

## **MBSAQIP Standards Revision Log – 2026**

### **Optimal Resources for Metabolic and Bariatric Surgery**

*This document provides a summary of all updates, modifications, and clarifications made to the 2026 MBSAQIP Standards. It is intended to be used as a reference guide to the changes only. For full requirements and detailed guidance, please consult the official 2026 MBSAQIP Standards Manual.*

### **General Changes:**

Three new accreditation designations were added:

- MBSAQIP Low Acuity Center with Obesity Medicine Qualifications
- MBSAQIP Adolescent Center with Obesity Medicine Qualifications
- MBSAQIP Ambulatory Surgery Center with Obesity Medicine Qualifications



## Standard 1: Institutional Administrative Commitment

### Standard 1.1: Administrative Commitment

- Hospital leadership must grant the MBS Director full authority to perform all functions of their position.
- The MBS Coordinator and MBS Clinical Reviewer must have a direct reporting relationship with the MBS Director; dual reporting is permitted.
- An institutional flowchart showing the MBS Director, Coordinator, and Clinical Reviewer's integration into the organizational framework and their authority to perform required duties must be provided.
- The Administrative Commitment Letter must now include:
  - Metabolic and bariatric procedure mix, including all endoscopic procedures performed for the purpose of weight loss.
  - Involvement and support from facility leadership, including commitment to MBS pathways, protocols, and credentialing guidelines.
- **New Documentation Requirement:**
  - An institutional flowchart demonstrating the MBS Director, Coordinator and Clinical Reviewer are integrated within the organizational framework and have the authority to perform the required duties as outlined in the standards.
- **New Measure of Compliance Requirement:**
  - Provides documentation of an institutional flowchart demonstrating the MBS Director, MBS Coordinator and MBS Clinical Reviewer are integrated within the organizational framework and have the authority to perform the required duties as outlined in the standards and that the MBS Coordinator and MBS Clinical Reviewer have a direct reporting relationship with the MBS Director.

## **Standard 2: Program Scope and Governance**

### **Standard 2.1: Volume Criteria**

- Language has been updated to clarify volume eligibility.
- Surgeons performing fewer than 15 stapling procedures annually require an MBSAQIP-verified co-surgeon present when performing adolescent cases as outlined in Standard 4.15.

### **Standard 2.2 Low Acuity Patient and Procedure Selection**

- Patient Selection Criteria was revised from "< 65 years" to "≤ 65 years", and the clause "on the date of surgery" was added to clarify age eligibility.

### **Standard 2.3 Ambulatory Surgery Center Patient and Procedure Selection**

- Patient Selection Criteria was revised from "< 65 years" to "≤ 65 years", and the clause "on the date of surgery" was added to clarify age eligibility.

### **Standard 2.4 Metabolic and Bariatric Surgery (MBS) Committee**

- The MBS Committee membership requirement was updated to clarify types of proceduralists.
- The annual comprehensive review attendance requirement was updated to clarify the types of proceduralists required to attend the meeting.
- Multidisciplinary team members treating metabolic or obesity-related diseases (e.g., dietitians, nurses) must attend the annual comprehensive review meeting unless a written excuse is provided.
- Surgeons and/or proceduralists from each practice are no longer required, but encouraged, to represent their group at all three required MBS Committee meetings.
- **Revised Measure of Compliance Requirement:**
  - Written excuses must be provided for any actively participating metabolic and bariatric surgeon and proceduralist unable to attend the annual comprehensive review meeting.
- **New Measure of Compliance Requirement:**
  - Documentation must show that multidisciplinary team members treating metabolic or obesity-related diseases (e.g., dietitians, nurses) are required to attend the annual comprehensive review meeting unless a written excuse is provided.

**Standard 2.5 Metabolic and Bariatric Surgery (MBS) Director**

- MBS Directors are now required to perform surgeries at the Center which they hold the position of MBS Director.
- In cases in which an MBS Director leaves, the newly appointed MBS Director's must meet all criteria for MBS Surgeon Verification.
- MBS Directors must perform a minimum of 25 cases per year at each Comprehensive Center and at least 15 cases per year at each Low Acuity or Ambulatory Surgery Center where they fulfill the role of MBS Director.
- **New Documentation Requirement:**
  - Operative log documenting the MBS Director has completed the required number of cases annually at the applicant center.
- **New Measure of Compliance Requirement:**
  - Provides proof the MBS Director has completed the required number of cases annually at the applicant center.

