

AGES Advanced Training Program (AATP)

AATP CURRICULUM

Curriculum Renewal

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OVERVIEW

During 2020-2022, the **AGES Advanced Training Program (AATP)** has undergone renewal. This document collates information on the process. It also contains all relevant information on key components of the curriculum. Most of the contents are intended to be web-based and the audience includes applicants, trainees, supervisors, and others interested in the program.

The AATP graduate will be entitled to call themselves an AGES Advanced Gynaecological Endoscopic and/or Laparoscopic surgeon. They will demonstrate advanced gynaecological operative procedural practice through minimally invasive techniques, incorporating laparoscopic, hysteroscopic and vaginal surgical access.

The FRANZCOG Curriculum (3rd edition v3.11, 2022) <https://ranzcog.edu.au/wp-content/uploads/2022/05/FRANZCOG-Curriculum.pdf> was used as a guide to organise some content and as a baseline for learning outcomes.

The AATP curriculum is arranged around six themes:

1. The patient
2. The patient's condition
3. The surgical environment
The tools and surgical products
4. The techniques
5. The AGES professional practice

The substantive changes to the curriculum include the reframing of all learning outcomes around six themes, inclusion of strategy to manage trainee underperformance, an evaluation strategy, and the recommendation of an advisory committee. Minor changes have been made to selection, accreditation of training units and assessments.

TERMS AND ABBREVIATIONS

AATP refers to the AGES Advanced Training Program

AATP Trainee refers to individuals accepted to the AATP

AATP Training Supervisor refers to individuals accredited by AGES for the AATP to supervise trainees at accredited sites

AATP Director of Training refers to individuals accredited by AGES for the AATP with overall responsibility for supervision of trainees at their accredited Training Unit

AATP Training Unit refers to the medical unit providing the AATP for each trainee; each Unit may have a number of Training Sites

AATP Training Site refers to the physical location of Training Unit accredited by AGES for the AATP

AGES Society refers to the Australian Gynaecological Endoscopy and Surgical Society

AGES Society Secretariat refers to the AATP administrative team

AGES Education Committee refers to the sub-committee responsible for overseeing the AATP

ASM refers to the Annual Scientific Meeting of the AGES Society

INTRODUCTION

BACKGROUND TO THE AATP

The AGES Society first developed a training program in acknowledgment of the complexity of advanced gynaecological endoscopic practice, the growth of demand for gynaecological endoscopy combined with limited formal opportunities to develop expertise in advanced gynaecological endoscopic practice. There was an expressed need to introduce standards of training across units in Australia and New Zealand in response to anecdotal reports of variations in the quality of training experiences.

The training program was initially introduced to:

1. Improve knowledge, clinical practice, teaching and research
2. Establish a close understanding and working relationship with other disciplines
3. Improve the recruitment of talented graduates into areas of recognised training facilities
4. Establish, as far as possible, consistency in recruitment, training, and assessment.

These goals remain central to the mission. The curriculum renewal reflects the maturation of the program, including the expansion of trainee numbers and accredited training sites. The process was informed by a range of curriculum standards documents (Appendix 1), involved consultation with AGES members, members of the Education Committee of the AGES Society, the AGES Society Secretariat (Appendix 2). Recent graduates of the AATP were surveyed on their experiences of the AATP (Appendix 3).

The FRANZCOG Curriculum (3rd edition v3.11, 2022) <https://ranzcog.edu.au/wp-content/uploads/2022/05/FRANZCOG-Curriculum.pdf> was used as a guide to organise content and as a baseline for learning outcomes. The AATP curriculum builds on the learning outcomes of the FRANZCOG Curriculum.

The AGES Society Secretariat administers the AATP including applications to join the AATP, trainee progression and accreditation of Training Units, Supervisors and Directors of Training.

Trainees accepted to the AATP will know in advance that their Training Unit has the capacity to offer the program. However, ultimately responsibility for suitable training will continue to rest with the trainee.

THE ADVANCED GYNAECOLOGICAL ENDOSCOPIC AND/OR LAPAROSCOPIC SURGEON

The AATP graduate will be entitled to call themselves an AGES Advanced Gynaecological Endoscopic and/or Laparoscopic surgeon. They will demonstrate advanced gynaecological operative procedural practice through minimally invasive techniques, incorporating laparoscopic, hysteroscopic and vaginal surgical access. They will demonstrate leadership in and contribute to all facets of the advancement of gynaecological endoscopy through:

- Advocacy for access to the highest quality care for patients
- Support of trainees and other colleagues
- Research on all facets of gynaecological endoscopy
- Advisory and consultative roles in shaping health policy

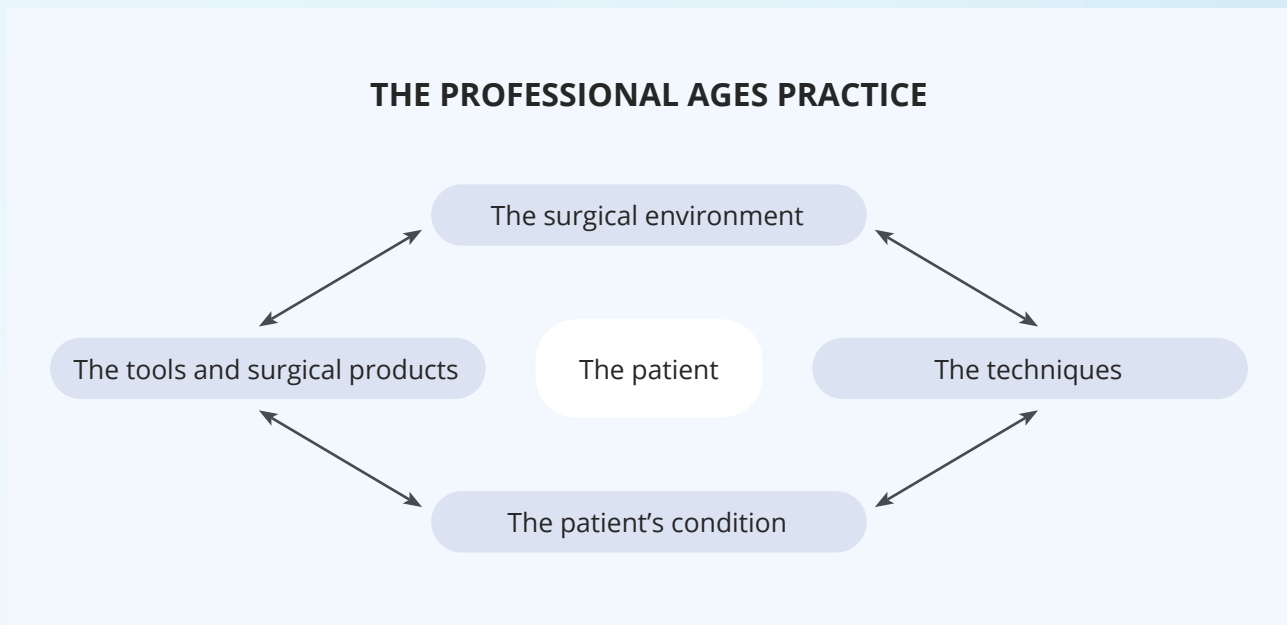
THE AGES ADVANCED TRAINING PROGRAM (AATP)

The AATP prepares trainees for practice as Advanced Gynaecological Endoscopic and/or Laparoscopic surgeons.

