Proposed UGSA/AGES Credentialling Guidelines for Performing Abdominal Sacrocolpopexy

This document was developed jointly by the Urogynaecological Society of Australasia Advisory Board and the Australasian Gynaecological Endoscopy & Surgery Society.

Joint Statement of Position Statement on Credentialing Guidelines for Performing Abdominal Sacrocolpopexy

The Urogynaecological Society of Australasia (UGSA) Advisory Board and the Australasian Gynaecological Endoscopy & Surgery Society (AGES) affirm the shared goal for safe, quality women's health care practice and the promotion of evidence-based agreed qualifications and experience for medical practitioners to perform abdominal sacrocolpopexy procedures within Australasia.

Credentialling in sacrocolpopexy allows registered medical practitioners to provide surgical services at healthcare institutions. Credentialling is an integral part of the process of verification of professional standing required of medical practitioners performing abdominal sacrocolpopexy.

Medical regulatory authorities require that all medical practitioners are credentialled regularly by the healthcare institutions in which they work. Credentialling is a verification of attainment of qualifications, registration with regulatory bodies, compliance with continuing medical education, and confirmation of indemnity cover. Credentialling is part of the process of ensuring ongoing competence within a designated scope of practice relevant to the institution. It should not be used in isolation as a method for determining the competency of an individual practitioner.

The UGSA Advisory Board and AGES believe that health care is most effective when it occurs in a system that facilitates communication across care settings and amongst clinicians. Specialist gynaecologists and urogynaecologists are experts in their respective fields of practice and are educated, trained, and licensed independent clinicians who collaborate depending on the needs of their patients. These clinicians should be appropriately credentialled to practice to the full extent of their education, training, experience. The UGSA Advisory Board and AGES advocate for health care policies that ensure access to appropriate levels of care for all women. Quality of care is enhanced by uniformity in credentialling. The uniformity in credentialling ensures that that all women seeking treatment/undergoing abdominal sacrocolpopexy receive the absolute best-practice in contemporary medicine.

The UGSA Advisory Board in collaboration with AGES recommend the following credentialling guidelines with relationship to the agreed qualifications and experience for medical practitioners to safely perform abdominal sacrocolpopexy.

The following credentialling guidelines have been approved and ratified by both the Urogynaecological Society of Australasia (UGSA) Advisory Board and the Australasian Gynaecological Endoscopy & Surgery Society (AGES) on the 3rd of June 2022.

UGSA/AGES credentialling guidelines for performing abdominal sacrocolpopexy

Purpose

This guideline reflects the Urogynaecological Society of Australasia (UGSA) and Australian Gynaecological Endoscopy & Surgery (AGES) agreed qualifications and experience for medical practitioners to safely perform abdominal sacrocolpopexy or sacrohysteropexy. In these procedures, a graft (synthetic mesh, autologous graft or allograft) is used to suspend either the vaginal apex, uterus or cervix to the sacral promontory.

The document intended for use by hospitals and other health services as a guide in their credentialling process for the abdominal sacrocolpopexy procedure.

Policy statement

1. Medical practitioners who have not previously independently performed Abdominal Sacrocolpopexy

A medical practitioner who has not previously independently performed abdominal sacrocolpopexy should only be credentialled to perform this procedure independently as the primary operator if they satisfy the following criteria.

1.1 The medical practitioner is a fellow of the Royal Australasian College of Obstetrician and Gynaecologist (RANZCOG) and/or registered by the Medical Board of Australia (MBA) in the specialty of obstetrics and gynaecology, and is a RANZCOG certified subspecialist urogynaecologist and/or is authorised by the MBA to use the title "specialist urogynaecologist".

OR

1.2 A fellow of RANZCOG and/or registered by the MBA in the specialty of obstetrics and gynaecology who is authorised to use the title "specialist obstetrician and gynaecologist" and has successfully undertaken a period of at least 2 years audited practice in a centre or centres that provide adequate exposure to both sacrocolpopexy and vaginal prolapse procedures including having completed the RANZCOG advanced training module for pelvic floor surgery either prior to or during this time.

AND

1.3 The practitioner, at the conclusion of 2 years of supervised training, must be able to demonstrate all of the following:

- The ability to diagnose and select patients who are appropriate to undergo the procedure.
- The ability to explain the procedure, potential outcomes, and complications at the time of obtaining the patients informed consent.
- The knowledge of appropriate pelvic anatomy and potential areas of safety risk associated with the procedure.
- The ability to perform the actual procedure safely and efficiently without supervision.