**Standard 2.6 Metabolic and Bariatric Surgery (MBS) Coordinator**

- Centers must establish a new MBS Coordinator within 6 months of the previous MBS Coordinator's official date of departure.

**Standard 2.7 Metabolic and Bariatric Surgery (MBS) Clinical Reviewer**

- Centers must establish a new MBS Clinical Reviewer within 6 months of the previous MBS Clinical Reviewer's official date of departure.

**Standard 2.8 Obesity Medicine Director (OMD)**

- No Changes

## **Standard 3: Facilities and Equipment Resources**

### **Standard 3.1: Health Care Facility Accreditation**

- The Institute for Medical Quality (IMQ) was removed from the list of acceptable state licensing authorities.

### **Standard 3.2: Facilities, Equipment, and Furniture**

- No Changes

### **Standard 3.3: Designated Bariatric Unit**

- New requirements were added for admitting post-operative bariatric patients to designated bariatric units, based on time since surgery and reason for admission.



## **Standard 4: Personnel and Services Resources**

### **Standard 4.1: Credentialing Guidelines for Metabolic and Bariatric Surgeons**

- Updated MBS credentialing guidelines now require all proceduralists to actively participate in MBSAQIP and comply with its Standards.
- The ASMBS Endorsed Procedures and FDA Approved Devices list was updated.
- Guidelines for Surgeons and Non-Surgeon Proceduralists Performing Endoluminal Therapeutic Procedures for the Treatment of Metabolic or Obesity Related Disease was removed.
- **New Documentation Requirement:**
  - Credentialing document reviewed within triennial accreditation cycle.
- **New Measure of Compliance Requirement:**
  - Provides documentation that the credentialing document has been reviewed and updated, if applicable, during an annual comprehensive review meeting within the triennial reaccreditation cycle.

### **Standard 4.2: MBSAQIP Surgeon Verification**

- Examples of acceptable quality meetings have been updated.
- Surgeons may now be verified through Focused Practice Designation (FPD) participation.
- **New Documentation Requirement:**
  - If the surgeon(s) seeking verification have achieved Focused Practice Designation (FPD) status, they must provide proof of successful completion of the MBS FPD examination and/or completion of the biennial renewal of the ABS Continuous Certification Program and subsequent requirements.

### **Standard 4.3: Metabolic and Bariatric Surgery Call Coverage**

- Call coverage schedules must be clearly documented, organized, applicable to the specific specialty and available to all relevant staff.

### **Standard 4.4 Staff Training**

- No Changes

**Standard 4.5 Multidisciplinary Team**

- Exercise physiologists are now included in the required access or referral list for preoperative, perioperative, and postoperative care.

**Standard 4.6 Advanced Cardiovascular Life Support (ACLS)**

- No Changes

**Standard 4.7 Patient Stabilization**

- No Changes

**Standard 4.8 Critical Care Unit (CCU)/Intensive Care Unit (ICU) Services**

- Updated terminology around CCU/ICU requirements for Critical care nurses.
- **Revised Documentation Requirements:**
  - CCU/ICU services must now be available on-site for all Comprehensive Centers.
- **New Documentation Requirements:**
  - CCU/ICU services available on-site or a written transfer agreement for CCU/ICU services for Low Acuity and Adolescent Centers.
  - A written transfer agreement for CCU/ICU services for Ambulatory Surgery Centers.

**Standard 4.9 Anesthesia Services**

- **Measure of Compliance Update:**
  - Anesthesia protocol specific to MBS patients must now be signed by the MBS Director and a representative of the anesthesia.

