Consensus of OSSANZ National Report from Australia

President, Obesity Surgery Society of Australia and New Zealand Lilian Kow

The OSSANZ Bariatric Surgical Standards (OBSS) was developed to ensure that all surgeons who undertake to perform Bariatric Surgery within any Health Service (Public or Private) are properly credentialed and have the scope of providing a quality bariatric surgical service in accordance with both their level of skill and experience and the capability of the Health Service. The following are the recommended OSSANZ Bariatric Surgical Standards for defining the scope of clinical practice for Bariatric Surgery.

An Australian standard has been developed to guide the process of credentialing and defining the scope of clinical practice (<u>www.safetyandquality.org</u>).

These recommendations have been developed to ensure the delivery of high quality bariatric service within any Health Service. It is recommended that these OBSS assists Credentialing Committees of Health Services to ensure their bariatric surgeons are performing operations commensurate with their skill and are also providing a quality bariatric service to their patients as defined below.

These OBSS apply to all surgeons who are practicing or considering bariatric surgery. They are guidelines recommended for Credentialing Committees of Health Services in the certification and recertification of bariatric surgeons in Australia and New Zealand.

For surgeon members, the process of their application for clinical practice of bariatric surgery (operation specific) within any Health Service should be of the following 3 categories:

1. <u>Provisional Bariatric Surgical Accreditation</u>

Provisional Bariatric Surgical is the first step for surgeons with FRACS or equivalent, who wish to become fully accredited Bariatric Surgeons in any Health Service. This is the agreed step to be taken when undergoing and completing training in bariatric surgery, and mentoring of cases, before being accredited as Bariatric Surgeon for a specific bariatric procedure:

- a. Nominated by 2 surgeons experienced in Bariatric Surgery.
- b. Successful completion of, and proof of, approved Bariatric Surgery Training or a Bariatric Course.
- c. Documentation of minimum of 3 mentored cases by another Bariatric Surgeon, with written approval by the mentor.
- d. The surgeon may then proceed to documenting 20 bariatric cases, (Logbook) which is to be forwarded to, and to be approved, by the Credentialing committee.
- e. Agree to contribute to the OSSANZ Bariatric Registry.

2. <u>Full Bariatric Surgical Accreditation</u>

Bariatric Surgical Service is applied for after fulfilling the requirements of the Provisional Bariatric Surgical Accreditation.

a. Has fulfilled the criteria of Provisional Bariatric Surgeon and received the necessary written approvals.

- b. Maintains and updates clinical skills and bariatric knowledge which includes one bariatric surgical meeting (national or international) yearly.
- c. Continues to contribute to the ongoing OSSANZ Bariatric Registry and follow-up.
- d. Maintains surgical skills by at least 20 bariatric operations annually.
- e. Reviewed/renewed triennium.

3. <u>Grandfather Clause</u>

Surgeons already performing Bariatric surgery will need to provide the following when applying for recertification as Bariatric Surgeons by their Health Service

- a. Fully qualified and recognized General Surgeon
- b. Evidence of successful completion of a Bariatric Course or Training
- c. Evidence/experience and explanation of Bariatric Training
- d. Name of 2 referees experienced in Bariatric Surgery.
- e. Evidence of having performed 100 Bariatric Cases and complication rate