

ACCREDITATION STANDARDS FOR PROGRAMS

STANDARD 1: ADMINISTRATION

Program Administration

- 1.1 MGS Chief identified and appointed
- 1.2 The MGS Chief has appropriate qualifications including:
 - 1.2.1 Surgical expertise and documented educational and administrative experience acceptable to the Steering Committee
 - 1.2.2 Current certification by the American Board of Surgery (ABS)
 - 1.2.3 Valid and unrestricted medical license and appropriate medical staff appointment
- 1.3 Senior Associate(s) identified and appointed to serve as clinical mentors with appropriate qualifications including:
 - 1.3.1 Documented qualification and experience to supervise and mentor MGS Associates
 - 1.3.2 Sufficient time to fulfill their supervisory and mentoring responsibilities
 - 1.3.3 Ability to administer and maintain an educational environment conducive to mentoring MGS Associates
- 1.4 Programs demonstrate via budget documents or letters of commitment financial resources adequate to support program and the MGS Associate
- 1.5 MGS Associates provided with medical malpractice/liability/tail coverage

Facilities

- 1.6 MGS Associates have full library and e-learning access
- 1.7 MGS Associates have ambulatory space
- 1.8 MGS Associates have designated office space

MGS Associate Requirements

- 1.9 Candidate must complete the appropriate MGS Associate application and any supporting materials, (e.g., CV, letters of reference)
- 1.10 Candidate must have American Board of Surgery (ABS) board eligibility or certification
- 1.11 Candidate will be required to hold a valid and unrestricted medical license in the state of the program institution
- 1.12 Candidate must meet the credentialing standards of the program institution for attending staff and receive approval for medical staff privileges
- 1.13 Candidate must participate in any background checks as required by the program institution

STANDARD 2: PROGRAM ACTIVITIES

- 2.1 Clear, individualized objectives stated based on intake assessment
- 2.2 The planned experience relates directly to the desired competencies
 - 2.2.1 Target case volumes identified where appropriate
 - 2.2.2 MGS Associate included in the call schedule as appropriate
- 2.3. MGSP training avoids interference with the training of residents or fellows. The presence of MGSP Associates must not negatively impact resident education. Conversely, the presence of other learners and other health care personnel must not negatively impact the MGSP Associate's education.
- 2.4. Program offers opportunity for progressive responsibility with graduated autonomy and progression
 - 2.4.1. Demonstration by Senior Associate
 - 2.4.2. Active or passive helping by Senior Associate
 - 2.4.3. Direct supervision progressing to indirect supervision by Senior Associate. This may take the form of Senior Associates allowing the MGS associate to practice independently with "check ins" at appropriate intervals to be defined by the senior associate.
 - 2.4.3.1. This series of steps will vary based on the experience and skill of the MGS associate as well as the comfort level of the Senior Associate. Steps may progress slowly or quickly and there is no set expected timeframe.
- 2.5. Complete portfolio maintained for each MGS Associate. See Portfolio Requirements Table on Page 4.
- 2.6. The MGS Associate participates in CME activities that address their needs
- 2.7. Practice management concepts included in plan
- 2.8. Clear graduation requirements communicated
 - 2.8.1. Successful completion of 12 months MGSP training
 - 2.8.2. Overall satisfactory grade in all activities
 - 2.8.3. Submission of completed case log
 - 2.8.4. Adherence to expected standards of professional and ethical behavior

STANDARD 3: ASSESSMENT

- 3.1 Start of Program: Initial intake global assessment
 - 3.1.1 Review of operative and endoscopy experience, residency evaluations to determine any deficiency
 - 3.1.2 MGS Associate completes initial self-assessment
 - 3.1.3 Overall and interim goals are established based on this initial assessment
- 3.2 Monthly:
 - 3.2.1 For first three months, operative skill evaluation by the Senior Associate
 - 3.2.2 General competencies and evaluations
 - 3.2.3 Results of evaluations inform planned training needs
- 3.3 Medical knowledge, patient care, operative skill, and professionalism are measured by various methods. Assessment methods (where appropriate) may include, but are not limited to:

- 3.3.1 Direct observation
- 3.3.2 Case and procedure log review
- 3.3.3 Oral examination
- 3.3.4 Structured case discussions
- 3.3.5 Patient outcome review
- 3.3.6 360-degree evaluation
- 3.4 *(Optional) Standardized assessments may be used and include, but are not limited to:*
 - 3.4.1 *Objective Structured Assessment of Technical Skill (OSATS)*
 - 3.4.2 *Global Operative Assessment of Laparoscopic Skills (GOALS)*
 - 3.4.3 *ABIM Mini Clinical Evaluation Exercise (CEX)*
 - 3.4.4 *Operative Performance Rating System (OPRS)*
 - 3.4.5 *Focused Practice Performance Evaluation (FPPE)*
 - 3.4.6 *Practice Based Improvement Project*
 - 3.4.7 *Entrustable Professional Activities (EPAs)*
- 3.5 Quarterly: Formative assessment
- 3.6 Midterm (6 month): Global assessment of MGS Associate
- 3.7 MGS Associate feedback on MGS Program
- 3.8 Conclusion of Program:
 - 3.8.1 Final summative assessment completed for the MGS Associate
 - 3.8.2 Review case log (SSR or other database)
 - 3.8.3 Ensure graduation requirements are met

STANDARD 4: LEADERSHIP AND FACULTY RESPONSIBILITIES

MGS Chief Responsibilities

- 4.1 Conducts intake assessment
- 4.2 Establishes overall educational goals and objectives
- 4.3 Appoints Senior Associates
- 4.4 Serves as ACS liaison
- 4.5 *(Optional) Appoints the program education committee*
- 4.6 Evaluates quarterly formative review data and makes recommendations
- 4.7 Identifies needs or deficiencies and formulates specific goals in conjunction with the education committee (if applicable) and Senior Associates
- 4.8 Ensures portfolio maintenance for review by the ACS. See Portfolio Requirements Table.
- 4.9 Determine that the MGS Associate has had sufficient training to practice general surgery independently as evidenced by meeting the goals of the program and within a final summative assessment.
- 4.10 Ensures timely submission of the Annual Report and program fees to the ACS
- 4.11 Conducts follow-up with MGS Associate after program completion including information on practice setting and MGSP feedback.

Senior Associate Responsibilities

- 4.12 Serves as instructor for daily elective cases
- 4.13 Serves as senior back-up for general surgery call
- 4.14 Serves as the instructor for clinical and administrative office practices
- 4.15 Completes quarterly formative reviews for the MGS Associate

ACCREDITATION FEES EFFECTIVE 2025-2026 ACADEMIC YEAR

Application Fee	Site Visit Fee	Annual Accreditation Fee	Accreditation Cycle (in years)	Total Accreditation Cycle Fee
\$2,995.00	\$995.00	\$1,500.00	3	\$8,490.00

PORTFOLIO REQUIREMENTS

Standard	Description
1.9	MGS Associate application, CV, and any letters of reference
2.1, 3.1.2	Initial Goal Setting/Curriculum Plan
2.2.1	Operative Case Log (Surgeon Specific Registry)
2.2.1	Endoscopy Case Log (Surgeon Specific Registry)
2.5	CME activity attendance records
2.4	Copies of lecture outlines and presentations
2.4	Monthly assessment of Morbidity and Mortality Conference (M and M) as reported to the ACS Surgeon Specific Registry, inclusive of cases presented at M and M Conference
3.1, 4.1	Initial intake global assessment
3.1.2	Initial MGS Associate self-assessment
3.3	Medical knowledge, patient care, operative skill, and professionalism are measured by various methods. Assessment methods (where appropriate) may include: <ul style="list-style-type: none"> 3.3.1 Direct observation 3.3.2 Case and procedure log review 3.3.3 Oral examination 3.3.4 Structured case discussions 3.3.5 Patient outcome review 3.3.6 360-degree evaluation
3.4	<i>(Optional) Use of standardized assessments:</i> <ul style="list-style-type: none"> 3.4.1 <i>Objective Structure Assessment of Technical Skill (OSATS)</i> 3.4.2 <i>Global Operative Assessment of Laparoscopic Skills (GOALS)</i> 3.4.3 <i>ABIM Mini Clinical Evaluation Exercise (CEX)</i> 3.4.4 <i>Operative Performance Rating System (OPRS)</i> 3.4.5 <i>Focused Practice Performance Evaluation (FPPE)</i> 3.4.6 <i>Practice Based Improvement Project</i> 3.4.7 <i>Entrustable Professional Activities (EPAs)</i>
3.5, 4.6, 4.13	Quarterly formative assessments
3.6	Midterm general evaluation of MGS Associate
3.7	MGS Associate feedback on MGS Program
3.8.1	Final summative assessment