1. General Questions

Board (s):
American Board of Surgery

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1 - Please provide the name of the proposed area of focused practice:
Metabolic Bariatric Surgery (MBS)

2 - Is this application a modification of an existing designation?
No

2a - If your Board is applying to additionally offer an already existing designation, you may choose to accept the responses supplied in the previously approved application. If you accept those responses, you should submit an addendum to a previous application.

Does your Board wish to use the already supplied information for this focused practice designation and submit only an addendum?

3 - Are multiple Boards requesting this certification?
No

2. Purpose, Status, and Need
4 - Briefly state the purpose of the proposed area of focused practice:

The purpose of the proposed focused practice designation (FPD) in Metabolic Bariatric Surgery (MBS) is to improve the health of patients with obesity who undergo bariatric surgery or bariatric endoscopy for the treatment of obesity and metabolic diseases by recognizing surgeons who have additional surgical expertise and dedicate a significant percentage of their practice to the comprehensive care of these patients including primary and revisional bariatric surgery, management of bariatric complications and endoscopy. A focused practice designation will provide the American Board of Surgery (ABS) the opportunity to establish standards and assessments for this specific area within the field of general surgery.

MBS is an example of the development of focused practice within the specialty of general surgery. The surgical practice for bariatric surgery has evolved dramatically since the first laparoscopic gastric bypass operations performed in 1994. The minimally invasive approach to metabolic bariatric surgery has become the preferred approach since 2003. Technological advances and decades of experience and research have made it possible to perform even the most complex bariatric operations (e.g. revisional operations) using minimally invasive surgical techniques. The evidence that the specialty of general surgery recognizes the need for MBS providers includes the following: (1) Establishment of fellowship and educational opportunities for general surgical residents and surgeons to gain additional training and expertise, (2) The American Society for Metabolic and Bariatric Surgery (ASMBS) is a professional organization that assists in the education for MBS with an annual CME conference with over 5,000 international attendees, (3) Planning, organizing and conducting the largest and most heavily attended annual meeting dedicated to the art and science of the management of the patient with metabolic disorders(4) abundance of CME credited activities and conferences focused on MBS, (5) many textbooks dedicated to MBS, (6) The Journal of Surgery for Obesity and Related Disease (SOARD) is dedicated to MBS and (7) Abundance of guidelines and position statements have been developed by the ASMBS for MBS.

5 - Areas of focused practice typically fall under one of these areas. Please describe which of the following this application addresses:

- Evolving area of practice
- Area of practice limited in scope or size
- Specialized procedure

1. Evolving area of practice:
MBS continues to be an evolving area of clinical practice with nearly continuous evolution of novel surgical and endoscopic procedures which require the practitioner to have a comprehensive understanding of the interventions available including a thorough understanding of the mechanisms underlying an ever-increasing range of therapeutic interventions. Creation of an area of focused practice in MBS would allow surgeons who have a special interest and training in this area to have access to continuous professional development that would allow them to maintain and improve their knowledge and skills. Focused practice designation in MBS would also provide recognition by patients, hospital credentials, peers and other stakeholders of surgeons who have adequately acquired and maintain proficiencies as well as demonstrate understanding of ongoing procedural evolutions in metabolic bariatric surgery.

2. Area of practice limited in scope or size:
A focused practice designation for surgeons specializing in this area of practice would recognize the specific complexities of caring for the subset of patients with metabolic diseases and severe obesity. Focused practice designation in this limited and uniquely challenging patient population would help to ensure further improvement in patient care by further (1) developing Continuous Certification (CC) requirements in the area of MBS; (2) establishing practice experience requirements for MBS; (3) establishing the means for demonstrating ongoing professional development in the practice in MBS; and (4) developing an assessment of knowledge, judgment and skills in MBS.

3. Specialized procedure:
A focused practice designation in MBS would help to ensure improvement in patient care as the procedures are highly specialized and require advanced training and ongoing experience to perform them safely. Specifically, a focused practice designation in MBS would improve patient care by (1) identifying surgeons with knowledge and technical expertise in performing primary and revisional bariatric operations and endoscopic procedures; and (2) establishing yearly case volume requirements to ensure competency.
6a - Describe how the existence of a body of scientific medical knowledge underlying the proposed area of focused practice is, in large part, distinct from, or more detailed than that of other areas in which certification or focused practice are offered:

Substantial scientific medical knowledge exists specific to the area of MBS. In the early 1990’s, Allen Wittgrove performed the first laparoscopic Roux-en-Y gastric bypass operation. Since then, minimally invasive bariatric surgical techniques have been developed, refined, and commonly applied in nearly all bariatric surgical operations. Starting in the early 2000’s, there have been numerous CME workshops, symposia, hands-on lab courses, and other educational opportunities for surgeons to gain additional training in MBS. The ASMB hosts its annual clinical Congress on metabolic and bariatric surgery every November as part of the Obesity Week Congress. Currently in its 5th year, the Obesity Week Congress offers a platform for peer-reviewed scientific papers/videos and scientific posters, invited speakers and discussant and draws attendees from around the world.

The ASMBS also developed a dedicated textbook for bariatric surgery: The ASMBS textbook of Bariatric Surgery: Volume 1 & 2 (source: Google Books). Volume I is dedicated to bariatric surgery and Volume II is dedicated to bariatric surgery-integrated health related topics. The ongoing need for interaction between MBS surgeons and other integrated health specialists is a notable difference between MBS and other areas in which certification is currently available, i.e. general surgery, in which practitioners typically do not have knowledge or experience interacting with registered dieticians, exercise therapists, or behavioral health specialists prescribing successful behavioral interventions for combating severe obesity which are needed for pre-operative and post-operative long-term success for patients undergoing MBS.

The Journal of Surgery for Obesity and Related Diseases (SOARD) is dedicated to the specified area of metabolic bariatric surgery. Currently in its 14th year, SOARD has seen its impact factor increased to 3.9 in the period from 2004 to 2018, underscoring the quality of research published and the importance of MBS in the contemporary practice of surgery. For its impact factor, SOARD is currently within the top 20 of 200+ surgical journals. In addition to the dedicated MBS journal, there are other surgical journals that regularly publish articles on MBS including Obesity Surgery, Annals of Surgery, Surgical Endoscopy, The International Journal of Obesity, and the Journal of the American College of Surgeons as well as journals not dedicated to surgery such as the New England Journal of Medicine, and the Journal of the American Medical Association.

Although the total number of peer-reviewed publications on MBS is difficult to estimate, the SOARD alone has published approximately 5,000 articles on MBS over the past 14 years.

