

Training Program in Gynaecological Endoscopy



Contents

INFORMATION FOR ACCREDITED SITES AND TRAINEES	3
Precis.....	3
Definition	3
STANDARDS FOR THE ACCREDITATION OF A TRAINING UNIT	6
APPLICATION FOR ACCREDITATION AS A TRAINING UNIT.....	7
Documentation Required.....	7
Summary	8
OVERVIEW OF THE AGES SOCIETY ACCREDITED TRAINING PROGRAM.....	9
Definition and Scope of Practice of Advanced Gynaecological Endoscopy	9
Context.....	9
PROGRAM DESCRIPTION.....	10
APPLICATION.....	10
ELIGIBILITY CRITERIA	13
SELECTION CRITERIA	14
ASSESSMENT	15
OBJECTIVES OF THE TRAINING PROGRAM.....	16
SYLLABUS	17
CLINICAL AND MANAGEMENT SKILLS.....	19
PROGRESS THROUGH THE TRAINING PROGRAM	20
GLOSSARY.....	21
AUTHORS.....	22
List of Contributors	22
Consultation.....	22

INFORMATION FOR ACCREDITED SITES AND TRAINEES

Precis

This document outlines the requirements of the Australasian Gynaecological Endoscopy and Surgery (AGES) Society accredited training program in gynaecological endoscopy. AGES do not support the formation of a de-facto subspecialty. However, AGES recognises that advanced gynaecological surgery requires extended training that this training has, to date, occurred on an ad hoc basis under the auspices of various dedicated individuals in diverse health service settings. The purpose of this document is to establish a standard for advanced endoscopic training that has occurred in facilities throughout Australasia. This includes the provision of a framework for trainers, standardising training facilities and assuring the quality and competence of graduates. This program provides an explicit pathway for trainees to expand membership training with advanced endoscopic techniques. The AGES Society accredited training program is undertaken over a two-year period in an accredited training facility in line with the appended curriculum. Trainees completing this program qualify for credentialing up to the highest level of endoscopic competence.

Definition

Gynaecological endoscopists are Fellows of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists who work across a broad range of fields, performing advanced operative procedures through minimally invasive techniques, incorporating laparoscopic, hysteroscopic and vaginal surgical access.

Gynaecological endoscopists support other specialists in their work and conduct teaching, training and research in gynaecological surgery. Endoscopists act in consultative and advisory roles, promoting minimally invasive surgery and shape health policy. Gynaecological endoscopists are expected to display competencies in line with the ascribed Royal Australian College of Surgeons¹ domains:

1. Collaboration

Work in collaboration with members of interdisciplinary teams where appropriate

- Collaborate with other professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications associated with each type.
- Effectively work with other health professionals to minimise inter-professional conflict and maximise patient care
- Demonstrate a respectful attitude towards other colleagues and members of interprofessional teams
- Develop a care plan for a patient in collaboration with members of an interdisciplinary team
- Recognise the need to refer patients to other professionals
- Initiate the resolution of misunderstandings or disputes

2. Communication

Develop rapport, trust and ethical therapeutic relationships with patients and families

- Establish positive therapeutic relationships with patients and their families
- Respect patients confidentiality, privacy and autonomy
- Respect patient diversity and difference (including gender, age, religion, culture).

Accurately elicit and synthesise relevant information from patients, families, colleagues and other professionals

- Gather information about a health condition and also about a patient's beliefs, concerns, expectations and illness experience
- Identify when a patient is likely to interpret information as bad news and adjust their communication accordingly

Accurately convey relevant information and explanations to patients and families, colleagues and other professionals

¹ Australian College of Surgeons, 2012. Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies. RACS.

