

American Association of Endocrine Surgeons (AAES) Fellowship in Comprehensive Endocrine Surgery Accreditation Guidelines

The AAES is a representative body of surgeons, established in 1981, who have a special interest in the surgery of endocrine glands. The AAES is dedicated to the advancement of both the science and the art of endocrine surgery. The AAES is committed to maintaining the highest standards for the practice of endocrine surgery, and to discover and to promote the best evidence-based treatments for endocrine disease in order to improve the lives of our patients.

Comprehensive Endocrine Surgery is a rapidly evolving area of focused practice responsible for the care of a distinct and definable patient population that includes patients with benign and malignant tumors of the thyroid, parathyroid, and adrenal glands as well as those with gastrointestinal and pancreatic neuroendocrine tumors (GEPNETS).

The AAES initiated a Fellowship Program in Comprehensive Endocrine Surgery to meet the growing needs for advanced post-graduate training in endocrine surgery. The first formal match process for this Fellowship Program occurred in 2006. In 2013, the AAES Executive Council ratified a formal accreditation process for the Fellowship Programs. At the present time (2021), there are 25 Fellowship Programs with 27 Fellowship training positions across North America. This document details the accrediting standards for an institution to apply for a new Fellowship Program as well as to maintain an uninterrupted and on-going fully accredited status.

I. Definition, rights, and responsibilities of an AAES accredited Fellowship Program

A proposed or existing Fellowship Program must meet *all* criteria defined in this document to obtain and to maintain accreditation. Accreditation allows a program to participate in the annual AAES Match Process for a Fellow trainee. Fellows graduating from an accredited program will receive a letter from the AAES stating that they have completed an AAES-accredited Comprehensive Endocrine Surgery Fellowship. A status other than Accredited must be disclosed by the Program to the current Fellow in training, and to the Fellow candidate matched for the subsequent academic year. Depending on the timing of accreditation status change, the Program may be required to abstain from the next AAES match cycle, withdraw from the match, and/or disclose accreditation status change to current Fellowship applicants. Any grievances or appeals regarding the qualifications and suitability of Accredited status of a training program from a Fellowship candidate, matched or current Fellowship trainee, or Program Director or Faculty should be brought to the chair of the AAES Fellowship Accreditation Committee.

II. Overall objectives for a graduating Fellow of a Comprehensive Endocrine Surgery Fellowship

- A. Demonstrate knowledge of endocrine gland anatomy and physiology, in both normal and pathologic states
- B. Demonstrate the ability to diagnose clinical endocrinopathies associated with endocrine surgical diseases
- C. Describe the inherited endocrine disorders and the proper application of genetic counseling and testing

- D. Discuss the current controversies, current areas of research, and clinical literature in endocrine surgical diseases
- E. Demonstrate the ability to apply this knowledge and to safely and independently perform the appropriate workup, operation, and postoperative care for patients with endocrine surgical disease
- F. Demonstrate objective self-examination of surgical outcomes