The AATP curriculum has six overlapping themes. *The patient* is placed at the centre of the curriculum with *the patient condition* connected with this central theme. Also connected with the patient is *the surgical environment*, principally the operating theatre but inclusive of all settings in which care is offered. The next two themes – *the tools and surgical products* and *the techniques* are aligned with the surgical environment. Finally, *the professional AGES practice* surrounds all themes.

Within each theme there are learning outcomes written in behavioural terms. It is important to acknowledge the challenge in reducing the complexity of gynaecological endoscopic and surgical practice to a set of learning outcomes. Assessment is based on these learning outcomes, which, in turn, determine the learning methods and opportunities, resources and environments needed to complete the AATP successfully.

Figure 1: The AATP curriculum is arranged around 6 themes.



AATP LEARNING OUTCOMES

The learning outcomes build on those described in the FRANZCOG curriculum (3rd edition v3.11). Where FRANZCOG learning outcomes are generic, successful completion of the AATP will see those outcomes met in the context of advanced endoscopic gynaecological practice. For example, in biostatistics (p17), critical appraisal of literature and research evidence (p 18), research skills (p18). Advocating for the highest quality care for all patients is a central value running through all themes.

THEME 1: THE PATIENT

The curriculum centres around the patient. While trainees are expected to demonstrate deep knowledge of anatomy and physiology, they are also expected to consider each patient's familial, social, economic, and cultural factors as they relate to care and to demonstrate exemplary communication skills with each patient in all facets of their condition.

Anatomy

1. Describe the relational and neurovascular anatomy of the pelvis, including
 - a. the vulva and vagina
 - b. the uterus
 - c. the fallopian tubes
 - d. the ovary
 - e. the rectum and anus
 - f. the bladder and ureters
 - g. the sigmoid, large bowel and appendix
 - h. the small bowel
 - i. the pelvic spaces
2. Describe the relational and neurovascular anatomy of the anterior abdominal wall
3. Describe the relational and neurovascular anatomy of the upper leg
4. Describe the bony pelvis and soft tissue attachments
5. Describe the anatomy of the anterior abdominal wall with respect to laparoscopic entry techniques
6. Describe the embryological development of the Müllerian tract and anomalies
7. Describe the anatomical variants of Müllerian tract anomalies including uterine septae

Physiology

8. Describe the physiology of wound healing
 - a. primary intention
 - b. secondary intention
9. Describe the pathophysiology of adhesion formation
10. Describe the physiology of preoperative fluid management
11. Describe the applied anatomy, peritoneal environment and pathophysiological changes induced by pneumoperitoneum and Trendelenburg position

Familial, social, economic & cultural considerations

12. Acknowledge familial, social, economic and cultural circumstances as they influence patients' experiences of their condition

Communication

13. Demonstrate culturally appropriate communication skills with patients
14. Demonstrate effective communication with patients for all conditions outlined in this document including:
 - a. The causes and pathogenesis
 - b. The investigations
 - c. The treatment options including benefits and risks
 - d. Informed consent (including minors and those without testamentary capacity)
 - e. The ethical principles of justice, beneficence, non-maleficence and respect of autonomy
15. Describe the necessary documentation required for patient care and the importance of providing information to the patient and her family, the health care facility and insurance providers

THEME 2: THE PATIENT'S CONDITION

This theme has a strong clinical focus. Learning outcomes cover breadth and depth of knowledge relating to the following: endometriosis; uterine disease; prolapse and incontinence; adnexa; pelvic inflammatory disease; chronic pelvic pain; infertility; and pregnancy.

Endometriosis

1. Outline the applicable history and physical examination
2. Explain and interpret the incidence and prevalence (pelvic and extra-pelvic)
3. Outline current theories on pathogenesis
4. Describe histological and macroscopic variants
5. Explain classification systems in diagnosis including their application and limitations
6. Describe the clinical consequences (including associated outcomes e.g., pelvic pain, mental health, malignancy risk, infertility)
7. Describe the role of imaging in diagnostic evaluation and treatment planning
8. Describe current strategies for management with specific reference to the limitations and outcomes for:
 - a. medical therapy
 - b. surgical therapy
 - c. other therapies

Uterine disease (congenital anomalies, myomas, adenomyosis and endometrial pathology)

9. Outline the applicable history and physical examination
10. Explain and interpret the incidence and prevalence
11. Outline current theories on pathogenesis
12. Describe histological and macroscopic variants
13. Explain relevant classification systems in diagnosis including their application and limitations
14. Describe the clinical consequences including associated outcomes (e.g., pelvic pain, malignancy risk, infertility)
15. Describe the role of imaging in diagnostic evaluation and treatment planning
16. Describe current strategies for management with specific reference to the limitations and outcomes for:
 - a. medical therapy
 - b. surgical therapy
 - c. other therapies

Prolapse and incontinence

17. Outline the applicable history and physical examination
18. Explain and interpret the incidence and prevalence
19. Outline current theories on pathogenesis
20. Explain relevant classification systems in diagnosis including their application and limitations
21. Describe the clinical consequences (including associated outcomes)
22. Describe the role of imaging in diagnostic evaluation and treatment planning
23. Describe current strategies for management with specific reference to the limitations and outcomes for:
 - a. medical therapy
 - b. surgical therapy
 - c. other therapies

Adnexa (ovarian, tubal and pelvic inflammatory disease)

24. Outline the applicable history and physical examination
25. Explain and interpret the incidence and prevalence of associated pathologies (e.g., cysts, torsion, hydrosalpinges, tubo-ovarian abscesses)
26. Outline current theories on pathogenesis
27. Describe histological and macroscopic variants
28. Describe the clinical consequences (including associated outcomes)
29. Describe the role of imaging in diagnostic evaluation and treatment planning
30. Describe current strategies for management with specific reference to the limitations and outcomes for:
 - a. medical therapy
 - b. surgical therapy
 - c. other therapies

Chronic pelvic pain

31. Outline the applicable history and physical examination
32. Explain and interpret the incidence and prevalence
33. Outline current theories on pathogenesis
34. Describe the clinical consequences (including associated outcomes)
35. Describe the role of imaging in diagnostic evaluation and treatment planning
36. Describe current strategies for management with specific reference to the limitations and outcomes for:
 - a. medical therapy
 - b. surgical therapy
 - c. other therapies
37. Describe the role of multi-disciplinary team management

