

## ASTS Hepato-Pancreato-Biliary (HPB) Accreditation Requirements and Guidelines

## **Objective:**

The objective of the Hepato-Pancreato-Biliary Surgery Accreditation Training Program is to develop proficiency in HPB surgery to Liver Transplant Surgeons. The HPB surgery training is a structured, multidisciplinary training program in the management of patients with surgical diseases of the liver, gallbladder, biliary tract and pancreas. The HPB surgery training will be in conjunction with the liver transplant surgery fellowship. The duration of the HPB surgery training should represent a structured training experience incorporated into the ASTS abdominal transplant surgery fellowship program.

Programs wishing to obtain ASTS accreditation in hepato-pancreato-biliary surgery must meet all the general criteria for ASTS Fellowship Training Accreditation in liver transplantation. The institution must meet the following criteria for HPB Accreditation and can apply for either a hepato-biliary (HB) or hepato-pancreato-biliary (HPB) surgery track:

НВ	НРВ
Operative Volume Requirements	
50 or more major HB cases per year, consecutively	Program must meet all the criteria for the HB
for no less than 2 years	program, in addition to:
35 or more major hepatic and gallbladder	25 or more major non-transplant related
procedures per year, consecutively for no less than	pancreatic procedures per year, consecutively for
2 years:	no less than 2 years. These procedures are
i. 20 or more major anatomic hepatectomy	defined as:
procedures which involve the resection of	i. Pancreaticoduodenectomy
2 or more segments of the liver and	ii. Total or partial pancreatectomy
include living donor hepatectomy and	iii. Pancreatic drainage procedure (puestow,
deceased donor split liver procurement; At	cyst-jejunostomy, etc)
least 50% of these major procedures must	
be non-transplant (non-donor) related	
cases.	
ii. Major non-anatomic resection or	
enucleation (e.g. for symptomatic cystic	
disease, hemangioma, gallbladder CA and	
metastatic liver tumors).	
15 or more complex biliary procedures per year	
(excluding CBD-CBD anastomosis during liver	
transplantation), consecutively for no less than 2	
years:	
i. Bile duct resection and reconstruction	
ii. Bile duct reconstruction without resection,	

i.e. Roux-en-y hepatico-jejunostomy (no more than 5 cases of same-setting OLT and Roux-en-y hepatico-jejunostomy can be credited)

## **Non-Volumetric Requirements**

- A. The program must have a multidisciplinary committee that consists of at least the following members (i.e. Multidisciplinary Tumor Board): HPB surgeon (ASTS or AHPBA/IHPBA member), endoscopist, medical oncologist, interventional radiologist, and diagnostic radiologist which meets on a regular basis to assist in management of complicated HPB patients.
- B. The program must provide evidence of a structured educational and training experience in comprehensive, state-of-the-art medical and surgical management of patients with surgical diseases of the liver, gallbladder, biliary tract and pancreas.
  - i. The program must provide clinical experience in multidisciplinary approach in the investigation, diagnosis, operative and non-operative treatments as well as perioperative care of HPB patients in both the in-patient and out- patient settings.
  - ii. Didactics on HPB surgical diseases that include surgical and non-surgical adjuvant therapies such as chemotherapy, radiation therapy, or ablation (i.e. HPB path conference, seminars, lecture series, journal club, roundtable discussions)

In addition, each fellow must meet the following criteria in order to be eligible for an ASTS Certificate of Completion in HPB surgery training:

НВ	НРВ
Fellow must complete training in an ASTS	Fellow must complete training in an ASTS
accredited liver transplant program and meet all	accredited liver transplant program and meet all
the requirements for training certification in liver	the requirements for training certification in liver
transplantation.	transplantation.
Fellow must regularly participate in	Fellow must regularly participate in
multidisciplinary operative and non-operative	multidisciplinary operative and non-operative
decision-making process and treatment	decision-making process and treatment
approaches (i.e. radiofrequency ablation,	approaches (i.e. radiofrequency ablation,
neoadjuvant/adjuvant therapies) as well as in the	neoadjuvant/adjuvant therapies) as well as in the
perioperative management of patients with	perioperative management of patients with
diseases of the liver, biliary system, and pancreas	diseases of the liver, biliary system, and pancreas
preferably in the context of a multidisciplinary	preferably in the context of a multidisciplinary
conference.	conference.
35 major hepatic resections over 24 month	All HB criteria, in addition to:
fellowship:	
i. 15 hemihepatectomies (no more than 6	i. 15 non-transplant major pancreatic
liver transplant related hepatectomy	procedures (defined in the program
procedures can be credited)	criteria section)
ii. 15 biliary procedures (no more than 5	

same-setting OLT and Roux-en-y hepaticojejunostomy can be credited)

## **Application Process:**

In order to apply for HB/HPB Accreditation, programs must submit an application and include all the necessary materials which highlight and document the program structure and educational training. Upon application for HPB surgery fellowship accreditation, the institution must indicate whether the HPB surgery/training is structured within a twenty-four month Liver Transplant and/or Multi-organ fellowship, OR an additional twelve month HPB specific fellowship program. Applications are to be submitted as follows:

- For current ASTS-accredited liver transplant fellowship programs, a reaccreditation application must be submitted. The application process will include application review and reaccreditation application fee. All recommendations will be submitted to the ASTS Council for final approval.
- For programs that are not currently accredited by the ASTS, a new program application for both liver transplant and HPB surgery fellowship must be submitted. The application process will include a site visit, application review and new program application fee. All recommendations will be submitted to the ASTS Council for final approval.