

World Journal of *Gastrointestinal Surgery*

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Editorial Board Member of *World Journal of Gastrointestinal Surgery*, Roberto Peltrini, MD, PhD, Surgeon, Research Fellow, Academic Research, Department of Public Health, University of Naples Federico II, Via Pansini 5, Naples 80131, Italy. roberto.peltrini@gmail.com

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The primary aim of *World Journal of Gastrointestinal Surgery* (*WJGS, World J Gastrointest Surg*) is to provide scholars and readers from various fields of gastrointestinal surgery with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJGS mainly publishes articles reporting research results and findings obtained in the field of gastrointestinal surgery and covering a wide range of topics including biliary tract surgical procedures, biliopancreatic diversion, colectomy, esophagectomy, esophagostomy, pancreas transplantation, and pancreatectomy, etc.

INDEXING/ABSTRACTING

The *WJGS* is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Current Contents/Clinical Medicine, Journal Citation Reports/Science Edition, PubMed, PubMed Central, Reference Citation Analysis, China Science and Technology Journal Database, and Superstar Journals Database. The 2024 Edition of Journal Citation Reports® cites the 2023 journal impact factor (JIF) for *WJGS* as 1.8; JIF without journal self cites: 1.7; 5-year JIF: 1.9; JIF Rank: 126/292 in surgery; JIF Quartile: Q2; and 5-year JIF Quartile: Q3.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Zi-Hang Xu, Production Department Director: Xiang Li, Cover Editor: Jia-Ru Fan.

NAME OF JOURNAL

World Journal of Gastrointestinal Surgery

ISSN

ISSN 1948-9366 (online)

LAUNCH DATE

November 30, 2009

FREQUENCY

Monthly

EDITORS-IN-CHIEF

Peter Schemmer

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/1948-9366/editorialboard.htm>

PUBLICATION DATE

December 27, 2024

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INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

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<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Current status and future of hepato–pancreatico–biliary surgery fellowship training in China

Yang-Yang Feng, Yun Jin

Specialty type: Gastroenterology and hepatology

Provenance and peer review: Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's classification

Scientific Quality: Grade B

Novelty: Grade B

Creativity or Innovation: Grade B

Scientific Significance: Grade B

P-Reviewer: Peng W

Received: May 9, 2024

Revised: August 20, 2024

Accepted: September 18, 2024

Published online: December 27, 2024

Processing time: 202 Days and 6.9 Hours



Yang-Yang Feng, Department of General Surgery, The Third People's Hospital of Hangzhou, Hangzhou 310000, Zhejiang Province, China

Yun Jin, Department of Hepatopancreatobiliary Surgery, The Second Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou 310009, Zhejiang Province, China

Corresponding author: Yun Jin, MD, Doctor, Department of Hepatopancreatobiliary Surgery, The Second Affiliated Hospital, College of Medicine, Zhejiang University, No. 88 Jiefang Road, Hangzhou 310009, Zhejiang Province, China. jinyunzeyy@zju.edu.cn

Abstract

The medical education system, particularly the fellowship training system, of China has been continuously developing and improving. China established the fellowship training system in 2016, with the period for general surgeons being 3 years. Among the various general surgery subspecialties, hepatopancreatobiliary (HPB) surgery has a specialized training period of approximately 6 months. However, owing to the intricate anatomical knowledge and sophisticated surgical skills involved in HPB surgery, training excellent HPB surgeons in such a short period has always been a major challenge in the field of surgical education. This editorial summarizes the current situation, existing problems that need to be implemented for improving HPB fellowship in China. Finally, we hope to build a qualified HPB fellowship system that continually adapts to social development.

Key Words: Hepatopancreatobiliary Surgery; Fellowship; Surgical education; Surgical skills training; China

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Core Tip: The fellowship training system was established in 2016, and it has been continuously developing in China. The period for general surgeons being 3 years. Among the various general surgery subspecialties, hepatopancreatobiliary (HPB) surgery has a specialized training period of approximately 6 months. However, owing to the complex anatomical knowledge and sophisticated surgical skills involved in HPB surgery, training excellent HPB surgeons in such a short period has always been a major challenge in the field of surgical education. This editorial summarizes the current situation, existing problems that need to be implemented for improving HPB fellowship in China. Finally, we hope to build a qualified HPB fellowship system that adapts to social development.