Infertility

38. Outline the applicable history and physical examination
39. Explain and interpret the incidence and prevalence
40. Outline current theories on pathogenesis
41. Describe the role of imaging in diagnostic evaluation and treatment planning
42. Describe current strategies for management with specific reference to the limitations and outcomes for:
 - a. medical therapy
 - b. surgical therapy
 - c. other therapies

Pregnancy

43. Outline the applicable history and physical examination
44. Describe the role of imaging in diagnostic evaluation and treatment planning
45. Describe the effect and risks of laparoscopic surgery on the mother and foetus
46. Describe and demonstrate modifications in laparoscopic performance for the pregnant patient
47. Outline the impact of gynaecological conditions on pregnancy
48. Describe the effect and risks of uterine surgery on future pregnancies (e.g., myomectomy, operative hysteroscopy, caesarean scar niches)

THEME 3: THE SURGICAL ENVIRONMENT

While acknowledging surgical environments are diverse, this theme focuses on the peri-operative surgical environment with a particular emphasis on the operating theatre. However, the specialist knowledge of the tools and techniques sits in the fourth theme. In this theme, trainees are expected to develop deep knowledge of evidence-based pre-operative care to optimize patient outcomes. Trainees must demonstrate knowledge and skills of operating theatre equipment and the principles of patient positioning for specific surgical interventions. Trainees are expected to know basic anaesthetic and infection control principles underpinning safe pre-operative, intra-operative and post-operative management of patients. Learning outcomes also include fostering effective team communication within specialised surgical environments.

Pre-operative

1. Describe and summarize the evidence-based interventions prior to, during, and after surgery that are known to improve outcome, including bowel preparation, prophylactic antibiotics, use of cervical softening agents and thromboprophylaxis
2. Describe the importance of pre-operative assessment in conjunction with appropriately qualified specialists and the relationship with the anaesthetic team in the acutely or chronically unwell patient

Operating theatre equipment

3. Describe the function and operational basis of the laparoscopic stack, energy generator and fluid management systems
4. Demonstrate ability to troubleshoot common issues that may arise with laparoscopic stacks, energy generators and fluid management systems
5. Describe the safety strategies used by the laparoscopic stack, energy generator and fluid management systems

The table & patient positioning

6. Demonstrate safe patient and equipment positioning for various surgical interventions, providing appropriate access, while minimising patient impact and maximising ergonomic access
7. Describe the principles of upper and lower limb positioning and Trendelenburg position
8. Describe strategies to prevent neurological injury associated with patient positioning

Anaesthetic considerations

9. Describe basic clinical pharmacology of common anaesthetic drugs used during gynaecological surgery (e.g., induction agents, muscle relaxants, opioids, antiemetics and anticoagulants)
10. Describe the intraoperative methods used for monitoring of vital parameters (e.g., ECG, intermittent non-invasive blood pressure, pulse oximetry, capnography, temperature, intra-abdominal pressure and ventilation parameters)

11. Describe the prevention, clinical presentations and management of complications of pneumoperitoneum (e.g., arrhythmias, gas (CO₂) embolism, extra-peritoneal insufflation, surgical emphysema, pneumomediastinum and pneumothorax)
12. Describe approaches to pain management and antiemesis including the concept of multimodal regimens, dosage and side effects of simple analgesics (paracetamol and NSAIDs), local anaesthetic infiltrations, parenteral opioids (subcutaneous, intravenous), regional blocks and anti-emesis drugs

Infection control and sterility

13. Describe the peri-operative infection control and sterility processes required to minimise surgical site infections (e.g., antibiotics, antiseptic preparations, personal protective equipment)

The team

14. Demonstrate productive working relationships with all teams in the acutely or chronically unwell patient
15. Discuss the 'time out' steps taken to ensure patient identity and procedure check at the start of surgery
16. Describe the principles and discuss the importance of debriefing and counselling when dealing with the aftermath of a major surgical complication

THEME 4: THE TOOLS AND SURGICAL PRODUCTS

The learning outcomes in this theme focus on trainees' developing knowledge and skills of tools and surgical products used in advanced gynaecological endoscopy and surgery including endoscopic instruments (laparoscopy, hysteroscopy, cystoscopy), of energy sources and instruments and open surgery instruments. Trainees should also have knowledge of relevant robotic technologies.

Endoscopic instruments (laparoscopy, hysteroscopy, cystoscopy)

1. Describe and demonstrate the functional applicability of endoscopic instruments
2. Demonstrate the ability to assemble the appropriate instruments
3. Describe and demonstrate troubleshooting for common issues with endoscopic instruments

Energy sources & instruments

4. Outline the history of electrosurgery, including energy forms used to generate the various tissue effects (e.g., vaporisation, fulguration, desiccation) - electrical, mechanical and laser
5. Describe properties of electricity including current, circuit, resistance, voltage, direct current, alternating current and frequency
6. Describe the principles of electrosurgery and thermal effects on tissue during open, laparoscopic and hysteroscopic surgery
7. Describe the advantages and disadvantages of different energy modalities and instruments (e.g., ease of handling, tissue effects, thermal spread, efficacy of vessel sealing)
8. Describe and demonstrate approaches to preventing complications from energy sources (e.g., insulation failure, direct coupling, indirect coupling, capacitive coupling, return plate injuries and lateral thermal injury)

Open instruments

9. Describe and demonstrate the functional applicability instruments and retractors used with open surgery
10. Demonstrate the ability to assemble the appropriate instruments and retractors

Robotic technology

11. Describe the role of robotic technology in gynaecological surgery including advantages and disadvantages

THEME 5: THE TECHNIQUES

The learning outcomes in this theme are both knowledge and skills based. Trainees are expected to demonstrate competency in the following techniques: laparoscopic entry, laparoscopic suturing and stapling, specimen morcellation and retrieval, hysteroscopy, hysterectomy, myomectomy, ovarian surgery, tubal surgery, urogynaecological surgery, open surgery, bowel surgery, urological surgery and gynaecological surgery and malignancy.