III. Program requirements for accreditation as a Comprehensive Endocrine Surgery Fellowship Program

A. General Standards

1. A Comprehensive Endocrine Surgery Fellowship will be defined as a clinical experience of a minimum of one year. The ultimate length of training may vary depending on the design of the individual program and the ultimate goals and type of practice pursued by the trainee. A research component of the Fellowship may be included, concurrently or in multi-year programs.
2. A Fellowship in Comprehensive Endocrine Surgery must offer exposure to management of the thyroid, parathyroid, adrenal, and neuroendocrine tumors of the pancreas and gastrointestinal tract. The Fellow must gain robust exposure to non-operative, but interventional and evaluative procedures such as neck ultrasonography, fine needle aspiration biopsy techniques, and vocal fold functional evaluation. Fellowships must offer exposure to multidisciplinary care including disciplines such as endocrinology, medical oncology, radiation oncology, pathology, radiology, nuclear medicine and genetics.
3. The Fellowship Program will design rotations and experiences maximizing the strengths and unique training opportunities of each institution. The AAES Comprehensive Endocrine Surgery Fellowship Curriculum can be used to provide a structure and framework to enhance postgraduate training of the Fellow. (<https://www.endocrinesurgery.org/curriculum>)
4. The Comprehensive Endocrine Surgery Fellowship must provide the infrastructure for Fellows to pursue educational and scholarly/research endeavors throughout the period of training. While the AAES recognizes that not all Fellows will pursue academic practice, each Fellow must be provided the infrastructure to learn how to critically appraise the literature (e.g., journal clubs, statistics training, etc.).
5. Fellows must have the opportunity to participate in journal clubs, institutional multidisciplinary tumor boards/conferences, and research projects directed towards endocrine surgical disease. It is also suggested that the trainee be given the opportunity to attend the annual meeting of the AAES and other AAES-sponsored educational initiatives (e.g., Endocrine Surgery University), as well as obtain formal instruction and certification in head and neck ultrasound.
6. The Fellowship must have the approval of the Office of Graduate Medical Education or its equivalent in the hosting institution. Fellowship Programs in host institutions with a General Surgery residency must have the approval of the General Surgery Program Director in addition to the chair of the Department of Surgery. Each hosting institution will have no more than one AAES-accredited Fellowship Program. Programs may apply for approval for more than one clinical Fellow. The financial support for the Fellowship Program must be secure through the

period of reaccreditation. A Fellow may be appointed as an instructor, junior faculty member or as a postgraduate trainee, depending on the institutional policies.

7. The Program Director for the Fellowship Program in Comprehensive Endocrine Surgery must communicate to the Chair of the AAES Fellowship Accreditation Committee in a timely fashion any significant changes in the programmatic structure, personnel or ability to fully train the Fellow in the practice of endocrine surgery.
8. It is expected that the training environment for the Comprehensive Endocrine Surgery Fellowship will be respectful and inclusive, and free from mistreatment, retaliation, bias, discrimination or exclusionary practices. In addition to local institutional policies, Programs will abide by all AAES policies on Diversity, Equity, and Inclusion. The personal and professional development and the wellness of the Fellow trainee will be a focus throughout the training period.

B. Program Director, Core Teaching Faculty, and Administrative Support

1. Program Director – there must be one, clearly identified, faculty member responsible for all aspects of the program including, but not limited to, recruitment, curriculum design, accreditation, assessment and evaluation. This accrediting body does not define a suggested or required full time equivalent (FTE) percentage that must be dedicated to this role as Program Director. The Program Director must be approved by the Chairs of the Fellowship Accreditation and the Fellowship Committees of the AAES. Any proposed change to the Program Director must be reported to and approved by the Chairs of the Fellowship Accreditation and the Fellowship Committees of the AAES. It is left to the discretion of the Program Director if she or he wishes to appoint an Associate Program Director. The presence of an Associate Program Director does not diminish any of the Program Director’s responsibilities described herein.
 - a. Qualifications
 - i. Be an Active member in good standing of the AAES
 - ii. Be licensed to practice medicine in the state of the sponsoring institution
 - iii. Have an active medical staff appointment that is in good standing
 - iv. Have an academic appointment on the faculty of the institution sponsoring the Fellowship Program
 - v. Demonstrate professionalism and ethical behavior
 - b. Responsibilities
 - i. Preparation of a narrative description of the Fellowship and details of the Fellow’s involvement in clinical, research, and teaching activities. This statement must be readily available on the AAES website.
 - ii. Selection of Fellow(s) in accordance with institutional and AAES policies, procedures, and code of conduct (<https://www.endocrinesurgery.org/Program-Code-of-Conduct>)
 - iii. Organization of and supervision of the Fellow’s clinical activities, research activities, participation in educational activities, and interaction with other graduate medical education trainees (as applicable)
 - iv. Supervise accurate tabulation and recording of operative case logs and objective self-examination of surgical outcomes

- v. Provide timely and actionable feedback to the Fellow trainee
- vi. Communicate in a timely and accurate fashion with the Fellowship Accreditation Committee, including submission of an annual report and a required re-accreditation application, and prompt notification to the committee chair regarding significant changes in the Fellowship (e.g., change in faculty, change in Program Director, significant change in hosting institution that would affect the Fellow's training - such as loss of accreditation of general surgery residency or facility closure, temporary or permanent service line change that would affect rotations or learning the full spectrum of endocrine surgical disease management – such as absence of pathology or genetic counseling)
 - i. Timely is defined herein as within two weeks of the programmatic change, public disclosure of personnel change or documentation due dates. The AAES recognizes that professional privacy issues may result in the need to embargo faculty institutional moves for some period. Once acceptable, it is the responsibility of the Program Director to communicate with the Chair of the Fellowship Accreditation Committee.
- vii. Active participation in the Fellowship Committee of the AAES

