Fellowship Training Program Accreditation Requirements

Table of Contents

I. Overview 2

- Mission 2
- Purpose 2
- History 2
- Transplant Accreditation & Certification Council 2

II. Fellowship Training Program Accreditation 2

- Accreditation Information 3
- Reaccreditation Information 3
- Application Review Process 3
- Levels of Accreditation 4
- Appeals Process 4
- Organ Specific Program Accreditation 5
- Structure of an Accredited Training Program 5
- Program Volume Requirements 6
- HB and HPB Non-Volume Requirements 8
- Program Requirements 9
- Parallel Track Training 10
- Fellowship Program Fees 10
- Match Process 11
- Managed Time Policy 12
- Fellow Operative and Non-Operative Milestones 14
- Fellowship Training Requirements 14
- Fellowship Certification Pathway 14

I. Overview

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.

Transplant Accreditation & Certification Council

The Transplant Accreditation & Certification Council is nominated by the American Society of Transplant Surgeons (ASTS) Council. The TACC is comprised of members of the transplant community who are dedicated to advancing fellowship training and the field of transplantation.

II. Fellowship Training Program Accreditation

The Transplant Accreditation & Certification Council is committed to defining and promoting training and the career-long education of transplant surgeons. One of the primary avenues by which the TACC defines and promotes training is through its accreditation of abdominal transplant fellowship training programs throughout the United States and Canada.

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. 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.

The TACC is the recognized accrediting and certifying body in the field of transplant surgery fellowship training and aims to ensure future generations of transplant surgeons receive training that provides the skills, knowledge and professionalism needed to perform in the complex environment of solid organ, composite tissue and cellular transplantation. The TACC will:

- Provide structural requirements in a manner consistent with other accrediting bodies.
- Establish guidelines and requirements for programs, program directors and faculty for maintaining an educational environment.
- Define program director responsibility.
- Mandate program annual case volume minimums with periodic volume review.
- Ensure programs and transplant centers are recognized as compliant by outside regulatory bodies such as CMS and the OPTN.

Accreditation

New fellowship training programs (those not currently accredited by the TACC) must submit an online Fellowship Training Program accreditation application. The program must host two or more members of the Program Accreditation Committee for a one-day site visit (in person or virtual) to evaluate the institution's educational and surgical training environment. Programs will be responsible for any fees associated with the site visit. If approved, programs will be required to pay an accreditation fee to obtain fellowship training program accreditation.

Reaccreditation

Accredited Fellowship Training Programs are required to submit a reaccreditation application every three years. Programs must submit a reaccreditation fee to maintain accreditation. If a program undergoes any major institutional changes, it may be asked to submit a reaccreditation application outside of the normal cycle.

Programs requesting to change their accreditation in any Basic Transplant Fellowship/Specialized Transplant Fellowship (BTF/STF) categories or requesting to change their fellowship complement must submit a full reaccreditation application by the reaccreditation application deadline. Applications will not be reviewed during the match cycle.

Application Review Process

Applications are reviewed by the Program Accreditation Committee (PAC) and decisions regarding approval or denial are presented to the Transplant Accreditation & Certification Council (TACC). Applications are presented to be approved before the Fall Council Meeting. Applications will not be presented at the Winter and Spring Council Meeting due to the Annual Abdominal Transplant Surgery Match. This ensures any changes happen before the opening of the match.

Accreditation Applications: (New Programs)
See TAC website for actual dates
Submission deadline in the summer
TACC review in the fall
Notification of final decision in December
Accreditation status is effective for the match beginning in January following the December TACC

decision.
Example: TACC accreditation decisions rendered in December 2024 will be effective for the January 2025 match.

Reaccreditation Applications:
See TAC website for actual dates
Submission deadline in the fall
TACC review in the fall
Notification of final decision in December
Reaccreditation status is effective for the match beginning in January following the December TACC decision.
Example: TACC reaccreditation decisions rendered in December 2024 will be effective for the January 2025 match.

The completed applications will be reviewed by members of the Program Accreditation Committee. The applicant's institution is asked to cooperate with the reviewers' requests for additional information if necessary.

If the application is from a program not previously accredited, or if accreditation has lapsed, a site visit to the applicant institution must be arranged for the reviewers. The TACC will work with both the institution and the reviewers to organize either an in-person or a virtual site visit. The applicant institution is expected to develop an itinerary that is mutually agreeable with the reviewers' goals and objectives.