Laparoscopic entry

1. Describe and demonstrate primary port entry techniques (Veress, direct optical entry and Hasson), relevant anatomy, equipment requirements, rationale, and evidence
2. Describe the risk factors associated with laparoscopic entry (e.g., extremes of BMI, previous abdominal surgery, large pelvic masses, known abdominal adhesions at specific sites)
3. Describe and demonstrate the roles of varying secondary port configurations (laparoscopic and robotic-assisted laparoscopy)
4. Describe the complications, prevention and management of injuries associated with laparoscopic entry techniques (e.g., port site bleeding, secondary umbilical hernia, damage to underlying viscera secondary to adhesions)
5. Demonstrate knowledge of current topics of interest and controversies

Laparoscopic suturing and stapling

6. Describe the role and characteristics of suture materials (e.g., absorbable/non-absorbable vs monofilament/polyfilament, absorption, tensile strength, memory, pliability)
7. Describe the needle construction, types and design purposes
8. Demonstrate skill in coordinated use of suturing instruments (needle holder, forceps, knot pusher)
9. Demonstrate competency in applying suturing techniques to surgical procedures (e.g., vault closure, vault suspension, vascular pedicle ligation, haemostatic suturing, repair of uterine wound, repair of iatrogenic injuries)
10. Describe principles of stapling system and their use in gynaecological and colorectal procedures (disc excision, end-to-end or side-to-side anastomosis)
11. Demonstrate knowledge of current topics of interest and controversies

Specimen morcellation and retrieval

12. Describe the principles, techniques and risks of specimen retrieval
13. Describe and demonstrate the application, limitation, assembly and use of morcellators used in gynaecological endoscopy
14. Demonstrate knowledge of current topics of interest and controversies

Hysteroscopy

15. Describe the indications and rationale for:
 - a. Outpatient and general anaesthetic hysteroscopy
 - b. Operative hysteroscopy
16. Describe the principles of the operative techniques for the relevant procedures (e.g., diagnostic, endometrial ablation, polypectomy, myomectomy, septoplasty, adhesiolysis)
17. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
18. Describe the risks, prevention and management of complications (e.g., fluid management, visceral, haemorrhage, embolism, surgical site infection)
19. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
20. Demonstrate knowledge of current topics of interest and controversies

Hysterectomy

21. Describe the indications and rationale of the routes (e.g., vaginal, laparoscopic, robotic, vNOTES, open) and type of hysterectomy (e.g., total, sub-total)
22. Describe the principles of the operative techniques for the relevant procedures
23. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
24. Describe the risks, prevention and management of complications (e.g., visceral, vascular, haemorrhage, thromboembolism, surgical site infection)
25. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
26. Demonstrate knowledge of current topics of interest and controversies

Myomectomy

27. Describe the indications and rationale of the routes (e.g., hysteroscopic, laparoscopic, robotic, open)
28. Describe the principles of the operative techniques for the relevant procedures
29. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
30. Describe the risks, prevention and management of complications (e.g., visceral, vascular, haemorrhage, thromboembolism, surgical site infection, uterine rupture)
31. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
32. Demonstrate knowledge of current topics of interest and controversies

Ovarian surgery

33. Describe the indications (e.g., cysts, torsion, PID, malignancy) and rationale of the routes (e.g., laparoscopic, robotic, open)
34. Describe the principles of the operative techniques for the relevant indications
35. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
36. Describe the risks, prevention and management of complications (e.g., visceral, vascular, haemorrhage, thromboembolism, surgical site infection)
37. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
38. Demonstrate knowledge of current topics of interest and controversies

Tubal surgery

39. Describe the indications (e.g., ectopic, contraception, fertility) and rationale of the routes (e.g., laparoscopic, robotic, open)
40. Describe the principles of the operative techniques for the relevant indications (e.g., salpingectomy, salpingotomy, fimbrioplasty, tubal reanastomosis)
41. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
42. Describe the risks, prevention and management of complications (e.g., visceral, vascular, haemorrhage, thromboembolism, surgical site infection)
43. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
44. Demonstrate knowledge of current topics of interest and controversies

Urogynaecological surgery

45. Describe the indications (e.g., prolapse, incontinence) and rationale of the routes (e.g., vaginal, laparoscopic, robotic, vNOTES, open)
46. Describe the principles of the operative techniques for the relevant indications (e.g., native tissue, mesh repair, urethral slings, vault suspension, sacrocolpopexy, Burch)
47. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
48. Describe the risks, prevention and management of complications (e.g., ureteric, visceral, haemorrhage, thromboembolism, surgical site infection, mesh erosion, functional symptoms)
49. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
50. Demonstrate knowledge of current topics of interest and controversies

Open surgery

51. Describe the indications for open surgery and incision types
52. Describe the principles of the operative techniques for the relevant procedures (e.g., hysterectomy, myomectomy, adnexal)
53. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
54. Describe the risks, prevention and management of complications (e.g., visceral, vascular, haemorrhage, thromboembolism, surgical site infection, wound dehiscence)
55. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
56. Demonstrate knowledge of current topics of interest and controversies

Bowel surgery

57. Describe the indications specific to gynaecological surgery and rationale of the routes (e.g., laparoscopic, robotic, open)
58. Describe the principles of the operative techniques for the relevant indications (e.g., shaving, disc resection, bowel resection)
59. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
60. Describe the risks, prevention and management of complications (e.g., fistula, anastomotic leak, visceral, vascular, haemorrhage, thromboembolism, surgical site infection)
61. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
62. Demonstrate knowledge of current topics of interest and controversies

Urological surgery

63. Describe the indications (e.g., endometriosis, prolapse, incontinence) and rationale of the routes (e.g., laparoscopic, robotic, vNOTES, open)
64. Describe the principles of the operative techniques for the relevant indications
65. Discuss and demonstrate procedure specific considerations as outlined in Themes 3 and 4
66. Describe the risks, prevention and management of complications (e.g., ureteric, bladder, haemorrhage, thromboembolism, surgical site infection)
67. Critically appraise current clinical guidelines (e.g., RANZCOG, RCOG, ACOG, NICE) and research
68. Demonstrate knowledge of current topics of interest and controversies

Gynaecological surgery and malignancy

69. Describe the impact of laparoscopic and hysteroscopic surgery on pre-existing malignancy
70. Describe the appropriate investigations to minimise the risk of an unexpected malignancy (e.g., imaging, tumour markers, risk factors)
71. Describe the management of the finding of unexpected malignancy at surgery
72. Demonstrate knowledge of current topics of interest and controversies

THEME 6: THE PROFESSIONAL AGES PRACTICE

This theme assumes an already high level of knowledge of professional practice. Several facets are highlighted with the focus of application again to advanced gynaecological endoscopy and surgery. This includes leadership, audit and quality improvement, research, teaching and supervision practices, ethics, medica-legal and management considerations. Central to this theme is advocating for the highest quality care for patients is a central value to this theme and fostering respectful and supportive environments for all colleagues.

