Appleby, central, etc.) • Pancreatic tumor enucleation • Pancreatic anastomosis (e.g. pancreaticojejunostomy) • Pancreatic drainage procedures (e.g. Frey, Puestow, etc.) • Pancreatic debridement or necrosectomy

*** Living Donor Hepatectomy and Deceased Donor Procurement, with in situ split liver also count towards Hepatectomy Major and total HB/HPB Cases.**

****Hepatectomy Minor procedures can count towards overall total HB/HPB cases, but not towards Hepatectomy Major requirement.**

*****Biliary - Cholecystectomies do not count towards biliary procedures.**

Roux-en-y or duct-to-duct reconstruction at the time of liver transplant also do not count.

For more detailed information on surgical log categorization, [click here](#).

Annual Fellows Symposium

All second-year fellows in good standing at Accredited Fellowship Training Programs are invited to attend the TAC Surgical Fellows Symposium. It is expected that all fellows attend this meeting, and Program Directors are asked to provide fellows with the necessary support and time off from their clinical responsibilities.

National Transplant Curriculum:

All fellows will be required to complete all curriculum modules in each unit of the National Transplant Curriculum (outlined below) in order to receive a certificate of completion. Module completion will include the following: viewing the slide show presentation, reviewing the references, completing the Self-Assessment Questions, providing general and specific curriculum feedback at the completion of each presentation.



Curriculum Units	
Kidney	Pediatrics
Liver	Dialysis Access
Pancreas	Public Policy and Organ Allocation
Immunobiology & Pharmacology	Diversity, Equity, Inclusion, & Anti-Racism
Organ Recovery	HB/HPB
Intestinal	Ethics
Medical Complications of Transplantation	

Managed Time Policy

In addition to training fellows in all aspects of clinical care relevant to transplantation, transplant fellowship programs have a responsibility to ensure safe and responsible work habits. Such habits will lay the groundwork for routines that will form the foundation of a successful career as a transplant surgeon. We recognize that working to the point of exhaustion is both unhealthy for the fellow and unsafe for patients. Efforts to establish work hour and/or schedule restrictions are rife with difficulties. Transplantation is often unpredictable with periods of heavy workload interspersed with slower work periods due to donor paucity. Lastly, there are often valuable clinical education or continuity of care opportunities that may exceed traditional work hour requirements but benefit fellowship training. Despite these obstacles to creating responsible work hour practices, reliance on fellow self-reporting and self-recognition of fatigue does not meet the current standard of fellowship training. The TACC believes that certain underlying principles in the Managed Time Policy must be recognized in identifying responsible fellow workload practices.

Please see the **TAC Managed Time Policy** in the [Fellowship Training Program Accreditation Requirements](#) on page 14-16.

For more information on the [TAC Extended Leave Policy](#), click here.

Knowledge Assessment: Pathway to Certificate of Completion

Fellows in Accredited Training Programs are required to take the annual Knowledge Assessment during their first and second year of fellowship training. In order to receive the certificate of completion from the Transplant Accreditation & Certification Council (TACC), fellows must complete all of the requirements outlined above as well as achieve satisfactory performance on the Knowledge Assessment.

The Knowledge Assessment will be offered in April of each year for first- and second-year fellows. Fellows must have an average score of $\geq 50\%$ correct when the scores from their first- and second-year assessments are combined. The assessment will be administered using a secure online exam platform and will be proctored by the fellow/s Fellowship Training Program Director. Individual scores as well as category breakdown performance will be sent to the fellows and their Fellowship Training Program director after the assessment.



The assessment will consist of 120 questions which fellows will have 3 hours to complete (180 minutes). The assessment will cover the following categories from the National Transplant Curriculum.

- Economics and Ethics
- HB/HPB
- Intestine
- Kidney Transplantation
- Liver Transplantation
- Medical Complications
- Dialysis Access
- Multi-Organ Transplant
- Organ Recovery
- Pancreas Transplantation
- Immunobiology and Pharmacology
- Public Policy and Organ Allocation

Note, fellows who complete an accredited fellowship training program and begin an additional fellowship are required to complete the Knowledge Assessment requirements during their second fellowship.

Remediation:

It is expected that there be improvement in a fellow's scores on the Knowledge Assessment from the first to the second-year assessment. For fellows who achieve a high score on their first attempt, the expectation is that they maintain that standard on their second-year assessment. All exams will be adjusted for difficulty and will be assessed for question quality.

Should a fellow not score an average of $\geq 50\%$ correct when the scores of their first- and second-year assessments are combined, the following options will be available. Remediation must be completed within 60 days of their released exam scores.

