APAGE ACCREDITATION OF

GYNECOLOGICAL ENDOSCOPIC CENTRE

2026

Centre Accreditation Guidelines

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APAGE Accredited Training Centre in Minimally Invasive Gynecology (ACMIG)

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Guideline for APAGE Accredited Training Centre in Minimally Invasive Gynecology (ACMIG)

Purpose

This guideline sets forth the standards and requirements that a medical Centre must satisfy to obtain and maintain accreditation from the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) as a recognized Minimally Invasive Gynecological Surgery (MIGS) Training Centre.

1. Accreditation Criteria

1.1 Commitment to Excellence

The Centre shall demonstrate a sustained commitment to excellence in MIGS by:

- Complying with all applicable regulatory requirements;
- Establishing and maintaining an effective quality management system;
- Continuously improving the operations, training, and education within the Centre.

1.2 Surgical Volume Requirements

The Centre must have completed, within the twelve (12) months preceding the application:

- A minimum of one hundred (100) qualifying gynecological laparoscopic procedures;
- Fifty (50) qualifying hysteroscopic procedures; and
- Twenty (20) vaginal procedures (if such services are available).
  (Refer to **Appendix A** for a list of qualifying procedures.)

1.3 Programme Director

The Centre shall appoint a Physician Programme Director for MIGS who:

- Is a specialist in Obstetrics and Gynecology;

- Is officially appointed through the Centre's standard appointment process; and
- Participates in the relevant administrative and decision-making meetings.

The Programme Director must be appointed, or in the process of being appointed, as an APAGE Fellow in MIGS, thereby providing leadership, research, education, and professional guidance.

1.4 Clinical Facilities

The Centre must maintain comprehensive consultative services to ensure effective care for MIGS patients, including:

- Post-Anesthesia Care Unit (PACU);
- High Dependency Unit (HDU) and/or Intensive Care Unit (ICU);
- 24-hour on-site ACLS-certified physicians.

Specialists in General Surgery, Urology, Radiology, and Vascular Surgery shall be available on-site or via a formal referral system.

1.5 On-Call Coverage

Qualified on-call coverage must be maintained at all times. The on-call physician shall be either a gynecologist or a physician qualified to identify and manage MIGS-related complications. The Centre shall provide an updated list of qualified medical and nursing personnel.

2. Equipment, Training, and Clinical Practices

2.1 Equipment and Instruments

A complete range of surgical instruments and equipment appropriate for MIGS procedures shall be maintained. The Centre shall document and provide training in the use of such equipment to relevant healthcare personnel.

2.2 Informed Consent

The Centre must implement a standardized process for obtaining informed consent and ensure comprehensive patient education regarding the MIGS procedure.

2.3 Clinical Pathways

The Centre shall adopt and adhere to clinical pathways ensuring standardized perioperative care. These pathways shall include, without limitation:

- Intraoperative anesthesia and airway management;
- Postoperative care and monitoring;
- DVT prevention and management;
- Guidelines for handling postoperative complications;
- Management protocols for suspected or confirmed malignancies;
- Fluid management during hysteroscopy;
- Preoperative preparation checklists including education, consent, and instruction.

3. Training and Education

3.1 Training Programme

The Centre shall maintain ongoing educational programs and in-service training on MIGS. Training shall include recognition and management of postoperative complications and interdisciplinary collaboration as necessary.

3.2 Personnel

A dedicated MIGS surgical team, including nurse coordinators or advanced practice nurses, must be appointed. Such personnel shall be trained to provide both clinical care and patient education.

3.3 Fellowship and Curriculum

If the Centre offers a MIGS fellowship, a structured curriculum and documented training program must be submitted for review and approval.

4. Quality Assurance and Revalidation

4.1 Continuous Quality Assessment

The Centre shall collect prospective outcome data for all MIGS patients and conduct regular audits to ensure standards of care are met or exceeded.

4.2 Revalidation

Accreditation must be revalidated every six (6) years. Centres shall submit documentation confirming continued compliance with APAGE standards.

4.3 Fees

The grandfather clause application fee shall be **USD 3,000**.

5. Accreditation Survey

5.1 Surveyors and Process

APAGE will appoint three (3) surveyors for each site visit. Each surveyor will conduct the assessment independently. The survey shall occur over two (2) days and will be scheduled jointly by the APAGE Secretariat and the Centre.