Leadership, personal and professional behaviour

1. Advocate for the highest quality care for patients
 - a. Demonstrate completion of the “Speak up for Safety” module specific to the accrediting hospitals (e.g., escalating surgical concerns, protection for whistleblowers, etc.)
 - b. Demonstrate behaviours aligned with the “Speak up for Safety” module specific to the accrediting hospitals (e.g., escalating surgical concerns, protection for whistleblowers, etc.)
2. Demonstrate a commitment to the development of gynaecological endoscopic and surgical practice through participation in diverse AGES activities (e.g., research, policy development etc.)
3. Foster behaviours in the workplace that support respectful and supportive environments for all colleagues, patients and their families
4. Demonstrate effective self-care through management of own health including fatigue
5. Demonstrate a growth mindset relative to personal development as a practitioner
 - a. Employ a critically reflective approach to practice
 - b. Participate in self and peer review
 - c. Accept feedback (including criticism) as an opportunity to improve
 - d. Acknowledge own limitations and plan to address them
 - e. Accept accountability for own decisions and actions

Audit and quality improvement

6. Describe legal aspects of clinical audit including consent, ethics committee and privileged status
7. Demonstrate clinical audit practices such as patient safety surveys, standards-based audit, morbidity and mortality conferences, the quality cycle, CUSUM and analysis of time-dependent variables (Kaplan-Meier)
8. Demonstrate use of checklists pre-operatively, operatively, and post-operatively
9. Describe the incidence of surgical adverse events by operation type (e.g., hysterectomy) and by operation mode (e.g., laparoscopy, hysteroscopy)
 - a. Clinical Indicators
 - b. Outcome indicators
 - c. Process indicators
 - d. Structure indicators
10. Describe the Quality Assurance/Total Quality Management (TQM) organizational responsibilities inherent to gynaecological surgery
11. Describe the principles of and steps in instituting a quality management system, including ISO accreditation
12. Describe the organizational responsibilities inherent to advanced pelvic surgery including
 - a. the creation of management protocols
 - b. the composition and role of institutional review boards
 - c. the organization and co-ordination of clinical meetings

Research

13. Demonstrate knowledge and skills of diverse research practices
 - a. Develop and implement a search strategy for a systematic review
 - b. Critically appraise a range of peer reviewed papers in specified journals
 - c. Identify sources of research funding and contribute to funding applications
14. Conduct a gynaecological research project
 - a. Develop a research proposal
 - b. Demonstrate knowledge of ethical research through human research ethics approval of a research project
 - c. Demonstrate knowledge of statistical analysis applied to a research project
 - d. Demonstrate knowledge of and adherence to reporting guidelines for a range of research designs
 - e. Effectively communicate a research project as an oral presentation at a scientific conference
 - f. Publish a manuscript in a specified research journal
 - g. Demonstrate leadership of a research team

Teaching, learning and supervision

15. Demonstrate teaching and supervisory practices that support the development of colleagues in a range of educational settings including:
 - a. Identifying learning goals with students, trainees and others
 - b. Plan educational strategies to achieve learning goals
 - c. Provide feedback on progress
 - d. Complete assessment documents based on established performance criteria
16. Plan learning activities to maintain your own professional development

Ethics, medico-legal and management considerations

17. Demonstrate knowledge of the RANZCOG Code of Ethical Practice as it applies to advanced gynaecological endoscopy and surgery
18. Recognise and respond appropriately to ethical issues encountered in practice

19. Demonstrate knowledge of medico-legal standards pertaining to advanced gynaecological endoscopy and surgery, and:
 - a. Recognise the principles and limits of patient confidentiality
 - b. Explain the standards of informed consent
 - c. Apply appropriate national/state regulations
20. Maintain appropriate professional boundaries with patients and colleagues
21. Demonstrate exemplary professional management practices, and:
 - a. Manage medical indemnity and risk
 - b. Maintain accurate and up to date patient records
 - c. Apply high standards of social media platforms
 - d. Identify and manage potential conflicts of interest within practice
 - e. Manage surgical resources including the financial and environmental costs of surgical practice
 - f. Demonstrate professional meeting management skills
 - g. Demonstrate effective time management

CLINICAL AND MANAGEMENT SKILLS

Gynaecological endoscopists perform complex procedures that require more than practical experience. Their practice is characterised by exemplary professional attitudes and behaviour, and they review and update this practice continually to ensure the highest possible standard of healthcare delivery. All clinical skills and processes are underpinned by sensitive, appropriate and effective communication with the patient and their significant others. The following matrix describes the procedures that trainees are expected to achieve. While these are embedded in the six themes above, here they are listed more precisely with respect to expectations of practice/performance.

	DESCRIBE (not perform)	DIRECT SUPERVISION	PERFORM UNASSISTED	NUMBER
LAPAROSCOPIC PROCEDURES				
Endometriosis Surgery				
Minimal/mild			X	20
Moderate / Severe			X	10
Advanced adhesiolysis			X	10
Ovarian Surgery				
Endometrioma			X	10
Ovarian cysts			X	10
Ovarian transposition		X		
Tubal Surgery				
Ectopic pregnancy			X	10
Salpingectomy for tubal pathology			X	10
Reanastomosis		X		
Neoalpingostomy and salpingoplasty		X		
Uterine Surgery				
Laparoscopic hysterectomy			X	20
Laparoscopic myomectomy			X	10
Urogenital Prolapse				
Bladder neck suspension procedures		X		
Uterine suspension procedures		X		
Vaginal suspension procedures		X		
HYSTEROSCOPIC PROCEDURES				
Outpatient hysteroscopy		X		
Resection of myoma			X	10
Resection of polyp			X	10
Division of septum/ adhesions			X	10
ROBOTIC PROCEDURES				
	X			
UROLOGICAL PROCEDURES				
Diagnostic cystoscopy			X	10
Ureteric catheterization			X	10
Ureteric reanastomosis		X		

COLORECTAL PROCEDURES				
Anterior Resection	X			
Hemicolectomy (left)	X			
Ileostomy and reversal	X			
Small bowel resection	X			
Bowel repair		X		

**DESCRIBE
(not perform) DIRECT
SUPERVISION PERFORM
UNASSISTED NUMBER**

THE LEARNING METHODS AND RESOURCES

While fundamentally a time-based program, the AATP specifies overarching competencies and learning outcomes to be achieved over two years. The AATP acknowledges that features of accredited training units may offer focused training in some areas.

Clinical practice provides the context for the development of the expected knowledge, attitudes, skills and performance of an AATP graduate. While clinical practice is the dominant forum for learning, there are additional specific opportunities. To get the most out of the AATP, full participation is essential. This includes attendance at conferences, workshops and other AATP activities as specified. While these formal learning activities are important, so too is the informal learning that occurs associated with full participation. Study groups are strongly recommended.

The following learning methods and opportunities are linked with curriculum components.