Direct expenses associated with travel to the site visit are borne by the applicant institution. The TACC will invoice the applicant institution after the site visit and payment is due after the application ruling is determined by the Transplant Accreditation & Certification Council. If the application is a renewal from an institution previously accredited, a site visit is not mandatory and will be at the discretion of the reviewers.

The reviewers will submit a detailed report to the Transplant Accreditation & Certification Council and will recommend whether the program meets the requirements for approval, whether additional information is necessary, or whether the application should be disapproved.
The function of the Program Accreditation Committee is to support the Transplant Accreditation & Certification Council and the committee will only provide recommendations. The TACC holds ultimate authority in all decision-making matters. For more information on the TACC decision process, click here and for ***TACC Levels of Accreditation*** click here. If the program is granted approval by the Transplant Accreditation & Certification Council (TACC), the TACC will announce the decision directly to the applicant institution via letter. That communication will serve as documentation of the approval as well as the date approval was granted, the conditions under which approval is granted and the duration of the approval.

Appeals Process

Fellowship Training Programs have 60 days from the date of their accreditation or reaccreditation letter to submit a written appeal. Programs give up their ability to appeal a decision if it is not submitted

within 60 days. Appeals should be sent to TACC@asts.org and will be reviewed by the Transplant Accreditation & Certification Council.

Organ Specific Program Accreditation

Fellowship Training Programs can be accredited to train in the following tracks:

Basic Transplant Fellowship (BTF)

- Kidney
- Liver

Specialized Training Fellowship (STF)

- Pancreas
- Intestine
- Hepatobiliary
- Hepatopancreatobiliary

Programs will be identified as Basic Transplant Fellowships (BTF) in Kidney, Kidney/Liver, or Liver. In addition, programs can apply for accreditation in Specialized Training Fellowships (STF) in Pancreas, Intestine, Hepatobiliary, and Hepatopancreatobiliary. Only programs accredited to train in Liver will be eligible to train in Intestine, Hepatobiliary, or Hepatopancreatobiliary surgery. Only programs accredited to train in Kidney will be eligible to train in Pancreas. Programs must meet the requirements listed in the Program Volume Requirements below to obtain accreditation in any BTF or STF categories.

Duration of Training

Fellowship Training Programs must outline and detail the structure of their fellowship training program within the Fellowship Training Program Accreditation and Reaccreditation Applications. Programs must conform to a uniform duration of fellowship training as outlined by the TACC. Fellowships should be a minimum of twenty-four months of training. The twenty-four months must include a minimum of eighteen months of clinical training.

Structure of an Accredited Training Program

The objectives of a Transplant Surgery Fellowship Training Program can best be achieved when the program is based within an institution approved for graduate medical education in General Surgery or Urology and also in those other disciplines particularly related to transplantation, such as Infectious Disease, Immunology, Radiology, Nephrology, Endocrinology, Cardiology, Pulmonology, and Gastroenterology. To provide for an effective training program, the transplant surgery training program should be organized within the framework of a larger administrative unit, such as a Department of Surgery, General Surgery, or Urology. It is essential that the clinical component be centralized if a proper transplant surgery fellowship program is to be conducted. This can be best achieved by establishment of a unit to which all transplant cases are admitted. This should be under the direction of a qualified transplant surgeon with continuous responsibility for teaching, quality of patient care, and research. The director of the program should be certified by the American Board of Surgery or the American Board of Urology. Other staff members should be experienced in transplant surgery, dedicated to teaching,

willing to devote the necessary time and effort to the education program, and should be engaged in research activities as well.

The program must provide instruction in the clinical and basic sciences, encompassing anatomy, physiology, pathology, and immunology including histocompatibility testing, as they relate to the diagnosis and treatment of end-stage organ diseases. Case material in sufficient volume must be available for the development of skill in the management of patients requiring transplantation. Adequate facilities must also be available for instructing the trainee in the performance and interpretation of special diagnostic techniques and procedures necessary for the management of transplant patients. Most importantly, the candidate must be provided with an adequate volume of operative experience.