6b - Explain how this proposed area of focused practice addresses a distinct and well-defined patient population and care need:

A designation of focused practice in MBS will help identify those general surgeons who have had the expertise, training and additional clinical surgical experience to provide the best available MBS care, including primary and revisional bariatric surgery, management of bariatric complications, and endoscopic bariatric surgery. In addition to surgical expertise, Diplomates with a focused practice in MBS will be expected to have a depth of understanding of the pathophysiology of obesity and its complex related disease states and be capable of counseling and managing patients with obesity in a multidisciplinary fashion to include frequent interaction with medical subspecialists and integrated health behavioral specialists. This focused practice designation will ensure that MBS surgeons maintain their ABS certification by completing the continuous certification requirements and that they are up to date on the current literature and patterns of practice. In addition to improving patient care, a designation of focused practice in MBS will allow training programs to identify surgeons who are best suited to teach residents and fellows in minimally invasive bariatric surgery and endoscopy techniques. This will give trainees the opportunity to learn from experienced surgeons who have higher surgical volume and have made a commitment to dedicate a significant portion of their practices to MBS.

Providers that practice MBS often have advanced surgical training. This advanced training is generally not offered in general surgery residency training, and these surgical skills require additional training via a one or two year fellowship, a mentorship model or through supervised clinical experience. The fellowship in MBS publishes educational objectives, a core reading curriculum and technical assessment as part of the requirements for fellowship completion, which is publicly available on line at the Fellowship Council website.
6ci - The current number of such physicians (along with the source(s) of the data):

We project that approximately 1,600 surgery Diplomates (specialists and subspecialists) will apply for the first focused practice written examination in MBS.

The sources of the data include the following:
Currently there are 809 MBSAQIP accredited centers and approximately 1,600 verified metabolic bariatric surgeons throughout the US and Canada. The source of this information is the American College of Surgeons. Also according to ACS, there are approximately a total of 2,000 surgeons who have entered bariatric surgery procedures into the MBSAQIP database.

In addition, according to the ASMBS, the Fellowship in MBS has graduated approximately 1,000 fellows to date. It is expected that most of these graduates will seek MBS focused practice designation. The chart in Attachment A depicts the number of fellows who graduated annually for the last five years. Likely there will be additional specialist and subspecialist diplomates who are not fellowship trained that may pursue focused practice designation in MBS.

6cii - The annual rate of increase of such physicians in the past decade (along with the source(s) of the data):

Historically, the ASMBS (a founding society of the Fellowship Council) and the Fellowship Council collaborated to establish the first standardized fellowship training curriculum in MBS in 1997 with a mandated didactic component, case log volume and patient care volume requirements, and demonstration of scholarly activity. The number of training programs has increased to 60 fellowship programs currently across the United States and Canada and MBS programs continue to be the most sought-after Fellowship Council programs by graduating residents. The increase in the number of MBS fellowship programs over time is largely attributable to the advanced minimally bariatric & endoscopic training needs of general surgeons motivated to care for patients with obesity. We project that the number of fellowship programs in MBS will continue to remain stable or slightly increase in the future, in recognition of the special needs and highly complex training. The exact annual rate of change of such Diplomates is difficult to determine but is estimated to be low.

6ciii - The current geographic distribution of this group of diplomates, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

According to the data from the Fellowship Council, the 60 United States MBS fellowship programs are distributed throughout most states (see Attachment B). There are also several MBS fellowship programs in Canada.

6d - Identify the existing national societies that have a significant interest in the area of focused practice. Additionally, indicate the size and scope of the societies, along with the source(s) of the data:

American Society for Metabolic and Bariatric Surgery (ASMBS) – 4,119 members. Source of data is from ASMBS.

American College of Surgeons (ACS) – The College has more than 82,000 members, including 65,000 fellows, 3,000 Associate fellows, and 10,000 resident members. Source of data is from ACS.

Fellowship Council (FC) – consisting of 5 component societies: SAGES, ASMBS, SSAT, AHPBA, and ASCRS. Source of data is from FC.

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) – 6,000 members. Source of data is from SAGES.

6dii - Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

All designees must hold an MD or DO degree. According to data from the ASMBS, the academic degrees held by fellows who have graduated from a MBS fellowship program may also include MPH and/or Ph.D.
6diii - Indicate the relationship of the national societies' membership with the proposed focused practice designation:

ASMBS – a professional association of bariatric surgeons and integrated health members dedicated to the research and advancement of metabolic and bariatric surgery and endoscopy. In 1997, the ASMBS and the Fellowship Council established the Fellowship in MBS training programs. The Fellowship Council assumed oversight of the accreditation of the MBS fellowship programs. The American Board of Surgery (ABS) will establish a Committee on MBS Focused Practice Designation which includes members from ASMBS who will serve as subject matter experts to develop the secured written examination to achieve focused practice designation in MBS and for development of the ABS continuous certification program to maintain focused practice designation in MBS.

SAGES – a professional association of gastrointestinal and endoscopic surgeons dedicated to the research and advancement of gastrointestinal and endoscopic surgery including metabolic and bariatric surgery.

Fellowship Council (FC) – in conjunction with the ASMBS establishes guideline for accreditation of MBS fellowship programs. The FC will be responsible for continual assessment of these fellowship program to make sure they meet the required standards including meeting educational objectives, technical assessment, and evaluations. Focused practice designation in MBS would allow programs to identify educators with a consistent knowledge base and expertise to teach trainees.

American College of Surgeons (ACS) – in conjunction with the ASMBS established the Metabolic and Bariatric Surgery Quality Improvement Program (MBSAQIP) in 2012. The MBSAQIP committee establish the requirements for accreditation and have oversight for accreditation MBSAQIP centers. Currently there are 809 MBSAQIP accredited centers and approximately 1,600 verified metabolic bariatric surgeons throughout the US and Canada.

6diii - Describe whether and how your Board has interacted with the key societies and stakeholders in developing this proposed designation:

The ABS has representatives from the ASMBS and the FC on the GI Surgery Advisory Council as well as representatives of the ACS on the Board of Directors. These representatives worked together in developing this proposed designation.

7a - Clinical Competence:

Providers who practice primarily metabolic bariatric surgery typically have formal advanced surgical training in the management of patients with obesity and obesity-related diseases. Such training may include the completion of a fellowship in MBS; multiple focused courses, symposia, and hands-on workshops in MBS; and CME activities dedicated to MBS at the annual ASMBS conferences. Surgeons may also gain expertise in MBS through clinical experience as their practice evolves and often seek hospital privileges and credentialing in bariatric surgery.