2. Additional Teaching Faculty

- a. Core Faculty: In addition to the Program Director, there must be at least **two** additional clinically active, surgical **Core** teaching faculty who are Active, Candidate, or Allied Specialist members of the AAES. Clinically active is defined as a clinical FTE greater than or equal to 0.25. These faculty must have an academic appointment on the faculty of the sponsoring institution.
- b. Adjunct Faculty: Further **Adjunct** teaching faculty with expertise in the field of endocrine surgical diseases (e.g., non-AAES members) must be included to broaden the Fellow's educational experience. This grouping of faculty may be surgical faculty, but should also include associated specialties of medicine such as endocrinology, nuclear medicine, radiology, pathology, and/or genetics. These faculty must have a demonstrated commitment to educate, mentor and develop graduate medical trainees. These faculty must have an academic appointment on the faculty of the sponsoring institution.
- c. Changes in Core teaching faculty must be reported to the Chair of the Fellowship Accreditation Committee of the AAES.
 - i. Timely is defined herein as within two weeks of the programmatic change, public disclosure of personnel change or documentation due dates. The AAES recognizes that professional privacy issues may result in the need to embargo faculty institutional moves for some period. Once acceptable, it is the responsibility of the Program Director to communicate with the Chair of the Fellowship Accreditation Committee.
- d. The Program Director and the core/adjunct teaching faculty should regularly review each other's performance in accordance with the objectives of the Fellowship.
- e. All teaching faculty should actively contribute to the feedback provided to the Fellow, as well as the professional mentoring offered to the Fellow.

3. Administrative Support

- a. It is strongly encouraged that administrative support be provided by the host institution to assist the Program Director in managing programmatic needs and maintenance of accreditation.

C. Educational Components

1. General competencies: In accordance with the core competencies established by the Accreditation Council for Graduate Medical Education (ACGME), an AAES-accredited Fellowship Program must provide Fellows with an experience that allows them to achieve competence in the following six areas, at the level expected of an independent practicing surgeon:

- a. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. *Knowledge* about established and evolving issues in biomedical and clinical sciences and application of this knowledge to patient care.
- c. *Practice-based learning and improvement* that involve investigation and evaluation of the Fellow's patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. *Interpersonal and communication skills* that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. *Professionalism*, as manifested by a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. *Systems-based practice* as manifested by actions that demonstrate an awareness of and response to the larger context and system of health care and effectively call on system resources to provide optimal care.

2. Specific program requirements (see Appendix A)

- a. A sufficient number and variety of patients must be available during Fellowship training to ensure that Fellows receive appropriate experience in the management of complex endocrine surgery problems.
- b. Fellows must be able to provide patient consultation with adequate faculty supervision.
- c. Conferences, including morbidity and mortality, tumor boards, and multidisciplinary conferences, must be regular features of the curriculum.

3. Endocrine surgery clinical and technical requirements (see Appendix A)

- a. Clinical curriculum – Fellows should be able to fulfill the objectives of the clinical curriculum, as outlined by the AAES Education Committee. (<https://www.endocrinesurgery.org/curriculum>)
- b. Operative volume – Fellows should complete training with a minimum of 175 endocrine procedures as the first assistant and/or as the operating surgeon.
- c. Defined category minimums for thyroidectomy for benign and malignant disease, central and lateral neck dissections, parathyroidectomy, and adrenalectomy are shown in the table below. Exposure to surgical and multidisciplinary care of neuroendocrine tumors of the pancreas and GI tract is required.

