THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

BSGE news...

Highlights from ASM 2026 in London

Fibroid meeting report

Chuck Miller in The Legend Slot

Issue 29 | Autumn 2026

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Welcome

Welcome to the Autumn 2026 edition of The Scope.

Message from the editor

Angharad Jones
Editor

> *A key mission for our new President is to raise awareness of, and standards in, fibroid care throughout the UK.*

As we move into autumn, this edition reflects on an active and ambitious time for the BSGE. 2026 not only broke records for the hottest summer, but also for the biggest and, arguably, best ASM in BSGE history.

ASM London saw the transition to a new presidency, with Arvind Vashist passing the presidential baton to Rebecca Mallick, who inspired us with her vision for the next two years. We celebrated the election of our new Council members and thanked those stepping down for all their dedication and hard work. The scientific programme was engaging and thought-provoking, while the social programme allowed us to enjoy all that London has to offer — in true "Fevzi style"!

A key mission for our new President is to raise awareness of, and standards in, fibroid care throughout the UK. This will be coordinated through the creation of a Fibroid Subcommittee, led by newly elected Council member Mostafa Abdalla. Ahead of the curve in this positive move towards better fibroid care are BSGE stalwarts Jimi Odejinmi and Mez Aref-Adib, who delivered the UK's first Fibroid Summit at the RCOG in July. I had the pleasure of attending this inaugural meeting, and the team have shared their reflections in this edition on what will undoubtedly become a regular fixture in BSGE members' calendars.

> *. . . thank you to all our members and everyone who contributes to the work of the BSGE throughout the year.*

Looking ahead to upcoming events, we have the first EndoUK 360 meeting in December, which will bring a refreshing multidisciplinary approach to a range of endometriosis topics, including a dedicated nurse specialist day. We also look forward to the ever-popular Ambulatory Care Network meeting in Birmingham in January, followed by ASM 2027 in Bristol- Save the new date: 8–10 June 2027!

Finally, thank you to all our members and everyone who contributes to the work of the BSGE throughout the year. Whether through research, education, clinical care, training or simply sharing expertise with colleagues, your continued engagement is what makes our society so strong.

I hope you enjoy reading this edition of Scope and, as always, we welcome your contributions, ideas and feedback.

Best wishes
Angharad Jones
Editor, The Scope
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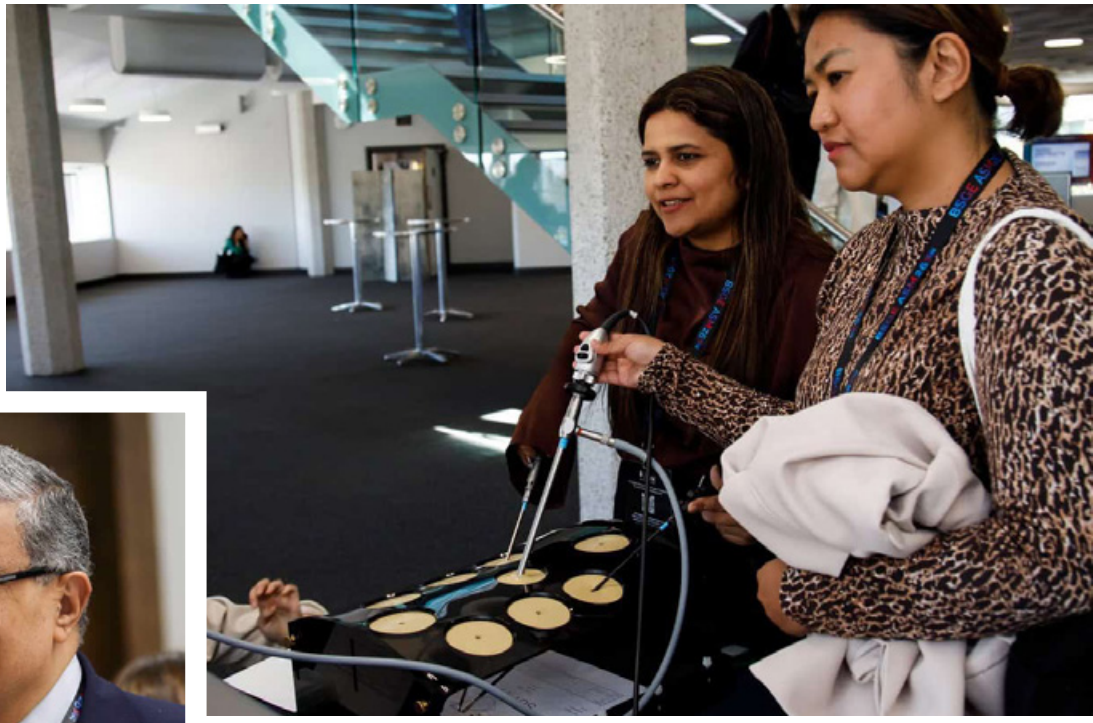
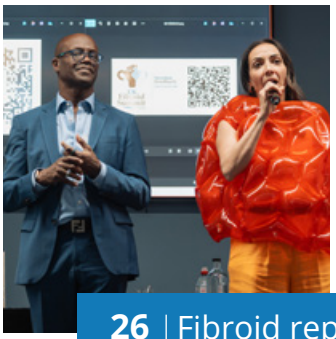