- Communicate information to patients (and their family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision making
- Communicate with the patient (and their family) the treatment options, potentials, complications, and risks associated with the use of drugs
- Appropriately adjust the way they communicate with patients to accommodate cultural and linguistic differences

Develop a common understanding (with patients, families, colleagues and other professionals) on issues, problems and plans

- Discuss relevant information with patients (and their family) in ways that encourage their participation in informed decision making
- Encourage patients to discuss and question
- Effectively identify and explore problems to be addressed from a patient encounter

3. Health advocacy

Respond to individual patient health needs

- Identify the health needs of an individual patient

Promote health maintenance of patients

- Advise patients (and their families) on ways to maintain and/or improve their health

Respond to the health needs of the community

- Describe the health needs in the practice communities that they serve
- Identify opportunities for advocacy and health promotion and respond appropriately
- Identify the determinants of health in the populations including barriers to access to care and resources
- Identify vulnerable or marginalised populations and respond appropriately

Promote health maintenance of colleagues

- Describe the ethical and professional issues inherent to working in teams

Look after their own health

- Take responsibility to ensure that when they are on duty, or on call, that they are at optimal level of performance

Advocate for improvements in health care

- Identify points of influence in the health care system and its structures
- Describe the role of the medical profession in advocating collectively for health and patient safety
- Advocate for improved resources in the environment where they are employed

4. Judgement - clinical decision making

Provide compassionate patient-centred care

- Recognise the symptoms of, accurately diagnose, and manage common problems in their area of expertise
- Manage patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs
- Use preventative and therapeutic interventions effectively
- Recognise the most common disorders and differentiate those amenable to surgical treatment
- Effectively manage the care of patients with severe and acute trauma including multiple system trauma
- Manage the critically ill patient
- Manage complexity and uncertainty
- Effectively manage complications
- Plan, and where necessary implement, a risk management plan

Perform a complete and appropriate assessment of a patient

- Take a history, perform an examination, and arrive at a well-reasoned diagnosis
- Efficiently and effectively examine the patient Organise diagnostic testing, imaging and consultation as appropriate
- Select medically appropriate investigative tools and monitoring techniques in a cost-effective, and useful manner

- Appraise and interpret radiographic investigations against patient's needs
 - Critically evaluate the advantages and disadvantages of different investigative modalities
5. Management and leadership
- Allocate finite healthcare resources appropriately
- Effectively use resources to balance patient care and systemic demands
 - Identify and differentiate between systemic demands and patient needs
 - Apply a wide range of information to prioritise needs and demands
- Manage and lead clinical teams
- Is respectful of the different kinds of knowledge and expertise which contribute to the effective functioning of a clinical team
 - Communicate with and co-ordinate surgical teams to achieve an optimal surgical environment
- Manage their practice and career effectively
- Use time management skills appropriately
 - Maintain accurate and up-to-date patient records
- Serve in administration and leadership roles, as appropriate
- Plan relevant elements of health care delivery
 - Chair or participate effectively in committees, meetings
6. Medical expertise
- Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice
- Basic Sciences
 - Pre-operative, intra-operative, and post-operative care and assessment in particular
 - Apply clinical knowledge in practice to recognise and solve real-life problems in particular, the treatment of pain
7. Professionalism
- Demonstrate a commitment to their patients, profession, and community through ethical practice
- Consistently apply ethical principles
 - Recognise and respond appropriately to ethical issues encountered in practice
 - Acknowledge their own limitations
 - Is accountable for their own decisions and actions
 - Maintain appropriate relations with patients
 - Manage patients in a culturally appropriate manner
- Recognise medico-legal issues
- Identify ethical expectations that impinge on the most common medico-legal issues
 - Recognise the principles and limits of patient confidentiality
 - Apply appropriate national / state regulations
- Demonstrate a commitment to their patients, profession, and community through participation in profession-led regulation
- Employ a critically reflective approach to their practice
 - Acknowledge and learn from mistakes
 - Participate in peer review
- Manage medical indemnity and risk
- Appropriately manage conflicts of interest
 - Explain the standards of informed consent
 - Summarise key issues in relation to professional liability and negligence
8. Scholar and teacher
- Assume responsibility for their own ongoing learning
- Access and interpret relevant evidence
 - Integrate new learning into practice
 - Document and evaluate any change in practice
- Critically evaluate medical information and its sources, and apply appropriately to practice decisions

- Draw on different kinds of knowledge in order to weigh up patients' problems in terms of context, issues, needs and consequences
- Describe the principles of critical appraisal
- Critically appraise new trends in surgery