7b - Scope of practice:

The field of metabolic bariatric surgery emerged when practicing general surgeons realized a clinical need for surgical expertise in management of the patients with obesity with metabolic conditions and that these needs were best served by clinicians who had expertise in metabolic bariatric surgery. Surgical providers who have surgical expertise in MBS have a much broader and more in depth understanding and skill sets for specific procedures to cover a wide range of approaches and options for the management of obesity and its related metabolic conditions and complications relating to bariatric surgery.

7c - Body of knowledge and skills:

Surgeons with a practice focused in MBS need to have advanced knowledge and proficient surgical skills regarding the care of the obese patients who have distinctive surgical needs. Focused practice would create a continuous professional development program that would allow the Diplomate to maintain and improve acquired knowledge and optimize the decision-making skills in MBS.

8a - Indicate whether there is any overlap between this area of focused practice and existing subspecialty certifications or other areas of focused practice.

To our knowledge, there is no concern of this area of focused practice for infringing on existing sub-specialty certifications or other areas of focused practice either externally or internally.
8b - Outline plans for evaluation of the impact of the proposed area of focused practice on your own programs of specialty and subspecialty certification and any other areas of focused practice:

Surveys will be utilized to evaluate the impact of the proposed area of focused practice in MBS on the current ABS specialty and sub-specialty certification and other areas of focused practice.

8c - Outline plans for evaluation of the impact of the proposed area of focused practice on other Member Boards’ programs of specialty and subspecialty certification and any other areas of focused practice:

We do not anticipate that the proposed focused practice in MBS will impact any other Member Boards.

8di - Access to care (please include your rationale):

Focused practice in MBS will have a positive impact in public identification of appropriately trained and experienced MBS providers for the purpose of optimizing access to medical care and reducing disparities in access for the obese and metabolic patient population. Focused practice designation would also allow general surgery residency training programs to identify educators with a consistent knowledge base and expertise to teach MBS.

8dii - Quality and coordination of care (include your rationale):

The quality and coordination of care for the obese patient population would be improved because the proposed area of focused practice would provide a continuous professional development program for diplomates to maintain and improve acquired knowledge as well as to improve and optimize decision-making skills in MBS. The requirement that MBS surgeons qualify as MBSAQIP Verified Surgeons and participate in the accreditation and continuous quality improvement requirements and comprehensive care of patients with obesity within the MBSAQIP program will additionally ensure that patients are seeking the most qualified and experienced surgeons and programs for obesity care. Although MBSAQIP is the only program currently recognized by ABS, it is possible that future programs will be included.

8diii - Benefits to the public (include your rationale):

The benefits to the public from the proposed focused practice in MBS would include improved identification and patient access to experienced and specialized care providers, improved quality of care of the severely obese, improved coordination of care with multi-specialists (dietician, bariatric physicians, psychologists, etc.) and decreased medical costs based on better access to bariatric surgery by an experienced MBS surgeon. Another possible benefit is an improvement in the trust of obese patients in their physicians, surgeons and the healthcare system to manage their obesity and medical conditions. Patient-centered orientation, cultural competency of the doctor and trustworthiness will affect access to care which benefits the public.

8ei - Immediate costs and their relationship to the probable benefits (indicate your methodology):

MBS designees will have the knowledge and capability to coordinate and provide appropriate medical and surgical care for obese patients and its related metabolic conditions. This could potentially reduce over-all medical costs for MBS care as well as provide an overall improvement in health for the obese population.

8eii - Long-term costs and their relationship to the probable benefits (indicate your methodology):

Diplomates’ knowledge and capability to coordinate the appropriate medical and surgical care of the obese patients will likely be beneficial for patients and decrease in long-term costs of care in management of obesity and obesity-related comorbidities. Adherence to approved care pathways within the MBSAQIP program will decrease variability within and among programs and improve the cost and quality of care over time.

8f - Explain the effects if this area of focused practice is not approved:

If the proposed area of focused practice in MBS is not approved, it will have an immediate and long-term negative impact for the American Board of Surgery (ABS) and their diplomates. There are other obesity groups that are interested in certification for MBS (focused practice or other format) and non-approval of this area of focused practice designation would most likely drive surgeons to seek out these alternative certification mechanisms. Moreover, a significant number of ABS Diplomates who practice within the scope of MBS would not have the option to train and obtain certification from ABS, driving doctors to certifiers with other standards and presumably lowering the quality of patient care. This might also have the effect of confusing the standards and confusing the public. Thus, the above improvements in patient care such as better access, lower costs, improved care, and lower complication rates may be not be realized.

### 3. Eligibility and Assessment
9a - What specialty and/or subspecialty certificate(s) will a diplomate be required to hold and maintain in order to be eligible for this area of focused practice? (Note – appears only if multiple Boards are requesting, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form)

Diplomates must have primary certification in Surgery from the American Board of Surgery (ABS). Diplomates must also meet the ABS Continuous Certification program requirements.

9b - Clinical practice experience (both in terms of time and patient volume) in the area of focused practice, beyond initial training: (Note – appears only if multiple Boards are requesting, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form)

A surgery diplomate must have a minimum of three years of clinical practice experience with a focus in MBS. Those Diplomates who have completed 12 months in a MBS fellowship training program may count the length of their fellowship program towards the focused practice requirement. Diplomates must also document:

- 100 lifetime stapling cases: 75 stapling cases, such as sleeve gastrectomy and gastric bypass can come from an accredited fellowship. At least 25 stapling cases can occur after fellowship including primary, revisional, and management of complications.

- 25 lifetime therapeutic endoscopic cases during training in an accredited fellowship or occurring after fellowship

- Perform an average of 25 stapling cases, as recognized by the American Board of Surgery, annually.

- Board certified by the American Board of Surgery

9c - Additional Qualifications (if any):

Diplomates must have:
- Completed a minimum of 24 MBS-specific AMA-PRA Category 1 CME credits per three years.
- Practice within an accredited bariatric center recognized by the American Board of Surgery (Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center).
- Achieve designation as a accredited surgeon via program recognition by the American Board of Surgery (such as MBSAQIP program).

