BIARGS
British & Irish Association of Robotic Gynaecological Surgeons

HOW TO BECOME BIARGS REGISTERED SURGEON (CERTIFICATION)

1. **Completion of robotic surgeon training module (Competence level)**
2. **Registration with robotic society (BIARGS or equivalent)**
3. **Annual minimal dataset audit submitted to BIARGS and inclusion in trust appraisal process (Minimal dataset form)**
4. **Attendance at robotic scientific meeting at least once in three years**

BIARGS REGISTERED SURGEONS

A. Surgical training in robotics for experienced Gynaecologist

Initial training in robotics: 18-20 cases over 3-6 months with Procter support as required
Expected to have safe surgical skills in Gynaecology
Main core surgical training to include (See competence table)

- Port placement
- Correct use of arms
- Use of instruments
- Appreciation of lack of tactile feedback
- Patient positioning

B. Assessment/Progress

Minimum requirement in skill (Complication rate, annual audit)
Minimum requirement in volume (Minimum 25 cases per year / surgeon AAGL requirement, under discussion)
Quality assessment, Surgical videos
Objective evaluation
Registration with registered body

C. Credentialing standards in Robotic surgery

Minimum annual case load (Number of cases per surgeon/year under discussion)
Minimum skill requirement
Quality assessment (Minimum outcome measures)
Objective evaluation
Video case assessment
Registration with professional body (BIARGS in UK)

D. Certification and recertification

Surgical practice: Grand-father clause for existent gynaecological robotic surgeons extended due to COVID-19 till 30th November 2023
Completion of Robotic training module for gynaecologist /ATSM/ Subspecialty training
Professionalism
Assessment of knowledge, judgement and skill
Objective assessment and lifelong learning
Outcome standards and credentialing

E. BIARGS surgeon registration

Limited period of self-registration (Grandfather clause) extended due to COVID-19 till 30th November 2023
Confirmation of e-learning update
Certification of lab training
Minimum case load on console (under discussion, assessments on surgical audit minimum dataset)
Attendance of one scientific conference in three years for CME
Submission of basic annual data
Submission of Video
Annual appraisal within working Trust

F. SERGS Requirements for Training centre

Dedicated robot assisted surgical team
Stable robotic practice
Operational policy, procedure guidelines, treatment protocols
Clear policy for training the trainers
Certified trainer
Cross training facility
Minimum workload in gynaecological robotic surgery
Clinical governance frame work for robotic surgery

BIARGS Robotic surgeon training module for gynaecologist

BIARGS Robotic surgeon training module for gynaecologist							
POST RCOG or equivalent Certificate of Completion of Training (CCT) in Gynaecology							
LEVEL 4 experience							
Unsupervised, independently competent to perform skills including console skills for surgically appropriate cases.							
(Satisfactory completion expected at Level 4)							
Gynaecological surgeon should have anatomy knowledge and advanced surgical skills and Laparoscopic skills before training in robotic surgery.	**Date:**	**Name: (Trainee)**			**Trainer:**		

	Robot system:							
Orientation & Preparation	Competence Level							
	Level 1		Level 2		Level 3		Level 4	
	Date	**Signature**	**Date**	**Signature**	**Date**	**Signature**	**Date**	**Signature**
Orientation of robotic theatre								
Demonstrate effective team working								
Demonstrate effective communication skills within theatre tram								
Demonstrate situational awareness								
Demonstrate importance of Human factor								
Sterile preparation of robot								
Bedside assistant								
Reflective practice								
Knowledge	Level 1		Level 2		Level 3		Level 4	
	Date	**Signature**	**Date**	**Signature**	**Date**	**Signature**	**Date**	**Signature**
Completion of the online theoretical training package								
Understands mechanics of the Robotic assisted surgery								
Awareness of the ergonomics of robotic assistance								
Familiar with robotic components and instrumentation								
Awareness of other modalities, benefits and potential complications with robotic surgery								
Surgeon is able to adjust the surgical robot's settings								
Awareness of the capital cost of the robotic system and life of robotic assisted instruments								
Knowledge of different docking positions and the indications								

