ASTS

American Society of Transplant Surgeons

October 19, 2006

Residency Review Committee for Surgery
Doris A. Stoll, Ph.D., Executive Director
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60610

Dear Members of the Residency Review Committee for Surgery,

The American Society of Transplant Surgeons (ASTS) appreciates the opportunity to respond to the publication of proposed changes in the program requirements for post-graduate education in general surgery. As a membership organization representing more than 1000 transplant surgeons throughout the United States, the vast majority of whom practice in academic settings with general surgery training programs, we have played an integral role in the education of general surgeons for decades and are respectful of the carefully considered evolution in surgical training that has occurred under the leadership and guidance of the Residency Review Committee for Surgery (RRC-S). Indeed, a commitment to education is a central component of the ASTS mission statement.

We have identified several issues in the proposed revisions of the program requirements that greatly concern us. In particular, we feel that the changes related to rotations on transplant services risks the elimination of critically important and highly valuable educational opportunity and operative experience for general surgery trainees. Our concerns about these unintended consequences of the proposed changes may be most satisfactorily addressed by straightforward modifications that we ask you to consider.

The proposed changes would eliminate transplant surgery rotations from most general surgery residency training programs.

The practical effect of the changes, if they were to be implemented as currently proposed in July, 2007, would be to remove transplant surgery rotations from general surgery training programs at all levels.

Under the current requirements, 54 of the 60 months of rotations in the 5-year training program must be in clinical surgery, and 36 of the 54 months must be in the principal (essential) components of general surgery. Rotations on transplant surgery services are required as part of the 18 remaining months that are available for rotations in areas outside the principal (essential) components of general surgery (lines 708-732 in the markup of the proposed changes).

Under the proposed requirements, the 36 months reserved for the principal (essential) components would be expanded to 48, and only 9 months would be left for secondary components, including transplant (lines 802-815). A formal assignment in transplant surgery would not be required (lines 823-830). In general surgery training programs with strong transplant programs, there would be greatly constricted access of general surgery trainees to transplant rotations. Training programs without transplant programs of their own that have well-functioning arrangements to send their residents to transplant programs under the Special Purpose Trainee (SPT) system would also be unlikely to continue these rotations in the absence of a specific requirement.

Training and experience in transplant surgery is increasingly important.

Interestingly, the proposed requirements stipulate that although a transplant rotation is not required, knowledge of the principles of immunology, immunosuppression, and the management of general surgical conditions arising in transplant patients would continue to be required (lines 836-839). The ASTS strongly agrees with the RRC-S that this knowledge and experience is essential for general surgery trainees, especially when one considers the burgeoning numbers of recipients of transplanted organs, many of whom will at some point require care by a general surgeon. As of the end of 2005, for example, there were more than 166,000 people with functioning organ transplants in the United States, and each year more than 20,000 additional Americans undergo solid organ transplants (*1*). Given the high success rate of organ transplantation, there will be continued rapid growth in the total number of living recipients with functioning organ transplants. Many transplant patients return to their local communities and are dependent on non-transplant center personnel for their medical care. General surgeons will be exposed to more of these patients in their practice and will need to care for them competently. It will be virtually impossible for general surgery residents to attain either the required knowledge or the management experience if they are not required to do any rotations on a transplant service. They will be ill-equipped to competently handle the immunologic and infectious disease ramifications of general surgical diseases arising in this growing body of transplanted patients without direct exposure to a significant volume

of transplant patients, which can only be realistically obtained during a transplant rotation with transplant surgery faculty providing education in these areas. For these reasons, and consistent with the RRC-S goal of we strongly feel that transplant rotations should be retained as a requirement.

We do recognize that SPT arrangements may be difficult for some training programs that do not have their own transplant services, and would be willing to consider a modification of the requirements that would allow such a training program to be exempted from the required transplant rotation if they could show sufficient hardship and a plan for their trainees to achieve the required knowledge and experience in some other manner.

One of the ancillary effects of transplant surgery being a non-required secondary component is the inability to provide a chief resident rotation in transplant surgery. The proposed requirements allow for a noncardiac thoracic surgery rotation to be considered an acceptable chief resident assignment, providing that an appropriate number of complex cases are performed and that there is documented participation in pre- and post-operative care (lines 841-845). There is thus a very sound basis for a similar provision for transplant surgery. We recognize that not all general surgery training programs could offer substantive experience at this level, but those that do so should be given the opportunity to offer a chief resident rotation in transplant surgery to their trainees.

Transplant surgery rotations provide operative experience and knowledge that are highly valued elements of general surgery training.

Finally, the removal of the transplant surgery rotation requirement would eliminate exposure to important and progressively less available operative experience in hepatobiliary and pancreatic surgery, open vascular techniques, etc., that many of our ASTS members have worked hard to provide over the years to general surgery trainees. In fact, since transplant operative procedures per se occur unpredictably when donors arise, almost all transplant surgeons include hepatobiliary and/or vascular access surgery as important components of their surgical practice. Open vascular surgery is increasingly uncommon in many training programs and the majority of such experience is now often attained on transplant rotations. Transplant rotations also provide unique operative experience and unrivaled learning opportunities in surgical anatomy in the organ donor and recipient operations. Other unique aspects of transplant surgery rotations include in-depth and concentrated exposure to the surgical care of patients with end-stage renal disease, cirrhosis, and diabetes mellitus, and management of surgical infectious diseases, especially those seen only in immunocompromised individuals.

Additionally, transplantation has been important in the history and advancement of surgical knowledge. Young surgeons need to be exposed to the field in order to continue these contributions in the future and to be able to make informed career choices. Many surgical residents consistently rank their transplant rotations as highlights in their general surgical training.

In summary, the ASTS greatly appreciates the opportunity to provide these comments and suggestions regarding proposed changes in the general surgery training requirements. We are confident that the RRC-S will carefully consider our proposals and invite you to contact us if we can provide further clarification on any of these positions.

Very truly yours,

Arthur J. Matas, MD
President

1. 2005 Annual Report of the U.S. Organ Procurement and Transplantation Network and the Scientific Registry for Transplant Recipients: Transplant Data 1995-2004: Department of Health and Human Services, Health Resources and Services Administration, Office of Special Programs, Division of Transplantation, Rockville, MD; United Network for Organ Sharing, Richmond, VA; University Renal Research and Education Association, Ann Arbor, MI, 2006.