The clinical experience must be obtained after completion of the candidate's general surgery, urology, or foreign equivalent residency program. Transplant cases performed prior to fellowship do not count toward fellowship case requirements. It is essential for trainees to learn the management of end-stage organ diseases and the specific indications and contraindications for organ transplantation. It is also important for the trainee to gain understanding of the function of the histocompatibility laboratory with respect to cross-matching techniques, PRA testing, and tissue typing. Actual time spent in the histocompatibility laboratory is considered desirable.

The trainee must obtain operative experience under the supervision of the Director of the Transplant Program or his/her deputy. An adequate volume of surgical experience must include living and/or deceased donor operations, transplantation procedures including re-operations and management of complications.

It is essential that the trainee also have an intimate acquaintance with the laboratory and radiologic procedures used in the diagnosis of rejection, infection, and other problems. The trainee should gain familiarity with the pathology of rejection, infection, and other problems. The fellow must also gain experience in the evaluation of living donors and in the procurement and preservation of organs obtained from deceased donors. The trainee must also have continuity of experience in the postoperative and long-term follow-up of transplant recipients. Finally, opportunities for participation in basic science research or clinical research are strongly encouraged.

Program Volume Requirements

Programs must maintain minimum case volumes as detailed below for organ specific accreditation. Programs must demonstrate a minimum of three consecutive years of adequate volume to be considered for accreditation or approved for reaccreditation. **The three consecutive years can include the two years prior to application and the year of application submission.** All volume data submitted must be for the calendar year (January 1 – December 31) and should correlate with OPTN data. **For more on TACC decision process, click** here.

The following minimum program volumes are required for Fellowship Training Program accreditation. Programs will be accredited to train a specific number of fellows in their BTF category. Programs cannot request the number of training slots in individual BTF and STF categories. The TACC will assign the number of fellows based on volume and other requirements. If a program is accredited to train in an STF

Category, the program will determine which of its fellows will train in the accredited specialties and is responsible for informing the TACC prior to the start of training.

Program Volume Requirements All Programs	
Accreditation Eligibility	**Minimum Annual Volume**
Total Transplant Volume *(Only kidney, liver, pancreas, and intestinal transplant)*	75
Deceased Donor Procurements	25

To be eligible for Kidney or Liver accreditation, the following minimum annual volumes must be met for the three most recent consecutive calendar years. The expectation is that the majority of living donor nephrectomy procedures are performed via minimally invasive techniques. The following table illustrates the program volumes necessary to support various numbers of fellows. The TACC will determine the maximum number of fellows the program is eligible to train over a 24-month period. The program will determine the number of fellows it wishes to train each year based on their maximum allowance.

Program Volume Requirements Basic Transplant Fellowship (BTF)						
	Number of Fellows Program is Eligible to Train:					
	1 every other year	**1 every year**	**3 every 2 years**	**2 every year**	5 every 2 years	**3 every year**
BTF – Kidney Required annual volume	60 Kidney 18 Living Donor Nephrectomy	60 Kidney 18 Living Donor Nephrectomy	90 Kidney 27 Living Donor Nephrectomy	120 Kidney 36 Living Donor Nephrectomy	150 Kidney 45 Living Donor Nephrectomy	180 Kidney 54 Living Donor Nephrectomy
BTF – Liver Required annual volume	50 Liver	55 Liver	80 Liver	110 Liver	140 Liver	170 Liver

To be eligible for Pancreas, Intestine, or HB/HPB accreditation, the following minimum annual volumes must be met for the three most recent consecutive years. The following minimum program volumes are required for Fellowship Training Program Accreditation in **Specialized Training Fellowship** (STF) Categories. The TACC will only accredit programs to train in these categories and will NOT determine how many fellows are eligible for training.

Program Volume Requirements Specialized Training Fellowship (STF)	
Accreditation Type	**Minimum Annual Volume**
STF – Pancreas	10
STF – Intestine	10
STF – Hepatobiliary*	50
STF – Hepatopancreatobiliary*	75

*Hepatobiliary and Hepatopancreatobiliary also have additional volume and non-volume requirements as shown below. To be eligible for HB/HPB accreditation, the minimum annual volumes must be met for the three most recent consecutive years.

