

Guidelines on basic laparoscopic procedures

Proposed by

Department of Standards, The College of Surgeons of Hong Kong

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**Expert panel for drafting of the guidelines on basic laparoscopic
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PART I: Preface by Dr. C. H. Leong

Background

The College of Surgeons of Hong Kong is established under the Hong Kong Academy of Medicine to determine, facilitate the development of, approve and monitor standards of surgical practice of her Fellows and those under training to be Fellows of the College. In short, the College acts as a supervisory body for the public to ensure that all surgeons are competent in their practice of surgery to a level recognized by the College.

When is a Fellow competent or how do we ensure the level of competency, especially when new surgical procedures being introduced? It is on the basis that a Department of Standards was set up by the College, comprising of Fellows of different disciplines practicing both in the private and public sectors to look into the issues.

This Department is supported by two expert panels: Expert panel of the basic laparoscopic procedures and expert panel of basic thoracoscopic procedures.

Members of the Department are cognizant of a few basic principles:

There is no one standard that will fit all procedures, nor the different surgical subspecialties. New levels and forms of standards must be introduced from time to time to keep abreast of the advancement of surgical sciences. Any proposed standard introduced must be attainable by the surgical community at large, albeit with the necessary training.

Since it would not be possible to produce criteria for standards for all surgical procedures, the Department therefore decided to embark on a pilot attempt to state our criteria for basic laparoscopic surgery.

PART II GUIDELINES ON ACCREDITATION FOR SURGEONS TO PERFORM BASIC LAPAROSCOPIC PROCEDURES

2.1 Definition of basic laparoscopic procedures

The expert panel decided that basic laparoscopic procedures should consist of commonly practiced surgical procedures which comprise of basic steps in performing laparoscopic surgery. The basic laparoscopic procedures include: diagnostic laparoscopy and peritoneal biopsy, laparoscopic appendectomy and laparoscopic cholecystectomy.

2.2 Eligibility of a surgeon in performing basic laparoscopic abdominal procedures

The fellow who wishes to perform basic laparoscopic procedures should, in general, be experienced in operating in the abdominal cavity. They should be familiar with the anatomy, tissue tolerance, organ compliance and pathological processes of the diseases. They should also be familiar and proficient in performing the abdominal procedures under the laparoscope. They should be

prepared and competent in conversion to open procedures, and have a continuous update on the recent developments in the respective laparoscopic fields.

2.3 Training and determination of competence

The competence of a fellow to perform basic laparoscopic procedures will depend on individual's training and experience. The experience and training can be broadly classified into two categories –

I. Formal training in general surgery with exposure to laparoscopic procedures

- The training program should include structured training for the performance of the listed basic laparoscopic procedures
- This training program should be accredited by the College of Surgeons of Hong Kong and relevant specialty board
- The training in basic laparoscopic procedures should include observation as assistant, being proctored under a trainer to ensure competence

- Attendance of training courses including basic surgical skill course and accredited laparoscopic training courses during this training period is recommended

II. Formal training in general surgery without exposure to laparoscopic surgery

Prior to the performance of basic laparoscopic procedures, they should be –

- Competent in performing open abdominal procedures
- They are advised to attend training courses in laparoscopic procedures organized by training centers accredited by The College of Surgeons of Hong Kong
- They should have adequate hands-on experience as assistant of basic laparoscopic procedures
- They should have experience in performing at least 10 basic laparoscopic therapeutic procedures under proctorship.

2.4. Continuous monitoring of competence in basic laparoscopic procedures

A continuous monitoring of the competence and quality of the basic laparoscopic procedures is recommended. This should be achieved through existing quality assurance program of individual hospitals. Individual surgeons are advised to collect outcomes of all the basic laparoscopic procedures performed and review their own results on a regular basis.

2.5 Continuous education

Surgeons practicing basic laparoscopic procedures are recommended to participate in continuous educational activities including training courses, local or international meetings on minimal access surgery. This is to update these surgeons with the latest advances in the knowledge and practice of minimal access surgery, and to improve their skills of performing such procedures.

PART III PROPOSAL TO FULFIL THE REQUIREMENTS OF THE GUIDELINES

1. Training courses on basic laparoscopic procedures

The College of Surgeons of Hong Kong can accredit or recognize training courses organized by minimal access surgery training centers in Hong Kong on basic laparoscopic procedures. The College can recommend its fellows to attend these courses.

