UROLOGICAL SOCIETY
OF AUSTRALIA
AND NEW ZEALAND

# Position Statement

## Guidelines on Credentialing to Perform Abdominal Sacrocolpopexy

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| **Number**: | Pol 031 | **Version** | | 1.2 | |
| **Subject:** | Patient Care | **Distribution:** | | External | |
| **Authorised by:** | Board of Directors | **Approved Date:** | 26 Mar 2022 | **Review Date**: | March 2025 |

### Purpose and Scope

This policy sets out the Urological Society of Australia and New Zealand's (USANZ) position on the qualifications and experience necessary for senior medical practitioners to perform abdominal sacrocolpopexy and is intended for use by hospitals and other health services carrying out their credentialing processes.

These guidelines were endorsed by the Royal Australasian College of Surgeons (RACS) Executive of the Professionals Standards and Fellowship Services Committee in November 2022, noting that they are for use by Urologists to perform Abdominal Sacrocolpopexy.

### Policy

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

A medical practitioner who has not previously independently performed abdominal sacrocolpopexy (the procedure) should only be credentialed to perform the procedure independently as the primary operator if they meet the following criteria.

1.1 The medical practitioner:

- 1.1.1 is a Royal Australasian College of Surgeons (RACS) certified urologist and/or authorised by the Medical Board Australia or the Medical Council of New Zealand to use the title 'specialist urologist'; and
- 1.1.2 has at least 1 year's post Fellowship training in the area of female and functional urology, including training in vaginal and apical prolapse repair.

1.2 The practitioner, at the conclusion of supervised training in the procedure, must be able to demonstrate all of the following:

- 1.2.1 the ability to diagnose and select patients who are appropriate to undergo the procedure;
- 1.2.2 the ability to explain the procedure, potential outcomes and potential complications at the time of obtaining the patient's informed consent, including the ability to clearly and accurately explain the alternative treatment options available.
- 1.2.3 the knowledge of appropriate pelvic anatomy and potential areas of safety risk associated with the procedure;
- 1.2.4 the ability to perform the actual procedure safely and efficiently without supervision; and

1.2.5 the capacity to track outcomes and complications.

1.3 The practitioner must provide a logbook of post Fellowship training, or subsequent experience, which must include:

1.3.1 at least 10 sacrocolpopexy cases

1.3.2 management of pelvic organ prolapse (POP)

1.4 Supervised Training: when two independent supervising surgeons, who have been credentialled for the procedure, directly observe the candidate and complete a workplace based assessment, i.e. RACS Observed Surgical Performance (OSP) which attests that the candidate is proficient to perform the procedure without supervision.

## 2. Medical practitioners who have independently performed Abdominal Sacrocolpopexy

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

In order to be credentialed or continue to be credentialed, a medical practitioner who currently independently performs abdominal sacrocolpopexy or abdominal sacrohysteropexy should satisfy the following criteria to continue to perform the procedure.

2.1 The medical practitioner is a Royal Australasian College of Surgeons certified urologist and/or authorised by the Medical Board Australia or Medical Council of New Zealand to use the title ‘specialist urologist’.

2.2 The practitioner must provide a logbook of experience, for the previous two years, that must include both:

2.2.1 at least 5 abdominal sacrocolpexy or abdominal sacrohysteropexy repair procedures per year (or 10 over 2 years) and

2.2.2 at least 10 transvaginal POP procedures per year (or 20 over 2 years).

2.3 To maintain equity of access for patients in regional and rural areas, practitioners in regional or rural settings who perform fewer than 5 (and a minimum of 3) abdominal sacrocolpexy or sacrohysteropexy repair procedures per year, may provide evidence of other equivalent complex abdominal pelvic reconstructive surgery to support maintenance of skills. Examples include: prostatectomy, augmentation cystoplasty and cystectomy and neobladder, ureteric reimplantation/Boari flap, pelvic lymph node dissection. 3.2.2. continues to apply to these surgeons

2.4 The practitioner must provide references from two surgeons, who are credentialed to perform the procedure and have direct knowledge of the practitioner’s abilities as detailed in 1.2.

## 3. Maintaining credentialing and Continuing Professional Development (CPD)

Medical practitioners 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 a CPD learning plan and completed activities in a CPD program.

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

3.3 Participation in the Australasian Pelvic Floor Procedural Registry (APFPR) or a personal surgical audit, as evidenced by registry reports or a copy of surgical audit (which must include Patient Reported Outcome Measures), and consideration of recommended changes in practice.

## Roles and responsibilities

- The USANZ Board of Directors is the approval authority for Position Statements and other Policies that relate to patient care.
- The Female Urology Specialty Advisory Group (FUSAG) is responsible for the development and review of position statements and policies that relate to female urology and for making recommendations to the Board of Directors. The SAG may initiate the development of a position statement or policy where they identify a need.

## Superseded documents

- None

## Revision history

| Version | Date | Notes | By |
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| 1.0 | 26 March 2022 | Policy Approved | Board of Directors |
| 1.1 | 2 June 22 | Typographical and other minor amendments | CEO |
| 1.2 | 22 Nov 22 | Amendment to include RACS endorsement | CEO |

## Review date

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.

## Contact

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