

APSS Frequently Asked Questions

This document contains frequently asked questions regarding the APSS form.

How does the old form differ from the new form?

The APSS process through both a formative and summative means is an important part of trainees learning journey. Through the review of the APSS in line with the updated RANZCOG curriculum v4, the framework of Entrustable Professional Activity has been adopted. This specifies where a trainee needs to be along their training journey in relation to the key surgical, ultrasound and colposcopy skills, aligning to our scaling of levels A-D (*refer below*). An important part of this process is about identifying strength and areas for improvement in particular procedures.

The updates are inclusive of;

- (i) levels of supervisions
- (ii) Addition of Global Rating
- (iii) Changes to names of procedures
- (iv) Changes to procedural requirements

What are the changes to procedures?

It is important to note that none of the changes to the APSS form would require trainees to complete any additional procedures or do so at a 'higher' level than previously, or fulfil the requirements earlier in your time in training. The primary differentiation of the APSS form is the name change for a few of the procedures. Additionally, the Endometrial Ablation procedure has been removed as a requirement. These differences align the APSS form to the curriculum, focus on level of supervision and require a Global Rating that is more intuitive with the judgements made every day with regards to the readiness of trainees.

Fellowship of RANZCOG Curriculum v3	Fellowship of RANZCOG Curriculum v4
IUCD insert/ removal	Name Change: IUC insertion/removal
Endometrial Ablation	No longer required as an APSS
Laparoscopic Surgery: RANZCOG/ AGES Skills levels 1-2	Name Change: Laparoscopic surgery: e.g. Diagnostic Laparoscopic/Salpingectomy Level 1-2
Laparoscopic Surgery RANZCOG/AGES skills level 3+ -	Name Change: Laparoscopic surgery: e.g. cystectomy/Oophorectomy- Level 2B-3
Laparotomy: Basic (Oophorectomy, ovarian cystectomy)	Name Change: Laparotomy: Basic (e.g. oophorectomy, ovarian cystectomy)
Vaginal Surgery: Intermediate(hysterectomy)	Removed, but included in the umbrella of Hysterectomy: <ul style="list-style-type: none"> • Hysterectomy (Basic Training) • Hysterectomy (Generalist Gynecology ATM) 'Hysterectomy' can now be met by any ONE of Vaginal hysterectomy, abdominal hysterectomy or laparoscopic (assisted) approach
Laparotomy Intermediate (Hysterectomy)	No longer required as a standalone APSS, see above

Figure 1. table of changes to name of procedures and procedural requirements.

What do the changes to the Hysterectomy requirement mean to trainees?

Under the new curriculum, the expectation will be that trainees will not necessarily be expected to independently, perform three different types of hysterectomy for core scope of training. Trainees may choose to perform a hysterectomy using any approach of vaginal, abdominal or laparoscopic assisted. Some concerns have been addressed regarding this below:

- I have already completed an APSS form with one or all of the hysterectomy types and achieved a level 7 or above
 If trainees have already completed this with a level 7 and above, this will account for Advanced Training Module requirements.
- I have already completed an APSS form with one or all of the hysterectomy types and achieved less than a level 7
 If scored below 7, trainees will be required to complete this through the new APSS form.
 If a trainee has requested additional time to complete this requirement, these will be addressed by a case-to-case basis.

What is meant by the Levels of supervision?

The letters below (A-D) correlate to the levels of supervision in the new curriculum document... The levels of supervision refer to the updated curriculum whereby **A** [Performs with direct supervision (in room/assisting with procedure)], **B** [Able to perform with onsite supervision immediately available], **C** [Able to perform with offsite supervision / assistance in complicated cases], **D** [Able to perform independently and supervise others performing uncomplicated cases]. For most of these procedures, the trainee should be able to perform them independently with offsite supervision. There will still be procedures that trainees are expected to demonstrate independence in. Additionally, there are procedures in which trainees build on their skills and this is reflected in the level of supervision e.g. Laparoscopic surgery. Trainees may not be at the level indicated when they first attempt it, in that case, the attempt can be used as a formative means. Moreover, trainees may well exceed the required level for their time in training and that can be reflected in their Global Rating.