Facilitate the learning of patients, families, trainees, other health professionals, and the community

- Collaboratively identify the learning needs and desired learning outcomes of others
- Describe principles of learning relevant to medical education
- Develop teaching skills and facilitate medical student learning
- Provide effective feedback

Contribute to the development, dissemination, application, and translation of new medical knowledge and practices

- Select and apply appropriate methods to address a research question
- Describe the principles of research ethics
- Conduct a systematic search for evidence

9. Technical expertise

Safely and effectively perform appropriate surgical procedures

- Consistently demonstrate sound surgical skills
- Demonstrate procedural knowledge and technical skill at a level appropriate to their level of experience
- Demonstrate manual dexterity required to carry out procedures
- Adapt their skills in the context of each patient-each procedure
- Maintain skills and learn new skills
- Approach and carry out procedures with due attention to safety of patient, self, and others
- Analyse their own clinical performance for continuous improvement

STANDARDS FOR THE ACCREDITATION OF A TRAINING UNIT

To be approved as a training unit, the hospital, department and/or private practice should fulfil the following criteria:

Workload:

- Evidence of sufficient workload to maintain and develop the clinical skills of existing specialists, trainees and allied staff. As a minimum, this would incorporate 50 tertiary level referred patients and over 100 major cases per annum.

Staff:

- A minimum of two on-site specialists (this may include staff specialists, visiting medical officers or academic appointments) who will act as training supervisors.
- A specialist who will act as training director and coordinate the training unit, accept responsibility for supervision, and be actively involved in the training process.
- If the training unit consists of more than one training site, there must be a training supervisor at each site, with one having overall responsibility as program director.
- Each trainee must be supervised by two or more accredited specialists over the 2-year training program.

Facilities:

- An established, functional gynaecological endoscopy service with:
- advanced operative facilities
- reproductive histopathology
- imaging facilities, such as ultrasound, CT, image intensifier and MRI
- Access to other subspecialties • Adequate library and other resources to support specialty work, training and research, at or above that required for the recognition of MRANZCOG training posts.

- Ancillary support services for RANZCOG trainees must be provided for AGES society Fellowship trainees

Activities:

- A research program related to gynaecological endoscopy
- Participation in regular multidisciplinary clinical meetings
- Involvement in education at nurse, undergraduate and postgraduate levels

APPLICATION FOR ACCREDITATION AS A TRAINING UNIT

While it is desirable for a training unit to offer a wide range of endoscopic procedures, surgical education and research activities, training units need not necessarily carry out every possible endoscopic procedure or activity to be involved in training. In applying for accreditation, prospective training units can submit joint applications in which activities of more than one unit complement each other.

A detailed application for accreditation as a training unit should be made to the AGES Education Committee, on the accreditation template, addressing each of the areas covered above.

In order to maintain approved training unit status, a review of Training Assessment Records produced by the trainee on the quality of the training provided by the program must be considered satisfactory. An institution fulfilling all of the above criteria may be approved for two years or more of training

Those units that fall short of fulfilling all of the requirements may have accreditation withdrawn and will need to reapply.

A maximum of 2 training positions per unit may be occupied at any one time. Re-accreditation of a training unit will take place every 4 years or earlier if there has been a material change in the staffing or services provided.

Documentation Required

The application document requires the following:

1. Evidence of Workload

- A qualitative (ie: how and by whom the clinical service is delivered) and quantitative (ie: an indication of the number of patients seen and procedures performed) description of the clinical services provided in the unit under the following headings in the last 12 month period. Details of procedures which will be either performed by trainees or at which trainees will act as first assistant must be highlighted.
 - a. Female reproductive surgery
 - advanced laparoscopic surgery
 - advanced hysteroscopic surgery
 - other pelvic microsurgery
 - b. Pathology
 - tertiary-referral level pathology services, including reproductive histopathology
 - c. Diagnostic imaging
 - hysterosalpingography
 - ultrasound
 - CT
 - MRI
 - d. Ethical and Administrative
 - institutional ethics committee that has considered surgical research and satisfies NHMRC criteria
 - computerised data analysis and management
 - formal quality assurance program

2. Evidence of Staffing

- Names, postnominals and titles of practitioners working at the specialty level in the unit.