Program Volume Requirements Hepatobiliary and Hepatopancreatobiliary	
Hepatobiliary (HB)	Hepatopancreatobiliary (HPB)
50 or more major HB cases per year	Program must meet all the criteria for the HB program, in addition to:
35 or more hepatic procedures per year i. 20 or more Hepatectomy Major Operations defined as: • Hemi-hepatectomy • Trisectionectomy • Central Hepatectomy • Right Posterior Sectionectomy • Right Anterior Sectionectomy Living Donor Hepatectomy • Deceased Donor Procurement, with in situ split liver • At least 50% of these major procedures must be non-transplant (non-donor) related cases.	25 or more major non-transplant related pancreatic procedures per year. These procedures are defined as: i. Pancreaticoduodenectomy ii. Pancreatic drainage procedures (Frey, Puestow, etc.) iii. Pancreatic resections (distal +/- spleen, Appleby, central, etc.) iv. Pancreatic tumor enucleation v. Pancreatic ansastomosis (e.g. pancreaticojejunostomy) vi. Pancreatic debridement or necrosectomy
15 or more complex biliary procedures per year (excluding CBD-CBD anastomosis during liver transplantation): i. 15 Biliary Procedures defined as: • Ampullary or bile duct resection • Transduodenal sphincteroplasty • Biliary reconstruction (intra-hepatic or extra hepatic) • Radical cholecystectomy • Common bile duct exploration	

**Cholecystectomies do not count towards biliary procedures. More than 5 roux-en-y or duct-to-duct reconstructions at the time of liver transplant also do not count.*	

Hepatobiliary and Hepatopancreatobiliary Non-Volume Requirements

The program must have a multidisciplinary committee that consists of at least the following members (i.e., Multidisciplinary Tumor Board): HPB surgeon (ASTS or AHPBA/IHPBA member), endoscopist, medical oncologist, interventional radiologist, and diagnostic radiologist who meet on a regular basis to assist in management of complicated HPB patients.

The program must provide evidence of a structured educational and training experience in comprehensive, state-of-the-art medical and surgical management of patients with surgical diseases of the liver, gallbladder, biliary tract, and pancreas.

The program must provide clinical experience in multidisciplinary approach in the investigation, diagnosis, operative and non-operative treatments as well as peri-operative care of HPB patients in both the inpatient and outpatient settings.

Didactics on HPB surgical diseases that include surgical and non-surgical adjuvant therapies such as systemic therapy, radiation therapy, or ablation (i.e., HPB path conference, seminars, lecture series, journal club, roundtable discussions).
For more information on the TAC *Fellowship Training and Certification Requirements*, please click here.

Program Requirements

Programs must identify an active Fellowship Training Program Director. The Program Director must be an ASTS member in good standing. The Program Director will be the primary contact to ASTS staff and the TACC regarding fellowship training and will assume all responsibility for necessary communications:

- Program Director will be responsible for notifying the TACC of the following: Name(s) and email(s) of participating fellows
- The anticipated start date and end date of all fellows
- Change in Fellowship Training Program Director and Administrative Coordinator
- Any major structural or institutional changes

Programs must notify the TACC of any major structural and institutional changes that will affect the fellows' education and training experience. This would include (but is not limited to):

- 50% or more change in surgical faculty
- CMS or OPTN actions against the transplant program
- Change in Fellowship Training Program Director or administrator/coordinator
- Voluntary closures of organ transplant programs by transplant center

Changes reported will be brought to the attention of the TACC for review. The TACC will determine the necessary actions and may request a reaccreditation application be submitted for formal review. If the

TACC feels additional actions are necessary, including a site visit, the program will be notified. Necessary fees may be applicable.

Other requirements of the Fellowship Training Program Director include:

- Program Director will participate in the annual Program Director's meeting (or will send a proxy from the program)
- Program Director will assume primary responsibility for fellow's training and certify competency
- Program Director will take responsibility for recommending the organs to be listed on the fellows' Certificate of Completion.
- Program Directors must submit a signed Fellowship Completion form within 60 days of when the fellowship is completed.

Parallel Track Training

The objective of a Transplant Surgery Fellowship Training Program is to develop proficiency in the surgical and medical management of patients with end-stage organ diseases amenable to transplantation. To receive Fellowship Training Program Accreditation, a program must demonstrate the ability to provide sufficient clinical experience within an educational setting that will result in well trained fellows to work in the United States and abroad. TACC accredited programs are further defined by the organ accreditation and number of fellows the program can train.