Thyroid operations	60
Parathyroid operations	30

Adrenal operations	10
Central neck lymphadenectomy ¹	10
Lateral neck lymphadenectomy ¹	5
Advanced endocrine operations ²	10
Total endocrine case number	175

¹ Central and lateral neck lymphadenectomies can be counted when done concurrent to the index thyroid operation

² Advanced cases include (but are not limited to) reoperative thyroid/parathyroid/lateral neck surgery, reoperative adrenal surgery, adrenalectomy performed with concomitant multivisceral resection, cortical-sparing adrenalectomy, enteropancreatic neuroendocrine tumor procedures, and pediatric endocrine surgical procedures.

- d. Clinic – Fellows should have adequate experience in preoperative and postoperative Endocrine Surgery clinics, with faculty supervision. Multidisciplinary clinics and tumor boards for oncologic endocrine diseases are encouraged and when available should be attended by the Fellow on a regular basis.
- e. Cervical ultrasound – Exposure to cervical ultrasound for detection of thyroid disease, lymphadenopathy, parathyroid localization, and fine needle aspiration biopsy is required.
 - i. A minimum of 15 complete ultrasound procedures is required. A suggested distribution of this minimum is 5-characterization of thyroid nodules; 5-parathyroid localization or lymph node mapping; and, 5 ultrasound guided FNA biopsies.
- f. Vocal fold function – Exposure to direct and/or indirect laryngoscopy, laryngeal ultrasound or video stroboscopy for evaluation of vocal cord function, and management of postoperative voice issues, is required.

D. Research and Scholarly Activity

Fellowship Programs should establish and maintain an environment of inquiry and scholarship.

1. The teaching faculty must demonstrate involvement in scholarly activity that may include, but is not limited to:
 - a. Participation in regional and national professional societies, particularly through oral/poster presentation and publications in peer-reviewed journals.
 - b. Participation in basic science and/or clinical investigations.
 - c. Maintaining a thorough knowledge of current and evolving surgical techniques and technologies in endocrine surgery.
 - d. Active involvement in medical student and resident teaching rounds and/or multidisciplinary conferences, if applicable.
 - e. Active supervision of the Fellow in the operating room, on the wards and in clinics.
2. Fellows should be encouraged to participate in research activities (basic science, translational, and/or clinical).
3. All Fellows should attend the AAES Annual Meeting and Endocrine Surgery University during their clinical Fellowship year.

E. Completion of the Fellowship

At the completion of the Fellowship, Fellows should review with the Program Director their case log and lists describing their clinical exposure, research and educational experiences, and publications. The AAES Comprehensive Endocrine Surgery Fellowship Experience Log will be a mandatory component of the annual monitoring and triennial reaccreditation document submission. These documents should be collected in a trainee file, which should be maintained for at least five years. Graduating Fellows will receive a letter from the AAES certifying completion of an AAES-accredited Comprehensive Endocrine Surgery Fellowship.

F. Evaluation of Fellows, Program Director, Teaching Faculty, and Program

1. Documentation of formal evaluation of the Fellows, Program Director, teaching faculty, and program should be available at the time of re-accreditation of the program.
 - a. Fellows
 - i. Regular and timely evaluation of the Fellow's knowledge, skills, and professional behavior
 - ii. Evaluations should be performed with the input of all teaching faculty, and others as indicated and available (general surgery residents, medical students, research collaborators)
 - b. Program Director and Teaching Faculty
 - i. The Fellowship Program Director (and Associate Program Director, if applicable) should be evaluated with respect to her/his teaching effectiveness, patient care, scholarly research productivity, and administrative abilities.
 - ii. Teaching faculty should be evaluated with respect to teaching effectiveness, patient care, and scholarly productivity.
 - c. Program – The effectiveness of the training program should be assessed regularly by the Program Director in conjunction with the general surgery residency Program Director, vice chair of education, and/or department chair. Fellows should be provided the opportunity to evaluate the Fellowship Program to offer constructive feedback and to assist with identifying strengths, weaknesses, and opportunities.

