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4. Discussion and recommendations

1. While it is anticipated that during the course of training all Fellows and Trainees should gain a minimum amount of endoscopic experience, the nature of endoscopic surgery is such that not all Fellows and Trainees will be competent to perform all procedures. More advanced procedures (such as total laparoscopic hysterectomy, pelvic fascial repair or excision of advanced endometriosis) require further training and supervision prior to unsupervised performance. The acquisition of this training may occur in a number of ways including recognised training posts in endoscopic surgery, such as an Advanced Training Module (ATM); ongoing surgical skills courses developed by the College or

Appendices

Appendix A Women's Health Committee

Name	Position on Committee
Professor Yee Leung	Chair
Dr Joseph Sgroi	Deputy Chair, Gynaecology
Associate Professor Janet Vaughan	Deputy Chair, Obstetrics
Professor Susan Walker	Member
Associate Professor Ian Pettigrew	Member
Dr Tal Jacobson	Member
Dr Ian Page	Member
Dr John Regan	Member
Dr Craig Skidmore	Member
Dr Lisa Hui	Member
Dr Bernadette White	Member
Dr Scott White	Member
Associate Professor Kirsten Black	Member
Dr Greg Fox	College Medical Officer
Dr Marilyn Clarke	Chair of the A&TSI WHC
Dr Martin Byrne	GPOAC Representative
Ms Catherine Whitby	Community Representative
Ms Sherryn Elworthy	Midwifery Representative

Appendix B Overview of the development and review process for this statement

Development and review of the statement

This statement was originally developed in 1994 and was most recently reviewed in March 2017. The Endoscopic Surgery Advisory Committee (RANZCOG/AGES) carried out the following steps in reviewing this statement:

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.