APAGE ACCREDITATION OF GYNECOLOGIC GENERAL ENDOSCOPIC SURGEONS

Accredited Surgeon in Minimally Invasive Gynecology

2026

Accreditation Guidelines

Contents

APAGE Gynecologic General Endoscopic Surgeon Accreditation

Guideline for APAGE Gynecologic General Endoscopic Surgeon Accreditation

Purpose

These guidelines are offered to assist in the evaluation of qualifications of surgeons who intend to apply for “Accreditation of Gynaecologic General Endoscopic Surgeon” under APAGE. The Gynaecologic general endoscopic surgeon should demonstrate the necessary surgical competencies in dealing with the challenges in the treatment of Gynaecologic malignancies.

1. Laparoscopic and Procedure

APAGE accreditation will be awarded to individuals who have successfully achieved the prominent surgical standard for advanced laparoscopic procedures. These procedures are listed below:

1.1 Essential:

- Hysterectomy (including Laparoscopic Assisted Vaginal Hysterectomy)
- Myomectomy
- Tubal Surgery
- Ovarian Cystectomy

1.2 Optional:

- Lymphadenectomy Tubal reanastomosis
- Sacrocolpopexy/Colposuspension/Pelvic floor reconstruction
- Enterolysis
- Management of mild (moderate) endometriosis
- Management of moderate (deep) endometriosis

2. APAGE Accredited Centres (ACMIG)

Please refer to the list of APAGE Accredited Training Centres in Minimally Invasive Gynecology (ACMIG).

Applicants who are not being trained at APAGE ACMIG will need to seek prior approval before embarking on the accreditation process. Individuals will need to contact the APAGE secretariat with the following information:

A. Name of Supervisor/Mentor
B. Name of Centre
C. Training Programme

3. Evidence and Assessment

Applicants have to be active members of APAGE to qualify for accreditation. Applicants are also required to fulfil each of the following criteria.

3.1 Logbook of Experience (Appendix 1)

There should be a record of at least 100 cases (Independent Practice) of laparoscopic procedures. The procedures are as follows:

a. 30 cases of Hysterectomy and
b. 10 cases of Myomectomy and
c. 10 cases of Tubal surgery and
d. 50 cases of Ovarian Cystectomy and
e. 25 cases of Operative Hysteroscopy.

15	• Septoplasty • Division of synechia • Tubal cannulation • TCRP
10	• TCRM

It is recommended that the cases are collected over a 2-year period, at an ACMIG. Individuals who are not practicing in these centres may still apply, as suitability will be considered on an individual basis. (Please see above).

3.2 Objective Structured Assessment of Technical Skills (OSATS) (Appendix 2)

Individuals can choose to be assessed during live surgery by an accredited Trainer and/or via submission of unedited video recording(s) of live surgery.

a. 1 case of Hysterectomy and
b. 1 case of Myomectomy and
c. 1 case of Stage 4 Endometriosis.

If individuals are submitting unedited video recording(s), then 1 case of each of the above listed procedures are required.

3.3 Evidence of Continuing Professional Development (CPD) (Appendix 3)

Individuals are required to have:

a. Attended 3 APAGE Annual Congresses/Regional Meetings within 6 years AND
b. Published as first author or corresponding author in GMIT OR
c. Presented (Speaker) at an APAGE Annual Congress/Regional Meeting.

Certificate of attendance or participation are required. Individuals are also strongly encouraged to actively participate in local/regional/international endoscopic-related events.

* Applicants who fail to meet the above criteria shall be required to undertake observership or mentorship at APAGE-accredited centres. The APAGE Accreditation Committee reserves the right to conduct on-site evaluations as deemed necessary.

Grandfather Clause

Applicants who have completed an APAGE Fellowship Program shall be considered under the grandfather clause. All submitted documentation shall be subject to review and verification by the APAGE Accreditation Committee.

4. Revalidation

Revalidation of APAGE Accreditation as surgeon is required every six (6) years. Individuals are required to submit the following documentation for revalidation:

a. A valid APAGE Accreditation Certificate.
b. Logbook of 50 Cases including:
   - 10 cases of Hysterectomy and
   - 5 cases of Myomectomy and
   - 5 cases of Tubal surgery and
   - 15 cases of Ovarian Cystectomy.
c. A Certificate of Participation (as Attendance or Faculty) at APAGE Annual Congress or Regional Meeting within preceding six years
d. Payment of the Revalidation Fee: USD 400 (for six years).

5. Accreditation and Certificate

The total fee for application and certification under the APAGE Accreditation of Gynaecologic General Endoscopic Surgeon program shall be USD 1,000, comprising:

- Accreditation Fee: USD 300
- Certificate Fee: USD 700

Payment shall be made in advance during the application process.