IV. Accreditation of a Comprehensive Endocrine Surgery Fellowship

A. Approval process for new Fellowship Programs

1. An institution wishing to receive AAES-accreditation for a Comprehensive Endocrine Surgery Fellowship will submit an application to the Chair of the Fellowship Accreditation Committee no later than March 1 for consideration. If approved, the program will be able to enter the following year's match cycle to match a Fellow for the following year (e.g., application submitted prior to March 1, 2021 will start their first Fellow August 1, 2023). (See Appendix B)
2. The application will include (See Appendix B):
 - a. Clinical curriculum
 - i. Planned rotations, including time spent with other disciplines
 - ii. Operative experience, including current volume and anticipated number of overall cases in defined categories
 - b. Education and research curriculum
 - i. Schedule of departmental and institutional conferences

- ii. Teaching opportunities for the Fellow
 - iii. Research opportunities and expectations
 - c. Resources
 - i. Faculty, including curriculum vitae for all Teaching Faculty
 - ii. Facilities
 - iii. Funding source for salary and benefits (including malpractice and health insurance) to support Fellow – with assurance of at least three years of fiscal support for the program
 - d. Assessment of impact of the Fellowship on other institutional training programs
 - i. Enumeration of the prior 3 years of case volumes (endocrine, H&N and adrenal) of recent graduating chief residents of the associated general surgery residency program
 - e. Statements of support from:
 - i. Office of GME (or equivalent)
 - ii. Chair, Department of Surgery – with specific reference to secure funding source for the Fellowship
 - iii. Program Director, General Surgery Residency
- 3. The application will be reviewed by the Fellowship Accreditation Committee. Applications meeting criteria will be brought forward to the AAES Executive Council at the spring Council meeting.
 - a. Initial approval of an institution’s application will require a simple majority support of the Fellowship Accreditation Committee.
 - b. Final approval of a new Fellowship Program will require a simple majority support of the AAES Executive Council.

B. Monitoring and re-accreditation of existing Fellowships

1. It will be the responsibility of the Program Director to complete an annual Fellowship Program report when solicited by the Fellowship Accreditation Committee. The veracity and completeness of the report is the responsibility of the Program Director.
2. Every three years, accredited Fellowship Programs will be requested to submit a more robust reporting of their program, including Fellow-level data (e.g., operative volumes, scholarly output, post-Fellowship employment) and programmatic data (e.g., faculty, clinical rotations, curriculum, and demonstration of on-going support from GME, general surgery residency Program Director and departmental chair).
3. The Fellowship Accreditation Committee will review annual reports and reaccreditation applications, and submit their findings to the Executive Council at the spring Council meeting. The Fellowship Accreditation Committee will report on any areas of concern (new or continuing) and make recommendations for improvement and monitoring. Egregious concerns, or repeated failure to address areas of concern, may result in a disciplinary status as outlined below, including withdrawal of accreditation.
4. Identified concerns may fall into one of the following categories, and the Fellowship Accreditation Committee reserves the right to identify additional areas of concern that could negatively impact a Fellow’s training:

- a. Core Teaching faculty complement falls below three (3)
 - b. Operative case volumes fail to meet minimum standards
 - c. Scholarly opportunities are inadequate to support the Fellowship Program
 - d. Verified reports of mistreatment or poor learning environment
 - e. Failure to adhere to the program code of conduct with respect to the clinical Fellowship match (<https://www.endocrinesurgery.org/Program-Code-of-Conduct>)
 - f. Loss of funding mechanism at the host institution to support the Fellowship Program
 - g. Failure to timely communicate programmatic changes to the Fellowship Accreditation Committee or failure to submit requested documentation for continued accreditation
 - i. Timely is defined herein as within two weeks of the programmatic change, public disclosure of personnel change or documentation due dates. The AAES recognizes that professional privacy issues may result in the need to embargo faculty institutional moves for some period. Once acceptable, it is the responsibility of the Program Director to communicate with the Chair of the Fellowship Accreditation Committee.
5. Levels of accreditation status
- a. Accredited – Fellowship Program is in compliance with all applicable requirements
 - b. Accredited with Warning – identification of an area or areas of noncompliance that would put a program’s accreditation status in jeopardy. The maximum time a program can be on this status is 2 years. If lasting longer than one year, the program is encouraged to withdraw voluntarily from the annual AAES match process. Dependent on the severity of the area of concern or noncompliance, its persistence as noted through active oversight by the Fellowship Accreditation Committee, and its impact on the learning environment of the fellow, a status of accredited with warning lasting over one year may be changed to probation.
 - c. Probation – conferred when a program has failed to demonstrate substantial compliance with applicable requirements. Citations that qualify a program for probationary accreditation status are more severe than those for accreditation with warning. The minimum time a program may be on this status is one year. A program on probation is not permitted to participate in the annual AAES match process. The program must improve at the subsequent review to a status of accredited or accredited with warning or accreditation will be withdrawn.
 - d. Withdrawal of accreditation – loss of accredited status for a program due to failure to correct significant areas of noncompliance with applicable requirements after a period of remediation and/or immediate loss of accreditation for egregious infractions.
6. Accreditation status changes may be levied at any point in an academic year when an area of concern or noncompliance is disclosed or identified. The change of accreditation status will be commensurate with the degree of severity of the area(s) of concern/non-compliance as judged by the Fellowship Accreditation Committee.
- a. The Chair of the Fellowship Accreditation Committee will bring a change in accreditation status of a program to either (i) Probation or (ii) Withdrawal of accreditation for a vote by the Council either at a formal Council meeting or other mechanism delineated in the AAES Bylaws.
7. Possible program improvement plans (other plans may be tailored to the individual area of concern or program at the discretion of the Fellowship Accreditation Committee):