- The ability to counsel about alternative surgical options to sacrocolpopexy, and to offer and perform alternate procedures for vaginal apical prolapse including vaginal (non-mesh) surgeries and non-mesh abdominal/laparoscopic surgeries.
- Demonstrate regular audit of their clinic practice to track surgical outcomes and complications. This needs to be performed through a registry that allows long term data collection (i.e., Australasian Pelvic Floor Procedures Registry or UGSA database or personal surgical audit).
- Surgeons should direct women to the RANZCOG sacrocolpopexy statement, and provide written information to patients, including personal audit information, if possible, such that benefits and complications are comprehensively and systematically given, ideally with the surgeon reading through such a document with the patient

1.4 The practitioner by the end of their training must demonstrate through their logbook the below requirements as the PRIMARY surgeon (defined as performing 51% or more of the procedure).

- Minimum of 10 sacrocolpopexy/sacrohysteropexy cases (route of this surgery can be open, laparoscopic, or robot-assisted).
- Minimum of 40 vaginal prolapse surgeries including 10 cases of post-hysterectomy vaginal vault suspension procedures, and 10 continence procedures. Since vaginal vault suspension procedures are more commonly performed than sacrocolpopexy procedures, trainees would be expected to be performing vaginal procedures in greater numbers during training as a marker of adequate exposure to women with POP, and a more representative balance of vaginal versus sacrocolpopexy procedures.

1.5 The practitioner must provide references from two independent surgeons, who are credentialled to perform the procedure and have direct knowledge of the practitioner's capabilities as detailed in 1.3.

2. Medical practitioners who are already independently performing abdominal Sacrocolpopexy

This section applies to those medical practitioners who have been independently performing the procedure at the time this guideline is implemented in the hospital in which they are performing the procedure.

To be credentialled or continue to be credentialled, a medical practitioner who currently independently performs abdominal sacrocolpopexy need to satisfy the following criteria.

2.1 The medical practitioner is a fellow of the Royal Australasian College of Obstetrician and Gynaecologist (RANZCOG) and/or registered by the Medical Board of Australia (MBA) in the specialty of obstetrics and gynaecology and is a RANZCOG certified subspecialist urogynaecologist and/or is authorised by the MBA to use the title "specialist urogynaecologist".

OR

2.2 The practitioner is a fellow of RANZCOG and/or registered by the MBA in the specialty of obstetrics and gynaecology who is authorised to use the title "specialist obstetrician and gynaecologist" and has successfully undertaken a period of at least 2 years audited practice in a centre or centres that provide adequate exposure to both sacrocolpopexy and vaginal prolapse procedures.

AND

2.3 The practitioner must provide a logbook of experience, for the previous 2 years, that must include meet the minimal numbers set out below as the primary surgeon.

- Minimum of 10 sacrocolpopexy/sacrohysteropexy cases (route of this surgery can be open, laparoscopic, or robot-assisted)
- Minimum of 20 vaginal prolapse surgery

2.4 To maintain equity of access for patients in regional areas, and in the case of mesh restrictions in all centres, practitioners in these settings who performed fewer than 5 abdominal sacrocolpopexy procedures per year may provide evidence of other equivalent complex pelvic reconstructive surgery to support maintenance of skills. Examples include:

- Laparoscopic or robot-assisted Burch colposuspension
- Laparoscopic or robot-assisted uterosacral ligament suspension
- Open Burch colposuspension

2.5 The practitioner must provide references from two independent surgeons, who are credentialled to perform the procedure and have direct knowledge of the practitioner's abilities as detailed in 1.3.

3. Maintaining credentialling and Continuing Professional Development (CPD)

Clinicians who have been credentialled in accordance with this policy are required to maintain and broaden their competence and expertise through recognised CPD activities such as:

3.1 Participation in continuing medical education in female pelvic floor reconstructive surgery and functional and reconstructive urology, as evidenced by inclusion on the RANZCOG CPD learning plan and completed activities in the RANZCOG CPD program.

3.2 Participation in multidisciplinary meetings, discussing complex cases, as evidenced by completed activities in a CPD program.

3.3 Participation in some form of surgical audit as evidenced by participation of any of the following:

Australian Pelvic Floor Procedural Registry (APFPR)
UGSA Surgical Database
IUGA Surgical Database
Personal surgical audit, as evidenced by a copy of surgical audit which must include Patient reported outcomes with 6months follow up data.

These guidelines will be reviewed every 3 years by the Speciality Advisory Group and the Board of Directors. The next review date is March 2025.

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