APAGE Gynecologic General Endoscopic Surgeon Accreditation Assessment Tools

Appendix 1 – Log of Experience

Log of Experience

	Date	Centre	Clinical Case Details	Learning Points
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Appendix 2– OSATS

Total Laparoscopic Hysteroscopy / Laparoscopic assisted Vaginal Hysterectomy

Name		**Assessor**	
Date		**Clinical Details of Case**	

Surgical Steps under Observation		Performed independently	Needs Improvement	Not applicable
		PLEASE TICK THE RELEVANT BOX BELOW		
1	Obtain appropriate consent including morcellation			
2	Correct use of antibiotics			
3	Correct positioning of patient on operating table			
4	Cleans and drapes correctly			
5	Bladder catheterization			
6	Correct placement of uterine manipulator			
7	Correct skin incisions			
8	Correct port placements			
9	Appropriate uterine assessment			
10	Ureters identified			
11	Ovarian pedicles divided safely			
12	Bladder reflected			
13	Uterine pedicle divided safely			
14	Appropriate vaginal incision			
15	Vaginal closed appropriately			
16	Secure haemostasis			
17	Consider use of adhesion barriers of haemostatic agents			
18	Remove and close ports appropriately			
19	Use drains and catheters appropriately			

Comments

Both sides of the form to be completed

TECHNICAL SKILLS ASSESSMENT

Assessor, please circle the candidates' performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused/ damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots with proper attention to safety.
Technical use of assistants	Consistently placed assistants poorly or failed to use assistant.	Appropriate use of assistant most of the time.	Strategically use assistants to the best advantage at all times.
Relations with patients and the surgical team	Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight / Attitude	Poor understanding of areas of weakness	Some understanding of area of weakness	Fully understands areas of weakness
Documentation of procedures	Limited documentation. Poorly written.	Adequate documentation but with some omissions, or areas that need elaboration.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based in the checklist and the Generic Technical Skills Assessment: Dr._____

□ is independent in practice.

□ needs improvement – please see recommendations.

Recommendation(s)

Signed (Assessor)

Date

Enucleation of Ovarian Tumor

Name		**Assessor**	
Date		**Clinical Details of Case**	

Surgical Steps under Observation		Performed independently	Needs Improvement	Not applicable
		PLEASE TICK THE RELEVANT BOX BELOW		
1	Obtain appropriate consent including morcellation			
2	Correct use of antibiotics			
3	Correct positioning of patient on operating table			
4	Cleans and drapes correctly			
5	Bladder catheterization			
6	Correct placement of ovarian manipulator			
7	Correct skin incisions			
8	Correct port placements			
9	Appropriate uterine and ovaries assessment including cavity			
10	Appropriate ovarian incision			
11	Appropriate excision of tumor			
12	Appropriate closure of ovarian defect			
13	Appropriate retrieval of specimens			
14	Secure haemostasis			
15	Consider use of adhesion barriers or haemostatic agents			
16	Remove and close ports appropriately			
17	Use drains and catheters appropriately			
Comments				

Both sides of the form to be completed

TECHNICAL SKILLS ASSESSMENT
Assessor, please circle the candidates' performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage.
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Based in the checklist and the Generic Technical Skills Assessment: Dr _____

□ **is independent in practice.**

□ **needs improvement – please see recommendations**

Recommendation(s)

Signed (Assessor)

Date

Appendix 3 – Log of CPD

Log of CPD:
Conferences / Regional Meetings / Courses and Publications

	Date	Centre	Clinical Case Details	Learning Points
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Appendix 4- Application Form

the Asia- Pacific Association for Gynecologic Endoscopy & Minimally Invasive Therapy

Application Form for APAGE Gynecologic General Endoscopic Surgeon Accreditation

Applicant Information

Full Name: _____
First Name *Middle Name* *Last Name*

Date of Birth: _____ Nationality: _____

Job Title: _____

Address: _____

_____

Tel Number: ( ) _____ Mobile Number: _____

E-mail Address: _____

Institutional Affiliation

Name of Hospital Facility: _____

Country: _____

Address: _____

Website: _____

Department: _____

Division/Section: _____

Present Position: _____

Application Checklist

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

☐ Completed Application Form

☐ Curriculum Vitae (CV)

☐ Copy of valid APAGE Membership Certificate

☐ Logbook of 100 Laparoscopic Cases (Appendix 1)

☐ OSATS Assessment or Surgery Video (Appendix 2)

☐ CPD Evidence (Appendix 3)

☐ Certificate issued by an APAGE-affiliated society *(if applicable)*

☐ Fellowship Completion Certificate (if applicable)

☐ Proof of payment for Accreditation and certification fees (USD 1,000 total)

☐ Other supporting documents (publications, presentations, or certificates)

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.

Signature of Applicant	*Date (DD/MM/YY)*