- a. Frequent status reports (e.g., regarding operative volume) to the chair of the Fellowship Accreditation Committee – quarterly or semi-annually
 - b. Site visit (at the expense of the host institution) to more closely examine (through interviews and documentation review) a program’s learning environment
 - c. Voluntary withdrawal from a year (or more) of the AAES match
 - d. Involuntary removal from the AAES match
 - e. Voluntary withdrawal of accreditation
8. Result of withdrawal of accreditation
 - a. Withdrawal of accreditation status will result in a program no longer being endorsed by the AAES as an accredited post-graduate surgical training site. The program will be removed from the AAES website, and may not advertise as an AAES-accredited Fellowship Program in Comprehensive Endocrine Surgery. The currently training and future matched Fellows will be informed of the program’s loss of accreditation. The current Fellow will receive a letter of completion from the AAES if all the Fellowship requirements are met. The subsequent trainee will have the opportunity to alter their training plans. A minimum of two (2) years must pass prior to a Fellowship Program re-applying for accreditation at which time the application process for a new Fellowship Program must be followed.
 9. Program reporting responsibilities to Fellows/applicants
 - a. Any change in accreditation status from fully accredited must be disclosed to the current Fellow in training, and to the Fellow candidate matched for the subsequent academic year. Depending on timing of accreditation status change, the program may be required to disclose accreditation status change to current Fellowship applicants at the discretion of the Fellowship Accreditation Committee.

V. Grievance, Appeals and Due Process

Any Program Director, Associate Program Director, program faculty, program coordinator, active Fellow, matched Fellow, or applicant may report their complaints related to accreditation of a Fellowship Program in Comprehensive Endocrine Surgery to the Chair of the Fellowship Accreditation Committee, the Chair of the Fellowship Committee, and/or the Secretary of the AAES. These reports should be delivered in writing (including electronic forms). All attempts will be made to maintain anonymity while handling any indicated investigations. All grievances and appeals will be investigated expeditiously.

VI. Responsibility for this Policy

These guidelines were written by the Fellowship Accreditation Committee, and approved by the Executive Council of the AAES. These bodies reserve the right to amend the guidelines as necessary and will provide notice of any changes.

Document approval date: 04/17/2021

APPENDIX A

Guiding Standards for Successful Completion of an AAES-Accredited Fellowship in Comprehensive Endocrine surgery

The guiding standards were created in 2018 for AAES-accredited Fellowships in Comprehensive Endocrine Surgery. These standards will be used to guide the affirmation by each Program Director that finishing Fellows have met the minimum requirements of the AAES. The below requirements are the minimum standards required for graduating Fellows and are not intended to remove local control over the breadth of expectations set by the individual AAES Fellowship Program Directors. These standards will comprise part of the tracked outcomes reportable each year to the Fellowship accreditation committee, and will serve as a cornerstone of the triennial reaccreditation process for Fellowship Programs.