- Proportion of time these practitioners spend working at the specialty level in the unit.
 - Past responsibilities for trainees these practitioners have had in the last 5 years.
 - Names of proposed Training Supervisors and the nominated Program Director.
 - Names, postnominals and titles of allied health professionals, such as urologists and colorectal surgeons, and details of collaboration with these professionals.
3. Evidence of Facilities
- Evidence of provision of a referral service for patients with surgical conditions who would benefit from gynaecological surgical expertise and experience.
 - List of relevant equipment in the operating theatre, and evidence of provision of diagnostic services, including reproductive histopathology, and organ imaging facilities.
 - Evidence of comprehensive care provided to patients with surgical conditions, including: - Conservative management of surgery, pharmacology and critical care - Access to other specialties - Community education and liaison
 - Evidence of access to adequate library facilities
 - Evidence of access to adequate research infrastructure (ie: laboratory and other resources)
4. Evidence of Activities
- Publications and Presentations:
 - List of publications, published and in preparation, in the last 5 years by practitioners working at an advanced level at the unit in all categories described below. Details of publications must include the title of the publication, authors, the name of the journal, and the date of publication.
 - List of presentations made by practitioners working at a subspecialty level in the unit at scientific meetings in the last 5 years. Details of presentations must include the title of the presentation, name/s of presenter/s, title of the conference or scientific meeting, and date of the presentation.
 - Research
 - List of current research projects in progress undertaken by practitioners and trainees working in the unit. Details must include title of research project, names of researchers, brief description of research, and expected completion dates.
 - Details of opportunities for research to be completed by prospective trainees.
 - List of protocols submitted to the unit's institutional ethics committee in all trainee research activities.
 - Meetings
 - Timetable of regular education, peer review, practice review, and clinical management meetings
 - Evidence of representation at hospital and local clinical and scientific meetings.
 - Teaching
 - Details of involvement in nurse, undergraduate and postgraduate level teaching.
5. Evidence of Funding
- The unit has to demonstrate evidence of prospective funding. It is expected that trainees be remunerated no less than other trainees of a comparable training level, as described by the regional health authority.

Summary

The AGES Society accredited training program provides a framework for trainers, standardising training facilities and assuring the quality and competence of graduates. This program provides an explicit pathway for trainees to expand membership training with advanced endoscopic techniques. Trainees entering an AGES Society accredited training position will know in advance that the unit has the capacity to offer the required training. However, ultimately responsibility for suitable training will continue to rest with the trainee.

OVERVIEW OF THE AGES SOCIETY ACCREDITED TRAINING PROGRAM

Definition and Scope of Practice of Advanced Gynaecological Endoscopy

Gynaecological endoscopists are Fellows of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists who work across a broad range of fields, performing advanced operative procedures through minimally invasive techniques, incorporating laparoscopic, hysteroscopic and vaginal surgical access.

Gynaecological endoscopists support other specialists in their work and conduct teaching, training and research in gynaecological surgery. Endoscopists act in consultative and advisory roles, promoting minimally invasive surgery and are trained to head clinical units and shape health policy.

AGES introduced the training program 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.

Context

Training in gynaecological endoscopy in Australia and New Zealand has traditionally been by an apprenticeship model. Units have been under increasing pressure to provide advanced training, often in an ad hoc manner. As such, the standard of training has been variable and inconsistent. This document outlines the requirements of the AGES Society accredited training program in gynaecological endoscopy. The purpose of this document is to standardise the advanced endoscopic training that occurs in multiple facilities throughout Australasia, providing a framework for trainers, standardising training facilities and assuring the quality and competence of graduates.

Trainees completing this program will be prepared for credentialing to the highest level of endoscopic practice. Gynaecological endoscopists would be expected to promote clinical and basic research in this field and would function as a regional consultant in matters of organisation, standards and education.