1. Personal study
2. Clinical practice
3. Clinical supervision
4. Discussions between trainees and supervisors/Directors of Training linked to assessments
5. AATP Trainee Workshop associated with the AGES Annual Scientific Meeting (ASM)
6. AGES ASM and other conferences
7. AGES AATP organized activities
8. Anatomy of Complications Workshop – encouraged to attend
9. AGES Laparoscopic Anatomy and Pelvic Dissection (LapD) Course
10. AGES Research Workshop or equivalent (e.g., Cochrane Workshop)
11. Accredited/approved biostatistics workshop
12. Research project (linked with assessment tasks)
13. Presentation (linked with assessment tasks)
14. Informal learning such as trainee-led study groups

While the AATP values currency in its content, the continued evolution of practice means that the most recent developments may not always be found in this document. AGES trainees are expected to be aware of contemporary changes in practice such as those shared at relevant scientific meetings and conferences and in peer reviewed publications during their enrolment in the AATP. Dates of revisions of curriculum content are included as a guide to currency.

We welcome suggestions from AATP trainees, supervisors and others on any aspect of this document. These suggestions may include useful resources, approaches to learning content or strategies for success in the program.

Suggested Resources

Resources are constantly changing. While this curriculum document offers some initial direction, trainees are expected to ensure they are familiar with the latest evidence-based content and directions of practice.

Journals

We recommend regular viewing of the following journals. Sign up for notifications to see what's being published. It may also be worthwhile following the journals on social media since increasingly journals are sharing their work in this format.

- The Journal of Minimally Invasive Gynecology <https://www.jmig.org/>
- Facts, Views and Vision in ObGyn www.fvvo.be
- General endoscopy journals
- BJOG – An International Journal of Obstetrics and Gynaecology <https://obgyn.onlinelibrary.wiley.com/journal/14710528>
- American Journal of Obstetrics and Gynecology (AJOG) <https://www.ajog.org/>
- Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) <https://obgyn.onlinelibrary.wiley.com/journal/1479828x>

Reference Texts

- Partin A, Peters C et al (Eds.) Campbell Walsh Wein Urology textbook of Urology. 12th Edition, Elsevier. ISBN: 9780323546423 <https://www.us.elsevierhealth.com/campbell-walsh-wein-urology-9780323546423.html#description>
- Smith AD, Preminger GM (Eds.) et al. (2018) Smith's Textbook of Endourology, 4th Edition, John Wiley & Sons Ltd. Online ISBN:9781119245193 DOI:10.1002/9781119245193 <https://onlinelibrary.wiley.com/doi/book/10.1002/9781119245193>

Professional Society websites

We encourage regular visits to professional society websites including:

- Australasian Gynaecological Endoscopy & Surgery (AGES) Society - <https://ages.com.au/>
- American Association of Gynaecological Laparoscopists (AAGL) <https://www.aagl.org/>
- European Society of Endoscopists (ESGE) <https://esge.org/>

Miscellaneous Resources

While the AGES Society does not promote specific industry resources as part of the AATP, we encourage review of industry websites and their educational offerings.

ASSESSMENT

Assessment tasks are aligned with the curriculum and distributed across two years. They include educational activities, summative and in-practice assessments. It is important to plan the educational activities early to ensure you have time to complete them.

YEAR 1		YEAR 2	
SEMESTER 1	SEMESTER 2	SEMESTER 3	SEMESTER 4
AGES Laparoscopic Anatomy Pelvic Dissection Course AGES Research Workshop or equivalent (e.g., Cochrane Workshop) Training Workshop at the Annual Scientific Meeting			
Biostatistics Course			
Research presentation at specified conference			
The Research Project			
	Theoretical assessment at end of first year		Theoretical assessment if not taken at the end of first year
TAR – Form 1	TAR – Form 1	TAR – Form 1	TAR – Form 1
TSR – Form 2	TSR – Form 2	TSR – Form 2	TSR – Form 2
TDS – Form 3	TDS – Form 3	TDS – Form 3	TDS – Form 3
			Summative APS Forms

REQUIRED EDUCATIONAL ACTIVITIES

Workshops

Trainees entering training from February 2022 are required to complete ALL of the following workshops over the 2-year period of their training:

1. AGES Laparoscopic Anatomy Pelvic Dissection Course
2. AGES Research Workshop or equivalent (e.g., Cochrane Workshop)
3. Training Workshop to be held at the Annual Scientific Meeting (ASM)

Credit for completion of equivalent workshops may be considered. Submissions can be made to the Education Committee. Please note that submissions must include a copy of the course/workshop program, content and certification of completion. Review will be considered by the Education Committee on a quarterly basis.

Biostatistics Course

A biostatistics course must be completed within the 2 years of training. Exemption to the biostatistics course may be considered by the Education Committee where a course has been undertaken in the 5 years prior to the commencement of training, where there is a documented program and certification obtained from the course.

For courses taken more than 5 years prior to the onset of training, each case will be taken on merit. Statistics as a contributor to an undergraduate medical program leading to a medical degree, course work leading to a masters or honours program are unlikely to be exempt. Degrees where biostatistics or research methodology form a substantial and verifiable portion of the degree content or PhD program are likely to be acceptable. All applications will be considered on an individual basis.

Current recommended bio-statistics course include:

1. University of Queensland

- a. PUBH7620 – Introduction to Biostatistics https://my.uq.edu.au/programs-courses/course.html?course_code=PUBH7630
- b. PUBH7650 – Clinical Epidemiology https://my.uq.edu.au/programs-courses/course.html?course_code=PUBH7650

2. University of Tasmania

CAM625 – Introduction to Biostatistics (<https://www.utas.edu.au/courses/chm/units/cam625-introduction-to-biostatistics>)

3. University of New South Wales

PHCM2002 – Biostatistics <https://sph.med.unsw.edu.au/course/phcm2002>

4. University of Western Australia

PUBH2203 – Foundation of Epidemiology and Biostatistics <https://handbooks.uwa.edu.au/unitdetails?code=PUBH2203>

IMED2003 – Medical Sciences Research Methodologies <https://handbooks.uwa.edu.au/unitdetails?code=IMED2003>

5. University of Melbourne

POPH90013 – Biostatistics <https://handbook.unimelb.edu.au/subjects/poph90013>

PRACTICE ASSESSMENTS

There are minor changes recommended to the documents on the AGES website as of November 2022.

The following are requirements for successful completion of the AGES AATP:

TRAINING ASSESSMENTS

Each trainee will be required to complete the following over each semester (6-month period) of their training:

Training Assessment Record (TAR) – Form 1

<https://ages.com.au/training/trainee-information/trainee-documentation-2/tar-01/>

- Trainees at all levels must complete and submit the specific AGES TAR
- The TAR documents surgical procedures in a logbook format
- A range of clinical skills will be recorded (gynaecological clinics or rooms/ultrasound/minor procedures)
- Professional practices will be recorded including meeting attendance, research project preparations and submissions, teaching and training activities, dry-lab

Training Supervisor's Report (TSR) – Form 2

All nominated Training Supervisors must complete the Training Supervisors Report (TSR) for each trainee at the end of each semester and submit it to the AGES Society Secretariat. Note that contributors to a training program who are not nominated training supervisors do not need to complete this form.