2. Video Learning Sessions

The Department of Standard will set a task force to coordinate the collection of unedited video clips with commentary for teaching and instructional purpose from minimal access surgeons of both public and private sectors. These learning videos on basic laparoscopic procedures will be placed onto the college web site for e-learning.

3. Clinical observation of basic laparoscopic procedures

College accredited minimal access surgery training centers (MIS centers) and other major hospitals in Hong Kong can organize observer program for pre-registered surgeons to observe basic laparoscopic procedures. The College of Surgeons of Hong Kong can assist in recruiting MIS centers and coordinate the arrangements.

4. Proctorship program for basic laparoscopic procedures

A proctorship program will enhance the start of performing basic laparoscopic procedures after observation and learning from video library.

4.1 Role of Proctors

- To assess and verify the knowledge and skills of the surgeon learner using valid and reliable methods
- Proctor should be responsible for reporting the results of the assessment to the credentialing committee of the institution
- The proctor should act in the best interest of the patient and has the right to stop or intervene at any time deemed necessary during the proctoring process.

4.2 Court of Proctors

The court of proctors is responsible for the followings –

1. Setting up mechanisms for recruitment of proctors

Criteria for eligibility of a proctor

- 1/ Experienced fellows in Laparoscopic Surgery with a certain amount of surgery performed and had a good standing
- 2/ Demonstrated the enthusiasm in teaching and being a proctor
- 3/ Participated in peer evaluation reviewing the standard of the performance

2. Formulate plan of assessment for proctorees

A designated checklist should be designed by court of proctors to evaluate the proctoree

4.3 Proctorship program

4.3.1 Proctors guiding sessions with Proctorees' assistance: 5

sessions

Proctorees learn through acting as assistance to proctors' basic laparoscopic procedures

4.3.2 Proctorees operating sessions with Proctors' assistance: 10

sessions

- The decision to case selection for the performance of the basic laparoscopic procedure should be jointly discussed between proctoree and proctors
- The institution or the hospital should have the responsibility of monitoring and conducting the proctorship program

4.3.3 Programme administration

- The College will be responsible for the coordination of the programme
- Fellows should register with the College for the Proctorship Programme and pay an administration fee for the 3-year programme.
- If a proctoree could not complete the whole programme within 3 years, he/she had to register and pay for a new programme again.
- The College should provide the course materials including log-in for e-learning of video.

REFERENCES

1. Dent TL. Training, credentialing, and granting of clinical privileges for laparoscopic general surgery. *American Journal of Surgery* 1991; 161:399-403.
2. SAGES guidelines. Guidelines for granting of privileges for laparoscopic and / or thoracoscopic general surgery. *Surgical Endoscopy* 1998; 12:379-380
3. ASGE. Diagnostic laparoscopy guidelines for clinical application. *Gastrointestinal Endoscopy* 2001; 54(6):818-820
4. SAGES guidelines. Guidelines for institutions granting bariatric privileges utilizing laparoscopic techniques. *Surgical Endoscopy* 2003 17:2037-2040
5. Focus group on laparoscopic colectomy education as endorsed by the American Society of Colon and Rectal Surgeons (ASCRS) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). Guidelines for laparoscopic colectomy course. *Surgical Endoscopy* 2006; 20:1162-1167.
6. Sheldon AT, Cullum N, Dawson D, Lankshear A, Lowson K, Watt I, West P. Wright D, Wright J. What's the evidence that NICE guidance has been

implemented? Results from a national evaluation using time series analysis, audit of patient's notes, and interviews. British Medical Journal 2004; 329:1-8

7. SAGES guidelines. Guidelines for the clinical application of laparoscopic biliary tract surgery. Surgical Endoscopy 2000; 14:771-772.
8. SAGES guidelines. Guidelines for diagnostic laparoscopy. Surgical Endoscopy 1999; 13:202-203.
9. Chapron C, Devroey P, Dubuisson JB, Pouly JL, Vercellini P. ESHRE guidelines for training, accreditation and monitoring in gynaecological endoscopy. Human Reproduction 1997; 12(4):867-868.
10. SAGES guidelines: Framework for post-residency surgical education and training.06/2003; <http://www.sages.org/>
11. SAGES position statement on advanced laparoscopic training. 10/2003; <http://www.sages.org/>
12. Livingston EH, Harwell JD. The medicolegal aspects of proctoring. American Journal of Surgery 2002; 184: 26-30

13. Sachdeva AK, Russell TR. Safe introduction of new procedures and emerging technologies in surgery: Education, credentialing and privileging. *Surgical Clinical of North America* 2007; 87:853-866.