PROGRAM DESCRIPTION

The AGES Accredited Training Program details the elements of the training unit, the responsibilities of the training director, training supervisors and the requirements of the training site.

Each training unit is under the direction of one training director. 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 six months suspended training at the discretion of the training director. A maximum of 12 weeks of leave is permitted over the 2-year training program.

The AGES Society Secretariat will administer all aspects of the training application.

APPLICATION

Trainee applications for AGES accredited training programs will open in February of each year, for program approval for the subsequent year. Applicants will use the templates and guidelines published by the AGES Society. The AGES Education Subcommittee reviews applications.

Interviews for training positions will be conducted at the time of the AGES Annual Scientific Meeting. The interview panel will consist of the Chair of the AGES Education Subcommittee, appointed members of the AGES Executive, a trainee representative and representatives of the units providing AGES accredited training program positions 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.

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

- a. To recruit the best available trainees, with the objective of producing gynaecological endoscopists who possess the essential characteristics as defined in this document. At the point of commencing training, these criteria generally correspond to an intermediate level of development, reflecting the nature of an advanced training program. Higher levels of proficiency are specified in some domains, commensurate with the nature of the training program.
 1. Collaboration
 - Provide timely documentation and exchange of information (Competent)
 - Can obtain appropriate informed consent for most complex cases
 - Ensures family doctor is informed of significant changes in patient status
 - Establish a shared understanding (Intermediate)
 - Actively seeks opinions of nursing and ancillary staff about concerns for patients
 - Can brief the team for common procedures and care plans
 - Accepts the responsibility to inform the head of team about changes in patient status
 - Play an active role as a member of a clinical team (Novice)
 - Meets reasonable deadlines
 - Accepts responsibility for own roles and tasks
 - Encourages & respects opinions of ancillary staff and nurses
 - Recognises roles and areas of clinical expertise of others
 - Accepts criticism in a positive light
 - Takes appropriate steps to resolve simple conflicts
 2. Communication
 - Discuss and communicate options (Intermediate)
 - Recognises and adapts communication to potential bad news situations

- Recognizes limits of own knowledge and willing to refer to other members of the health care team - Informs patient, family and relevant staff about the expected clinical course for each patient
- Gather and understand information (Competent)
- Sensitive to, and effectively manages stressful situations
 - Maintains emotional balance
- Communicate effectively (Competent)
- Can recognise and repair communication errors quickly
 - Ensures that all parties in a communication process achieve their goals
3. Health advocacy
- Provide care with compassion and respect for patient rights (Competent)
- Communicates with patient's family, friends and other interested parties in an empathic way whilst respecting patient confidentiality
 - Can lead an end of life discussion with patient, family and carers
 - Organises appropriate settings to disclose confidential information
 - Arranges referrals and second opinions when requested
- Meet patient, carer and family needs (Competent)
- Appropriately keeps family and carers informed about relevant potential adverse outcomes
 - Recognises and has strategies to manage family /patient conflicts and different expectations and concerns
 - Minimise disruption to patients, family and carers when lists have to be adjusted or surgery needs to be rescheduled
- Respond to cultural and community needs (Competent)
- Recognises the need to balance demand and supply
 - Effectively adapts their approach to the needs, values and beliefs of all patients
4. Judgement - clinical decision making
- Options (Intermediate)
- Chooses the most appropriate diagnostic tools
 - Appreciates the role of active observation to assess progress
 - Appreciates the true urgency of most clinical situations
 - Recognises the need for senior input
 - Recognises when referral to another specialty is the best option
- Plan Ahead (Intermediate)
- Formulates management plans including potential risks for the majority of surgical conditions
 - Identifies when a contingency (backup) exit plan may be required
 - Constructively contributes to multi-disciple meetings
 - Propose a rational plan of management for most common problems and options
- Implement and review decisions (Intermediate)
- Undertakes review of patient progress and response to intervention at appropriate intervals
 - Recognises complications or failures and is able to project likely outcomes
 - Seeks senior assistance to devise alternative strategies in a timely manner: combining medical
5. Management and leadership
- Setting and maintaining standards (Novice)
- Is able to review ward patients and be ready for theatre on time
 - Is supportive of their peers and colleagues
 - Able to appropriately assign tasks to more junior members of the team
- Leading and inspiring others (Novice)
- Demonstrates appropriate self-confidence and insight
 - Takes responsibility for allocated roles
 - Gains trust and support from others