- 1) Case volumes: Each Fellow will track their operative case experience using the AAES-approved experience log. A copy of this is attached. The minimum number of operative cases required in defined categories as well as a minimum total case number during an AAES-accredited Fellowship is:

Thyroid operations	60
Parathyroid operations	30
Adrenal operations	10
Central neck lymphadenectomy ¹	10
Lateral neck lymphadenectomy ¹	5
Advanced endocrine operations ²	10
Total endocrine case number	175

¹ Central and lateral neck lymphadenectomies can be counted when done concurrent to the index thyroid operation

² Advanced cases include (but are not limited to) reoperative thyroid/parathyroid/lateral neck surgery, reoperative adrenal surgery, adrenalectomy performed with concomitant multivisceral resection, cortical-sparing adrenalectomy, enteropancreatic neuroendocrine tumor procedures, and pediatric endocrine surgical procedures.

For those Fellowship Programs that extend to two years, these minimum case volumes would be expected to be met during the first year, or equivalent of clinical time as determined by the program's structure.

These minimum numbers have been achieved by our programs and Fellows in years past. The categories chosen, especially the reoperative cases in the advanced operations designation, are intended to demonstrate the exposure and experience with a breadth of complex endocrine surgery, as well as exposure to the inherent multidisciplinary care required especially for revision operations.

- 2) 15 complete ultrasound examinations (5-characterization of thyroid nodules, 5-parathyroid localization or lymph node mapping; and 5 ultrasound guided FNA)

This will be attested to by the Program Director. Documentation of these examinations necessary for external certification may be completed at the discretion of the Fellow. A documentation rubric will be provided that is modified from the American Association of Clinical Endocrinologists-sponsored Endocrine Certification in Neck Ultrasound.

- 3) 12-Cases presented by the Fellow and reviewed at an institutional multidisciplinary conference; discussion at the bi-annual AAES national videoconference may be included in this number.
- 4) Scholarly experience: It is the intention of the AAES to train surgeons in the science of endocrine surgery. To do this, a wide variety of scholarly work and its dissemination is to be considered. This list includes:
 - Peer reviewed manuscript
 - Book chapter
 - Non-peer-reviewed print or electronic publication
 - Locoregional, national, or international meeting presentation – poster or oral podium talk (inclusive of clinical science, basic science, interesting case, techniques)
 - Instructional video
 - Grand rounds (or equivalent) lecture (local or invited)
 - Faculty lecture at CME course
 - Institutional teaching conference/director of regular journal club
 - Resident or Medical student (or other student – e.g., DO, PA, NP) lecture
 - Development of novel curriculum (and, ideally disseminated – for example, in MedEd Portal)
 - Advisor/mentor for junior learner (student or resident) in research project

It will be the responsibility of the individual Fellowship Program Director to attest to the Fellow meeting the scholarly requirement. The annual attestation by the Program Director will include a statement:

- ***I hereby attest that _____ (Fellow name here) has satisfactorily completed an active intellectual and scholarly pursuit during the period of Fellowship training.***

AAES Endocrine Surgery Fellowship Experience Log

OPERATIVE CASES				
THYROID	Benign	Malignant		
Thyroid lobectomy				
Completion thyroidectomy				
Total thyroidectomy				
Reoperative thyroidectomy (previous thyroidectomy/parathyroidectomy)?				
How many of the above were pediatric (age <18)?				
Operative approach other than anterior cervical collar incision				
Central neck dissection - initial				
Central neck dissection - reoperative				
Lateral neck dissection - initial				
Lateral neck dissection - reoperative				
How many of the above were pediatric (age <18)?				
PARATHYROID	SGD	MGD	Malignant	
Parathyroidectomy - MIP / ULE				
Parathyroidectomy - BLE				
Reoperative parathyroidectomy (previous thyroidectomy/parathyroidectomy)?				
Transcervical thymectomy				
Parathyroid autotransplantation (including for thyroid surgery)				
How many of the above were pediatric (age <18)?				
ADRENAL	Nonfunctional	Functional	Malignant	
Adrenalectomy - open (including with concomitant visceral resections)				
Adrenalectomy - minimally invasive (transabdominal)				
Adrenalectomy - minimally invasive (retroperitoneal)				
Reoperative adrenalectomy				
How many of the above were cortical-sparing?				
How many of the above were pediatric (age <18)?				
GI NEUROENDOCRINE	Procedure - 1st Assist	Procedure - 2nd assist/other	Clinic	Multidisciplinary Conference (e.g. tumor board)
Pancreas				
Other GI neuroendocrine tumors				
How many of the above were pediatric (age <18)?				
OTHER				
Other (Head and Neck procedures - e.g. Sistrunk)				
Other (General Surgery)				
NONOPERATIVE EXPERIENCE	Performed	Observed		
Ultrasound				
FNA - thyroid				
FNA - lymph node				
Vocal cord examination	Performed	Observed		
Ultrasound				
Laryngoscopy				
Other (e.g., video stroboscopy)				