**Standard 4.10 Endoscopy Services**

- No Changes

**Standard 4.11 Diagnostic and Interventional Radiology Services**

- No Changes

**Standard 4.12 Specialty Services**

- No Changes

**Standard 4.13 Pediatric Medical Advisor (PMA)**

- No Changes

**Standard 4.14 Pediatric Behavioral Specialist**

- No Changes

**Standard 4.15 Children's Hospital Service Requirements**

- No Changes



## **Standard 5: Patient Care: Expectations and Protocols**

### **Standard 5.1: Patient Education Pathways**

- Language was updated to require inclusion of national aggregate outcomes data from the MBSAQIP Data Registry when reviewing pathways and reporting procedure options, case volumes, and expected outcomes.

### **Standard 5.2 Patient Care Pathways**

- No Changes

### **Standard 5.3 Written Transfer Agreement**

- No Changes

### **Standard 5.4 Inpatient Admitting Privileges**

- No Changes

### **Standard 5.5 Risk Assessment Protocol**

- No Changes

### **Standard 5.6 Obesity Medicine Services**

- Language updated from Anti-Obesity to Obesity Management medication.
- Language updated from advanced practice providers to multidisciplinary providers.



## **Standard 6 Data Surveillance and Systems**

### **Standard 6.1 Data Entry**

- No Changes

### **Standard 6.2 30-Day and Long-Term Follow-Up**

- Registered dietitian assessments have been added as an approved method for obtaining follow-up information.

### **Standard 6.3 Data Review**

- Language was added emphasizing the importance of collecting, analyzing, and understanding quality data to enhance patient outcomes.
- Centers are now required to review non-risk adjusted reports for all procedures (including those not in the SAR) three times annually, compare outcomes to national benchmarks, monitor trends for ongoing issues, and document any corrective actions taken.
- **New Documentation Requirement:**
  - Copies of the 30-Day Occurrence Reports reviewed during the MBS Committee meeting.
- **New Measure of Compliance Requirement:**
  - Reviews of the 30-Day Occurrence Reports for all procedures, including procedures not in the SAR, must be completed three times annually.

### **Standard 6.4 Obesity Medicine Data Collection**

- Terminology under Definitions and Requirements updated for clarity.
- Required data collection variables were updated to include body composition, adiposity-based chronic diseases, and obesity management medications (formerly anti-obesity medications), while weight percentage over time, BMI change over time, body fat percentage change over time, and comorbidity change over time were removed.
- Data collection methods were updated to require centers to calculate and track specific changes based on the data collection method they use

## Standard 7 Quality Improvement

### Standard 7.1 Adverse Event Monitoring

- Added requirement that the MBS Committee must evaluate outcomes data to identify quality concerns and take documented corrective action when consistent problems or trends are detected.
- **Revised Documentation Requirement:**
  - MBS Committee meeting minutes must now document both the review of adverse events and any applicable corrective actions taken.
- **New Documentation Requirement:**
  - MBS Committee meeting minutes documenting all 90-day mortalities, if applicable, must include the date of discovery for each mortality and confirm that the review was completed within 60 days of discovery.
- **New Measure of Compliance Requirement:**
  - Non-risk adjusted reports for all procedures, including procedures not in the SAR

### Standard 7.2 Quality Improvement Initiatives

- Language updated to clarify that The MBS Director is required to oversee all QI Initiatives.
- Requirement of one quality initiative per year has been updated to at least two quality improvement initiatives per triennial accreditation cycle.
- Language added detailing that QI Projects may run concurrently if value is added to the project by continuously addressing issues related to clinical outcomes and patient safety.
- Language around the quality improvement outline was updated.
- **New Documentation Requirement:**
  - For renewing centers, at least two unique Quality Improvement Initiatives per triennial cycle.
  - For initial centers, at least one Quality Improvement Initiative from the most recent 12 months, implemented using a consistent quality improvement methodology.
- **New Measure of Compliance Requirement:**
  - For renewing centers, provides documentation for at least two unique Quality Improvement Initiative per triennial cycle, which outline how the center measured, evaluated, and improved their performance.

- For initial centers, provides documentation for at least one Quality Improvement Initiative from the most recent 12 months, which outlines how the center measured, evaluated, and improved their performance

### **Standard 7.3 Annual Compliance Reports**

- No Changes

## **Standard 8 Professional and Community Outreach**

### **Standard 8.1 Support Groups**

- No Changes