

Integrated bariatric surgery residency

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Abstract: Obesity is a major public health concern. Given its lasting efficacy for improving obesity and obesity-related diseases, bariatric surgery is an increasingly common treatment option. As the implementation of the Affordable Care Act progresses, the impending physician shortage will become more severe. Thus there will be an even greater need for doctors specialized in the management and treatment of obese patients. The development of integrated bariatric surgery residency programs could be considered and is discussed herein.

Keywords: obesity, bariatric surgery, integrated residency, surgery education

Background

Obesity is a major public health concern.¹ More than one third of adults in the United States are classified as obese.² The prevalence and severity of obesity continues to increase.³ Obesity increases the risk for many chronic diseases, including type 2 diabetes mellitus, cardiovascular disease, hypertension, stroke, dyslipidemia, osteoarthritis, some cancers, nonalcoholic fatty liver disease, and decreases overall quality of life.^{2,4} If obesity is not controlled, the current generation may have a shorter life expectancy than the previous generation.²

Given its lasting efficacy for improving obesity and obesity-related diseases,⁵ bariatric surgery is an increasingly common treatment option.⁶ As the implementation of the Affordable Care Act progresses, the impending physician shortage will become more severe.⁷ Thus there will be an even greater need for doctors specialized in the management and treatment of obese patients.

The development of integrated bariatric surgery residency programs could be considered. These modified general surgery residencies would place greater focus on treatment of morbidly obese patients. By incorporating the traditional one-year minimally invasive and bariatric surgery fellowship training, the bariatric surgery residents could complete more bariatric-specific training in overall less time.

The number of bariatric surgeons has increased in recent years,⁸ suggesting the field is of increasing interest. It is difficult to predict the exact number of new physicians this residency might interest. However, if the competitiveness⁹ of other integrated (plastic, vascular, and cardiothoracic) surgical residency programs is an indicator, integrated bariatric surgery residency programs may be highly sought after by medical school graduates.

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Conclusion

The Accreditation Council for Graduate Medical Education (ACGME) could create a Primary Certificate in Bariatric Surgery, eliminating the requirement for certification in general surgery prior to certification in bariatric surgery. Because bariatric surgery includes a substantial component of general surgery, a thoughtful modification of general surgery residency program structure will have to occur to enable the expedited training without loss of core surgical competency. Leaders in bariatric surgery, general surgery, and ACGME can use other integrated programs that similarly combined fellowship training into residency as models for developing strong integrated bariatric surgery programs.

Fundamentally, the goal of such programs would be to treat the growing obesity epidemic by most efficiently producing highly trained bariatric surgeons.

Disclosure

The author has no conflicts of interest to disclose in this work.

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