APPENDIX B

American Association of Endocrine Surgeons

Application for New Comprehensive Endocrine Surgery Fellowship Accreditation

Please refer to Accreditation Guidelines to complete this document. Incomplete applications will not be reviewed.

Institution:

Program Director (Name and Title):

Program Director Contact information:

Email:

Phone (office):

1. Fellowship information

- A. Duration of the Fellowship:
- B. Number of clinical Fellows per year (requested):
- C. Funding mechanism for Fellowship:

2. Current Faculty for Fellowship Program (please attach current CV for each):

Name	Department	Title	AAES member(Y/N)	Email address

3. Clinical curriculum

- A. Please describe the clinical curriculum for the Fellowship Program, including planned rotations (and time spent in other disciplines). Integrated rotations (e.g., nuclear medicine, clinical genetics) that may occur longitudinally throughout the clinical year should be described. Block diagrams might be helpful to describe curriculum. Please include details about opportunities to gain competence in head and neck ultrasonography, as well as vocal fold functional evaluation.

B. Please detail the opportunities at your institution for the Fellow to participate in multidisciplinary case conferences/tumor boards.

C. Operative volumes

i. Please describe your current yearly operative volume of endocrine surgery cases among your program faculty, and the anticipated approximate operative experience of the clinical Fellow, including approximate number of cases in the table below.

	<i>Thyroid</i>	<i>Central Neck Dissection</i>	<i>Lateral Neck Dissection</i>	<i>Parathyroid</i>	<i>Adrenal</i>	<i>GEP-NETs</i>	<i>Total Endocrine Cases</i>
Current volume							
Fellow volume							

ii. Please detail the operative volume (“Endocrine”) for the graduating chief residents of the General Surgery residency program at your institution for the past three academic years. Please adjust year intervals and add rows for additional residents as needed.

Academic Year	Resident	Endocrine
2017-2018	A	
	B	
	C	
	D	
	etc.	
2018-2019	A	
	B	
	C	
	D	
	Etc.	
2019-2020	A	
	B	
	C	
	D	
	Etc.	

iii. Please discuss the potential impact of a clinical Fellow on other institutional training programs.

4. Research

Please describe the research opportunities and expectations for the Fellowship Program.

5. Education

Please describe the education/didactic opportunities for the Fellowship Program (e.g., medical student or general surgical resident education).

6. Documentation and evaluation

Please detail plans for documentation of Fellow OR cases, experience with non-operative clinical experience such as cervical US, laryngoscopic examination, clinic encounters. Please detail plans for assessment and feedback both of and by the Fellow trainee.

7. Salary and Benefits

Malpractice insurance provided? Yes No*

Health insurance provided? Yes No*

*If no, please explain and enumerate costs to Fellow.

7. Institutional oversight of the comprehensive endocrine surgery Fellowship

GME office Department Other, specify_____

8. Does your program track quality outcomes?

CESQIP Other, specify_____ No*

*If no, please indicate future plans, if any, to do so:

9. Statement of support

Please attach statements from the Chair of the Department of Surgery, General Surgery Program Director, and Graduate Medical Education office (or institutional equivalent) attesting their support of the application for a Comprehensive Endocrine Surgery Fellowship at your institution. The Chair’s letter should specifically address secure funding for this Fellowship Program.

Please list:

Chair, Department of Surgery:

Program Director, General Surgery residency:

Institutional GME director (s):

Letter attached

I certify that this application and attached materials are accurate.

Program Director (signature)

Date