10 - With regard to Board-based assessment for candidates prior to awarding this focused practice designation, which assessment methods will be required? (Check all that apply) (Note – appears only if multiple Boards are requesting, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form)

Examination: Written
Participation in a registry
Submission and review of case lists
Other (please specify): A case log will be required documenting a minimum of 100 lifetime stapling bariatric operations - A case log will be required documenting a minimum of 25 stapling cases in the last 12-month period
10a - Describe the rationale behind the method(s) required in the assessment process:

The American College of Surgeons (ACS) and ASMBS formed a quality program named MBSAQIP. This joint program consists of expert surgeons who determined the required surgical volume and other requirements to become an accredited center and MBS verified surgeon. This assessment process will ensure that a sufficient number of bariatric operations are being performed by a Diplomate to meet the surgical experience requirements for the proposed focused practice designation.

Candidates for a focused practice designation in MBS will also be required to pass a written examination that will be developed by the new MBS Committee within the ABS. The examination will be administered at secure testing centers. The test will be subjected to standard psychometric evaluation by the ABS psychometricians.

The ASMBS has a large number of members who perform endoscopy as part of their practice, both in the operating room and the endoscopy suite. This includes both diagnostic and therapeutic bariatric endoscopy. Endoscopy is considered to be an integral component of most metabolic bariatric surgical procedures and is no longer reimbursed separately by most insurers due to its status as an integral component of the overall procedures. Over the last five years, the training curriculum for bariatric endoscopy has become an integral part of the society's program and educational efforts. Courses in bariatric endoscopy that include both didactic lectures and hands-on labs are conducted twice a year at our national meetings and these courses are consistently in high demand and at full capacity. Over the last two years, the ASMBS Flexible Endoscopy Committee has developed a comprehensive bariatric endoscopy curriculum that includes online modules with video lectures that cover the full spectrum of bariatric endoscopic anatomy (normal and abnormal) and the therapeutic options for treatment of complications as well as the indications and complications of primary endoscopic weight loss procedures and devices. This program, called Bariatric Endoscopy Skill Acquisition Fundamentals Exam (BE-SAFE) was developed in collaboration with SAGES and is available to members of both societies. After completing the video courses, a written qualifying exam is provided and, after passing, permits the learner to register for a hands-on certifying exam that consists of standardized clinical scenarios and models. Currently, these testing centers are conducted during the hands-on labs at the ASMBS and SAGES national meetings with the goal of scaling it to regional testing centers across the country over the next two years. Metabolic and bariatric surgeons consider flexible endoscopy to be a critical component of care for their patients and strongly believe that adequate training, experience, and proficiency in the available therapeutic options are essential to the comprehensive care of the bariatric and metabolic patient.

4. Implementation and Approval Process

11 - Outline the Continuing Certification (CC) program planned for this focused practice designation. Include how the CC program will align with CC requirements for your diplomates’ underlying certificate(s). (Note – appears only if multiple Boards are requesting, fill in information common to all applicant Member Boards, for information specific to your specialty, please use the addendum form)

11a - If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the designation, describe each:

All Diplomates with MBS focused practice designation must participate in the American Board of Surgery (ABS) Continuous Certification program and complete all annual requirements. This continuous certification program will include specific requirements for MBS designees to include ongoing commitment to professionalism, lifelong learning, and practice improvement following initial board certification. There will be a practice-related assessment on the topic of MBS. Failure to complete all of the Continuous Certification requirements or to achieve the required annual case volume as averaged over any two-year period will result in loss of MBS focused practice designation.

12 - Indicate how the proposed area of focused practice will be evaluated periodically (e.g., every five years) to assure that the area of focused practice remains viable:

The ABS will track the following:
1) The MBS fellowships and whether they continue to fill their complement.
2) The number of Diplomates who apply for the MBS focused practice designation.
3) The continuous certification annual survey responses to see how many Diplomates identify their focus in practice as being MBS.
13 - Provide an anticipated timeline for when your Board will assess candidates and when your Board will begin issuing this designation.

Timeline for assessing candidates and issuing of this designation can be as short as 12 months following approval from the ABMS and will be no longer than 36 months. The ABS will structure a subcommittee for MBS to develop the written examination and set up a structure/processes for reviewing of candidates.

14 - List key stakeholder groups from which ABMS may wish to solicit commentary on the proposed area of focused practice:

a. American Society for Metabolic and Bariatric Surgery (ASMBS)
b. Fellowship Council (FC)
c. Society of American Gastrointestinal Surgeons (SAGES)
15a - List the names of training programs in the proposed area of focused practice:

- Abington Memorial Hospital, Abington, PA
- Alta Bates Summit, Oakland, CA
- Albany Medical Center, Albany, NY
- Banner Gateway Medical Center, Gilbert, AZ
- Brigham & Women's Hospital, Boston, MA
- Cedars-Sinai Medical Center, Los Angeles, CA
- Carolinas Medical Center, Charlotte, North Carolina
- Cleveland Clinic Florida, Fort Lauderdale, FL
- Cleveland Clinic, Cleveland, OH
- Duke University, Durham, NC
- Fresno Heart and Surgical Hospital, Fresno, CA
- Geisinger Medical Center, Danville, PA
- Gundersen Lutheran Medical Center, La Crosse, WI
- Highland Hospital Strong Memorial, Rochester, NY
- Houston Methodist, Houston, TX
- Inova Fair Oaks Hospital, Fairfax, VA
- Hackensack University Medical Center, Hackensack, NJ
- Johns Hopkins Hospital, Baltimore, MD
- Lahey Hospital, Burlington MA
- Legacy Good Samaritan Hospital, Portland, OR
- Lenox Hill Hospital, New York, NY
- Loma Linda University, Loma Linda, CA
- Magee Women's Hospital, Pittsburgh, PA
- McGill University, Montreal, Canada
- Medical College of Wisconsin, Milwaukie, WI
- Massachusetts General, Boston, MA
- Montefiore Medical Center, Bronx, NY
- Memorial Hermann, Houston, TX
- Minnesota Institute for Minimally Invasive Surgery, Crosby, MN
- Mount Sinai – St. Luke’s, New York, NY
- Methodist, San Antonio, TX
- NYU-Bellevue, New York, NY
- Ohio State University, Columbus, OH
- Orlando Health, Orlando, Florida
- Presence Saint Joseph Hospital, Chicago, IL
- Quebec Heart and Lung Institute, Quebec City, Canada
- Reading Hospital, Reading, PA
- Royal Alexandra Hospital, Edmonton, Canada
- Saint Luke's Hospital, Kansas City, MO
- Stanford University, Stanford, CA
- St. Vincent medical Center, Toledo, OH
- St. Agnes Hospital, Baltimore, Maryland
- St. Luke's University Hospital and Health Network, Allentown, PA
- The Ottawa Hospital, Ottawa, Canada
- South Sacramento Kaiser Foundation Hospital, Sacramento, CA
- Summa health System, Akron City, OH
- Stony Brook University, Stony Brook, NY
- UMass Memorial Medical Center, Worcester, MA
- University of Tennessee, Knoxville, TN
- University of Toronto, Toronto, Canada
- Indiana University, Indianapolis, IN
- University of California Davis medical Center, Sacramento, CA
- University of California San Francisco, San Francisco, CA
- University of Iowa, Iowa City, Iowa
- University of Texas at Houston, Houston, TX
- Vanderbilt University Medical Center, Nashville, TN
- Wake Forest Baptist, Winston-Salem, NC
- William Clements Jr. University Hospital, Dallas, TX
15b - Indicate the total number of trainee positions available currently (along with the source(s) of the data):

