How Much Surgical Oversight is Necessary?

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The rapid proliferation of new technologies and surgical techniques is presenting new problems for verifying the proficiency and competence of surgeons performing those procedures. Additionally, as many of the newer techniques are being embraced by the private practice community well before the academic community the usual method of teaching surgical skills (i.e., residency training) is being bypassed. Creating a credentialing process that oversees this dilemma has been dealt with in different ways. In most instances, the political and/or legal climate often sets the tone for how the credentialing process will take shape. In the United States, although national specialty societies have established broad guidelines, the actual process of credentialing has been primarily delegated to a local matter (i.e., individual hospitals create their own specific guidelines). While this individualization allows each hospital to create a process that meets their particular needs, it may also create guidelines that are so widely discordant that they lack validity. The Japanese Endoscopic Surgical Skill Qualification System (ESSQ) in Urologic Laparoscopy may represent the other end of the current spectrum, where every effort to validate the proficiency and competence of a surgeon performing laparoscopic renal/adrenal surgery is being evaluated and scored by a standardized system. Certification of those skills is then awarded to those surgeons who meet the requirements.

In conclusion, the healthcare policy-making bodies will be monitoring the emerging trends in certifying the proficiency and competence of surgeons embracing new technologies to determine how much regulation is desirable and necessary.