

# **AHPBA**

## ***Certification Requirement: HPB Surgical Fellowship***

### **Appendix**

**(Version: April 5<sup>th</sup>, 2015)**

#### **Purpose of HPB Fellowship Training**

The purpose of fellowship education in HPB Surgery is to provide a structured educational and training experience necessary to achieve expertise in hepato-pancreato-biliary (HPB) surgery.

AHPBA-HPB Fellowships are accredited by the Fellowship Council. HPB Fellowships are not ACGME accredited, however, the required HPB Fellowship curriculum follows the goals and objectives outlined in the framework of the ACGME core competencies, including:

1. Patient care
2. Medical Knowledge
3. Practice based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. System-based practice
7. Operative Experience

#### **Purpose of HPB Certification:**

The purpose of HPB Surgical Fellowship certification is to confirm that the recipient has received education and training, and achieved competence, in a broad array of HPB disease and surgical management, as well as a minimum technical experience in performing complex HPB operations.

The present document defines the minimum standards required for certification of training in HBP surgery as recognized by the AHPBA.

## **Clinical Experience Requirements:**

Certificate recipients will have spent a **minimum of 48 weeks** of clinical training in the surgical management of HPB patients.

- Experience in both **inpatient and outpatient management** is **required**
  - Preoperative evaluation, assessment, and counseling
  - Perioperative in-hospital care
  - Postoperative outpatient follow-up
- Participation in **clinical management conferences** is **required**
  - Morbidity and mortality conferences
  - Multi-disciplinary tumor boards

Certificate recipients are expected to have a broad-based knowledge of the content outlined in the AHPBA-HPB Curriculum.

- Fellows must post comments on **myHPB moderated discussions** at least 6 times during their fellowship - **required**
- Participation in didactic educational opportunities is expected
  - Didactic educational conferences
  - Journal Clubs

Experience in **minimally invasive HPB** staging and surgical procedures is **required**.

- Experience in minor procedures such as liver biopsy, pancreatic biopsy and cholecystectomy is expected, but is not considered to be major HPB operative procedures.

Experience in **intraoperative ultrasound** is **required**.

- Attendance of an AHPBA sponsored US Course is *strongly encouraged*
- Attainment of the AHPBA US Certificate is *strongly encouraged*

Technical components of HPB surgery:

- Experience in **hepatic hilar dissection** is **required**.
- Experience in **hepatic tumor ablation** is *strongly encouraged*.
- Experience in **vascular reconstruction** is *strongly encouraged*.

## Procedure Requirements:

	<u>Case #</u>
<b><i>Overall HPB Cases:</i></b> <i>(No variance will be allowed in the minimum number of overall cases required.)</i>	<b>100</b>
<b><u>Liver</u></b> Must include at least 20 <b><i>major</i></b> hepatectomies ( <b><i>required</i></b> ), defined as: <ul style="list-style-type: none"><li>• Hemi-hepatectomy</li><li>• Trisectionectomy</li><li>• Central hepatectomy</li><li>• Right posterior sectionectomy</li><li>• <i>in situ</i> donor hemi-hepatectomy</li></ul> Additional minor liver procedures may include: <ul style="list-style-type: none"><li>• Resection of 1 or 2 or segments</li><li>• Partial, or non-anatomic resections</li><li>• Unroofing of large or multiple hepatic cysts</li></ul>	<b>25</b>
<b><u>Pancreas</u></b> Must include at least 20 pancreaticoduodenectomies ( <b><i>required</i></b> ) <ul style="list-style-type: none"><li>• Pancreatic resection</li><li>• Pancreatic tumor enucleation</li><li>• Pancreatic anastomosis (e.g. pancreaticojejunostomy)</li><li>• Pancreatic drainage procedures (e.g. pseudocyst procedure)</li><li>• Pancreatic debridement or necrosectomy</li></ul>	<b>25</b>
<b><u>Biliary Tract</u></b> <ul style="list-style-type: none"><li>• Ampullary or bile duct resection</li><li>• Transduodenal sphincteroplasty</li><li>• Biliary anastomosis (intra-hepatic or extra-hepatic)</li><li>• Radical cholecystectomy</li><li>• CBDE</li><li>• <i>(May include pancreaticoduodenectomies if excess in pancreas)</i></li><li>• <i>(Major biliary procedures do not include cholecystectomies)</i></li></ul> <p><i>(A deficit of up to 15% will be allowed in any one category [liver, pancreas, biliary tract], provided the minimum number of major HPB cases (100) is met and the minimum number of cases in all other categories is met.)</i></p>	<b>15</b>

## **Surgeon Role**

The fellow will act as primary surgeon **or teaching surgeon** for at least 70% of the 100 major HPB cases

## **Transplant**

Transplantation is not a requirement for HPB training; however, operative experience in liver and/or pancreas transplantation is encouraged and may be included in a Fellow's major HPB case list

- Transplant may represent up to a maximum of 20% of:
  - Overall major HPB cases
  
- Transplant may represent up to a maximum of 20% of each of the following categories:
  - Liver
    - Whole liver donor
    - Adult and pediatric whole liver recipient
    - *in situ* split liver
  - Pancreas
    - Pancreas donor
  - Biliary
    - Adult and pediatric liver recipient

*Any one transplant case may be counted as contributing to only one of the categories (i.e. a single liver transplant can not be considered both a major liver case and a major biliary case).*

## **Multiple Procedures**

Multiple procedures may be recorded per case under the following circumstances only:

- Intraoperative US, diagnostic laparoscopy, or simultaneous tumor ablation performed in conjunction with another major HPB case
- Separate unrelated operation is performed at the time of a major HPB case (e.g. colectomy performed at time of hepatic metastectomy).
- Concomitant major pancreas and liver procedures performed during same case (e.g. Whipple and liver resection).
- Intrahepatic biliary reconstruction performed at time of major liver resection may be recorded as a separate biliary procedure.