According to the Fellowship Council, there are currently 60 MBS fellowship training programs with 72 total number of trainee positions since some fellowship programs take more than 1 fellow per year. All training programs in the United States and Canada participate in the Fellowship Council Matching Program. For the 2018 match, there were 135 candidates for 72 positions with an applicant to position ratio of 1.88 which is considered to be a highly competitive fellowship.

15c - Provide the number of trainees completing the training annually (along with the source(s) of the data):

According to the Fellowship Council, there are approximately 72 trainees who complete a MBS fellowship annually in North America (see Attachment A). To date, the MBS fellowship training programs have graduated approximately 1,000 fellows.

15d - Organization(s) providing accreditation or oversight for training programs (Please submit evidence that they have the willingness, capability, and resources to conduct the review of these programs):

In 1997, the Fellowship Council assumed the responsibility and oversight for accreditation of MBS fellowship programs. The fellowship Council is an association of program directors and specialty societies charged with oversight of fellowship training programs in order to uphold uniformly high standards and produce well trained MBS surgeons. Accrediting Fellowships to assure a certain standard of education and experience for Fellows, monitoring Fellow satisfaction with an exit survey, improving the matching process, developing GOALS (Global Operative Assessment of Surgical Skills) to monitor Fellow progress are among some of the goals of the Fellowship Council.

MBS fellowship programs are highly competitive among the surgery subspecialties based on Fellowship Council match data for the past 5 years.

A letter of support from the Fellowship Council provided with this application confirms their willingness, capability, and resources to conduct the review of the MBS fellowship programs.

16 - How much additional clinical experience is required beyond training?

In order to qualify for a focused practice designation in MBS, a diplomate must meet the following criteria beyond initial training:

a) The physician must have a minimum of three years of clinical practice experience with a focus in metabolic bariatric surgery and endoscopy and be board certified in surgery, have the required surgical volume, and practice within an accredited MBSAQIP center.

b) If a candidate has completed a 1-yr MBS fellowship training program, he/she may count the length of their fellowship program towards the focused practice requirement.

Copy of proposed application form for the candidates for this focused practice designation

Attachment_D.docx

A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field

Attachment_E.docx

Written comments on the proposed area of focused practice from at least one (1) public stakeholder group

Attachment_F.docx
ASMBS_letter.pdf
OAC_Letter.pdf
Fellowship_Council.pdf
Sages_-_LOS_-_MBS.pdf

An example of how diplomates will be recognized for this focused practice designation (The acknowledgment that a diplomate has received a focused practice designation may be in the form of a letter or an email, or a notation on a diplomate’s online public record)

FPD_recognition.pdf
(ABMS – questions 6ci and 15c)

**Attachment A:**
Chart depicting the number of fellows who have been granted Metabolic and Bariatric Certification following fellowship for the past 5 years.

<table>
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<th>Academic Year</th>
<th>Number of Certificates Issued</th>
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<td>67</td>
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</tbody>
</table>
(AMBS – question 6ciii)

**Attachment B:** Map showing current distribution of MBS fellowship programs in the US

**Number of Fellowships**
- [ ] 1 fellowship
- [X] 2 fellowships
- [ ] 3 fellowships
- [X] 4 fellowships
- [ ] 5 fellowships
- [ ] 6 fellowships
- [ ] 7 fellowships
- [ ] 8 fellowships

[Map showing current distribution of MBS fellowship programs in the US]
Attachment C: Map showing distribution of MBS verified surgeons throughout the US
Attachment D: Copy of proposed ABS-MBS application or potential applicants

**ABS Application for Designation of Focused Practice in Metabolic Bariatric Surgery (MBS)**

**SECTION 1: PERSONAL DATA**

Please enter your name.

**NAME:** First, Middle, Last, and Medical Degree

Date of Birth:

- [ ] Home Address:

  Home Telephone:

  Email Address:

- [ ] Business Address:

  Business Telephone:

  Fax:

Medical School Graduation Year:

Individual National Provider Number:

**AMERICAN BOARD OF MEDICAL SPECIALTY (ABMS) BOARD CERTIFICATION:**

List below all your ABMS primary and subspecialty certifications.

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
<th>Board that Issued Certificate</th>
<th>Certification Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- [ ] I attest that I am Board certified by the American Board of Surgery

**SECTION 2: MEDICAL LICENSURE**
Please provide the following information regarding your license(s) to practice medicine. If you answer “No” to the question on compliance with the enclosed Policy on Medical Licensure, please use a separate sheet to explain.

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date (mm/dd/yy)</th>
<th>Is this license in compliance with the ABS Policy on Medical Licensure?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

SECTION 3: SELECTION OF APPLICATION PATHWAY

Please select one application pathway.

- [ ] Training-Plus-Practice Pathway
  
  Complete Section 3A

- [ ] Practice Pathway
  
  Complete Section 3B

SECTION 3A: MBS TRAINING-PLUS-PRACTICE PATHWAY

Complete this section if you selected the Training-plus-Practice Pathway.

TRAINING REQUIREMENT: You must have successfully completed at least 12 months of acceptable fellowship training in bariatric surgery.

Name and Institution of Bariatric Fellowship Training Program:

Name of Fellowship director and contact information:

Address:

City/State:

Month/Day/Year of training:
Note: ABS will independently verify with your fellowship program director that you successfully completed all program requirements and that the program is acceptable.

PRACTICE REQUIREMENT within the Training-Plus-Practice Pathway

Enter information about your MBS practice below. ABS will independently verify the practice(s) you list in this application.

1. Duration of your MBS practice.
To report your practice of MBS, identify at least two years (24 months) when you practiced MBS during the past five years (60 months).