Understanding of the use of electro diathermy in robotic surgery								
Understands reasons for arm clashing and methods of correction								
Knowledge of the potential complications of electro diathermy								
knowledge of principles of laparoscopy and robotic surgery								
Situational awareness								
Communication skills								
General knowledge /Surgical competence	Competence Level							
	Level 1		Level 2		Level 3		Level 4	
	Date	**Signature**	**Date**	**Signature**	**Date**	**Signature**	**Date**	**Signature**
Knowledge of abdominal and pelvic anatomy								
Aware principles of managing a critically ill surgical patient								
Online modules								
- Consoles								
- Docking								
- Instrument insertion								
- Instrument removal								
- Undocking								
Simulator training	Introduction		2 hours		30 hours			
Have completed robotic simulation training								
Satisfactory completion of wet lab training	Observation		Introduction		Advanced			
Robotic Assistant competence	Level 1		Level 2		Level 3		Level 4	
	Date	**Signature**	**Date**	**Signature**	**Date**	**Signature**	**Date**	**Signature**
Knowledge of the operative room setup of the robotic system								

Aware of principles of the robotic system								
Be able to drape the Robot								
Be able to respond to system errors								
Able to drive the robot								
Knowledge of how to position patient for robotic surgery								
Undertake vaginal preparation for a robotic procedure								
Demonstrate understanding port placement								
Able to undertake port placement								
Be able to dock the robotic system								
Understand different docking positions and able to dock the robot								
Be able to maintain a clear image by cleaning/changing the camera								
Be able to insert, change and remove robotic instruments								
Be able to understand reason for clashing and adjust the arm positions								
Have understanding of the appropriate use of assistant port								
Demonstrate understanding of communication with scrub team and needle/swab count								
Demonstrate introduction and retrieval of surgical swabs from assistant port								
Demonstrate introduction and retrieval of retraction swab (endorector)								
Demonstrate introduction and retrieval of specimen bag								
Be able to direct assistant for arterial clip application as console surgeon								
Be able to perform laparoscopic adhesiolysis								
Undocking and port closure								
Be able to perform an emergency undocking procedure								
Robot console simulation								

Online modules								
- Vessel sealer								
- Diathermy								
- Needle driver								
Robot console surgical skills								
Demonstrate camera control and set up visual field								
Demonstrate multi-arm control of the robotic instruments								
Demonstrate hand-eye instrument coordination								
Demonstrate wrist articulation								
Demonstrate clutching of the robotic instruments								
Demonstrate atraumatic tissue handling								
Safe tissue cutting with the robotic system								
Maintain safety of operative field								
Demonstrate blunt dissection with the robotic system								
Demonstrate micro dissection with the robotic system								
Use of diathermy and colpotomy								
Demonstrate plan for surgical specimen retrieval methods								
Demonstrate use of needle driving with the robotic system								
Demonstrate knot tying with the robotic system								
Demonstrate suture handling with the robotic system								
Demonstrate continuous and interrupted suturing with the robotic system								
Understand the potential risks and ability to make appropriate operative decisions								
Be able to manage surgical complications (bowel/urinary/vascular injuries)								
Demonstrate effective communication with anaesthetic , theatre team and console surgeon								

Procedural tasks	Level 1		Level 2		Level 3		Level 4	
Hysterectomy/ Pelvic surgery	**Date**	**Signature**	**Date**	**Signature**	**Date**	**Signature**	**Date**	**Signature**
Sealing and dividing round ligaments								
Identifying ureters								
Opening the retroperitoneum								
Ureterolysis								
Demonstration of avascular surgical spaces								
Demonstration of pararectal dissection								
Demonstration of rectovaginal dissection								
Demonstration of hypogastric nerve sparing surgery in endometriosis								
Demonstration of pelvic lymphadenectomy in cancer cases								
Identifying, sealing and dividing ovarian vessels								
Incising vesicouterine peritoneum and developing vesicovaginal space								
Sealing and dividing uterine vessels								
Performing colpotomy								
Suturing vaginal cuff								
Robot assisted hysterectomy (3 cases at level 4)								
Robot assisted BSO (3 cases level 4)								
Training Modules								
Basic local training								
Simulator training								
Online module								
Wet lab								
Competence based training (Level 4)								
Assessments								

Audit of cases								
NOTSS								
Reflective practice								
Annual update and submission of minimal dataset								
Annual Trust appraisal								
Name: Trainee:								
Name: Trainer :								
Institute:								
Sign off for completion of robotic surgical module:								
Date:								