Remediation 1:

Repeat the same exam within 60 days of the first exam. Fellow will be provided category breakdown to review prior to the exam.

Remediation 2:

If a fellow fails a repeat exam, a focused and incremental self-knowledge assessment will be administered based on areas of weakness.

Step 1: Certificate of Completion

Fellows are eligible to receive a certificate of completion when they successfully complete a twenty-four-month TACC Accredited Abdominal Transplant Surgery Fellowship and fulfill requirements for organ systems in which their fellowship program is accredited to train. This includes organ systems for which the program is accredited at the time that the fellow matches with the program or organ systems for which the program receives accreditation within the twenty-four months of the fellow's TAC accredited training.

For example, if a fellow started training in August 2024 and the program became accredited in Pancreas transplant in December 2025, the fellow would be eligible to receive a certificate of completion in pancreas transplant if he or she meets requirements.

It is the responsibility of an individual training program to inform the fellow about specific program accreditation status at the start of fellowship training and when changes to the program accreditation status occur that affect the certificate eligibility of the fellow.



Fellows are responsible for submitting a certificate of completion request when they complete their fellowship training program. This online submission must include the following attachments:

1. Certificate of Completion Program Director Approval Form
2. Surgical Log Entries Report
3. Surgical Log Summary Report
4. National Transplant Curriculum Certificate

It is recommended fellows keep a copy of their surgical log reports for their records, as they will be asked by various credentialing organizations for a copy during their career. Certificate requests are reviewed on a monthly basis and require 6-8 weeks for processing. The materials must be submitted through the online form. Emailed submissions will not be accepted.

Step 2: Fellowship Certification Pathway

The Transplant Accreditation & Certification Council was founded by the American Society of Transplant Surgeons (ASTS) in January 2017 to oversee the accreditation of fellowship training programs and implement a certification pathway for transplant surgeons. Currently, the TACC offers a certificate of completion for fellows who successfully complete a TACC Accredited Abdominal Transplant Surgery Fellowship Training Program. Below are the steps candidates will take to become Certified Abdominal Transplant Surgeons. This certification process is available for fellows that have successfully completed an Accredited Abdominal Transplant Surgery Fellowship Training Program since 2019.

Certification Eligibility:

Candidates who successfully complete a TACC Accredited Fellowship Training Program are eligible to enter into the Fellowship Certification Pathway. Successful completion includes completing all requirements during the 24-month accredited fellowship program, as outlined in the Fellow Requirements. This includes meeting the minimum volume requirements, successfully completing the Knowledge Assessment written exam requirements, and receiving a TACC Certificate of Completion.

In-Practice Requirement:

Candidates are required to be in practice for a minimum of one year and a maximum of five years. Candidates must also have an active (non-expired) license to practice. During the in-practice period of one to five years, candidates should maintain a surgical log which will be required to be uploaded in the TACC Surgical Log format for the application process.

Certification Application Process:

Individuals who believe they meet the requirements for certification may submit a certification application. The application requires candidates to provide their license and certification information, educational background, and hospital appointments. Candidates will also need to upload two reference letters. One reference letter must be from their Fellowship Training Program Director (or Division Chief) addressing the candidate's surgical experience from fellowship. The second reference letter should be from their current Department Chair, Transplant Center Director, or Chief of Staff, addressing the individual's surgical experience post-fellowship at their current place of employment. The candidate must upload surgical case logs representing transplant and HPB in practice cases one to five years post



fellowship. The case logs must be uploaded in the TACC Surgical Log format. In preparation for the oral exam, candidates will submit three cases in a format provided in the application.. The application process will be further detailed in an online application and candidates will need to pay a nonrefundable application fee. Completed applications will be approved by the Transplant Accreditation & Certification Council.

Transplant Oral Exam:

If the TACC approves the candidate’s certification application and they meet all requirements to sit for the oral exam, the candidate will receive written notice and will be required to pay an oral exam fee. The oral exam will consist of two sessions which will include general transplant knowledge, organ specific topics, and cases submitted by the examinee in the certification application. The candidate will be assessed by two examiners during each session of the exam. The scoring rubric from the four oral examiners will be reviewed by the Transplant Accreditation & Certification Council.

Certification:

Upon successful completion of all certification components, the Transplant Accreditation & Certification Council will approve the candidate to become a Certified Abdominal Transplant Surgeon. The candidate will receive a letter and certificate from the TACC. A directory of certified diplomates will be available on the TACC website. If the candidate fails to meet the requirements and is denied certification, an appeals process will be provided,.

Note, the TACC reserves the right to make changes in its rules and procedures for its certification at any time. For more information, please visit [this link](#).