Travel and accommodation expenses for surveyors shall be borne by the Centre.

5.2 Documentation and Preparation

The Centre shall prepare and submit:

- An organizational chart (with emphasis on the Obstetrics & Gynecology Department and MIS Team);
- A map of the hospital campus, including training and education facilities;
- A list of MIGS patients, with diagnosis, procedure, age, attending physician, and admission date;
- A logbook of all qualifying MIGS procedures over the previous twelve (12) months;
- On-call rosters and relevant personnel lists;

- Sample patient medical records and audit documentation.

6. Assessment and Evaluation

Survey assessments include both objective and subjective components, rated as:

- **Fully Met:** 80–100%
- **Partially Met:** 50–79%
- **Not Met:** 0–49%

Areas of evaluation shall include:

1. Hospital organization and staff structure;
2. Facilities and equipment;
3. On-call and emergency coverage;
4. Surgical case volume and procedure logs;
5. Informed consent documentation;
6. Clinical pathways and adherence;
7. Training programs and fellowships;
8. Continuous quality assessment; and
9. Patient satisfaction surveys.

7. Patient Satisfaction

Surveyors will conduct patient interviews using validated satisfaction questionnaires, with 6–10 patients selected by the assessors.

8. Governing Law and Effective Date

This Agreement shall be governed by and construed in accordance with the laws of the jurisdiction in which APAGE is incorporated.
This Agreement shall take effect upon the date of signing by both parties.

ON-SITE Assessment and Accreditation Procedure

Purpose

The purpose of the on-site survey is to evaluate whether the Centre applying for accreditation meets the professional standards and operational requirements established under the APAGE ACMIG Guidelines. The survey serves to ensure that the Centre maintains excellence in clinical practice, education, and patient safety consistent with APAGE's objectives and accreditation framework.

1. Role of Surveyors

The surveyors shall be responsible for conducting an independent and objective assessment of the Centre. Three (3) surveyors shall be appointed for each on-site visit. The APAGE Secretariat and the applicant Centre shall jointly arrange the survey agenda, which will be conducted over two (2) consecutive days. All travel and accommodation expenses incurred by the surveyors shall be borne by the Centre.

Surveyors shall be provided with a Surveyor's Handbook, assessment tools, and administrative support from the APAGE Secretariat. Upon completion of the assessment, the surveyors shall collectively determine whether the Centre has satisfactorily met all accreditation criteria. If accreditation is granted, an awarding ceremony shall be held during the visit to formally recognize the Centre's achievement.

2. Responsibilities of the Centre

Prior to the on-site visit, the Centre shall prepare and make available the following documentation and materials:

A. High-level organization chart, with specific emphasis on the **Obstetrics and Gynecology Department** and the **Minimally Invasive Surgery (MIS) Team**;
B. A current **map of the hospital campus**, including **educational and training facilities** (e.g., MIS Skills Laboratory);
C. An accurate **list of patients** who have received care under the MIS team, including diagnosis, procedure type, age, attending physician, and admission date;

D. A **list of scheduled MIS operations and procedures** for the survey period (including operating theatre cases, day surgeries, and outpatient clinics);
E. **Clinical practice guidelines**, associated **pathways and protocols**;
F. **Updated on-call roster** for 24-hour ACLS-certified physicians and gynecologists trained in MIS;
G. **Logbook** of qualifying MIS procedures performed within the twelve (12) months prior to application;
H. **Fifteen (15) complete medical records** of MIS patients; and
I. **Evidence of systems** for monitoring patient safety and clinical outcomes (e.g., audit reports, improvement projects).

3. Interviews and Verification

In addition to patient interviews, the surveyors shall conduct panel interviews with the following personnel:

- Head of MIS;
- Chief Nurse for MIS Operating Theatres;
- One (1) Junior O&G Resident;
- One (1) Senior O&G Resident; and
- One (1) Clinical Fellow (if applicable).

Surveyors reserve the right to request additional documentation or to schedule further activities to obtain supplementary evidence as necessary for accreditation determination.

4. Assessment Criteria

The survey process shall comprise both objective and subjective components to ensure a comprehensive evaluation of the Centre's performance.

