Include formal lectures
Take the learning curve into account
Dry-run during cadaver work-shop
Physical presence of a proctor
Include simulation procedure (i.e. biotissue)
Off-site proctoring (e.g. video)
Start with MIDP
Start with MIPD
Start with MI enucleation
Start with hybrid procedures
Start with resection of PD
Start with benign indications
Start with early stage tumors
Exclude morbidly obese patients
Exclude (chronic) pancreatitis
Exclude malignancies in the body of the pancreas
Exclude vascular involvement
Exclude spleen preserving DP
Exclude borderline resectable tumors
Exclude bulky tumors
Exclude extensive nodal involvement
Exclude multivisceral involvement
Exclude prior abdominal surgery
Exclude neo-adjuvant chemotherapy
Exclude neo-adjuvant radiation therapy

International societies should design and oversee the training program
Individual hospitals should fund program
Governments should fund program
Surgical industry should fund program
Training completed when surgeon and proctor agree. Formal checklists should be developed.
Difficulty scores for MIPS encouraged, but detailed scores are to be developed
Vascular and multivisceral resection only when >50-100 MIPD performed
Vascular and multivisceral resection only when >50-100 MIDP performed
Perform >5 MIDP and practice in biotissue coures before MIPD
Start with MIDP, either laparoscopic or robotic.