- Remains calm under pressure
 - Engages nursing and ancillary staff in ward rounds
- Supporting others (Intermediate)
- Provides support and advice to team members when needed
 - Listens to, and incorporates the views others
 - Recognises and acknowledges the contribution of others
6. Medical expertise
- Demonstrate medical skills and expertise (Intermediate)
- Has a detailed knowledge of anatomy, physiology and pathology for most surgical conditions
 - Able to present a coherent clinical assessment of patients with common or unusual presentations
 - Can recognise the potential impact of comorbidities or patient circumstances/beliefs on presentation of disease or response to treatment.
- Monitor and Evaluate Care (Intermediate)
- Identifies clinical priorities and incorporates them into the management plan
 - Can anticipate patients' physiological changes during intra-operative and post-operative phases and minimise them
- Manage Safety and Risk (Intermediate)
- Applies their knowledge to the management of all patients during the pre and post-operative stages of treatment
 - Applies their knowledge in the planning and performing of common procedures
7. Professionalism
- Have awareness and insight (Intermediate)
- Critically reflects on own performance and makes an accurate assessment of performance
 - Has insight on what needs to be improved
 - Accepts criticism as an opportunity to improve
- Observe ethics, probity and confidentiality (Competent)
- Can identify situations that involve medico-legal issues and manage risk
 - Capable of dealing with ethical uncertainty and conflicting values consistently, regardless of changing circumstances
 - Actively undertakes open disclosure
- Maintain health and well-being (Competent)
- Manages their own fatigue and/or ill health
 - Takes responsibility to ensure that when they are on duty, or on call, that they are at optimal level of performance
8. Scholar and teacher
- Show commitment to lifelong learning (Competent)
- Able to organise their educational resources in order to address the breadth and depth of their specialty
 - Accurately identifies own learning needs and finds resources to meet those needs
 - Recognises learning opportunities they can gain from others
- Teach, supervise and assess (Intermediate)
- Recognises performance gaps in junior medical staff
 - Recognises opportunities for, and develops effective skills for "teaching-on-the-run" communication within the clinical context and interaction;
9. Technical expertise
- Academic abilities: self-learning, research abilities, and technical skills (Novice)
- Seeks opportunities to learn new skills
 - Learns new skills quickly
 - Aware of the importance of positioning patient for safe surgical access
 - Can safely and effectively carry out parts of some common procedures under close supervision

- Able to perform basic surgical skills and tasks relating to surgical specialty
- Demonstrates basic use of common surgical tools such as diathermy, suction, and retractors.
- Demonstrates understanding of the importance of gentle handling of soft tissue and of wound care;
- Aware of how to use surgical instruments and use of local anaesthetic

Recognise conditions for which surgery may be necessary (Intermediate)

- Looks for co-morbidities and potential problems and adapts patient management accordingly

Defined scope of practice Recognise their own limitations (Novice)

- Asks for assistance when appropriate
- Maintains accurate data on all procedures in which they are involved
- Seeks and/or readily accepts supervision for all procedures

Professional qualities: encapsulating management responsibilities, practice review and development, team work, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.

- b. All candidates 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. The final selection of candidates will be based solely on merit.
- c. 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.
- d. 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:

- a. an approved primary medical degree
- b. an approved specialist degree or eligibility to obtain such a degree
- c. Medical Registration and Visa Requirements
 - i. To join the Program 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.
 - ii. To join the Training Program in New Zealand, doctors must have general medical registration with the New Zealand Medical Council.
 - iii. 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 able to be provided by this deadline, the application will not be considered.

SELECTION CRITERIA

Selection of trainees for the training program is based on demonstrable evidence of the below stated selection criteria. These must be addressed by the candidate and assessed by the selection panel by means of a written pro forma application, confidential written proforma referee reports, other relevant supporting documentation and an interview (in the case of shortlisted candidates).

