Credentialing in Laparoscopic and Robotic Assisted Gynaecologic Surgery in Australia

A/Prof Felix Chan[a] ,
Dr Cherynne Johansson[b], Dr Chantelle Russo[c]
Liverpool Hospital, University of Western Sydney

Introduction

More than 25 thousands laparoscopic Gynaecological procedures performed annually. Approximately 4500 robotic assisted gynaecological procedures were carried out in the last 14 years. Credentialing is a formalised process used to verify the qualifications, experience, professional standing and professional attributes of clinicians. It aims to ensure that practitioners provide safe , high-quality health services

Objectives

This study examine the credentialing requirements for laparoscopic and robotic assisted gynaecological procedures in Australia. The study examine the level of standardisation across the study institutions.

Methods

This is a cross sectional study in a setting of representatives of ten geographic diverse Private and Public hospital with robotics laparoscopic facilities. Using hysterectomy as the most common performed procedures, Sixteen online questions were sent to examine criteria required for credentialing to obtain initial operative privileges and minimum requirements for initial credentialing and maintenance of privileges. The respondents included head of department, medical executive and members of accreditation committee.

a. A/Prof Felix Chan
Director of Gynaecological Oncology and Minimally Invasive Surgery
Liverpool Hospital

b. Dr Cherynne Johansson
Pelvic Surgery & AGES Fellow
Liverpool Hospital

c. Dr Chantelle Russo
Robotic Research Fellow
Ingham Institute NSW

Results

Table 1.1 – Requirements to gain privileges to Laparoscopic and Robotic Assisted Gynaeocological Surgery at each institution

	Laparoscopy (TLH/LAVH)	Robotic Assisted
Institution 1	Number of Procedures (log) Evidence from Mentors Clinical Reference Observation by Clinical lead	Evidence of cases under mentorship of experts with approved credentialing
Institution 2	Credentialing via Hospital Committee	Da Vinci robot credentialing 3 proctored cases
Institution 3	Via Referee Reports	As per Da Vinci/device guidelines
Institution 4	RANZCOG Advanced Laparoscopy Skills	Da Vinci pathway including pig lab Observed case Simulation 3 proctored cases (at least) 2D cases before credentialed as Robotic surgeon Maintenance at least 1 case monthly
Institution 5	Evidence of training Experience in advanced laparoscopic surgery (including log-book)	Evidence of training Supervised cases
Institution 6	Provision of evidence of competency	Comprehensive training process for VMO new to Robots or provision of evidence of competency
Institution 7	Fellowship Provision of previous experience	Da Vinci Pathway Pig lab Online module 3 case observations 3 Proctored cases Log 20 cases
Institution 8	Referee AGES advanced laparoscopy recognised	Da Vinci Pathway 10 cases
Institution 9	Referee Provision of previous experience	Da Vinci Pathway Provide evidence of experience
Institution 10	Fellowship Referee reports	Da Vinci Pathway Evidence of Minimum 20 cases (log-book)

Table 1.1 For initial privileging in laparoscopic procedures, the requirement may vary from referee reports, provision of previous experience, evidence of AGES recognised training. No minimal maintenance case number is needed. For robotic assisted procedure, the initial privileging requirement include Da Vinci pathway, animal lab, 3 cases observation and proctor cases, write a log of twenty cases and evidence of maintenance of 12-20 cases.
In the study population, 20% use laparoscopy verse 10% use robotic approach for benign Gynaecology only. While 80% use laparoscopy for both benign and oncological conditions. 90% of those uses robotic for both benign and oncological indications. There is no initial minimum and maintenance case requirement for laparoscopic hysterectomy.
For Robotic approach, the minimal requirement ranges from 3-20 cases and the maintenance requirement range from 12-20 cases annually.
20% of the institution required a log to initial privileging whilst 60% of the study group required provision of log book.

Conclusion

There is significant variability in credentialing standards with:
- overall requirements for initial privileges
- minimal number of cases require for privileging
- annual maintenance requirement
- requirements for provision of log
- ongoing nationwide study and standardisation is needed

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