Directors of Training at each site are responsible for ensuring and distributing the Training Supervisors Report link to all nominated Training Supervisors and those who are not nominated but considered necessary for an assessment.

Training Director's Summary (TDS) – Form 3

Once the Training Supervisors Reports are received by the AGES Society Secretariat, they are collated, and the details entered into a summary for the Director of Training at each accredited site. A link to this document is then forwarded to the Director of Training with the Training Supervisors Reports summarised for reference. The Director of Training then reviews, annotates, signs and submits the Summary, in consultation with the Trainee.

Timeline

- Form 1 (TAR), Form 2 (TSR) and Form 3 (TDS) are to be submitted to the AGES Society Secretariat within four weeks of the completion of the semester, usually by August 31 (first semester) and February 28 (second semester).
- There may be times when these dates need to be adjusted due to starting times of trainees.
- The final semester TAR is due by December 14 to enable revision of the submitted documentation in time for graduation at the ASM in the following March.
- Presentation of training certificates will be made to all completed trainees at the Gala Dinner of the ASM in the following March.
- An elevation fee at final completion is payable prior to certification.
- It is expected that trainees register and attend this meeting in-person to accept their certificate
- Reminders will be sent to Directors of Training 4 weeks after these dates if they have not been received.

Training sites that have not responded to two written reminders for the appropriate documentation from the AGES Society Secretariat will be removed as an accredited training site and will need to reapply for accreditation including the full application fee.

Procedural Assessments

Documentation

Two Assessment of Procedural Skills (APS) documents are required to be submitted:

- Total Laparoscopic Hysterectomy – this is mandatory for all trainees.

One other procedure, at the discretion of the trainee, from the following list:

- Laparoscopic excision stage IV endometriosis
- Laparoscopic Pelvic Floor Repair
- Laparoscopic Myomectomy (an intramural myoma of >5cm diameter with layered suture repair)
- Laparoscopic lymphadenectomy

The online assessment forms can be found on the AGES website <https://ages.com.au/training/trainee-information/trainee-documentation-2/>

Timeline

Submission of APS reports are required by December 14 in semester 4.

THEORETICAL ASSESSMENT

Multiple Choice Question (MCQ) Examination

Trainees are required to complete a theoretical examination at an AGES meeting. MCQs will be determined by the AGES Education Committee. The following procedures apply to the Theoretical Assessment:

- Trainees must register for the MCQ Examination by 30 days in advance.
- Trainees must be registered as a delegate for the AGES meeting in which the examination is undertaken.
- Both 1st and 2nd years may sit the examination.
- Should a 2nd year fail – a make-up examination will be held in February to allow graduation in March at the Annual Scientific Meeting (ASM).
- Should a 1st year fail – the next examination they can do is the following November (or whenever the regular examination is to be held).
- Examination results will be marked and ratified by the AGES Education Committee and trainees informed of the outcome within 6 weeks of the examination.
- The examination pass mark is determined by the Education Committee using the Modified-Angoff method. This occurs after the examination has been set and the questions analysed.

Research Project Assessment

There are two parts to this assessment, successful completion of the project including publication in a peer reviewed journal and presentation of the project at a specified meeting.

Research Project

Each trainee is required to complete a gynaecological research project during the program.

The research project is deemed automatically passed if the project is published in a peer reviewed journal, with the trainee as first author.

Where the trainee is not first author, or if the study has not been published, submission for consideration of assessment will be required, including a statement to the Chair, AGES Education Committee as to the trainee's role in the project. The trainee may be required to present their research and their roles, responsibilities and understanding of the principles of research to a panel to be chosen by the Chair, AGES Education Committee.

Research Presentation

To meet this requirement, the trainee must have presented at one of the following DURING their training:

- An AGES affiliated scientific meeting (ASM/Pelvic Floor/Focus)
- The AAGL annual meeting <https://www.aagl.org/>
- The ESGE annual meeting <https://esge.org/congress/>
- The BSGE annual meeting <https://www.bsge.org.uk/event-type/bsge-events/>

For presentations at other meetings, submissions may be made to the AGES Education Committee for equivalence. Evidence for the competitive process of selection may be required.

Unsatisfactory assessments

Any trainee who receives an unsatisfactory assessment must develop a performance/learning management plan in consultation with their Director of Training or Supervisor. The plan must include clearly stated goals, learning methods to achieve the goals and specified time frames for achievement.

Appeals process

Trainees may activate an appeal process with respect to assessment if they deem the outcome is unfair. This appeal will be dealt with by the AGES Education Committee and is activated by contacting the AGES Society Secretariat.

APPLICATION PROCESS FOR TRAINEES

There are minor changes to the information below that was taken from the AGES website in November 2022.

Applications for the AATP will open in February of each year, for admission and commencement in the subsequent year. Applicants must apply using the templates published by the AGES Society (<https://ages.com.au/training/trainee-information/becoming-an-ages-trainee/2024-2025-trainee-application-form/>). Applications are reviewed by the AGES Education Committee.

Interviews for training positions will be conducted at the time of the AGES Annual Scientific Meeting (ASM). The interview panel will consist of the representatives of the units providing the AATP in that year. Other members of the panel may be co-opted at the discretion of the Chair.

Directors of Training of an accredited training program may recruit any applicant on an individual and discretionary basis. The AGES Society is not responsible for individual applicant placement, but merely facilitates placement and interview processes.

Applicants are considered equally, regardless of age, gender or ethnic background.

While the AGES Society is responsible for all aspects of the administration of the AATP, trainees have responsibility for their working arrangements.

The following principles apply to the selection of trainees based on the commitment of the AGES Society:

1. To recruit the best available trainees, with the objective of producing gynaecological endoscopists with the essential characteristics as defined in this Handbook.
2. At the point of commencing training, trainees are expected to be at Senior RANZCOG Level 5 and above (or equivalent). Higher levels of proficiency are specified in some domains, commensurate with the nature of the training program.
3. Applicants who satisfy the eligibility criteria may apply through the established application process and will be considered in open competition based on equal opportunity without prejudice.
4. The selection process will be documented, transparent and objective, with applicants having access to eligibility criteria, information on the selection process, selection criteria and an appropriate appeals process. The appeals process is dealt with by the AGES Education Committee and is activated by contacting the AGES Society Secretariat.
5. The selection process will be subject to ongoing review to ensure its validity and effectiveness.

