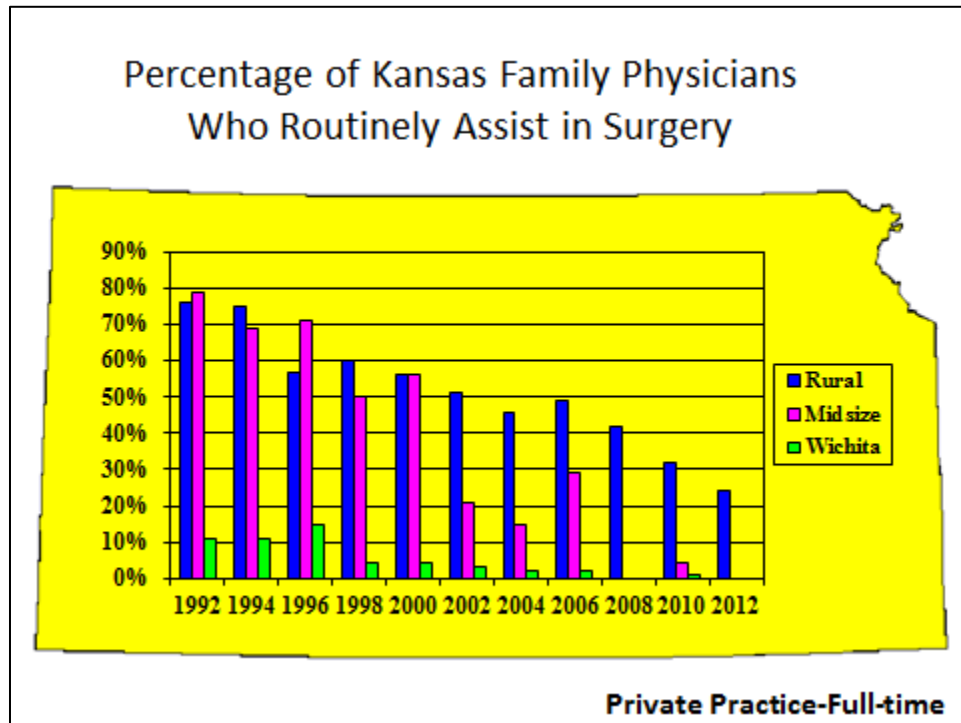


Trends in Kansas Family Physicians Assisting in Major Surgery

During the last two decades there has been a significant decline in the percentage of practicing family physicians in Kansas who assist in surgery on their own patients who are referred to a local surgeon. This decline has occurred in rural and mid-size Kansas communities as well as in Wichita.

The development of laparoscopic and robotic surgery over the last two decades has generally replaced open abdominal surgery for conditions such as gall bladder removal, appendectomy, bowel resection and exploratory abdominal surgery. In some cases, CT and MRI scanning may make invasive surgical procedures less necessary. Needle biopsy procedures are sometimes favored over more invasive surgery.



New Accreditation Council for Graduate Medical Education family medicine residency requirements, effective July 1, 2014, reflect this changing practice pattern. Historically, family medicine residents have had two month-long rotations with a general surgeon and have actively assisted in major abdominal surgery as well as minor surgery and various procedures. The new ACGME requirements state that "Residents must receive training to perform clinical procedures required for their future practices in ambulatory and hospital environments." and "Residents must have at least 100 hours (or one month) dedicated to the care of surgical patients, including hospitalized surgical patients. This experience must include operating room experience."

Reference:

*ACMGE Program Requirements for Graduate Medical Education in Family Medicine."

<http://www.acgme.org/acgmeweb/tabid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx>.