Core Curriculum
ASMBS Bariatric Fellowship Certificate

Training Requirements for 2026-2027 and forward

ELIGIBILITY REQUIREMENT

To be eligible for the ASMBS Fellowship Certificate, fellows must be enrolled in a **Fellowship Council accredited bariatric fellowship program** during the applicable training year.

Note: *Beginning with the 2026-2027 training year, eligibility is limited to Fellowship Council accredited* ***bariatric*** *fellowship programs.*

COGNITIVE EXPERIENCE

The fellow is expected to participate in non-clinical educational activities related to metabolic and bariatric surgery. The fellow will utilize the ASMBS Learning Management System (LMS) to access THE FELLOW *Project* lectures, fulfilling the didactic requirements. The fellow will apply for a complimentary ASMBS Candidate membership, which provides access to live webinars and recorded sessions through the LMS. To meet the documentation requirements, the fellow will download a transcript from the LMS and include it with their application.

A. Cognitive Curriculum Learning Objectives

Fellows are required to participate in 18 live or recorded ASMBS *FELLOWS Project* lectures, which represents the minimum cognitive experience. Watching all current-year *FELLOWS Project* lectures, along with six recordings from the previous year will satisfy the Cognitive and Didactic requirements. This cognitive experience can be augmented by local, specifically designed textbooks review, journal club, peer reviews or resident teaching conferences at the discretion of the program director and faculty.

Link to lectures: https://asmbs.org/webinars/the-fellow-project

LEARNING OBJECTIVES

I. Science of Obesity and Metabolic Surgery
   - A. History of Bariatric and Metabolic Surgery
   - B. Epidemiology of Surgery
   - C. Pathophysiology and Genetics of Obesity
   - D. Mechanisms of Weight Loss and Disease Resolution
   - E. Psycho-social aspect and Health Disparities
   - F. Nutritional Considerations

II. Current Technical Procedures
   - A. Adjustable Gastric Banding
   - B. Sleeve Gastrectomy
   - C. Roux-en-Y Gastric Bypass

D. Biliopancreatic Diversion with Duodenal Switch
E. Single Anastomosis Duodeno-ileostomy – Loop Duodenal Switch
F. Revisional Bariatric Surgery
G. Innovative and Emerging Procedures
    1. Endoscopic Techniques
    2. One Anastomosis Gastric Bypass

III. Peri-operative Care
A. Indications for Metabolic/Bariatric Surgery
B. Patient Selection in Metabolic/Bariatric Surgery
C. Pre-operative Evaluation of the Bariatric Patient
D. Anesthesia Considerations
E. Acute Postoperative Complications
F. Post-operative care and Enhanced Recovery Protocols
G. Long term Follow up and Complications of Bariatric Patients
H. Anti-Obesity Medications

IV. Outcomes of Metabolic Surgery
A. Safety of Metabolic/Bariatric Surgery
B. Weight loss after various Procedures
C. Resolution of Type 2 Diabetes
D. Resolution and Prevention of Cardiovascular Disease
E. GERD Improvement

V. Special Considerations and Population Subsets
A. Management of Liver and Biliary Conditions
B. Childhood and Adolescent Obesity Surgery
C. Elderly and frail Bariatric Patients
D. Abdominal Wall Hernia / Evisceration
E. Immune Compromise and Transplant Patients
F. Pregnancy and Obesity Surgery
G. Aberrant anatomy
H. Autoimmune conditions and IBS

B. Management Conference Requirements

Fellows are expected to participate in *at least quarterly bariatric* morbidity and mortality (M&M) conferences, including quality improvement and peri-operative management conferences. Participation must be documented.

C. Research Requirements

Fellows are expected to conduct research and are expected to submit an abstract to a national or regional society during their fellowship **related to metabolic/bariatric surgery or minimally invasive surgery.** This research project need not be accepted for presentation by the conference or for publication in the journal to which it was submitted. A copy of the submitted abstract/manuscript must be submitted with your documentation. Fellows are also strongly encouraged to complete at least one clinical research manuscript, research presentation at a regional/national meeting, research poster presentation, or abstract submission as listed above.

D. Multidisciplinary Conference Requirements
Fellows are expected to participate in regular bariatric multidisciplinary conferences. They also must document their attendance to at least one patient support group meeting and one patient educational seminar.

CLINICAL AND TECHNICAL EXPERIENCE

A. **Surgical Procedure Requirements**
To meet the designation of comprehensive training, fellows must participate in at least 150 complex MIS operations, of which 100 must be bariatric cases. Primary surgeon is defined as > 50% of the case.

150 Total Cases

- 100 Bariatric cases with 65 as primary surgeon
    - 50 MIS Anastomotic cases with 30 as primary surgeon *(including Roux -en-Y Gastric bypass, one anastomosis gastric bypass, Biliopancreatic Diversion +/- Duodenal Switch, or single-anastomosis duodenal switch variants [SIPS, SADI, SADS, etc.]);*
    - 40 MIS *Restrictive operations* with 30 as primary surgeon *(Sleeve Gastrectomy operations and/or Adjustable Gastric Banding procedures);*
    - 15 MIS or Open Revisional procedures with 5 as primary surgeon *(Conversion or Reversal; excluding removal of adjustable gastric band; may double count as anastomotic or non-anastomotic)*
- 10 Hiatal Hernias with 5 as primary surgeon (*may double count with a bariatric operation)*
- 10 Surgical management of bariatric complications with 5 as primary surgeon *(may double count with an anastomotic bariatric case*)
- 25 Endoscopy *(diagnostic or therapeutic)*
    - Intraoperative and Separate Procedure
    - ESG

B. Evaluation Requirements
The fellow is required to complete 50 preoperative patient evaluations, 100 postoperative inpatient management encounters, and 100 postoperative outpatient evaluations. All documentation must be submitted using the designated log template available on the ASMBS Fellowship Certificate webpage.

C. Performance Assessment Synopsis
The Program Director will be responsible for conducting at least 2 fellow performance assessment interviews and providing the ASMBS with a brief synopsis of the meeting.