BAUS Laparoscopic Mentorship Guidelines

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Abstract: We believe that the era of surgeons who are relatively inexperienced in urological laparoscopy acting as mentors is over. Mentors should be aware of their responsibility to ensure that trainees and consultant colleagues adhere to the Guidelines published by NICE and BAUS.

Keywords: laparoscopic surgery, training, mentorship, clinical governance, NICE guidelines

These Guidelines are intended to guide urological surgeons who are asked to help consultant colleagues to establish a practice in laparoscopy or expand their indications. The framework for mentorship was established in 2000, at which time there were only a few urologists in the UK with experience in laparoscopic techniques. Since then, there has been a rapid expansion of the number of urologists carrying out laparoscopic surgery. However, the majority of centres reporting laparoscopic nephrectomies in a recent national audit performed less than one case per month. This would imply that, while the expansion in laparoscopic service has been rapid, relatively few consultants presently carry out laparoscopic procedures on a regular basis. The centres carrying out more than one case per month reported better results in terms of operative time, conversion rates, and complication rates. [1]

Guidelines from the National Institute of Health and Clinical Excellence (NICE, www.nice.org.uk) specifically refer to the need for advanced training before undertaking advanced laparoscopic procedures in urology. BAUS has published Guidelines for Training in Laparoscopy, which are intended to complement NICE guidance. [2] The guidelines include a recommendation that consultants identify a mentor to guide them through their initial cases. The present document will set out guidelines for what is expected of mentors. Until subspecialty training is established in the UK, we believe there is still a need for mentorship as part of the learning process. The mentor and trainee must understand at the beginning of training that the process is not a validated way to ensure that the trainee is 'competent'; rather, it is simply the training method deemed most appropriate by BAUS.

Who can act as a mentor? When laparoscopic urology was in its infancy, there were no experienced urological surgeons to act as mentors; consequently, consultants who were still going through the learning process were trying to guide others. Today, however, there are at least 20 centres in the UK performing a high volume of nephrectomies annually. [3] We believe that the era of surgeons who are relatively inexperienced in laparoscopic nephrectomy (including general surgeons and gynaecologists) acting as mentors is over, since the need for further rapid expansion is limited. Instead, we would like to encourage a smaller number of trainees to get more intensive training in centres performing a large volume of cases.

Mentors for laparoscopic nephrectomy should fulfil the following criteria:

- Have performed at least 50 laparoscopic nephrectomies independently as a consultant.
- Submit the results to the annual BAUS laparoscopic nephrectomy audit
- Ensure that the trainee
    - has notified his medical director and lead clinician of this new development
    - is aware of BAUS Guidelines on Laparoscopic Training
    - is aware of NICE Guidelines on Laparoscopic Nephrectomy
    - has attended a BAUS dry and wet lab course
    - has an undertaking from colleagues to refer appropriate cases
    - limits his indications to nephrectomy until he is deemed competent in that procedure
    - performs at least one laparoscopic nephrectomy solo with an independent observer (not the mentor).

The mentor and trainee must be realistic in their expectations, as the trainee may be expected to visit the mentor's unit many times and vice versa. An informal 'contract' should be made in order to make the commitment clear to both parties. Consideration should be made regarding payment to either the trainer or his Trust for the trainer's time. As stated above, an independent urologist must observe the trainee before he is advised to perform laparoscopic nephrectomy solo.

Complex laparoscopic surgery: Concerns have been raised about complications and failed procedures in more complex laparoscopic surgery. Laparoscopic partial nephrectomy, for instance, has been associated with catastrophic bleeding, positive margins, recurrences, etc., yet some urologists have taken this procedure on without any formal training nor much experience in laparoscopic nephrectomy. In addition, several urologists in the UK have been forced to stop performing laparoscopic radical prostatectomy as a result of complications. In short, there has been a great degree of enthusiasm for these new techniques without a great deal of training. We therefore offer the following guidelines which are intended to complement NICE Guidelines:

Mentors for more advanced procedures should fulfil the following criteria:

- For pyeloplasty: to have performed at least 20 cases independently as a consultant and to have submitted his results to the BAUS Section of Endourology PUJ audit.
- For partial nephrectomy: to have performed at least 100 laparoscopic nephrectomies and 20 partial nephrectomies independently as a consultant and to have submitted his results to the BAUS Laparoscopic Nephrectomy audit.
- For radical prostatectomy: to have performed at least 100 cases independently as a consultant and to have submitted his results to the BAUS Section of Oncology audit.

In summary, we believe that the era of surgeons who are relatively inexperienced acting as mentors is over. Mentors should be aware of their responsibility to ensure that trainees and consultant colleagues adhere to the Guidelines published by NICE and BAUS.

References:

1. Davenport K, Timoney AG, Keeley FX Jr, Joyce AD, Downey P. A 3-year review of The British Association of Urological Surgeons Section of Endourology Laparoscopic Nephrectomy Audit. BJU Int. 2006; 97: 333-7
2. FX Keeley Jr., CG Eden, DA Tolley, AD Joyce. BAUS Guidelines for Training in Laparoscopy. BJU Int. 2007; *in press*.
3. Davenport K, personal communication.