It is important that fellows in TACC Accredited Fellowship Training Programs have access to the full resources of the program. The training of additional non-TACC fellows in parallel tracks dilutes the fellowship experience and should not occur at TACC Accredited Programs. Each program is accredited for a specific number of fellows. No fellowship positions other than these specific approved positions are recognized by the TACC. The TACC is committed to training the next generation of surgeons to practice in the United States, Canada, and the rest of the world. The society firmly believes the training in an TACC Accredited Fellowship Training position is the standard required to practice transplant surgery.

Fellowship Program Fees

The fees outlined below are associated with being an accredited Fellowship Training Program.

Accreditation Fees

All programs applying for accreditation and reaccreditation are required to pay the following fees within 90 days of the invoice date. New programs applying for reaccreditation or programs seeking accreditation after a lapse in accreditation are required to pay the accreditation fees plus the travel expenses for the site visit.

Annual Program Fee Structure:	
Accreditation:	**Reaccreditation:**
$5,250 + Site Visit Expenses	$2,100

Annual Program Fee

Annual program fees are invoiced in early fall of each year. The amount due depends on the total number of fellows that will be enrolled in the program for the upcoming academic year. Annual Program Fees are due by early December.

Annual Program Fee Structure:	
0 Fellows:	$2,625
1 Fellow:	$3,255
2 Fellows:	$3,885
3 Fellows:	$4,515
4 Fellows:	$5,145
5 Fellows:	$5,775
>5 Fellows:	$6,825

Late Fees

Programs that do not pay the above fees by the due date are subject to a $250 late fee per month until payment is made. Programs that fail to submit the Annual Program, Accreditation, and/or Reaccreditation Fee within 90 days of the due date may undergo a probationary period as determined by the Transplant Accreditation & Certification Council.

As part of the Annual Program Fee process, programs are required to complete the Annual Transplant Fellowship Form and provide information about the fellows who are starting and leaving the program. The program is also required to provide information at the completion of the fellows training with their job and location.

Match Process

Programs must participate fully, in good faith, in the annual match administered through SF Match. ASTS sponsors the matching process and the TACC is responsible for the enforcement of the application rules.

Programs will direct all interested applicants to the SF Match to register for the annual match. Program must report all results, including filled and unfilled positions, to the TACC when the match concludes in June of each year. Programs that do match their approved open position can fill the slot outside of the SF Match and must notify the TACC at the time of the agreement. Failure to notify the TACC may result in invalidation of the training.

The TACC will not recognize fellows that are taken outside the match if a program voluntarily chooses not to participate in the annual match process or is shown not to participate in good faith.

If a program fails to participate in the match for three consecutive years, the program will be placed on a probationary status for one year. Repeated failure to initiate training of a fellow by the completion of the probationary period will result in a loss of accreditation. Reaccreditation would entail the submission of a completed new program accreditation application.

Managed Time Policy

Programs must adhere to the Fellows Managed Time Policy, as defined below. If a program fails to adhere to the managed time policy or is delinquent in the submission of requested documentation, the program will receive a warning and will be expected to submit written verification of changes in order to bring the program to compliance. If a program does not respond to written warnings or does not produce requested documentation, a site visit may be necessary. Sanctions for non-compliance range from written warnings, probation, and loss of accreditation. Reaccreditation would entail the submission of a new program application.

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 ASTS and TACC believe that certain underlying principles below must be recognized in identifying responsible fellow workload practices:

1) Programs must be mindful of the workload they are placing on fellows with respect to all facets of their responsibilities (e.g., clinic, operating room, inpatient service, phone calls, etc.). The fellowship director is responsible for setting this expectation and monitoring the impact of the workload on the fellow.

2) The program's faculty must recognize it may be necessary to tell the fellow to rest. It is incumbent on the program's faculty to monitor the fellow's workload and outward signs of fatigue, to intervene appropriately in instances where the fellow does not recognize or acknowledge the need to rest.

3) The impact of activities which are neither educational nor require their level of experience should be scrutinized on an ongoing basis. Fellows are board-eligible or certified in General Surgery or Urology or foreign equivalency and must be given responsibilities consistent with their level of expertise. While any caregiver may need to step in from time to time to help in any task related to patient care, it is not the fellow's role to routinely perform tasks that are more appropriately delegated to a coordinator, resident, physician assistant, or advance nurse practitioner. To be effective in this role, the program must engage sufficient human resources to allow the fellow to function at the appropriate level.

