



ANZMOSS

Australian & New Zealand
Metabolic and Obesity Surgery Society

**ANZMOSS Bariatric surgical post fellowship
endorsement programme 2023**

Dated 31 August 2023

1. Introduction

1.1 Terms and definitions

1.2 Purpose

1.2.1 This document provides hospitals and bariatric surgical units with a set of guidelines for a bariatric fellowship to reach sufficient standards for endorsement and recognition by ANZMOSS.

1.2.2 The purpose of this endorsement is to ensure the highest quality of training for the bariatric fellowship and that the endorsed posts provide appropriate supervision and learning environment to the prescribed standard.

1.3 Administration and ownership

1.3.1 The ANZMOSS is the body that conducts and administers the endorsement programme in Australia and New Zealand.

1.3.2 The ANZMOSS Committee is responsible for the endorsement only of bariatric surgical posts in Australia and New Zealand.

2. Program Overview

2.1 Program Aims

2.1.1 The purpose of the ANZMOSS endorsement programme is to recognise those positions in Bariatric surgery within Australia and New Zealand that provide a suitable educational experience that ultimately leads to expert Bariatric surgeons.

2.1.2 The ANZMOSS endorsement program is designed to recognise those positions that enable fellows to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholarship and teaching, professionalism and ethics and cultural safety, leading to competent independent practice as a specialist Bariatric surgeon.

2.1.3 At the conclusion of the endorsed position, the Fellow will be able to provide comprehensive, state-of-the-art medical and surgical care to patients with morbid obesity.

2.2 Program Description

2.2.1 The positions within the ANZMOSS Endorsement Programme would provide core knowledge and skills that enable trainees to achieve expertise in the understanding, diagnosis, and management of diseases of morbid obesity.

2.2.2 The endorsed positions are designed to follow the current FRACS for General Surgery training. It is an expectation of RACS that a qualified surgeon is knowledgeable in the management of obesity surgery, therefore, these endorsed positions will not restate those learning objectives required of all general surgeons, but rather build upon these concepts.

2.2.3 Endorsed positions should gain exposure to a wide range of bariatric surgical procedures. An adequate opportunity must be provided for the development of their technical skills in bariatric surgery including both elective and emergency procedures.

2.2.4 There is flexibility in the clinical exposure required depending on the complexity and profile of the unit. In general, there should be adequate procedure mix and load to reach the required proficiency. The emphasis will be on obtaining competence rather than achievement of procedural numbers alone.

2.2.5 Initial outpatient assessment, preoperative decision making, perioperative management, and patient follow-up are essential to the experience. To the greatest extent possible, fellows should participate in the preoperative evaluation, assessment, treatment planning, and postoperative ambulatory care of patients in whose surgery they participate.

2.2.6 Trainees will be actively involved in the assessment and management of emergency surgical patients with a focus on bariatric surgical emergencies.

2.2.7 An adequate opportunity should be provided to interact with dietitians, clinical bariatric nurses, bariatric physicians/endocrinologists, clinical psychologists, radiologists, and endoscopists.

2.2.8 The bariatric surgery fellowship should complement an institution's general surgery training program by developing a focus of excellence in obesity management that can be observed and experienced by all surgical trainees and attending staff.

2.2.9 Clinical experience alone is insufficient education in bariatric surgery. The position must develop a regularly scheduled didactic program consisting of conferences, lectures, debate series, and/or journal club, covering not only surgical problems but also nonsurgical, basic science, clinical research, and ethical problems.

2.2.10 Clinical research must be included in the training program. Trainees must have opportunities to develop skills in clinical research and design and implement clinical research protocols in the field of Bariatric surgery. Trainees should have access to faculty (not necessarily the Bariatric surgeon) who can mentor them in basic science.

2.2.11 Fellows will participate in available educational opportunities. This would include sponsored educational programmes offered through ANZMOSS that are likely to be held interstate. Fellows must attend the ANZMOSS annual conference.

