

Guidelines for granting of privileges for laparoscopic (peritoneoscopic) general surgery

Principles of privileging

Preamble. The Society of American Gastrointestinal Endoscopic Surgeons recommends the following guidelines for privileging qualified surgeons in the performance of general surgical procedures utilizing laparoscopy (cholecystectomy, appendectomy, hernia repair and other similar procedures). The basic premise is that the surgeon must have the judgement, training and the capability of immediately proceeding to a traditional open abdominal procedure when circumstances so indicate.

This document is to serve as a guide for granting privileges in laparoscopic surgery as an integral part of surgical practice. Surgeons who are experienced in operating upon abdominal organs are familiar with anatomy, tissue tolerance, organ compliance and pathological processes and should readily develop laparoscopic proficiency which should be assessed regardless of the number of procedures performed.

Purpose

The purpose of this statement is to outline principles and provide practical suggestions to assist hospital privileging committees when granting privileges to perform laparoscopic surgery. In conjunction with the standard JCAHO guidelines for granting hospital privileges, implementation of these methods should help hospital staffs ensure that laparoscopic surgery is performed only by individuals with appropriate competence, thus assuring high quality patient care and proper procedure utilization.

Uniformity of standards

Uniform standards should be developed which apply to all hospital staff requesting privileges to perform laparoscopic general surgery. Criteria must be estab-

lished which are medically sound but not unreasonably stringent and which are universally applicable to all those wishing to obtain privileges. The goal must be the delivery of high quality patient care.

Responsibility for privileging

The privileging structure and process remain the individual responsibility of each hospital. It should be the responsibility of the Department of Surgery, through its Chief, to recommend individual surgeons for privileges in laparoscopic general surgery as for other procedures performed by members of the department.

Training and determination of competence

Formal fellowship or residency training in general surgery.

Determination of competence in laparoscopic surgery

A surgical residency/fellowship program which incorporates structured experience in laparoscopic surgery should be completed. The applicant's Program Director or laparoscopic training director should confirm in writing the training, experience and actual observed level of competency as is done for other procedures in general surgery.

The surgeon should demonstrate proficiency in laparoscopic surgical procedures and clinical judgement equivalent to that obtained in a residency/fellowship program. Documentation and demonstration of competence is necessary with verification in writing from experienced colleagues.

For those without residency training or fellowship which included laparoscopic surgery or without documented prior experience in laparoscopic surgery, the process should be similar to a residency experience including didactics, hands-on animal experience, participation as a first assistant and performance of the operation under proctorship. The basic minimum requirements for training should be:

1. completion of approved residency training in general surgery, with privileging in the comparable

- open procedure for which laparoscopic privileges are being sought,
2. privileging in diagnostic laparoscopy,
 3. training in laparoscopic general surgery by a surgeon experienced in laparoscopic surgery or completion of a university sponsored or academic society recognized didactic course which includes instruction in handling and use of laparoscopic instrumentation, principles of safe trocar insertion, establishment of safe peritoneal access, laparoscopic tissue handling, knot tying, equipment utilization (e.g. staplers), as well as animal experience in specific categories of procedures for which applicant desires privileges. The individual must demonstrate to the satisfaction of an experienced physician course director/preceptor that he/she can perform a given procedure from beginning to end in an animal model. Such proficiency for each category of procedure in question must be documented in writing by the physician course director. The course content and procedures taught should clearly include material specific to the category of procedure for which privileges are sought. Attendance at short courses which do not provide supervised hands-on training or documentation of proficiency is not an acceptable substitute,
 4. experience as first assistant to a previously privileged individual performing the category of the laparoscopic procedures for which privileges are being sought in patients; documentation to be provided by the privileged individual,
 5. proctoring by a laparoscopic surgeon experienced in the same or similar procedure(s) until proficiency has been observed and documented in writing.

Proctoring

Recognizing the limitations of written reports, proctoring of applicants for privileges in laparoscopic surgery by a qualified, unbiased staff surgeon experienced in general and laparoscopic surgery is recommended. The procedural details of proctoring should be developed by the privileging body of the hospital and provided to the applicant. Proctors may be chosen from existing staff or solicited from surgical endoscopic societies. The proctor should be responsible to the privileging committee, and not to the patient or to the individual being proctored. Documentation of the proctor's evaluation should be submitted in writing to the privileging committee. Criteria of competency for each procedure should be established in advance and should include evaluation of: familiarity with instru-

mentation and equipment, competence in their use, appropriateness of patient selection, clarity of dissection, safety, time taken to complete the procedure and successful completion of same. It is essential that proctoring be provided in an unbiased, confidential and objective manner. A satisfactory mechanism for appeal must be established for individuals for whom privileges are denied or granted in a temporary or provisional manner.

Monitoring of laparoscopic performance

To assist the hospital privileging body in the ongoing renewal of privileges, there should be a mechanism for monitoring each surgical laparoscopist's procedural performance. This should be done through existing quality assurance mechanisms. This should include monitoring utilization, diagnostic and therapeutic benefits to patients, complications and tissue review in accordance with previously developed criteria.

Continuing education

Continuing medical education related to laparoscopic surgery should be required as part of the periodic renewal of privileges. Attendance at appropriate local or national meetings and courses is encouraged.

Renewal of privileges

For the renewal of privileges an appropriate level of continuing clinical activity should be required. In addition to satisfactory performance as assessed by monitoring of procedural activity through existing quality assurance mechanisms, continuing medical education relating to laparoscopic surgery should also be required.

Acknowledgments. This statement was reviewed and approved by the Board of Governors of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) October, 1992. It was prepared by the SAGES Committee on Credentialing.

References

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