Procedure being assessed (select only ONE)	
GYNAECOLOGY (the required level of supervision for satisfactory assessments) <ul style="list-style-type: none"> <input type="checkbox"/> Cystoscopy (C) <input type="checkbox"/> Diagnostic hysteroscopy, dilation & curettage (C) <input type="checkbox"/> Endometrial sampling, outpatient (D) <input type="checkbox"/> Hysterectomy (Basic Training) (A) <input type="checkbox"/> Hysterectomy (Generalist Gynaecology ATM) (D) <input type="checkbox"/> IUD insertion/removal (C) <input type="checkbox"/> Laparoscopic surgery: e.g. Cystectomy/Oophorectomy - Level 2B-3 (D) <input type="checkbox"/> Laparoscopic surgery: e.g. Diagnostic Laparoscopy/Salpingectomy - Level 1-2 (A) <input type="checkbox"/> Laparotomy: Basic (e.g. oophorectomy, ovarian cystectomy) (A) <input type="checkbox"/> Minor perineal surgery (C) <input type="checkbox"/> Suction D&C for retained products of conception (C) <input type="checkbox"/> Vaginal surgery: Basic (anterior +/- or posterior repair) (C) <input type="checkbox"/> Vulval biopsy (diagnostic) (D) 	OBSTETRICS (the required level of supervision for satisfactory assessments) <ul style="list-style-type: none"> <input type="checkbox"/> Administration of local anaesthesia including pudendal block (C) <input type="checkbox"/> Caesarean section: Basic (C) <input type="checkbox"/> Complicated caesarean section: e.g. placenta praevia (B) <input type="checkbox"/> Complicated caesarean section: fully dilated (B) <input type="checkbox"/> External cephalic version (C) <input type="checkbox"/> Instrumental birth: low/outlet forceps (C) <input type="checkbox"/> Instrumental birth: low/outlet vacuum (C) <input type="checkbox"/> Instrumental vaginal birth: mid cavity or rotational (B) <input type="checkbox"/> Intrapartum procedures (including fetal scalp blood sampling) (C) <input type="checkbox"/> Management of PPH >=1000ml: Examination under anaesthetic (C) <input type="checkbox"/> Manual removal of placenta (C) <input type="checkbox"/> Repair of episiotomy or second-degree perineal tear (D) <input type="checkbox"/> Repair of third- and fourth-degree tears (B) <input type="checkbox"/> Spontaneous vaginal birth (C) <input type="checkbox"/> Vaginal birth: Complex (B)

Figure 2. Procedures that are assessed via the APSS form and their corresponding level of supervision in parenthesis. This level of supervision aligns to the Curriculum v4.

What is meant by the Global rating) ?

The global rating is an indication of the overall support the assessor provides throughout the process. This encompasses the rating along with the assessor's judgement.

A general guide regarding making a holistic judgement from observations is as below:

- For a trainee to achieve a global rating of D, trainees would be expected to obtain level 4 in all the key components.
- To reach a global rating of C, trainees would be expected to obtain a level of 3 in most components.
- To reach a global rating of B, trainees would be expected to obtain level 2 in most components with perhaps some level 3s.
- To achieve a level A, trainees would be expected to obtain some 1s and 2s

Does this impact on credentialing?

Under the previous process, anyone who was considered satisfactory will be deemed to have satisfied the minimum level for the same procedure on the new APSS form. For credentialing purposes, they would be regarded as having achieved a level of D (able to practice independently).

In terms of credentialing, most APSS assessments are completed by end of Year 4, it is expected that the level of competency for employment would not be impacted by these changes for at least 2 years.

In terms of credentialing for what basic trainees and advanced trainees should be expected to do, the changes to the APSS have only been made to be aligned with what is in the new curriculum. This is intended to provide a guide to the minimum level expected for trainees at different stages of training. It does not preclude the need for units to do their own 'credentialing' for each trainee for what level of supervision they need during any specific term.

Can I use this as a formative tool?

Yes, it is encouraged the trainees use this form as a formative means prior to undertaking it as summative assessment

Can I submit a previous version of the form?

Yes, you can still do so on My.ranzcog. The previous iteration of the form will be accepted until the end of Semester 1 2024.

Further resources

- Instructional Guide
- Curriculum v4
- Webinar recording
- APSS Overview Video

Version Register

Version	Date of Version	Pages revised / Brief Explanation of Revision
1.3	March 2024	Creation