3. ANZMOSS endorsement programme administration

3.1 Coordination and Supervision

3.1.1 Endorsed positions must appoint a Supervisor. The Supervisor must be a Bariatric Surgeon, a member of ANZMOSS and a registered Bariatric specialty reviewer for at least one peer reviewed journal.

3.1.2 The Supervisor coordinates selection, management, education and training of endorsed positions.

3.1.3 It is the Supervisor's responsibility to ensure all requirements are met and maintained to ensure continued endorsement of the position.

3.1.4 The Supervisor should regularly assess the clinical and research activities of previous ANZMOSS endorsed positions to determine whether the goals are being achieved, namely, the production of competent Bariatric surgery specialists.

4. ANZMOSS endorsement requirements

4.1 General institutional requirements

4.1.1 The institution must provide an appropriate educational environment and ensure appropriate trainee supervision. Patient support services, work hours, and on-call schedules should be in accordance with RACS standards and allow fellows to participate in scholarly activities such as in-house didactic conferences as well as local, regional and national meetings.

4.1.2 The General Surgery training program of the sponsoring institution must be fully accredited by the RACS.

4.1.3 There should be access to a library and on-site electronic literature retrieval capabilities are required.

4.1.4 There should be access to adequate office facilities for educational and research activities.

4.1.5 There should be facilities, resources and institutional support for clinical and basic science research activities.

4.2 Bariatric Unit requirements

4.2.1 Bariatric workload

The Unit must undertake a significant workload in bariatric surgery, including preoperative work-up, operative care and post op follow-up. It is expected that an endorsed unit would

be able to provide 20 bariatric surgical procedures per year where the fellow is able to be the primary surgeon. These cases may be sleeve gastrectomy or gastric bypass only or a combination of both.

4.2.2 Surgeons

At least one of the consultants on the surgical unit must be FRACS accredited, a Bariatric surgeon and member of ANZMOSS. For the purposes of the ANZMOSS endorsement programme, a Bariatric surgeon is defined as specialist surgeon who has obtained experience in the multidisciplinary approach to the diagnosis and treatment of patients with morbid obesity and provides leadership and devotes a major portion (over 50%) of their professional practice to these activities as well as Bariatric education and research.

4.2.3 Bariatric Surgical Ward and staff

The Unit should have access to one ward, or part thereof, with a dedicated Nurse Unit Manager and Staff, to serve the majority of the patients admitted to that Unit. Ideally, the ward should be shared with the Gastroenterology Unit and/or Gastrointestinal Surgery Units of the hospital.

4.2.4 Theatre lists

The Unit should have regular scheduled elective theatre lists, as well as emergency theatre access.

4.2.5 Outpatient clinic

The Unit should have a dedicated outpatient clinic or alternative arrangement that provides access to participate in initial outpatient assessment and patient follow-up at least once weekly.

4.2.6 After Hours Cover

The Unit should provide an exclusive or consultative on-call service 24 hours a day, 7 days a week for Accident & Emergency and inpatient emergencies.

4.2.7 Unit Ward Rounds and Meetings

The Unit should meet on a weekly basis to conduct meetings to discuss the patients, protocols or any other business. Unit Consultants should undertake ward rounds with on the unit at least on a weekly basis.

4.2.8 Multidisciplinary care

The Unit should participate in regular multidisciplinary team meetings attended by radiologists, endoscopists, dietitians, bariatric physicians, endocrinologists, exercise physiologists and clinical psychologists.

4.2.9 Quality Assurance and Audit

The Unit should be involved in a regular mortality and morbidity meeting, at least on a monthly basis with a six monthly or annual review. All Bariatric surgery consultants on the unit need to be contributing to the bariatric registry. Quality assurance programs (for example Clinical Indicators or quality projects) should become standard and reviewed at the weekly Unit meetings or audit meetings.

4.2.10 Research and education

The Unit must demonstrate evidence of scholarly activity in Bariatric surgery, as evidenced by participation in basic science research and/or clinical research protocols; presentations at local, regional, or national meetings; and/or publications in peer-reviewed journals. It is expected that a training unit have a track record with peer reviewed publications over the last 5 years.