10 | ASM Highlights



26 | Fibroid report

38 | Legend Slot

Contents

In this issue . . .

2 | A Message from the Editor
4 | Contents
5 | President's Update
10 | ASM highlights
15 | Prizewinners
18 | President's Address
25 | Introduction to ASM 2027
26 | Fibroid Section - BSGE Fibroid Care Subcommittee
28 | Fibroid meeting report
32 | Endometriosis section - Endo 360 meeting article
34 | ACN article followed by Flyer
37 | Senior Meeting Flyer
38 | The Legend Slot
42 | BSGE News section - Awards and Bursaries
43 | New treasurer
44 | Portfolios - Image of the Edition
47 | Hysteroscopy
49 | Research and Innovation
50 | Robotics
52 | RIGS
56 | Specialist Nurse section - Nurse Hysteroscopy
57 | Bradford Hysteroscopy flyer
58 | BSGE Survey
59 | BSGE Medical Student Essay Competition
70 | Upcoming events
73 | Meet the BSGE Scope team

President's Update

BSGE President Rebecca Mallick

It has certainly been a busy and exciting first few months as President of the BSGE. Taking on the role at our Annual Scientific Meeting in London made the occasion particularly memorable. It was a fantastic meeting, with excellent pre-congress workshops and a diverse range of speakers and sessions. As always, I left feeling hugely enthusiastic and with many new ideas and plans to take back to my own unit.

One of my personal highlights was the RIGS dinner and the inspiring talk from Susan Alexander. It was one of those presentations that will stay with many of us for a long time. The free communication sessions were another real highlight, showcasing the breadth and quality of work taking place across the country. I always feel particularly proud and very humbled to see trainees from my own region taking to the stage and excelling.

The social programme was exceptional and provided a wonderful opportunity to reconnect with colleagues, meet new people and strengthen the friendships and professional networks that make the BSGE such a special society. Cruising down the Thames will certainly be difficult to top!

A huge congratulations and thank you must go to the Local Organising Committee for delivering such a successful meeting. I would also like to recognise the invaluable support of our industry partners and sponsors. Events of this scale simply would not be possible without their continued support. I am already looking forward to Bristol 2027.

> *"A huge congratulations and thank you must go to the Local Organising Committee for delivering such a successful meeting."*

Welcoming new Council members

I would like to congratulate our newly elected Council members: Amer Raza, Mostafa Abdalla, Mohamed Mabrouk, Ghada Badran, Claudia Tye and Suzanne Taylor.

Congratulations also to Fevzi Shakir on his election as Vice President. I look forward to continuing to work closely with him over the coming years. It is also a great pleasure to welcome Kirana Arambage back to Council as our newly elected Treasurer. I am also delighted to welcome Kyle Fleischer, who has been co-opted onto Council as our new Trainee Representative.

President's Update

As we welcome new colleagues to Council, I would also like to extend my sincere thanks to our outgoing Council members, Sujata Gupta, Caroline Bell, Karolina Afors, Florence Britton and Gilly Macdonald, for their many years of service to the BSGE. Their dedication, enthusiasm and commitment have made an enormous contribution to our Society, helping shape many of the educational initiatives, standards and opportunities that members benefit from today. On behalf of the BSGE, thank you for everything you have done.

