ACGME Program Requirements for Graduate Medical Education in Transplant Hepatology
Summary and Impact of Focused Requirement Revisions

Requirement: Multiple
Requirement Revision (significant change only):
“Dual GI/TH pathway” is referenced throughout the program requirements.

1. Describe the Review Committee’s rationale for this revision:

   The dual gastroenterology/transplant hepatology (GI/TH) pathway is an optional pathway within a gastroenterology fellowship and sets the expectation (defined in subsequent requirements) that the transplant hepatology fellowship program should collaborate with the gastroenterology fellowship program in the education of fellows in the dual GI/TH pathway.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   This improves gastroenterology fellow education by offering a new, clinically focused, competency-based pathway to education/training and certification in gastroenterology and transplant hepatology.

3. How will the proposed requirement or revision impact continuity of patient care?

   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?

   The dual GI/TH pathway is an optional pathway within the gastroenterology fellowship.

Requirement: I.D.1.b).(5). and (6)
Requirement Revision (significant change only):

Fellows transplant hepatology experiences must occur at facilities that The primary clinical site must have interventional radiology facilities capable of performing balloon angioplasty and Transjugular Intrahepatic Portal Systemic Shunt. (Core)

Fellows transplant hepatology experiences must occur at facilities that The primary clinical site must have a liver transplant program that is a member in good standing of the United Network for Organ Sharing (UNOS), and is affiliated with an ACGME-accredited gastroenterology program. (Core)

1. Describe the Review Committee’s rationale for this revision:
These requirements were edited to allow for scenarios where the interventional radiology facilities and the liver transplantation program are not situated at the primary clinical site. The intent was to ensure that fellows had educational experiences in these facilities, but not require them to be at the primary clinical site.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   This facilitates an educational experience that is similar to that of the transplant hepatology fellowship at the primary clinical site while still permitting some flexibility in how this program is operationalized at a local, institutional level.

3. How will the proposed requirement or revision impact continuity of patient care?
   
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   
   This will not affect other accredited programs.

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Requirement: II.B.4.c)-d)

Requirement Revision (significant change only):

In addition to the program director, there must be at least one core faculty member certified in transplant hepatology by the ABIM. (Core)

For programs approved for more than three fellows, there must be at least one core faculty member certified in transplant hepatology by the ABIM for every 1.5 fellows. (Core)

1. Describe the Review Committee’s rationale for this revision:

   The Committee is supplementing the “Core Faculty” section of the Common Program Requirements with its long-standing requirement that there be a minimum number of faculty members who are certified in the subspecialty. The requirement was not edited to reflect that AOBIM certification would also be acceptable because the AOBIM does not offer certification in transplant hepatology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   
   This will not affect continuity of patient care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   **This will not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs?

   **This will not affect other accredited programs.**

### Requirement: II.B.4.d).(1)

**Requirement Revision (significant change only):**

**This core faculty to fellow ratio must include fellows participating in the dual GI/TH pathway in addition to fellows in the transplant hepatology fellowship.**

1. Describe the Review Committee's rationale for this revision:

   **This requirement further specifies the requirement (II.B.4.d)) in the context of the dual GI/TH pathway and ensures the program has the core faculty members necessary for educating the dual GI/TH fellows along with the transplant hepatology fellows.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   **This will ensure sufficient faculty resources for educating the dual GI/TH fellows.**

3. How will the proposed requirement or revision impact continuity of patient care?

   **This will not affect continuity of patient care.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   **This will not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs?

   **The dual GI/TH pathway is an optional pathway within the gastroenterology fellowship.**

### Requirement: V.A.1.a).(3) and (3).(a)-(c)

**Requirement Revision (significant change only):**

**Dual GI/TH pathway:**

**The transplant hepatology Clinical Competency Committee must provide input to the gastroenterology Clinical Competency Committee to assist with determining each dual GI/TH fellow’s progress on achievement of the subspecialty-specific Milestones in transplant hepatology and advise the gastroenterology program director regarding each dual GI/TH fellow’s progress.**
The transplant hepatology program director must provide input to the gastroenterology program director to provide a final evaluation for each fellow in the dual GI/TH pathway upon completion of the program. *(Core)*

Fellows in the dual GI/TH pathway should evaluate transplant hepatology faculty members as relates to the transplant hepatology educational program. *(Detail)*

1. Describe the Review Committee’s rationale for this revision:

   These requirements emphasize that education and training in the dual GI/TH pathway should occur with substantial cooperation and collaboration between the gastroenterology and transplant hepatology programs, especially when evaluating the GI/TH fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   This will allow fellows in the dual GI/TH pathway to be evaluated by the transplant hepatology program faculty members and Clinical Competency Committee.

3. How will the proposed requirement or revision impact continuity of patient care?

   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?

   The dual GI/TH pathway is an optional pathway within the gastroenterology fellowship. This will require the cooperation and collaboration of the gastroenterology fellowship program director and Clinical Competency Committee.