The two years do not need to be contiguous.
My two or more years of MBS practice are are not contiguous.

The start date of your two or more years of practice must be no earlier than five years prior to the date on which you submit this application.

The start date must also be no earlier than the date on which you completed MBS fellowship training.
The start date of my MBS practice was:

Month/Day/Year

The end date of your two years of practice must be the date on which you submit this application. The end date of the MBS practice I am reporting is:

Month/Day/Year

Practice Address: City/State/Zip:

Phone: Email: Fax:

2. MBS operations performed during training + the 24 months of MBS practice you reported.

I attest that I perform an average of 25 MBSAQIP approved stapling cases annually

Note: ABS will request copies of your case logs for purposes of verification (through yourself or MBSAQIP).
Technical competence in performing MBS

☐ I attest that I have technical competence in performing MBS

SECTION 3B: MBS Practice-only Pathway

Complete this section if you selected the MBS Practice-only Pathway.

PRACTICE REQUIREMENT

Enter information about your MBS practice below. ABS will independently verify the practice(s) you list in this application.

1. Duration of your MBS practice.
To report your practice of MBS, identify at least three years (36 months) when you practiced MBS during the past five years (60 months).

| The three years do not need to be contiguous. |
| My three or more years of MBS practice ☐ are ☐ are not contiguous. |
| The start date of your three or more years of practice must be no earlier than five years prior to the date on which you submit this application. |

| The start date of my MBS practice was: |
| Month/Day/Year |

| The end date of your three years of practice must be the date on which you submit this application. The end date of the CU practice I am reporting is: |
| Month/Day/Year |

2. MBS operations performed during the 36 months of MBS practice you reported.

I attest that I perform an average of 25 MBSAQIP approved stapling cases annually

Note: ABS will request copies of your case logs for purposes of verification (through yourself or MBSAQIP).

Technical competence in performing MBS
I attest that I have technical competence in performing MBS

SECTION 4. Clinical practice knowledge and expertise

I attest that I have satisfactory expertise in the following:

- I performed 100 lifetime stapling cases: 75 stapling cases can come from an accredited fellowship and at least 25 stapling cases can occur after fellowship including primary, revisional, and management of complications. (provide case log)

- I performed 25 lifetime therapeutic endoscopic cases during training in an accredited fellowship or occurring after fellowship (provide case log)

SECTION 5. Additional practice requirements

I am providing information to demonstrate that I meet the criteria in the following areas:

5.a I completed a minimum of 24 MBS-specific AMA-PRA Category 1 CME credits per three years

- List the MBS topic and CME credits for the past 3 years

5.b I practice within a Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center

<table>
<thead>
<tr>
<th>Name of MBSAQIP Practice:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City/State/Zip:</td>
</tr>
</tbody>
</table>

Phone: Fax: Email:

5.c I achieve designation as a metabolic bariatric surgery (MBS) verified surgeon by the MBSAQIP program.

- I attest that I am a MBSAQIP Verified surgeon.
Attachment E: A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field.

*No other primary and conjoint board has expressed an interest in this focused practice of metabolic and bariatric surgery (MBS)*
Attachment F: Written comments on the proposed area of focused practice from at least 1 public stakeholder group

The Obesity Action Coalition: a public stakeholder. In addition, written comments on the proposed area are being provided from the ASMBS, FC, and SAGES.
December 5, 2018

Dear American Board of Surgery Executive Leaders,

The Obesity Action Coalition (OAC) enthusiastically supports the American Society for Metabolic and Bariatric Surgery (ASMBS) application for a focused practice designation (FPD) for surgeons who practice in Metabolic and Bariatric Surgery & Endoscopy (MBSE).

The OAC is a more than 60,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide science-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

The OAC understands and supports the mission of the ASMBS to advance the art and science of metabolic and bariatric surgery by continually improving the quality and safety of care and treatment of people with obesity and related diseases. OAC believes that the development of a FPD in MBSE will lead to enhanced availability of providers who are current and up-to-date in their knowledge of treatment methods and options for persons affected by severe obesity. In addition, this FPD will improve access for persons with severe obesity and metabolic diseases to providers with specialized training, experience and appropriate qualifications to provide the safest and most effective care based on the best available evidence.

As the primary stakeholder representing the patient perspective regarding evaluation and treatment of people with the disease of obesity and metabolic disease, there is no question in our minds that the development of a FPD in MBSE is in the best interest of patients specifically, and the public in general, in order to foster an environment of quality and improving patient safety and outcomes in the administration of science-based patient care.

Thank you,

Joseph Nadglowski, Jr.
OAC President and CEO
December 11, 2018

Jo Buyske, MD
The American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, PA 19103 USA

Dear Dr. Buyske and American Board of Surgery Executive Leaders,

The American Society for Metabolic and Bariatric Surgery (ASMBS) is writing to enthusiastically affirm its support and commitment to the application of the American Board of Surgery requesting creation of a focused practice designation (FPD) in Metabolic Bariatric Surgery & Endoscopy (MBSE). As an area of specialized practice focus, MBSE comprises an array of surgical procedures with strong long-term evidence supporting their effectiveness for treatment of the disease of obesity and its related conditions. MBSE procedures are the most effective interventions for severe obesity and provide life-saving benefits to patients suffering from this debilitating disease. Numerous studies demonstrate the benefits associated with MBSE including improvements in long-term survival, dramatic improvements in serious medical co-morbid conditions and enhancements in quality of life.

The ASMBS is a professional healthcare organization which currently consists of 2,707 physician members and 1,603 integrated health members (including nurses, registered dieticians, behavioralists, exercise therapists, etc.). The mission of the ASMBS is to advance the art and science of metabolic and bariatric surgery by continually improving the quality and safety of care and treatment of people with obesity and related diseases.

Since its inception in 1983, the ASMBS has recognized that metabolic and bariatric surgeons and other integrated health clinicians require continuous professional development. Therefore, the ASMBS provides a variety of educational activities to assist bariatric surgeons and integrated health members in achieving this goal. Currently in its 35th year, the ASMBS annual society meeting has been held for the past 5 years as part of a large combined society meeting with The Obesity Society and other partners called Obesity Week, the world’s largest meeting devoted to the science and treatment of obesity. Obesity Week offers a platform for peer-reviewed scientific papers/videos, invited presentations, and scientific posters, and typically draws more than 5,000 attendees from around the world.