Assessment results shall be recorded using the following terminology:

Classification	Definition
Fully Met	Criteria achieved at 80–100% compliance.
Partially Met	Criteria achieved at 50–79% compliance.
Not Met	Criteria achieved at 0–49% compliance.

5. Assessment Components

5.1 Hospital Organization

The Centre shall introduce the overall hospital organization, including its **Obstetrics and Gynecology Department**. The presentation must include details of:

- Head of MIS
- MIS Doctors and Trainees
- MIS Staff
- Anesthetic Team
- Operating Theatre Staff
- Nursing Staff

5.1.1 Head of MIS

The surveyors will conduct an interview with the Head of MIS to review:

- Appointment process and documentation;
- Confirmation of APAGE Fellowship (or application in progress);
- The Head's role in departmental and institutional activities including **teaching, training, and research**; and
- The overall **vision and objectives** of the MIS Department.

5.2 Facilities

Surveyors shall perform a hospital tour on a regular working day, including but not limited to:

- Outpatient Clinics
- Outpatient Hysteroscopy Suite
- Day Surgery Units
- Major Operating Theatres
- Post-Anesthesia Recovery Area
- High Dependency and Intensive Care Units
- Inpatient Wards
- MIS Skills Laboratory

5.2.1 Equipment and Instruments

During the hospital tour, the surveyors shall assess the availability and condition of equipment. The Centre shall provide updated equipment service logs where applicable.

5.3 On-Call Coverage for Complications and Emergencies

The Centre must demonstrate a robust referral and on-call system. The following shall be submitted:

- 24-hour On-Call Roster for ACLS-certified physicians and gynecologists;
- Referral pathways to other specialties (pre-, intra-, and postoperative phases) including General Surgery, Urology, Vascular Surgery, and Radiology;
- A list of personnel with valid BLS/ACLS certifications.

5.4 Qualifying Procedures

The Centre shall submit case logbooks covering the twelve (12) months preceding the application date, using the following format:

	Hospital Patient ID	**Date of Procedure**	**Name of Procedure**
1			
2			
3			

Separate logbooks shall be maintained for:

a. Laparoscopic procedures;
b. Hysteroscopic procedures; and
c. Vaginal procedures.

Only qualifying procedures (as defined in Appendix A) shall be included.

5.5 Informed Consent

The Centre shall present its policy on informed consent, to be assessed through medical record review. Each of the three surveyors shall inspect five (5) medical records—fifteen (15) in total.

Medical records must:

- Reflect a representative period across twelve (12) months;
- Include consent obtained by different surgeons; and
- Include only MIS procedures.

Where necessary, the applicant Centre shall provide translation services for non-English records.

**Supporting Documents: The Centre may submit patient education leaflets, consent forms, or other materials demonstrating patient engagement and education initiatives.*

5.6 Clinical Pathways

The Centre shall submit clinical pathways implemented within the hospital, which should ideally address:

- Intraoperative anesthesia, monitoring, and airway management;
- Perioperative care, monitoring, and pain management;
- DVT prevention and management;
- Management of postoperative complications (e.g., tachycardia, fever, hemorrhage);
- Evaluation and action plan for patients at high risk for malignancy;
- Fluid management during hysteroscopy; and
- Preoperative patient preparation checklist including education, consent, and instruction.

If available, audit data demonstrating adherence to these protocols shall be submitted. Compliance will also be verified through review of the same medical records used for informed consent assessment.

5.7 Training

5.7.1 Courses and Programmes

The Centre shall demonstrate that its surgeons and nursing staff participate in structured MIGS training programs, which may include:

- Basic Laparoscopy/Hysteroscopy Courses;
- Advanced Laparoscopy/Hysteroscopy Courses;

- Case Discussions and Topic Presentations.

A list of personnel with relevant training and qualifications shall be provided.

Surveyors shall conduct interviews with two (2) trainees—one junior and one senior—and, if applicable, one (1) MIS Fellow.

5.7.2 Fellowship Programme

Where applicable, the Centre shall submit its MIGS Fellowship Training Curriculum and supporting documentation.

5.7.3. Training Facilities

The Centre shall maintain an MIS Skills Laboratory for hands-on clinical training, to be inspected during the hospital tour.