Eligibility Criteria

Applicants must satisfy the following to be eligible for application to the training program:

1. An approved primary medical degree
2. At minimum RANZCOG level 5 and above (or equivalent) or an approved specialist degree or eligibility to obtain such a degree
3. Medical Registration and Visa Requirements
 - a. To join the AATP in Australia, doctors must possess general registration with the Medical Board of Australia under the National Registration and Accreditation Scheme. Doctors must also meet any residency or visa requirements enabling employment at any hospital within the jurisdiction(s) for which they are applying.
 - b. To join the AATP in New Zealand, doctors must have general medical registration with the New Zealand Medical Council.
 - c. Documentary evidence of medical registration in Australia or New Zealand/AMC certification/permanent residency (as applicable) must be provided if requested, no later than the closing date for applications in the relevant state/region. If such evidence is requested and not provided by this deadline, the application will not be considered for that cycle of applications.

Selection Criteria

Selection of trainees for the AATP is based on demonstrable evidence of the criteria listed below. These must be addressed by the applicant. They will be assessed by the selection panel by means of a written pro forma application, confidential written proforma referee reports, other relevant supporting documents and an interview (in the case of shortlisted candidates). Refer to Figure X (earlier in document where the FRANZCOG domains are outlined).

1. Clinical Expertise

Essential

- a. Clinical experience which demonstrates the ability to exercise sound clinical ability and judgment

Desirable

- a. A demonstrated commitment to pursuit of pursuing a career in gynaecological endoscopy
- b. Clinical experience in advanced operative interventions.

1. Academic Abilities

Essential

- a. Successful completion of the FRANZCOG written examination or equivalent
- b. Sufficient academic achievement to meet the requirements of the training program

Desirable

- c. Excellence in academic performance in the specialist training program
- d. Research achievement with evidence of either publications or presentations

2. Professional Qualities

Essential

- a. Corroborated evidence of interpersonal and communication skills, with the ability to interact appropriately, ethically and responsibly with patients from varied ethnic backgrounds, their families and all members of the health care team
- b. A basic knowledge of the AGES Society AATP

Desirable

- c. A commitment to post graduate professional development
- d. An understanding of the nature of varying workloads in gynaecology

3. Problem-solving skills

4. Organisational skills, including time management

5. Corroborated evidence of an understanding of:

- a. An insight into their own strengths and weaknesses, together with a willingness to accept positive and negative feedback from others and learn from experiences
- b. A familiarity with the Australian or New Zealand health system (whichever is applicable) and demonstrated knowledge of current issues affecting women's health care in the relevant country, including cultural diversity issues
- c. An understanding of possible ethical, medico-legal, inter-disciplinary and cross-cultural conflicts that may arise during training

6. Interests and activities in the broader community

ACCREDITED TRAINING UNITS

Each training unit is led by a Director of Training. Each trainee must be under the supervision of at least two Training Supervisors over the period of their training. There will be a maximum of two accredited trainees per training unit.

The period of training is 2 years, with a maximum of 6 months suspended training at the discretion of the Director of Training. A maximum of 12 weeks of leave is permitted over the 2-year program. Extended leave of absence (greater than 6 weeks per calendar year) may be applied for as per the "AGES Accredited Training Program (AATP) Extended Leave of Absence" [policy statement](#).

Each training unit comprises:

- One Director of Training
- At least two Training Supervisors
- A maximum of two AATP trainees per unit

[Information on Training Units](#) is available on the AGES website.

AGES ACCREDITED TRAINING PROGRAM (AATP) ADVISORY COMMITTEE

The AATP Advisory Committee meets annually and is separate from the AGES Education Committee. The main function is to foster quality improvement. Sample terms of reference are listed below.

Terms of Reference

1. Objective/s of the AATP Advisory Committee
 - a. To facilitate quality assurance of the AATP
2. The AATP aims to prepare Advanced Gynaecological Endoscopic and/or Laparoscopic surgeon. The AATP graduate will demonstrate advanced gynaecological operative procedural practice through minimally invasive techniques, incorporating laparoscopic, hysteroscopic and vaginal surgical access. They will demonstrate leadership in and contribute to all facets of the advancement of gynaecological endoscopy through:
 - a. Advocacy for access to the highest quality care for patients
 - b. Support of trainees and other colleagues
 - c. Research on all facets of gynaecological endoscopy
 - d. Advisory and consultative roles in shaping health policy
 - e. Responsibilities of the AATP Advisory Committee
 - f. Provide expert advice, direction, and guidance to the AATP Director/s
 - g. Support the AATP's aims
3. Composition and size of the AATP Advisory Committee

Membership can vary and at maximum shall consist of:

 - a. AATP Director
 - b. AGES Education Committee member (One)
 - c. Nominee (AGES Society secretariat)
 - d. AGES members (Two)
 - e. Trainee enrolled in AATP (One)
 - f. AATP graduates (within 3 years) (Two)
 - g. Lay representatives/patient advocate (One)
 - h. Educationalist (One)
 - i. Other health professional expert (One)
 - j. International representative with relevant clinical expertise (One)
4. Tenure and method of appointment

An AATP Advisory Committee member's term of office will be for a maximum of three years (Trainees' memberships relate to current trainee status). Members will be invited by letter by the President of AGES in consultation with two members of the AATP Advisory Committee.
5. Meetings

It is anticipated that one AATP Advisory Committee meeting (via Zoom or equivalent) will be scheduled annually, depending on the needs of the AATP.
6. Reporting structure

The AATP Advisory Committee proceedings shall be recorded in minutes and reported to the AGES Education Committee.

APPENDIX 1: DOCUMENTS INFORMING THE RENEWAL PROCESS

1. General Medical Council. (2017). *Excellence by Design: Standards for Postgraduate Curricula*.
2. *Competence by design: Reshaping Canadian Medical Education*. (2014).
3. Australian Medical Council. (2015). *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*.
4. Grant, J. (2019). Principles of Curriculum Design. In T. Swanwick, K. Forrest, & B. O'Brien (Eds.), *Understanding Medical Education: Evidence. Theory and Practice* (pp. 71-88). Oxford: Wiley-Blackwell.
5. Kern, D. (2016). A six-step approach to curriculum development. In P. Thomas, D. Kern, M. Hughes, & B. Chen (Eds.), *Curriculum development for medical education: A six-step approach* (pp. 5-10). Baltimore: Johns Hopkins University Press.

APPENDIX 2: CONTRIBUTORS TO THE CURRICULUM RENEWAL PROCESS

There have been many contributors to the renewal process and include the following:

Bernie Lenny
Stephen Lyons
Catarina Ang
Emma Readman
Hugo Fernandes
Jessica Lowe
Jim Tsaltas
Krish Karthigasu
Martin Healey
Martin Ritossa
Roni Ratner
Sarah Choi
Erin Nesbitt-Hawes
Kym Jansen
Supini Kapurubandara
Charlotte Reddington
Dean Conrad
Shamitha Kathurusinghe
Stuart Salfinger
Jason Abbott
Anusch Yazdani
Bassem Gerges
Mary Sparksman (AGES General Manager)
Debra Nestel (Professor of Surgical Education)

