

Editorial

Endocrine Surgery: Training, Education and Future Prospects

In 1970 to 1971, I was lucky enough to be an endocrine surgical fellow with Mr Selwyn Taylor and Professor Richard Welbourn. Mr Taylor was the Dean and Professor Welbourn the Chair of Surgery at the Royal Postgraduate Medical Centre, Hammersmith Hospital, London. Dr J Engelbert Dunphy, who was Chair of the Department of Surgery at the University of California, San Francisco, knew about my interest in endocrine surgery and helped me obtain this fellowship. At the Hammersmith Hospital, Mr Taylor did the thyroid and parathyroid surgery and Professor Welbourn the adrenal surgery. Mr Taylor had previously done a fellowship in Boston with James Howard Means in thyroidology.

Mr Taylor and Professor Welbourn worked closely at the Hammersmith with the endocrinologists, translational scientists and pathologists, including Professor Russell Fraser, Professor Ian MacIntyre, Professor Anthony Pearse, Professor Julia Pollach, Sir Dylwin Williams, Dr Gram Joplin, Dr Nick Woodhouse et al. Although these physicians were from different departments, there were combined conferences and wonderful friendship and collegiality among them. During 1970 to 1971, there was a meeting of the British Thyroid Association and Mr Taylor and Professor Welbourn chaired the first postgraduate meeting for endocrine surgeons. Some of the attendees included: Professor Per Ola Granberg (Karolinska, Sweden), Professor Charles Proye (Lille, France), Professor Hans D Rohrer (Marburg, Germany) and other future leaders in endocrine surgery.

The timing was obviously right for the development of endocrine surgery as a specialty of general surgery. Thyroid disorders were common, and primary hyperparathyroidism became a common rather than rare condition with the introduction of routine testing of blood calcium levels.

Subsequent to this time, Professor Peter Heineman (Bergen, Norway) with Selwyn Taylor et al decided to establish an endocrine surgical society within the International Society of Surgery (ISS) led by Professor Martin Allgower (Basel, Switzerland). The first meeting of the International Association of Endocrine Surgeons (IAES) was held with the ISS in San Francisco, California, in 1979.

This meeting established the tradition, as first stated by Per Ola Granberg, that 'endocrine surgeons are friendly surgeons', an attitude that helped to promote the fellowship of endocrine surgeons. At this meeting, Drs Norman Thompson, Edwin Kaplan, Jack Monchik, Tony Edis and I decided to start an American Association of Endocrine Surgeons (AAES). Numerous other endocrine surgical societies were soon established in many countries around the world.

Endocrine Surgical Fellowships: Are They Important?

Should there be endocrine surgical fellowships? And what should the fellowships try to accomplish? Will such fellowships lead not only to safe and experienced surgeons but also to new and better methods of diagnosis and treatment of endocrine tumor problems?

During the past 10 years, there have been numerous articles documenting that more experienced surgeons obtain the best results. Endocrine surgical fellowships provide the experience as the fellows are taught by experienced endocrine surgeons. Unfortunately, most surgical residents in the USA do not perform enough thyroid, parathyroid, adrenal or pancreatic endocrine surgical operations to be considered experienced. Endocrine surgery fellowships are therefore essential in the same way that fellowships in cardiac, pediatric, peripheral vascular, colorectal and other specialties within surgery have proven their efficacy.

Are Endocrine Surgical Fellowships Detrimental to the Education and Training of Surgical Residents because of Decreasing the Number of Cases the Surgical Resident's Experience?

Diverting cases from general surgery residents to endocrine surgery fellows could be a problem, however, the referral to endocrine surgeons usually increases the volume of cases thus contributing to improved resident training. Therefore, everyone benefits and this has certainly proved to be true at UCSF.



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Richard Welbourn



Selwyn Taylor

The opportunity to see more patients with similar disorders helps the involved surgeons and their colleagues to recognize patterns of disease. It also helps to establish clinical and basic science studies to help answer clinical problems.

What are the Goals of an Endocrine Surgical Fellowship?

- The most talented of our surgical residents should be recruited to our endocrine surgical fellowships.
- The fellows should understand the embryology, anatomy, pathophysiology, molecular biology and endocrinology of patients with these disorders.
- The fellows should be knowledgeable about localization techniques that help in the management of these patients including the use of radiologic and nuclear tests.
- The fellows should be experienced in different surgical approaches for endocrine surgical operations and reoperations.
- The fellows should be aware of postoperative complications and how to avoid or minimize them.
- The fellows should be creative and write several articles and or chapters during these fellowships.
- The fellows should be promoted so that they can obtain prestigious faculty positions or leadership positions in other medical centers.

What are the Future Prospects for Endocrine Surgeons?

Surgeons who are interested in endocrine surgery should attend a meeting of the AAES, IAES and other Endocrine Surgical Societies to observe the friendship and energy that is present. Many of the presented articles are original and help to improve the care of patients we treat.

Competition from other specialties, I believe is a positive factor as it promotes a stimulus to work hard and 'do better'. Recent graduates from Endocrine Surgical Fellowships in the USA have quickly developed successful careers and practices. Many have established collaborative practices with colleagues in other major medical centers.

The future prospects for endocrine surgeons should be great. Endocrine surgery, like other surgical specialties, will continue to mature with more quality control monitoring and examinations to test for knowledge and experience in this exciting field.

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