



# **APAGE ACCREDITATION OF GYNECOLOGIC SUBSPECIALITY ENDOSCOPIC SURGEONS**

Accredited Surgeon in Minimally Invasive Gynecology

2026

Accreditation Guidelines

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## APAGE Gynecologic Subspecialty Endoscopic Surgeon Accreditation

### Guidelines

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# Guideline for APAGE Gynecologic Subspecialty Endoscopic Surgeon Accreditation

## Purpose

These guidelines are established to assist in the evaluation of the qualifications of surgeons who intend to apply for the Accreditation of Gynaecologic Subspecialty Endoscopic Surgeon under the Asia-Pacific Association for Gynaecologic Endoscopy and Minimally Invasive Therapy (APAGE).

A subspecialty Gynaecologic endoscopic surgeon should demonstrate the necessary surgical competencies to address the challenges encountered in the treatment of Gynaecologic malignancies.

## 1. Accreditation Standards

APAGE Accreditation will be awarded to individuals who have successfully achieved the prominent surgical standard for advanced laparoscopic procedures.

### Required Laparoscopic Cases

Applicants must submit documentation of laparoscopic cases **performed as the primary surgeon**, as appropriate for their respective subspecialty.

#### 1.1 Oncology

| PROCEDURE                                                          | REQUIRED NUMBER OF CASE |
|--------------------------------------------------------------------|-------------------------|
| Hysterectomy                                                       | 50                      |
| Extended hysterectomy / radical hysterectomy                       | 20                      |
| Pelvic lymphadenectomy*                                            | 30                      |
| Paraaortic lymphadenectomy*                                        | 10                      |
| Cytoreductive surgery for ovarian cancer                           | 10                      |
| <i>*May be combined with the other surgical staging procedures</i> |                         |

## 1.2 Pelvic Floor Reconstruction

| PROCEDURE                     | REQUIRED NUMBER OF CASE |
|-------------------------------|-------------------------|
| Urinary Incontinency Surgery  | 20                      |
| Pelvic Floor Reconstruction   | 20                      |
| Diagnostic Cystoscopy Surgery | 50                      |

## 1.3 Reproductive

| PROCEDURE                                                                                                                                                        | REQUIRED NUMBER OF CASE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Hysteroscopy <ul style="list-style-type: none"><li>• Septoplasty</li><li>• Division of synechia</li><li>• Tubal cannulation</li><li>• TCRP</li></ul>             | 15                      |
| <ul style="list-style-type: none"><li>• TCRM</li></ul>                                                                                                           | 10                      |
| Tubal Surgery <ul style="list-style-type: none"><li>• Neosalpingostomy</li><li>• Adhesiolysis</li><li>• Tubal reanastomosis</li></ul>                            | 20                      |
| Ovarian Surgery <ul style="list-style-type: none"><li>• Complex ovarian cystectomy</li><li>• Large &gt;10cm</li><li>• Multilocular</li><li>• Bilateral</li></ul> | 10                      |
| Salpingoplasty                                                                                                                                                   | 10                      |
| Ovarian Cystectomy                                                                                                                                               | 20                      |
| Management of Deep Endometriosis                                                                                                                                 | 10                      |
| Myomectomy                                                                                                                                                       | 20                      |

## 1.4 vNOTES

| PROCEDURE                                | REQUIRED NUMBER<br>OF CASE |
|------------------------------------------|----------------------------|
| vNOTES Hysterectomy (Simple)             | 20                         |
| vNOTES Hysterectomy in Previous C/S      | 10                         |
| vNOTES Adnexal surgery (No Hysterectomy) | 20                         |

## 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 Center
- C. Training Programme

## 3. Evidence and Assessment

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

- A. Submission of the Application Form (Appendix 1).
- B. Submission of a certificate issued by an APAGE-affiliated society, if applicable.
- C. Submission of two unedited surgical video recordings, as specified above. (Appendix 2)

*\* 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. Applicants who hold a relevant specialist appointment or possess a recognized professional certificate shall submit the corresponding supporting documentation as part of their application. 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. A Certificate of Participation (as Attendance or Faculty) at APAGE Annual Congress or Regional Meeting within preceding six years
- C. Payment of the Revalidation Fee: USD 400 (for six years).

