



Inquiry into endometriosis and other pelvic pain conditions

Answer to question taken on notice

Asked by: Ms Caitlin Tough

Addressed to: RANZCOG

In relation to: Additional training through AGES

Hearing: 14 May 2026

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Answer Due: 1 June 2026

Dr Mende took on notice the following question(s):

Dr Mende: When you get your FRANZCOG, which is your fellowship of obstetrics and gynaecology, you are qualified as a laparoscopic surgeon. There is additional training through AGES, the Australasian Gynaecological Endoscopy and Surgery Society. They provide more in-depth laparoscopic training for particularly complex cases such as endometriosis. I would have to take on notice the actual numbers. The numbers are not restricted by the colleges. The numbers are restricted by the number of training positions which are funded by state governments, so that is really important.

The numbers are also restricted by the exposure that a trainee can have. If you are in Canberra, say, and we have, for example, 10 registrars, and we say we want to improve that, we can say, "Okay, we can take on five more registrars, but unless five more registrar positions are funded, we can't take on more trainees." The next aspect is that, once we have done that, we then need the surgical lists and the case loads so that those people are sufficiently trained at the end of their training.

Often there is a lot of talk of just increasing training positions, but that is magical thinking, because those training positions need to be funded, they need to be supported, they need to have the case load to result in a person who is competent and safe to practise at the end of their training, and they also need to have the trainers or the supervisors—again, that is often non-remunerated work within the system—to be able to supervise the trainees through this process. As a trainer myself, it is a huge time commitment which is not often built into your work day, and that is in both public and private. That is an outside commitment that essentially you are volunteering to do.

With solving training positions, there is a lot of work being done at the commonwealth level. There is the Medical Workforce Strategy, which is happening at the moment, with a large committee, and the Hon Mark Butler is leading that committee. RANZCOG is doing a lot of work about how we increase access for training positions, how we increase the output of trained people, and looking at the GP obstetrics space and increasing GP skills in the area as well.

RANZCOG: The answer to the Member's question is as follows:

Additional advanced training in minimally invasive and complex gynaecological surgery, such as that provided through the Australasian Gynaecological Endoscopy and Surgery Society (AGES), is undertaken post-fellowship and is not directly limited by the College, but rather by service capacity and training opportunities.

Within the ACT context, there is a limited cohort of AGES-trained surgeons. While it has been suggested that there is AGES-trained expertise locally, it is important to clarify that prior training in this context has primarily focused on endometriosis ultrasound rather than Level 5 laparoscopic surgery. Although there is local expertise in endometriosis ultrasound, this service is not currently available within the public sector, and access in the private setting is associated with significant out-of-pocket costs, limiting availability for many patients.

Historically, some clinicians have undertaken advanced laparoscopic training prior to the formalisation of AGES pathways, while others have had exposure to AGES training. However, there is currently no sustained presence of AGES-trained staff specialists within the public hospital system. Existing VMO involvement is limited and insufficient to support the training of another AGES fellow, or to provide a stable foundation for service development.

The capacity to train additional AGES surgeons in the ACT is currently constrained by:

- The limited number of AGES-accredited supervisors available locally
- The availability of sufficient case volume for complex laparoscopic cases
- The absence of established, funded advanced training posts and funded employment opportunities dedicated to this subspecialty area.

These factors restrict opportunities for trainees to access the depth and breadth of surgical exposure required for advanced endoscopic accreditation.

There remains a clear need to appoint a formally trained AGES fellow as a staff specialist within the ACT public system. This is essential to establish and lead a multidisciplinary team (MDT) for the management of complex endometriosis and chronic pelvic pain patients. At present, there is no designated clinical lead in this area.

Consistent with broader workforce considerations, expanding the number of clinicians with advanced laparoscopic skills requires a coordinated approach that includes:

- Establishment of formal AGES training positions, including a senior registrar role to underpin the training pathway
- Expansion of complex gynaecological surgical operating lists
- Provision of funded staff specialist positions to support workforce sustainability
- Appropriate recognition and support for supervision and training, including the significant time commitment required of accredited trainers

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Importantly, recruitment and retention of a suitably qualified AGES-trained specialist will not be feasible without the allocation of dedicated operating lists within the public system. Without concurrent growth in these areas, both service provision and training capacity in advanced endoscopic surgery in the ACT will remain limited.

Approved for circulation to the Standing Committee on Social Policy

Signature:



Date: 11/06/2026

By authorising officer Dr Nisha Khot, President