4.2.11 Academic Affiliation

The Unit should have an affiliation with one of the University Medical Schools and be involved in Undergraduate Teaching Programs.

4.2.12 Basic and Advanced Training in General/HPB Surgery

Members of the Unit should be involved with RACS activities to encourage surgical trainees in basic and advanced training in General and HPB Surgery. The training unit must have RACS accreditation for advanced training in general surgery.

4.2.13 CME and Recertification

The Unit head is responsible for ensuring that the Guidelines provided by the Royal Australasian College of Surgeons are fulfilled and the Unit participates in CME activities.

4.3 Supportive services

4.3.1 The Unit should have access to the following supportive services located within the institution.

1. **Allied health** professionals to provide a spectrum of care (for example dietitians, nurses, exercise physiologists, clinical psychologists, endocrinologists and bariatric physicians).
2. **Laboratory and Anatomical Pathology.**
3. **Pre-admission clinic** or similar arrangement to assess elective surgical patients.
4. **Intensive Care Unit** and/or High Dependency Unit with the capacity to manage patients with significant Obstructive Sleep Apnoea.
5. **Day surgery/endoscopy facility** with operating theatres and a fully staffed recovery room.
6. **Anaesthetic Department** with at least one member of the anaesthetic staff with a particular interest in HPB surgery.
7. **Operating theatre nursing and technical staff** with at least one team with a specific interest in Bariatric surgery and facilities for advanced laparoscopic surgery
8. A dedicated independent **Endoscopy Suite** or an Endoscopy Suite incorporated in the Operating Theatre with a dedicated Nurse Unit Manager.
9. **Radiological sciences** and an accredited imaging department with facilities for X- ray screening, CT scan, and Interventional radiology.

4.4 Accreditation standards

4.4.1 The seven (7) standards that must be met for ANZMOSS Post fellowship endorsement programme are outlined below

Standard 1 – Education facilities and systems required

All endorsed positions must have access to the appropriate educational facilities and systems required to undertake training

	Yes	No
Computer facilities with IT support		
Tutorial room available		
Access to private study area		
General educational activities within the hospital		

Standard 2 - Quality of education, training and learning

Bariatric surgical fellows will have opportunities to participate in a range of desirable activities, the focus of which is inclusive of their educational requirements

	Yes	No
Coordinated schedule of learning experiences for each trainee		
Access to simulated learning environment		
Access to external educational activities for trainees		
Opportunities for research inquiry and scholarly activity		

These standards will be facilitated by encouraging the Fellow to attend the ANZMOSS sponsored training workshops throughout the year

Standard 3 – Surgical supervisors and staff

Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training, assessment and feedback

	Yes	No
Designated supervisor of fellowship programme		
Supervisor provides feedback to fellow		
Specialist surgical staff appropriately qualified to carry out teaching		
Surgeons committed to teaching the fellow		

Regular supervision and feedback to the fellow		
Hospital support for surgeons involved in education		

Standard 4 – Support services for fellows

Hospitals and their networks committed to the education, learning and wellbeing of fellows who in turn acknowledge their professional responsibilities

	Yes	No
Hospital support for fellows		
Fellows professional responsibilities – duty of care		

Standard 5 - Clinical load and theatre sessions

Fellows must have access to a range and volume of clinical and operative experience which will enable them to acquire the competencies required to be a bariatric surgeon

	Yes	No
Supervised consultative ambulatory clinics in consultative practice		
Beds available for relevant specialty		
Consultant led ward round with educational as well as clinical goals		
Caseload and casemix – with the ability to independently perform a minimum of 20 cases of bariatric procedures		
Operative experience for trainees		
Experience in perioperative care		
Involvement in acute/emergency care of bariatric patients		

Standard 6 - Equipment and clinical support services

A hospital must have the facilities, equipment and clinical support services required to manage surgical cases in a particular specialty

	Yes	No
Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures		
Imaging – diagnostic and intervention services		
Diagnostic laboratory services		
Theatre equipment		
Support/ancillary services		

Standard 7 - Clinical governance, quality and safety

A hospital must be fully accredited and have the governance structure to deliver and monitor safe surgical practices

	Yes	No
Hospital Recognition status		
Risk management processes with patient safety and quality committee reporting to Quality Assurance Board		
Head of Bariatric Unit with a governance role		
Hospital credentialing or Privileging committee		
Surgical audit and peer review programme		
Hospital systems review		
Occupational safety		

4.5 ANZMOSS endorsement programme post availability

4.5.1 ANZMOSS will not be involved in the selection of fellows for positions under the endorsement programme. The selection of fellows remains with the supervisors.