1. Academic Abilities Essential

- Successful completion of the MRANZCOG written examination or equivalent
- Sufficient academic achievement to meet the requirements of the training program. Desirable
- Excellence in academic performance in the specialist training program
- Research achievement with evidence of either publications or presentations.

2. Clinical Expertise Essential

- Clinical experience which demonstrates the ability to exercise sound clinical ability and judgment. Desirable
- A demonstrated commitment to pursuit of pursuing a career in gynaecological endoscopy
- Clinical experience in advanced operative interventions.

3. Professional Qualities

Essential

- 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.
- A basic knowledge of the AGES Society training program. Desirable
- A commitment to post graduate professional development
- An understanding of the nature of the varying workloads in gynaecology.
- Problem-solving skills.
- Organisational skills, including time management.
- Corroborated evidence of insight into their own strengths and weaknesses, together with a willingness to accept positive and negative feedback from others and learn from experiences.
- 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.
- An understanding of possible ethical, medico-legal, inter-disciplinary and cross-cultural conflicts that may arise in the course of training.
- Interests and activities in the broader community

ASSESSMENT

The following assessment will be undertaken over the period of the training program:

1. Formative assessment

Each trainee completes the following over each 6-month period of their training:

- training assessment record
- 6 monthly supervisor report
- 6 monthly 360 degree assessment

2. Summative assessment

- Each trainee completes work-based assessment, in the form of an Assessment in Procedural Skills (APS) for defined procedures.
- Each trainee completes an exit exam that may be taken at the end of the first year of training.

3. Research

- Each trainee completes a research project that is either published in a peer-reviewed journal or presented at an AGES affiliated scientific meeting.

OBJECTIVES OF THE TRAINING PROGRAM

It is expected that, upon completion of the program, the trainee will be able to demonstrate:

1. Knowledge of the basic sciences relevant to gynaecological surgery.
2. A thorough knowledge of gynaecological endoscopy and its application to women's health, including knowledge of and competence in the major modalities of diagnosis and therapy as defined herein.
3. Surgical skills commensurate with a newly qualified endoscopist and produce supportive documentation (training records, formative reports) to substantiate these skills.
4. An understanding of investigative science and the development of skills in research methods.
5. An understanding of the organisation of health services in gynaecological surgery
6. An understanding of the methods of quality assurance and audit.

SYLLABUS

This section details areas of knowledge that underpin the practice of gynaecological endoscopy. It is essential for trainees to gain an understanding of the underlying principles on which modern surgery is based, not merely to memorise facts. An appreciation of these principles develops with regular clinical experience: it is the interaction between knowledge and practice that provides the basis for growth in clinical and surgical expertise.

Trainees are expected to access knowledge in a multiple modalities, including:

- Text books
- Refereed journal articles or book series
- Evidence-based electronic databases or publications
- Academic discourse
- Conference papers personal
- Personal teaching and interaction with trainers or peers.

It is through all of these modalities that standards are established. Through these means, trainees gain the accepted terminologies, appropriate vocabulary and levels of comprehension expected in their clinical work and professional roles.

[PLEASE NOTE: THE FOLLOWING SECTION PERTAINING TO THE SYLLABUS HAS BEEN REMOVED PENDING RATIFICATION BY THE EDUCATION SUBCOMMITTEE]