5.8 Continuous Quality Assessment

The Centre must maintain an active and ongoing quality assurance system, including:

- Regularly scheduled audit meetings;
- Outcome audit data covering the preceding twelve (12) months; and
- Documentation of patient safety metrics and improvement measures.

5.9 Patient Satisfaction

Surveyors shall select six (6) to ten (10) patients from a provided list for direct interview. A validated Patient Satisfaction Questionnaire shall be used to evaluate outcomes and patient experience.

ACMIG Assessment Tools

Appendix A- Qualifying Procedures for Accreditation

Hysteroscopic
Hysteroscopic adhesiolysis of endometrial adhesions
Transcervical Resection of Endometrium
Transcervical Resection of Myoma
Transcervical Resection of Polyps
Hysteroscopic Resection of Septum
Endometrial ablation
Hysteroscopic sterilization

Laparoscopic/Single Port/Robotic Surgery
Laparoscopic hysterectomy - ALL laparoscopic hysterectomy including LAVH
Laparoscopic myomectomy
Laparoscopic metroplasty or repair of congenital organ abnormality
Adhesiolysis, enterolysis (Frozen Pelvis)
Severe Endometriosis, excision of peritoneal nodule/ rectovaginal septum nodule
Peritubal adhesiolysis, salpingolysis
Neosalpingostomy, Tubal Reanastamosis
Lymphadenectomy
Pelvic Floor Reconstruction /Sacrocolpopexy/ Colposuspension

Appendix B- Application Form for APAGE Accreditation of Minimally Invasive Centre

Application Form for APAGE Accreditation of Minimally Invasive Centre

Facility Details

Name of Hospital Facility: _____

Country: _____

Address: _____

City *State* *Zip code*

Website: _____

Current Head of Minimally Invasive Centre: _____

Date of Establishment: _____

Has your hospital/centre achieved accreditation with other societies?

☐ Yes If Yes, which accreditation body? _____

☐ No

Contact Person

Name: _____

Job Title: _____

Tel Number: ( ) Fax Number: ( )

Email Address: _____

Facility Details

The following information is necessary:

Number of Laparoscopic Gynaecology Cases per annum: (min. 100 cases) _____

Number of Hysteroscopic Gynaecology Cases per annum: (min. 20 cases) _____

Number of Vaginal Procedures per annum: (min. 20 cases) _____

Number of MIS Operating Theatres: _____

Is the Head of Minimally Invasive Centre accredited in Laparoscopic Surgery?

☐ Yes If Yes, which accreditation body? _____

☐ No

Has the Head of Minimally Invasive Centre applied to be a Fellow of APAGE? (This is mandatory.)

☐ Yes ☐ No

Application Form for APAGE Accreditation of Minimally Invasive Centre

Application Checklist

Please ensure all required documents are attached before submission. Incomplete applications will not be processed. Tick (✓) each item below to confirm inclusion:

- ☐ Completed Application Form (signed and stamped)
- ☐ Organizational Chart (staff of OBGYN & MIS Team)
- ☐ Hospital Map (including MIS Skills Lab)
- ☐ Programme Director Appointment Letter & CV
- ☐ Surgical Case Volume Summary (past 12 months)
- ☐ Logbook of Qualifying Procedures (past 12 months)
- ☐ On-Call Roster & ACLS/BLS Certificates
- ☐ Referral Pathways to Supporting Specialties
- ☐ List of MIS Equipment & Maintenance Logs
- ☐ Informed Consent Policy & 15 Sample Records
- ☐ Clinical Pathways & Protocols
- ☐ MIGS Training Programme / Curriculum
- ☐ Fellowship Programme (if applicable)
- ☐ Quality Audit Reports and Patient Safety Assessment (past 12 months)
- ☐ Patient Satisfaction Survey Samples
- ☐ Other Accreditation Certificates (if any)
- ☐ Proof of Payment (USD 3,000 Application Fee)

Submission Instructions:
Please submit the completed application form and all required attachments to the APAGE Secretariat apage.accreditation@gmail.com.
Application may take up to 4 weeks to process. Once the application is accepted, payment will be required. Applicants are encouraged to ensure that the necessary criteria is met for accreditation. Guidelines can be found on the APAGE website.

Declaration

I hereby certify that the information given above is true to the best of my knowledge.
Head Of MIS Centre:

SIGNATURE **HOSPITAL SEAL**

DATE (DD/MM/YY)