Citation: Feng YY, Jin Y. Current status and future of hepato–pancreato–biliary surgery fellowship training in China. *World J Gastrointest Surg* 2024; 16(12): 3647-3649

URL: <https://www.wjgnet.com/1948-9366/full/v16/i12/3647.htm>

DOI: <https://dx.doi.org/10.4240/wjgs.v16.i12.3647>

INTRODUCTION

In the current Chinese medical education system, young clinicians who complete their basic medical studies first undergo standardized residency training and then proceed to fellowship training. This training is aimed to develop specialists with high professional skills and capabilities. Since 2016, China has been progressively implementing a standardized fellowship training system, with the training period for general surgeons set at approximately 3 years[1]. Among the various general surgery subspecialties, hepatopancreatobiliary (HPB) surgery typically requires about 6 months of specialized training. However, owing to the complex anatomical knowledge and precise surgical skills associated with HPB surgery, the required training for specialists is longer and more challenging[2,3]. According to the association of upper gastrointestinal surgeons of Great Britain and Ireland, one HBP surgeon is needed to serve a population of approximately 0.5 million[4]. Thus, developing qualified HPB surgeons within such a short timeframe remains a significant challenge in surgical training.

A significant disparity in medical standards exists across China, with the subspecialty of HPB surgery being highly centralized. As the world's largest developing country, there is a substantial gap in the economic development between the eastern coastal cities and mid-western cities of China. Indeed, many rural and underdeveloped areas lag behind more developed regions in terms of the quality of medical education, often failing to meet national standards. In the economically stable eastern regions, universities and hospitals have strengthened their disciplines with adequate financial support and policy assistance, thereby attracting many medical professionals and achieving substantial development momentum. By contrast, the western underdeveloped areas have faced constraints in advancing their specialties because of funding gaps, harsh environmental conditions, talent drain, and delayed policy implementation. Certain advanced HPB surgical techniques, such as laparoscopy, fluorescence laparoscopy, and robotics, are routinely performed in developed areas but have not been widely implemented in the underdeveloped regions owing to outdated diagnostic and therapeutic equipment.

Within a same province, disparities persist in the distribution of health care resources and implementation of a tiered diagnostic and therapeutic system. The "siphon effect" of medical resources by university hospitals in provincial capitals invariably challenges the stability of patient flow in lower-tier hospitals. As HPB surgery demands high technical skills from surgeons, extensive clinical practice is required[5]. Owing to the brand effect of large tertiary hospitals, patients tend to concentrate there, severely limiting the surgical experience of HPB clinicians in other hospitals.

FUTURE IMPROVEMENTS

In China, HPB surgery training is still at a nascent stage and has not been widely implemented across all hospitals. Some hospitals permit clinicians to begin HPB surgery practice immediately after completing their standardized residency training, diluting the focus on basic and clinical HPB education. Thus, it would be beneficial to extend the specialized training period by 1–2 years to ensure the surgical competencies and research literacy of HPB surgeons. Of note, developed countries have mature specialist certification systems backed by dedicated training and certification institutions. On the same lines, it is recommended that China gradually improve the management, assessment, training evaluation, and professional certification of HPB surgeons *via* specialized institutions, ultimately aiming to standardize, unify, and regulate the training quality nationwide.

After acquiring reliable theoretical knowledge, trainees must master advanced clinical skills to become competent surgeons. It has been recommended that national medical schools establish large surgical and clinical skill centers equipped with laparoscopic simulators and related devices for routine training, which will deepen the specialists' understanding of laparoscopic surgery and anatomy. In addition, custom-designed simulation training courses should be offered by experienced HPB surgeons who could perform live demonstrations and detailed discussions on surgical techniques and challenges, significantly enhancing the trainees' surgical skills and confidence.

As a young surgeon it's also important to know about clinical trials, in order to initiate surgical innovation. Different from drug clinical trials, surgical clinical trials are invasive, complex, individualized and highly dependent on surgeon's skills. The IDEAL (Idea, Development, Exploration, Assessment, Long-term study) framework is a scientific and rigorous evaluation pathway for surgical innovations, invasive medical devices, and other complex therapeutic interventions[6]. And this framework has been applied in HPB surgery[7].

Funding for specialist physician training has varied across regions. For example, in economically developed areas such as Shenzhen, the government fully subsidizes training fees and salaries during training. In Shanghai, costs are shared among the appointing entities, training hospitals, and the government. By contrast, less affluent areas receive minimal educational funding. Therefore, establishing HPB scholarships and improving medical student benefits can help retain specialist medical talent and advance medical disciplines.

CONCLUSION

Over the past few decades, the training curricula of HPB surgeons has changed significantly with the increase in the requirement of minimally invasive HPB surgery expertise and advances in surgical techniques. As one of the countries with the highest demand for HPB specialists, China urgently needs to establish a qualified HPB scholarship system that constantly adapts to social development and addresses the serious scarcity of high-quality HPB specialists.

FOOTNOTES

Author contributions: Jin Y designed and reviewed the manuscript, Feng YY and Jin Y wrote the paper; All authors read and approved the manuscript.

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

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Country of origin: China

ORCID number: Yang-Yang Feng 0000-0003-0598-8727; Yun Jin 0000-0002-3073-4043.

S-Editor: Li L

L-Editor: A

P-Editor: Zhao YQ

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