CLINICAL AND MANAGEMENT SKILLS

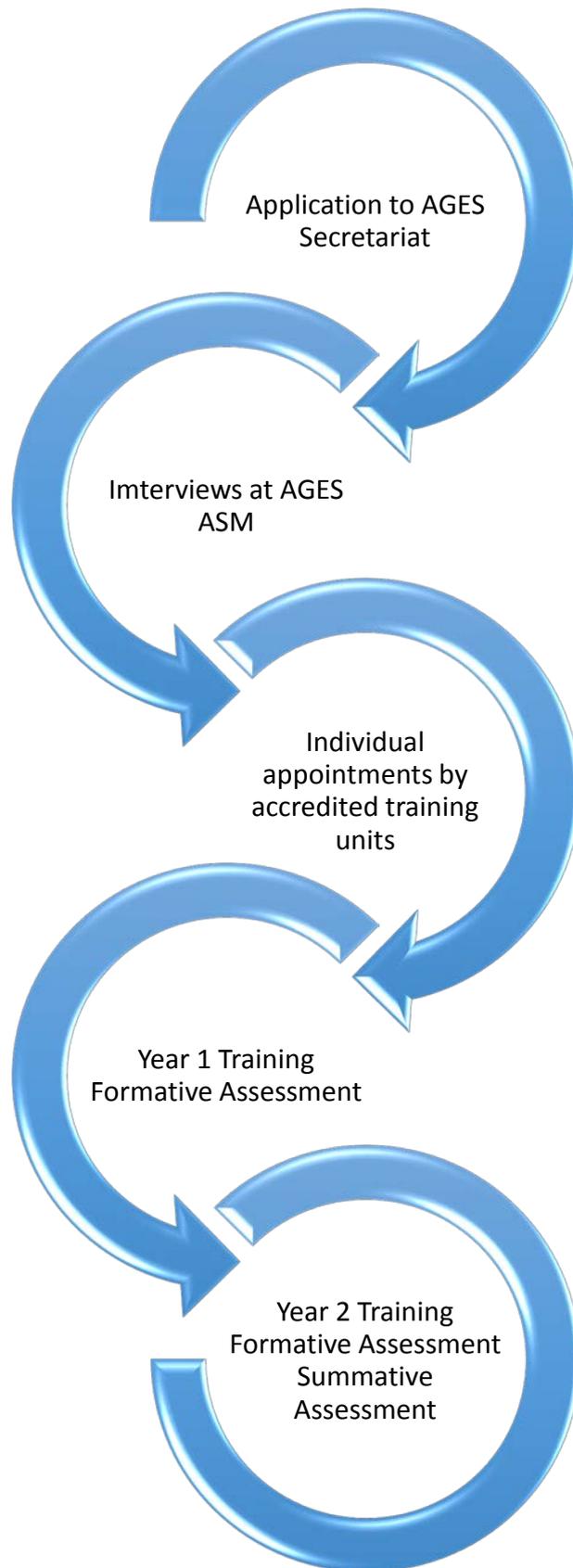
Gynaecological endoscopists perform complex procedures that require more than practical experience. Their skill set draws on knowledge that underpins and informs their practice. Their practice is characterised by professional attitudes and behaviour, and they review and update this practice continually to ensure the highest possible standard of healthcare delivery.

The following matrix describes the competencies that trainees are expected to achieve. Competency in procedural skills is assessed through workplace assessment.

	UNDERSTAND (not perform)	DIRECT SUPERVISION	PERFORM UNASSISTED	NUMBER
Laparoscopic procedures				
Peritoneal Surgery				
Minimal/mild endometriosis			X	20
Severe endometriosis			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 fibroid			X	10
Resection of polyp			X	10
Division of septum			X	10
Division of adhesions			X	10
Robotic Procedures				
Robotic Procedures	X			
Urological procedures				
Diagnostic cystoscopy			X	10
Ureteric catheterization			X	10
Ureteric stenting			X	10
Ureteric reanastomosis		X		
Colorectal procedures				
Anterior Resection	X			
Hemicolectomy (left)	X			
Ileostomy and reversal	X			
Sigmoidoscopy			X	10
Small bowel resection	X			
Bowel repair		X		

All clinical skills and processes are underpinned by sensitive, appropriate and effective communication with the patient and their significant others.

PROGRESS THROUGH THE TRAINING PROGRAM



GLOSSARY

Trainee: a person accepted into the AGES Accredited Training Program

Training director: a specialist (FRANZCOG) responsible for the overall supervision and conduct of a training unit

Training site: the physical location of the training unit

Training supervisor: a specialist (FRANZCOG) accredited to advanced laparoscopic and hysteroscopic level (AGES – RANZCOG Level 5 and above), working as part of a training unit

Training unit: the medical unit providing the training program for each trainee; each unit may have a number of training sites; the training unit must have a single program director and one or more training supervisors

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