Based on the three principles above, the following three structural elements are considered requirements of fellowship training programs:

1. The fellowship training program must designate formal continuing medical education (CME) time for the fellows, including attendance to at least one regional/national meeting and the Fellows Symposium during their fellowship.
    a. Time at one regional/national meeting (up to 5 days) and the Fellows Symposium does not count toward vacation time or the required 48-hour and two 24-hour periods off per month.
    b. Planning for the meeting is the joint responsibility of the fellow and the Program Director.
    c. Attendance at the Fellows Symposium does not fulfill this requirement as this is an additional mandatory requirement.

2. The fellow must be off call and free from any fellowship responsibilities at least one weekend per month (48 hours) and at least two additional 24-hour periods every month exclusive of vacation time.

    a. Each program must submit their time-off guidelines at the time of reaccreditation.
    b. Each fellow will be surveyed at the end of fellowship to confirm the time off occurred.

3. The fellow must be provided at least two weeks of vacation every year, defined as ten (10) weekdays per year. This is not to include the required one weekend (48 hours) and two additional 24-hour periods off call per month and is to be free from clinical responsibilities.

    a. This excludes time for academic meetings and attendance at the Fellows Symposium.
    b. Each program must submit their time-off and vacation guidelines at the time of fellowship reaccreditation and provide documentation of fellow vacations on a yearly basis.
    c. Proper adherence to fellow vacation guidelines will be assessed at the time of reaccreditation. Documentation of this requirement is the program's responsibility.
    d. One example of a vacation schedule would be: 5 weekdays off in a row (Monday-Friday), with an additional 48-hour weekend and two additional 24-hour periods, totaling 9 days off that month.
    e. All fellows will be asked at the end of the fellowship exit survey if they received the allotted time off.

Providing the highest quality care to patients requires caregivers who are not impaired by fatigue, and who are not constrained by arbitrary restrictions regarding participation in a given patient's care. It is incumbent upon fellowship training programs to responsibly manage these issues.

If at any time a fellow feels that the program is not adhering to the Fellowship Managed Time Policy, fellows may contact the ASTS Staff. The name of the fellow will be kept anonymous, and the program will only be contacted at the fellow's discretion.

If a program fails to adhere to the Managed Time Policy or is delinquent on submission of requested documentation, a written reminder will be sent followed by a written warning if delinquency is not resolved. In the event of non-adherence to policy, program must submit written verification of changes

in fellowship necessary to bring program into compliance. If a program does not respond to written warnings or does not produce requested documentation, a call will be scheduled with the program director and the members from the TACC. At this point a site visit may be indicated. Sanctions can range from written warnings, probation, to loss of fellowship accreditation.

For more information, consult the TACC Extended Leave Guidance.

Fellow Operative and Non-Operative Milestones

The Fellow Assessment: Surgical Log and Milestones form should be submitted by the Fellowship Training Program Director. Forms should be submitted bi-annually, at 6-month intervals. The assessment should include a copy of the fellow's surgical log report, an operative milestone assessment, and a non-operative milestone assessment. For the milestones, if you are having more than 1 faculty member assessing fellow(s) please average the assessment and send only 1 form. The form can be found under the Program Director Resources.

Forms must be submitted, online, within one month of their required due date. Failure to adhere to this deadline on 3 separate occasions will result in a one-year probationary status. Subsequent additional tardiness will result in loss of program accreditation. Reaccreditation would entail submission of a new program application.

Fellowship Training Requirements

Fellowship Training Programs should review the Fellowship Training Requirements and ensure that their fellows are aware of all requirements. Fellows are eligible to receive a Certificate of Completion (Step 1 of the Fellowship Certification Pathway) 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 in 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. Successful completion includes completing all requirements during fellowship, as outlined in the Fellowship Training 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.

Fellowship Certification Pathway – TACC Certified Abdominal Transplant Surgeon

The Fellowship Certification Pathway is available for fellows who have successfully completed a TACC Accredited Abdominal Transplant Surgery Fellowship Training Program since 2019. Candidates are required to be in practice for a minimum of one year and a maximum of five years. The requirements for individuals who have completed an accredited Fellowship Training Program and are interested in applying for certification can be found here.