



# AHPBA

Americas Hepato-Pancreato-Biliary Association

*Advancing HPB care to  
improve patient lives*

**Effective for Fellows beginning Fellowship in 2019 and graduating in 2020 or 2021**

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

### **Appendix**

*(Version: April 2019)*

#### **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. Applicants for certification must have **completed** a Fellowship Council accredited program in HPB surgery in good standing.

Fellows in ASTS or CGSO programs may apply for a certificate of HPB training from the AHPBA as long as their program has dual accreditation by the Fellowship Council, and the fellow has completed his or her fellowship and is eligible for a certificate by either the ASTS or CGSO.

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



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## **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 inpatient 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 participate in the monthly **AHPBA Grand Rounds** at minimum 6 times per year - **required**
- Participation in didactic educational opportunities is expected
  - Didactic educational conferences
  - Journal Clubs

Experience in **minimally invasive (laparoscopic/robotic) HPB** staging and surgical procedures is **required**.

- Experience in minor procedures such as liver biopsy, pancreatic biopsy and cholecystectomy is expected, but these operations are not considered to be major HPB operative procedures.
- Minimum of 5 MIS Pancreas procedures (of any type listed on page 3)
- Minimum of 5 MIS hepatic resections of 2 segments or more are required

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*
- Minimum **required** experience is as follows:
  - Liver US (normal or w/ pathology) – 25
  - Pancreas US (normal or w/ pathology) – 25
  - Biliary US (normal or w/ pathology, including both gallbladder and extrahepatic biliary) – 5
  - Targeting US (of a specific lesion) - 5

Technical components of HPB surgery:

- Experience in **hepatic hilar dissection** is **required**.



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

## **Procedure Requirements:**

### **Surgeon Role**

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

### **Case #**

### **Overall HPB Cases:**

**100**

*(No variance will be allowed in the minimum number of overall cases required.)*

### **Liver**

**25\***

Must include at least 20 **major** hepatectomies (**required**), defined as:<sup>□</sup>

- Hemi-hepatectomy
- Trisectionectomy
- Central hepatectomy
- Right posterior sectionectomy
- Right anterior sectionectomy
- *In situ* donor hemi-hepatectomy

Additional liver procedures include:

- Resection of 1 or 2 or segments
- Partial, or non-anatomic resections
- Unroofing of large or multiple hepatic cysts

\*: At least 5 of these cases, as noted on page 2, must be done via minimal access surgery.

□: No variance will be allowed in the major hepatectomy number (20)

### **Pancreas**

**25‡**

Must include at least 20 pancreaticoduodenectomies (**required**) <sup>Σ</sup>

Additional pancreas procedures include:

- Pancreatic resections ( distal +/- spleen, Appleby, central, etc.)
- Pancreatic tumor enucleation
- Pancreatic anastomosis (e.g. pancreaticojejunostomy)
- Pancreatic drainage procedures (e.g. Frey, Puestow, etc.)
- Pancreatic debridement or necrosectomy

‡: At least 5 of these cases, as noted on page 2, must be done via minimal access surgery.

Σ: No variance will be allowed in the minimum number of pancreaticoduodenectomies (20)



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## **Biliary Tract**

**15**

- Ampullary or bile duct resection
- Transduodenal sphincteroplasty
- Biliary anastomosis (intra-hepatic or extra-hepatic)
- Radical cholecystectomy
- Common bile duct exploration
- (May include pancreaticoduodenectomies if excess in pancreas)
- (Major biliary procedures do not include cholecystectomies)

*(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. This variance of 15% does not apply to the 20 minimum major hepatectomies or 20 minimum pancreaticoduodenectomies required).*

## **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 one of the following categories:<sup>a</sup>
    - Liver
      - Whole liver donor
      - Adult and pediatric whole liver recipient
      - *In situ* split liver
    - Pancreas
      - Pancreas donor
    - Biliary
      - Adult and pediatric liver recipient
- a** : Transplant cannot apply to the 20 minimum major hepatectomies or 20 minimum pancreaticoduodenectomies
- Any one transplant case may be counted as contributing to only one of the categories (i.e. a single liver transplant cannot be considered both a major liver case and a major biliary case).



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### **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.