#### **5. Accreditation and Certificate**

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

- Accreditation Fee: USD 600
- Certificate Fee: USD 400

Payment shall be made in advance during the application process. Applicants who do not pass the accreditation evaluation shall receive a refund of the certificate fee (USD 400).

|                                                                                                        |
|--------------------------------------------------------------------------------------------------------|
| <p><b>Assessment Tools for APAGE Gynecologic Subspecialty<br/>Endoscopic Surgeon Accreditation</b></p> |
|--------------------------------------------------------------------------------------------------------|

## Appendix 1 – Application Form



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

# Application Form for APAGE Gynecologic Subspecialty Endoscopic Surgeon Accreditation

**Subspecialty (Please tick (✓) one or more):**

☐ Oncology

☐ Reproductive

☐ Pelvic Floor Reconstruction

□ vNOTES

| Applicant Information |  |
|-----------------------|--|
|-----------------------|--|

Full Name:

*First Name*

*Middle Name*

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*Last Name*

Date of Birth:

Nationality:

Job Title:

Address:

Tel Number:

( )

Mobile Number:

E-mail Address:

[illegible]

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
- ☐ Certificate issued by an APAGE-affiliated society (*if applicable*)
- ☐ Two (2) unedited surgical videos
- ☐ 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](mailto: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.

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*Signature of Applicant*

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*Date (DD/MM/YY)*

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E-MAIL: [apage.accreditation@gmail.com](mailto:apage.accreditation@gmail.com) | Tel: +886-3-3281200 ext 8253 | Fax +886-3-3286700 | APAGE Website: [www.apagemit.com](http://www.apagemit.com)  
APAGE Office Address: Dept. OB/GYN, Linkou Chang Gung Memorial Hospital, 5 Fuxing Street, Guishan Dist, Taoyuan City 333, Taiwan

## Appendix 2 –Unedited Surgical Video Submission

### Instruction:

Applicants are required to submit **two (2) unedited surgical video recordings**, as specified by the Accreditation Guidelines. Please complete the following information for each case.

### Video 1

- **Title / Type of Procedure:** \_\_\_\_\_  
(e.g., Laparoscopic Hysterectomy, Ovarian Cystectomy)
- **Date of Surgery:** \_\_\_\_\_
- **Hospital / Institution:** \_\_\_\_\_
- **Operating Surgeon (Applicant):** \_\_\_\_\_
- **Supervising Surgeon / Mentor (if applicable):** \_\_\_\_\_
- **Patient Age / Case ID (anonymized):** \_\_\_\_\_  
(Please ensure no patient-identifiable information appears in the video.)
- **Remarks (if any):** \_\_\_\_\_  
(e.g., case difficulty, complications, special techniques used)
- **Video File Name / Link:** \_\_\_\_\_  
(Specify file name or upload link reference number.)

### Video 2

- **Title / Type of Procedure:** \_\_\_\_\_  
(e.g., Laparoscopic Hysterectomy, Ovarian Cystectomy)
- **Date of Surgery:** \_\_\_\_\_
- **Hospital / Institution:** \_\_\_\_\_
- **Operating Surgeon (Applicant):** \_\_\_\_\_
- **Supervising Surgeon / Mentor (if applicable):** \_\_\_\_\_
- **Patient Age / Case ID (anonymized):** \_\_\_\_\_  
(Please ensure no patient-identifiable information appears in the video.)
- **Remarks (if any):** \_\_\_\_\_  
(e.g., case difficulty, complications, special techniques used)
- **Video File Name / Link:** \_\_\_\_\_  
(Specify file name or upload link reference number.)