The ASMBS considers the concept of FPD to be particularly appropriate as a mechanism to recognize focused practice excellence in MBSE for a number of reasons. MBSE surgeons practice within a highly specialized field, taking a multi-disciplinary approach to treating a population of patients with special needs and care considerations. The patient population with
severe obesity typically presents for care with a distinct set of complex medical, behavioral, and quality of life conditions. Ironically, based upon the tremendous improvements in quality outcomes seen in the past 15-20 years, MBSE surgeons often perform complex gastrointestinal surgery procedures for weight loss / comorbidity treatment safely on patients who would normally be rejected for lesser and more routine surgical procedures by non-MBSE surgeons due to ‘high risk’. MBSE surgical techniques, as well as patient evaluation and care optimization methods, require a skillset that is accrued with dedicated training and practice either via postgraduate fellowship training in MBSE or based on excellence obtained in practice without fellowship training. Both routes towards developing expertise are considered appropriate for well-trained knowledgeable general surgeons with an interest in developing a focused practice in MBSE.

In 1997, the ASMBS and the Fellowship Council collaboratively established the Fellowship in Metabolic and Bariatric Surgery. The Fellowship Council & ASMBS assumed oversight of Fellowship accreditation while the ASMBS bariatric surgery training committee and executive council provide oversight of the requirements for these programs. The number of Metabolic and bariatric surgery fellowship programs has increased over time to a total of 60 current training programs in the United States and Canada. Metabolic and bariatric surgery fellowship programs are highly competitive among fellowships in all specialties based on the Fellowship Council data with an applicant to position ratio of 1.88. All training programs are a minimum of 1 year and require a standardized core curriculum, didactic, simulation training, regular formative and summative evaluations, and a minimum of surgical experiences primary bariatric operations, revision operations, endoscopy, management of complications, and understanding components of accreditation.

In 2004, ASMBS developed a national accreditation process for MBSE programs and released accreditation standards for Bariatric Surgery Centers of Excellence (BSCOE). The American College of Surgeons (ACS) was founded in 1913 with the goal of improving surgical care and setting standards, and the current Joint Commission (JCAHO) grew out of the ACS Hospital Standards Committee in 1951. The ACS has been accrediting trauma programs through the Trauma Verification Program since 1987 and cancer programs through the Commission on Cancer since 1930. In 2005, in response to a growing need in the bariatric surgery community, the ACS released the first Bariatric Surgery Center Network (ACS BSCN) accreditation standards manual, thus creating two separate but similar accrediting bodies for bariatric surgery.

Both programs focused on three key principles: the leadership of surgeons, the necessity for a multidisciplinary team, and the reporting of outcomes to a national registry. Accreditation was based on procedure volume, as well as other structural and process measures that provided a framework for facilities performing these types of procedures. Even discounting the impact of the introduction of laparoscopy (which increased from 2.1 percent in 1998 to more than 90 percent in 2008) and the outcomes data on the adjustable gastric band (lower 30-day mortality and morbidity), the adoption of accreditation standards led to a remarkable decrease in mortality from one in 200 patients to one in 1,750 patients. The improvement in safety was a direct result
of the implementation of the accreditation programs themselves, especially when it came to higher-risk patients. Most centers offering bariatric surgery programs in the United States participated in one of the two accreditation programs. Major payers endorsed the performance of metabolic and bariatric surgery within one of these centers. The data registries for both programs were under development in 2006 and in 2011 had data on more than 100,000 patients per year entered one of the two registries.

In March of 2012, the ACS and ASMBS came together to unify their respective bariatric surgery center accreditation programs. As of April of 2012, all institutions that met the standards under the two separate programs—the ACS Bariatric Surgery Center Network (ACS BSCN) program and the ASMBS Bariatric Centers of Excellence (ASMBS BSCOE) program—were extended accreditation in the joint Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). The new, joint program is administered by the staff and committees of the ACS, and all centers now submit data to the existing ACS bariatric data registry. MBSAQIP works to advance safe, high-quality care for bariatric surgical patients through the accreditation of bariatric surgical centers. A bariatric surgical center achieves accreditation following a rigorous review process during which it proves that it can maintain certain physical resources, human resources, and standards of practice. The program accredits inpatient and outpatient bariatric surgery centers in the United States and Canada that have undergone an independent, voluntary, and rigorous peer evaluation in accordance with nationally recognized bariatric surgical standards. Bariatric surgery accreditation not only promotes uniform standard benchmarks, but also supports continuous quality improvement.

Since 2014, the MBSAQIP data registry has been a qualified clinical data registry (QCDR) for the Centers for Medicare & Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS). Currently the program includes data entry by approximately 1,600 MBSE surgeons representing every state in the United States, as well as 809 accredited centers proving MBSE care across the country. The ASMBS partnership with ACS is strong with an unyielding commitment to patient safety and quality of care for patients suffering from severe obesity and its comorbidities.

It is worth noting that the MBSAQIP process fundamentally accredits centers that perform MBSE rather than individual surgeons. Development of FPD in MBSE will provide an important step forward in the field by creating a mechanism for surgeons to similarly pursue and achieve recognition for their efforts to achieve excellence in the practice of MBSE. This will add a degree of symmetry to the current situation and emphasize the importance of the surgeon as leader of accredited programs. ASMBS envisions a future in which the MBSE FPD will be a requirement for the surgeon medical director for all accredited centers, and ultimately a likely requirement for surgeons seeking hospital credentials to perform MBSE at an institution after an appropriate length of time for independent practice evaluation has passed. The FPD in MBSE will greatly assist hospitals in determining credentialing for surgeons who claim to have the knowledge and ability to safely practice evidence-based MBSE.
The ASMBS believes that patients seeking care from MBSE surgeons will benefit and feel reassured knowing that their surgeons have had to achieve and maintain knowledge and skill as specialists in their field. It is also our hope that other stakeholders such as payers and legislators will be more inclined to remove barriers to access of care knowing that MBSE is a recognized subspecialty.

The ASMBS is delighted to support the focused practice designation in MBSE initiative, as it will help recognize those surgeons who dedicate a significant percentage of their clinical practice to excellence in MBSE. The MBSE FPD is in line with our mission and is fully supported by our members as we strive for continuous professional development. We anticipate that this designation will contribute to continuously improving the level of knowledge and skill of our members.

Finally, and most importantly, we believe creating this designation will contribute to our society’s primary goal of continuous pursuit of improved safety and outcomes for our specialized patient population who undergo metabolic bariatric surgery and endoscopy to treat the disease of severe obesity and its associated co-morbid diseases.

