

IFSO Certification in Metabolic and Bariatric Surgery

KNOWLEDGE AND SKILLS

The "transferable competency" of Metabolic & Bariatric Surgery (MBS) requires assessed and documented numbers for "**Knowledge and Skills**". Candidates must demonstrate skills in each of the described areas of responsibility and be able to present a complete and signed log-book.

The candidates' individual log-books have to fulfil the IFSO criteria. In the logbook patient's initials (or hospital admission number), type of procedure, date of procedure and approval with signature by independent expert have to be provided for each item.

The individual log-books are scrutinized in the Eligibility process.

Catalogue of Procedures & Operations

The minimal Eligibility requirement for a IFSO MBS qualification is a proved total number of 1000 credit points (c.p.) in the categories A + B + C + D.

For each procedure/operation performed by the candidate as principle surgeon (the principle surgeon is the person who performs the majority of the essential steps of the procedure) 2 c.p. are given. For each procedure/operation performed by the candidate as first assistant of a recognised expert 1 c.p. is given. This means, that a total of 400 procedures/operations (categories A + B + C) are the minimum requirement, when they are all performed as principle surgeon.

When operations as first assistant are calculated, this means, that a maximum of 100 c.p. for 100 first assistances (with recognised expert as principle surgeon) can be obtained in category A and another maximum of 150 c.p. in category C – in such situation, 275 procedures/operations as principal surgeon is minimum requirement (A+B+C).

All operations in category B have to be performed as principle surgeon.

Please note that each operation can only be counted once, e.g. a diagnostic laparoscopy (category B) before a Re-Do Operation (Category C) can only be counted once!

A. Endoscopies	n=100	200 c.p.
B. Basic Laparoscopic Operations	n=150	300 c.p.
C. Advanced Laparoscopic Operations	n=150	300 c.p.
D. C.M.E. Credits & Training Courses		200 c.p.

Category A: The 50% rule

At least 50% of a total number of 100 endoscopies/200 c.p. have to be achieved as principle surgeon (min 50 procedures).

The total number of 200 c.p. for Category A is mandatory.

Within the Category A at least 50% for each item (e.g. 20 EGD) have to be reached. Numeric deficits in one or more items have to be compensated by higher numbers in other items in order to reach the total minimum $n=200/200$ credit points.

Category A: Special Arrangement

If flexible endoscopy is NOT performed by the MBS Surgeon in a specific country, category A subgroups 1-3 may be omitted for the individual candidate by the IFSO MBS Eligibility Committee. In this case the minimum number ($n=200$ credit points) for category A has to be added to category B or C in order to reach a total of $n=800$ credit points (A+B+C).

Category B: The 75% Rule

All procedures in this category have to be performed as principal surgeon (minimum 150). By that the total number of 300 c.p. is mandatory and achieved by 150 operations. Within the 3 subcategories 75% of the total number (e.g. 75 primary RYGB) have to be reached. The missing 25 operations then have to be added to one or more of the other 2 subcategories of Category B (e.g. $25+10=35$ gastric bandings or $15+10=25$ gastric bandings and $10+40=50$ diagnostic laparoscopies).

By that numeric deficits in one or more subgroups are compensated by higher numbers in other subgroups in order to reach the total minimum $n=300$ credit points.

Category C: The 50% Rule

At least 50% of a total number of 150 advanced laparoscopic MBS operations/300 c.p. have to be achieved as principle surgeon (minimum: 75 procedures).

The minimum total number of 300 c.p. is mandatory.

