



Guidelines for training in advanced endoscopic surgery

This statement has been developed by the Women's Health Committee. It has been reviewed by the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee and Endoscopic Surgery Advisory Committee (RANZCOG/AGES) Members can be found in [Appendix A](#).

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: March 1994
Current: March 2017
Review due: March 2020

Consensus statement of the Royal Australian and New Zealand College of Obstetricians & Gynaecologists (RANZCOG) and the Australasian Gynaecological Endoscopy & Surgery Society (AGES).

Objectives:

To describe the guidelines for training in advanced endoscopic surgery.

Target audience: Fellows and Trainees of RANZCOG undertaking endoscopic surgery and training hospitals.

Values: The evidence was reviewed by the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee, and applied to local factors relating to Australia and New Zealand.

Validation: This statement was compared with WHO and SOGC guidance on this topic.

Background: This statement was first developed by the RANZCOG Women's Health Committee in March 1994 and reviewed in November 2015. It was updated by the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee in March 2017.

Funding: The development and review of this statement was funded by RANZCOG.

Table of contents

1. Patient Summary	3
2. Summary of recommendations	3
3. Introduction	3
4. Discussion and recommendations	4
5. Conclusion	4
6. Links to other College statements	4
7. Patient information	5
Appendices	6
Appendix A Women's Health Committee and Endoscopic Surgery Advisory Committee (RANZCOG/AGES) Membership	6
Appendix B Overview of the development and review process for this statement	7
Appendix C Full Disclaimer	8

1. Patient Summary

These guidelines address issues in the training of specialists in the performance of advanced gynaecological endoscopic procedures.

2. Summary of recommendations

Recommendation 1	Grade
Practitioners performing advanced gynaecological endoscopic procedures must be appropriately trained in the performance of such procedures.	Consensus-based recommendation
Recommendation 2	Grade
The introduction of new surgical procedures is subject to appropriate ethical considerations.	Consensus-based recommendation

3. Introduction

Endoscopic surgery, encompassing laparoscopic, robot-assisted laparoscopic and hysteroscopic approaches, is an appropriate diagnostic and therapeutic intervention for a range of gynaecological conditions.

Fellows and Trainees of RANZCOG undertaking surgery of this nature have a responsibility to their patients to achieve and maintain a satisfactory standard of surgical training, such that case selection and performance of the surgery is both appropriate and safe.

4. Discussion and recommendations

1. While it is anticipated that during the course of training all Fellows and Trainees should gain a minimum amount of endoscopic experience, the nature of endoscopic surgery is such that not all Fellows and Trainees will be competent to perform all procedures. More advanced procedures (such as total laparoscopic hysterectomy, pelvic fascial repair or excision of advanced endometriosis) require further training and supervision prior to unsupervised performance. The acquisition of this training may occur in a number of ways including recognised training posts in endoscopic surgery, such as an Advanced Training Module (ATM); ongoing surgical skills courses developed by the College or special interest groups and ongoing regular exposure to a Fellow with advanced endoscopic skills, who provides traditional individual training.
2. Training organizations and individual training supervisors have a responsibility to trainees. Training must only occur within the scope of practice of the trainer and should occur within an established and reviewed training framework.
3. RANZCOG encourages Fellows and Trainees to be proactive in the acquisition of new skills and actively promotes ethical research and evaluation of any new procedure prior to its widespread use. It is expected that Fellows and Trainees adhere to the principles of informed consent, specifically indicating if the procedure may be viewed as experimental or as yet unproven. Any Fellow involved in the development of new procedures must ensure that the procedures have appropriate ethical clearance and that outcome data is collected and periodically reviewed.
4. Credentialing of any gynaecologist is the responsibility of the relevant hospital or health authority. It is expected that a Fellow of RANZCOG would be included on any hospital committee to which the Fellow would be applying for privileges. Credentialing of gynaecologists should be referenced to the Scope of Clinical Practice Levels identified in *Guidelines for performing gynecological endoscopic procedures* (College Statement C-Trg 2).
5. Fellows and Trainees should familiarise themselves with *Guidelines for performing gynecological endoscopic procedures* (College Statement C-Trg 2).

5. Conclusion

Practitioners performing advanced endoscopic procedures must be appropriately trained in the performance of such procedures. Credentialing for such procedures is the responsibility of the relevant hospital or health authority.

6. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

[https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-\(C-Gen-15\)-Review-March-2016.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf)

Guidelines for performing advanced operative laparoscopy (C-Trg 2)

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Training/C-Trg_2_Guidelines_for_performing_adv_oprative_laparoscopy_Review_Nov_10.pdf?ext=.pdf

7. Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:

<https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets>

Appendices

Appendix A Women's Health Committee

Name	Position on Committee
Professor Yee Leung	Chair
Dr Joseph Sgroi	Deputy Chair, Gynaecology
Associate Professor Janet Vaughan	Deputy Chair, Obstetrics
Professor Susan Walker	Member
Associate Professor Ian Pettigrew	Member
Dr Tal Jacobson	Member
Dr Ian Page	Member
Dr John Regan	Member
Dr Craig Skidmore	Member
Dr Lisa Hui	Member
Dr Bernadette White	Member
Dr Scott White	Member
Associate Professor Kirsten Black	Member
Dr Greg Fox	College Medical Officer
Dr Marilyn Clarke	Chair of the A&TSI WHC
Dr Martin Byrne	GPOAC Representative
Ms Catherine Whitby	Community Representative
Ms Sherryn Elworthy	Midwifery Representative
Dr Amelia Ryan	Trainee Representative

Endoscopic Surgery Advisory Committee (RANZCOG/AGES) Membership

Name	Position on Committee
Dr Stephen Lyons	Chair, Representative AGES
Professor Michael Permezel	Deputy Chair, Representative RANZCOG
Dr James Tsaltas	Representative AGES
Professor Ian Symonds	Representative RANZCOG
Dr John Tait	Representative RANZCOG
Associate Professor Jason Abbott	Representative AGES
Associate Professor Anusch Yazdani	President AGES
Professor Steve Robson	President RANZCOG

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in 1994 and was most recently reviewed in March 2017. The Endoscopic Surgery Advisory Committee (RANZCOG/AGES) carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the March 2017 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Endoscopic Surgery Advisory Committee (RANZCOG/AGES).

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Endoscopic Surgery Advisory Committee (RANZCOG/AGES) members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines.¹⁷ Where no robust evidence was available but there was sufficient consensus within the Endoscopic Surgery Advisory Committee (RANZCOG/AGES), consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.