The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Guidelines for visiting surgeons conducting demonstration sessions

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee 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: February 2003
Current: March 2018
Review due: March 2021

Objectives: To provide guidance on visiting surgeons conducting demonstration sessions.

Target audience: All health practitioners providing maternity care. In addition, this may provide useful information for those responsible for planning the delivery maternity services.

Background: This statement was first developed by RANZCOG in February 2003 and reviewed in July 2010 to provide guidance on visiting surgeons conducting demonstration sessions. It was most recently reviewed in March 2018.

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

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1. Patient summary

This document outlines the requirements and responsibilities of surgeons who are performing demonstration sessions.

2. Introduction

Demonstration sessions are fundamental to the introduction of new surgical techniques and the acquisition of surgical skills. The nature of demonstration sessions demands the implementation of explicit rules and regulations to insure a positive outcome for the patient, the visiting surgeon, and the commissioning institution.

A *demonstration session* is the performance of a procedure, engagement of a technique or utilisation of a piece of equipment for the purposes of education.

A *surgeon* is defined as any person employing, demonstrating or mentoring a technique, procedure or piece of equipment.

A *visiting surgeon* is a surgeon not directly engaged by the institution holding the demonstration or workshop.

The *commissioning institution* is the health care facility that engages the visiting surgeon.

3. Discussion and Recommendations

3.1 What is to be expected of the commissioning institution?

1. The institution must be satisfied that the proposed procedure will be of benefit to the patient.

2. The institution must prospectively approve and accredit the visiting surgeon.

3. Experimental procedures must be approved by an appropriate institutional review board.

4. It is the responsibility of the commissioning institution to ensure that any new equipment to be employed during the procedure meets all relevant health and safety requirements and that staff members have been appropriately familiarised with the equipment.

3.2 What is to be expected of visiting surgeons conducting demonstration sessions?

1. The visiting surgeon must be registered with the relevant Medical Board or Council.
2. The appointment of the visiting surgeon must be prospectively approved by the local credentialing committee of the Hospital being visited.
3. The visiting surgeon must prospectively provide evidence of appropriate medical indemnity for the planned procedure.
4. The visiting surgeon should meet and consult with the patient pre-operatively. This consultation should include:
    a. a description of the proposed procedure;
    b. a description of the proposed demonstration or workshop;
    c. a description of the roles of other members of the surgical team, including any practical teaching element of the procedure;
    d. a delineation of the lines of responsibility during the procedure and in the postoperative period;
    e. informed consent for the proposed procedure;
    f. informed consent for any live demonstration, transmission, recording and/or publication of the proposed procedure;
    g. an acknowledgement that the patient may withdraw consent at any point prior to the procedure; and,
    h. an acknowledgment of any material interest by the surgical team in the performance of the proposed procedure.
5. The visiting surgeon must be oriented to:
    a. the theatre complex;
    b. the anaesthetic staff;
    c. the surgical assistants;
    d. the nursing staff; and
    e. the surgical equipment.
6. The visiting surgeon must liaise with a locally accredited RANZCOG Fellow. Lines of responsibility need to be clearly delineated for
    a. case selection
    b. suitability of the surgery

c. intraoperative performance

d. postoperative care

7. The visiting surgeon should not leave the local area until satisfied that the patient is in a stable condition and unlikely to need their immediate care.

8. The visiting surgeon should be prepared to stay locally overnight (or longer) after certain higher-risk procedures, or where a significant complication has occurred or where the surgeon considers a significant complication may occur

9. If postoperative care has been delegated to another specialist:

    a. the delegated specialist must not hand over care to another doctor without approval by the visiting surgeon.

    b. the visiting surgeon must ensure that clear postoperative instructions are left.

    c. the vising surgeon must maintain a clear line of communication with those providing postoperative care.

4. Other suggested reading

RACS Position Paper on Live Transmission of Surgery
http://www.surgeons.org/media/297141/2016-08-17_pos_fes-pst-008_live_transmission_of_surgery.pdf

5. Links to other College statements

Guidelines for consent and the provision of information to patients in Australia regarding proposed treatment (C-Gen 02a)
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-to-patients-in-Australia-(C-Gen-2a)-Review-July-2016.pdf?ext=.pdf

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

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair
Dr Joseph Sgroi	Deputy Chair, Gynaecology
Associate Professor Lisa Hui	Member
Associate Professor Ian Pettigrew	EAC Representative
Dr Tal Jacobson	Member
Dr Ian Page	Member
Dr John Regan	Member
Dr Craig Skidmore	Member
Associate Professor Janet Vaughan	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 ATSI WHC
Dr Martin Byrne	GPOAC Representative
Ms Catherine Whitby	Community Representative
Ms Sherryn Elworthy	Midwifery Representative
Dr Amelia Ryan	Trainee Representative

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 February 2003 and was most recently reviewed in the second half of 2013. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- At the March 2018 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). This statement was approved at the November 2013 face-to-face committee meeting.

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 Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee

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 (2009). Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, 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.