4.6 ANZMOSS Post website profile

4.6.1 It is mandatory to provide a description of the ANZMOSS post fellowship endorsement programme positions for publication on the ANZMOSS website.

4.6.2 A structured template has been provided to guide this process and ensure consistency in the information provided across units. This enables fellows to readily compare training posts.

5. ANZMOSS post fellowship accreditation process

5.1 New accreditation process outline

5.1.1 The process for accreditation for appropriate centres for ANZMOSS endorsement programme will be initiated by the Bariatric unit in conjunction with the hospital administration.

5.1.2 The required documentation including cover letter and ANZMOSS post fellowship endorsement programme will be completed and submitted to the ANZMOSS Executive Officer.

5.1.3 The application will be reviewed by the Teaching Committee and presented to the ANZMOSS Board for consideration.

5.1.4 Hospital unit inspection by the Teaching Committee will be scheduled when both:

1. The application is deemed satisfactory for consideration of post accreditation
2. The inspection team will consist of 2 ANZMOSS board members (ex officio board members included)

5.1.5 The recommendation of the inspection team will be communicated to the ANZMOSS Teaching Committee and ANZMOSS Board and subsequently sent to the Head of the applying unit.

5.1.6 The final draft will be presented to the ANZMOSS Board for final approval.

5.1.7 Accreditation will be provided on a two year basis as determined by the ANZMOSS Teaching Committee.

5.1.8 The decision made by the ANZMOSS board with regard to accreditation is final.

5.2 Re-accreditation process outline

5.2.1 The Supervisor will be notified by the ANZMOSS Executive Officer when re- accreditation of the unit is due.

5.2.2 A Hospital unit re-inspection by the Training Committee will be scheduled.

5.2.3 The Bariatric Post Re-accreditation Pre-Inspection Form must be completed by the Supervisor and submitted to the executive officer a minimum of fourteen (14) days prior to the inspection date.

5.2.4 When a unit has an ANZMOSS Trainee currently in the post, the Trainee must complete the ANZMOSS post fellowship position evaluation form and submit it to the Executive Officer a minimum of fourteen (14) days prior to the inspection date. ANZMOSS will contact the fellow and provide this form directly. This form must be completed in a confidential manner, to be viewed only by the fellow and the ANZMOSS.

5.2.5 The recommendation of the inspection team will be communicated to the ANZMOSS teaching committee and ANZMOSS Board.

5.2.6 Accreditation will be provided on a two year basis as determined by the ANZMOSS Teaching Committee and Board.

5.2.7 In the intervening year between accreditation ANZMOSS will receive a logbook outlining the number of cases performed by the fellow as a primary surgeon for that year.

5.2.7 The decision made by the ANZMOSS board with regard to re-accreditation is final.

5.3 Accreditation inspection

5.3.1 Inspections for new accreditations will generally take place in person. Review inspections may be either in person or via teleconference as determined by the Teaching Committee.

5.3.2 The inspection team will consist of at least 1 member of the ANZMOSS board

5.3.3 The accreditation committee should allow for at least half day for the accreditation process.

5.3.4 Inspections would normally include:

1. Meeting with the Unit head/director and consultant staff of the Bariatric Unit. This must include the nominated Supervisor.
2. Review of the Unit workload and structure.
3. Discussion of any concerns of areas in need of clarification from the application documents.
4. Inspection of the facilities.
5. Individual confidential meetings with current fellow.

6. Associated documents

7. Contacts

8. ANZMOSS – Teaching Committee