Sincerely,

Eric J. DeMaria, M.D., F.A.C.S., F.A.S.M.B.S.
President of ASMBS, and on behalf of the ASMBS Executive Council
December 10, 2018

Jo Buyske, MD  
The American Board of Surgery  
1617 John F. Kennedy Boulevard, Suite 860  
Philadelphia, PA 19103 USA

Dear Dr. Buyske,

The Fellowship Council (FC) enthusiastically supports the American Society for Metabolic and Bariatric Surgery (ASMBS) application for a focused practice designation (FPD) for surgeons who practice in Metabolic Bariatric Surgery & Endoscopy (MBSE).

The FC is an umbrella organization that was founded in 2004 and which provides the vital purpose of overseeing the accreditation, matching process, case log database and evaluation system for 179 non-ACGME fellowship programs offering 219 positions to more than 360 applicants. The FC has experienced a 115% growth in its number of programs and 176% growth in the number of applicants for fellowship programs since its inception. According to exit surveys, fellowship graduates indicated that they were highly satisfied with their training, that they had adequate volume and diversity of cases, that they were given sufficient and measured autonomy in the operating room, with ample opportunities and adequate resources for research, and entered the type of practice that they desired. For many years the FC has enjoyed representation on the Gastrointestinal Advisory Committee (GISAC) of the American Board of Surgery.

The FC is composed of a core of specialty societies, of which the ASMBS was a founding entity. Currently, there are at least 68 fellowship programs that offer comprehensive bariatric surgery training to about 91 post-graduate fellows per year. This training is based on a standardized curriculum that was created by ASMBS and enforced operationally by the FC through an extensive program review process, including case logs and on-site evaluations.

The FC understands and supports the mission of the ASMBS, namely, to advance the art and science of metabolic bariatric surgery and endoscopy by continually improving the quality and safety of care and treatment of people with obesity and related diseases. ASMBS was the first sub-specialty surgical society to formulate a standardized curriculum for training and the first society to certify that all its graduating fellows have satisfactorily completed said curriculum. Moreover, the ASMBS has been the first to develop and successfully pilot a modular Entrustable Professional Activity (EPA) based curriculum, the template of which is now being implemented across all FC-related subspecialties. FC believes that the development of a Focused Practice Designation (FPD) in MBSE will lead to enhanced availability of providers who are current and up-to-date in their knowledge of treatment methods for persons affected by severe obesity. In addition, this FPD will improve access for persons with severe obesity and metabolic diseases to providers with specialized training, experience and appropriate qualifications to provide the safest and most effective care based on the best available evidence.
As a fundamental organization that is focused on the maintenance of rigorous and disciplined training of fellows in the field of metabolic bariatric surgery and endoscopy, we are confident that the development of an FPD in MBSE will help advance the ASMBS mission while also advancing the important, and related, training mission of the FC. In addition, we feel that the FPD in MBSE will be in the best interest of patients and the public. This important designation will foster an environment of progressive advancements in quality and safety outcomes that will benefit so many deserving patients.

Thank you and best regards,

D. Rohan Jeyarajah, MD
President

Samer Mattar, MD
President-Elect

Daniel Scott, MD
Immediate Past President

Aurora Pryor, MD
1st Vice President

L. Michael Brunt, MD
2nd Vice President

Adnan Alseidi, MD
Secretary/Treasurer
January 18, 2019

Jo Buyske, MD, Executive Director
American Board of Surgery
1617 John F. Kennedy Blvd., Suite 860
Philadelphia, PA 19103

Dear Dr. Buyske & ABS Executive Leadership,

We are writing to provide the support of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) for the American Society of Metabolic and Bariatric Surgery (ASMBS) application to the American Board of Surgery (ABS) for development of a Focused Practice Designation (FPD) in Metabolic Bariatric Surgery and Endoscopy (MBSE). SAGES is an interested professional society as a portion of SAGES’ surgeon membership identify as practicing MBSE surgeons.

Development of the FPD in MBSE is appropriate for the following reasons:

1. MBSE surgeons practice within a specialized field, taking a multi-disciplinary approach to treating a special population of patients with a distinct set of medical, behavioral, and quality of life conditions.
2. MBSE surgical techniques and patient evaluation and optimization methods require a certain skillset that is accrued with dedicated training and practice.
3. Patients of MBSE surgeons will benefit and feel reassured knowing that their surgeons have had to strive to gain recognition and knowledge as specialists in their field.
4. Other stakeholders such as payers and legislators will be more inclined to remove barriers to access knowing that MBSE is a recognized subspecialty.
5. Qualifying MBSE surgeons can go through either a fellowship-training route or pursue designation based on excellence in their practice without fellowship training.
6. Surgeons will first qualify for the FPD by becoming board-certified in Surgery, confirming that MBSE will remain part of the discipline of general surgery.

In addition, SAGES has partnered with the ASMBS to develop the BE-SAFE (Bariatric Endoscopy- Skills Acquisition Focused Evaluation) program to verify the flexible endoscopic skills of practicing MBSE surgeons within the focused practice area of bariatric endoscopy. SAGES also recognizes ASMBS for their important contributions to the MBSAQIP national accreditation program including registry data collection for about 200,000 procedures per year currently in the United States, providing an unparalleled mechanism for confirming excellence in MBSE practice and continuous quality improvement.

SAGES understands and supports the core mission of the ASMS to advance the art and science of metabolic and bariatric surgery by continually improving the quality and safety of care and treatment of people with obesity and related diseases. SAGES believes that the development of the FPD in MBSE will lead to enhanced availability of providers who are current and up-to-date in their knowledge of treatment methods and options for persons suffering from severe obesity. In addition, this FPD will improve access for persons suffering from severe obesity and metabolic diseases to providers with specialized training, experience and appropriate qualifications who can provide the safest and most effective care based on the best available evidence.

As a stakeholder focused on representing the best interests of both surgical patients and of quality care in surgery, SAGES supports the development of the FPD in MBSE as being in the best interest of patients specifically, and the public in general, to foster an environment of continued enhancements in quality and improving patient safety and outcomes in the administration of evidence-based patient care.

Sincerely,

Jeffrey Marks, MD
SAGES President

Aurora Pryor, MD
SAGES President Elect
This Board hereby recognizes that

Jane Doe, M.D.

has demonstrated the necessary clinical experience and has fulfilled all requirements of this Board for a Focused Practice Designation in

METABOLIC BARIATRIC SURGERY

within the specialty of

SURGERY

Diplomate No. 123456

This designation is valid as long as primary certification is maintained.

Issued May 1, 2019