Out of the 6 subcategories surgeries have to be performed (as a principal surgeon) in at least 2 different subcategories and at least 10 procedures in each subcategory (e.g. 10 conversional MBS + 65 revisional MBS procedures)

Category A: Endoscopies *	n=100
1. Flexible esophagogastroduodenoscopy (EGD) before MBS	n=40
2. Flexible esophagogastroduodenoscopy (EGD) after MBS	n=40
3. MBS specific endoscopic interventions (placement/ removal of intragastric balloon, placement/ removal of endobarrier device, anastomotic bleeding control (e.g. GJ stomy), anastomotic dilatation (GJ stomy), clip application, intraluminal stent, placement/ removal of endoluminal vacuum device)	n=20

* 50 % rule & special arrangements apply

Category B: Basic Laparoscopic MBS Operations *	n=150
1. Gastric banding and any diagnostic and therapeutic laparoscopy after any MBS without opening and suture of the gastrointestinal tract (e.g. closure of mesenteric defect with or without internal hernia, single LAGB removal, etc.)	n=50
2. Any primary laparoscopic MBS (incl. proximal/distal Roux-en-Y Gastric Bypass (RYGB), Sleeve Gastrectomy (SG), One-Anastomosis Gastric Bypass (OAGB),) in patients with BMI < 50 kg/m ² , age between 18 and 65 years, ASA ≤3 and with or without previous laparoscopic abdominal surgery other than MBS	n=100

* 75 % rule applies

Category C: Advanced Laparoscopic MBS Operations	n=150
1. Any primary laparoscopic MBS (incl. proximal/ distal Roux-en-Y Gastric Bypass (RYGB), Sleeve Gastrectomy (SG), One-Anastomosis Gastric Bypass (OAGB)) in patients with BMI > 50 kg/m ² , age <18 or >65 years, ASA >3 and/or with previous open abdominal surgery other than MBS	
2. Any primary laparoscopic biliopancreatic diversion with or without duodenal switch (BPD and BPD-DS)	
3. Any primary Single Anastomosis Duodenal-Ileal bypass with Sleeve (SADI-S)	
4. Any conversional MBS (e.g. SG into RYGB, SG into SADI or BPD-DS, SG into OAGB, LAGB into RYGB or SG or OAGB, etc.)	
5. Any revisional MBS with opening and suture of the gastrointestinal tract (e.g. Resizing of gastric pouch after RYGB, Re-SG, Limb length modification after RYGB, SADI, OAGB, BPD-DS, etc.)	
6. Any reversal of previous MBS operations other than removal of a gastric band (e.g. re-establishing duodenal passage after RYGB)	

Category D: CME Credits and Training Courses	200 c.p.
1. C.M.E. credits	100 c.p.
1. Minimum 3 publications related to MBS as co-author in peer reviewed national or international surgical journals (12 c.p. each) or one publication related to MBS as first or corresponding author in a peer reviewed national or international surgical journal within the last 3 years (24 c.p.)	50 c.p.
2. Credits for Hands-on Training Courses	50 c.p.

Category D: CME Credits

The candidate must have a total of at least **100 credit points** based on the following criteria:

- Participation at national congress (4 points)
- Poster presentation at national congress (first author) (6 points)
- Oral presentation at national congress (presenting author) (8 points)
- Participation at IFSO World or Chapter congress (8 points)
- Poster presentation at IFSO World or Chapter congress (first author) (12 points)
- Oral presentation at IFSO World or Chapter congress (presenting author) (16 points)
- Participation at a theoretical Postgraduate Course at IFSO World or Chapter Congress (12 points)

Publications

The candidate must have a total of at least **50 credit points** based on the following criteria

- Publication (first/corresponding author) in peer reviewed national surgical journal (12 points)
- Publication (first/corresponding author) in peer reviewed international surgical journal (24 points)

NB! Credit points can only be awarded for congresses, presentations, courses and publications within the field of Bariatric/Metabolic surgery

Category D: Credits for Hands-on Training Courses

The candidate must have a total of at least **50 credit points** showing participation at:

- Basic laparoscopy course (e.g. LSS course Grade I Level I) (30 points) and
- Advanced (procedure/organ/pathology specific) courses (60 points each);
- And/or a fellowship program/clinical stay (10 points/week) at a recognized MBS center