BIARGS
British & Irish Association of Robotic Gynaecological Surgeons

BIARGS GYNAECOLOGICAL Robotic SURGERY: Minimum dataset for registration and recertification
"Mandatory audit for new technique" BIARGS NOV 2019

BIARGS annual minimal dataset audit form:


BIARGS Robotic procedure minimal dat


BIARGS Robotic procedure minimal da

Please ensure All mandatory* fields are completed

* Hospital 1 Name: ……
*Hospital 1 Name: ……
*Hospital 1 Name: ……

*Console Surgeon……

*Robotic system ……

*12 month audit period (Start date……/…… /……..: End date ……/……/…….)

*Meeting attended in last 3 years: ……..

Date of Meeting ……/……/……

*Total number of robotic cases (TOTAL PATIENTS) undertaken as primary surgeon:

Table 1: Procedures undertaken by Console surgeon

Procedure (one patient may have more than one procedure)	Number (Zero and above)
Robotic procedure for BMI > 35	
Robotic procedure with mini-laparotomy for specimen removal	
Hysterectomy	
Radical hysterectomy (Wertheim's)	
Ovarian mass excisions	
Removal of retroperitoneal masses	
Excision of rectovaginal endometriosis	
Myomectomy	
Pelvic Lymphadenectomy or Sampling	
Para-aortic Lymphadenectomy or Sampling	
Trachelectomy	
Colposuspension	
Sacrocolpopexy	
Mesh removal	
Tubal reconstruction	
Other (Please specify …..)	

Table 2: Indication:

Indication (one patient may have more than one indication)	Number (Zero and above)
*High BMI >35	
*Endometriosis	
*Fibroid uterus	
*Menstrual disorders	
*Pelvic mass	
*Frozen pelvis / previous surgery	
*Endometrial pathology / cancer	
*Cervical cancer	
*Ovarian cancer	
*Cervical Dysplasia	
*Cancer risk reducing surgery (Lynch Syndrome or BRAC gene career)	
*Prolapse	
*Incontinence	
*Mesh complication	
*Infertility	
Other (Please specify --------)	

Table 3: Perioperative outcome (Intraoperative, postoperative and Late up to 3 months). One patient may have more than one complication

*Complications: Yes/NO:
If Yes Total patient number with complication: ☐

Table 3a: Intraoperative Complications (complications during primary surgery)

Intraoperative Complications	**Number (Zero and above)**
*Anaesthetic problems: unplanned admission to HDU	
*Haemorrhage > 1 litre	
*Unexpected bowel injury:	
*Unexpected ureteric injury	
*Unexpected bladder injury	
*Unexpected vascular injury	
*Epigastric injury	
*Procedure abandoned	
*Unplanned Conversion to laparoscopy	
*Unplanned Conversion to laparotomy	
*Stoma due to bowel injury	
*Blood transfusion	
*Death (Please give more details on CEPOD into robotic surgery)	
Other (Please specify-----)	
Other (Please include any Clavian Dindo 3 and above complication not listed above----------)	

Table 3b: Late complications (any event up to 3 months post-surgery)

Postoperative Complications (Day 0 to 3 months)	Number (Zero and above)
*Return to theatre	
*Severe sepsis	
*DVT	
*Pulmonary embolism:	
*Blood transfusion	
*Pelvic haematoma /abscess:	
*Urinary tract leak	
*Bowel perforation	
*Vault Dehiscence	
*Unplanned readmission <30days	
*Death (Please give more details on CEPOD into robotic surgery)	
Other (Please specify-----)	
Other (Please include any Clavian Dindo 3 and above complication not listed above----------)	

Table 4: Length of Stay (LoS)

***Days of discharge**	**Number (Zero and above)**
Day 0	
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7 or more	

Comments

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SUBMIT online www.biargs.org.uk OR
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References:

- Esther M Bonrath et al. Ann Surg 2015; Comprehensive surgical coaching enhances surgical skill in the operating room. A randomised controlled trial
- Yule, Flin et al 2006 Medical educational
- SERGS GERS FORM www.sergs.org
- Surgeon skill variability
- (Birkmeyer et al. N Engl J Med 2013; 369:1434-42)

On Behalf Of BIARGS Council

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