I would also like to thank Oscar Barnick, who will shortly be stepping down as our Trainee Representative. Oscar has been a fantastic advocate for trainees and has made an important contribution to Council during his time in the role. We wish him every success with his exciting new venture abroad.

Improving fibroid care across the UK

One of the key areas of focus during my presidency will be improving care for women with fibroids. It is therefore my absolute pleasure to announce the creation of the new BSGE Fibroid Care Subcommittee.

We want to build upon the progress made in endometriosis care and consider how a similar national approach could benefit women with fibroids. Our ambitions include developing national standards, supporting equitable access to the full range of evidence-based treatments, promoting multidisciplinary working and improving the quality and consistency of fibroid care across the UK.

Mostafa Abdalla has now completed recruitment to the new subcommittee, and I look forward to seeing the progress we can make together. This is an ambitious programme of work, but one that has the potential to make a real difference to women with fibroids and the services that care for them.

Please also look out for further announcements about the inaugural BSGE National Fibroid Network Meeting, which will take place in 2027.

> *We want to build upon the progress made in endometriosis care and consider how a similar national approach could benefit women with fibroids.*

President's Update

Introducing the BSGE EndoUK 360 MDT Meeting

I am also delighted to announce the inaugural BSGE EndoUK 360 MDT Meeting, taking place at the Hilton Birmingham Metropole on 3–4 December 2026, preceded by a dedicated Endometriosis Clinical Nurse Specialist Day on 2 December.

Spearheaded by Lina Antoun, this will be the first meeting of its kind: a truly multidisciplinary conference dedicated to advancing endometriosis care through education, research, innovation and collaboration.

Complex endometriosis can only be delivered through genuine multidisciplinary working. Bringing together gynaecologists, colorectal surgeons, thoracic surgeons, urologists, radiologists, fertility specialists, pain teams, physiotherapists, psychologists, specialist nurses and many others provides a unique opportunity to learn from one another and continue raising standards of care. I hope many of you will join us in Birmingham for what promises to be an exciting and collaborative meeting.

Putting patients at the centre of what we do

As a Society, we must never lose sight of why we do what we do. Everything we achieve ultimately aims to improve the care and experience of women living with non-cancer gynaecological conditions, and patients must remain at the centre of our work.

Over the coming years, one of my priorities is to strengthen how we engage with patients, charities and support groups, ensuring that the patient voice helps shape the work of the BSGE. By listening to what matters most to women and their families, we can better focus our education, guidance and future priorities on the areas that will make the greatest difference.

I am particularly excited about developing a dedicated patient resource section on the BSGE website. Working collaboratively with the RCOG, specialist societies, charities and patient organisations, we hope to create a trusted collection of clear, evidence-based and patient-friendly information that helps women better understand their conditions, treatment options and what to expect throughout their care. This is an ambitious project, but one that reflects our commitment to improving not only surgical excellence, but also communication, shared decision-making and the overall patient experience.

"As a Society, we must never lose sight of why we do what we do. Everything we achieve ultimately aims to improve the care and experience of women living with non-cancer gynaecological conditions, and patients must remain at the centre of our work."

President's Update

Education throughout the year

The BSGE continues to deliver an outstanding educational programme throughout the year, and this is only possible because of the dedication of our Council members, subcommittees and the many members who generously volunteer their time and expertise. Thank you to everyone who contributes to making this possible.

Our hysteroscopy courses continue to go from strength to strength under the leadership of Nadine Di Donato and Suzanne Taylor, our new Nurse Hysteroscopist Subcommittee Chair. I would also like to thank Caroline Bell for her outstanding contribution as outgoing Chair. Caroline has played a pivotal role in developing nurse hysteroscopy within the BSGE, and I am delighted that she will continue contributing as a valued member of the subcommittee.

> *I would also like to thank Caroline Bell for her outstanding contribution as outgoing Chair.*

I would also like to thank Tony Chaloub for championing the development of our new robotic surgery training programme. We also have several excellent advanced laparoscopic training opportunities in development, and I look forward to sharing the full programme with members soon. Thank you also to Claudia for continuing to develop the endometriosis nurse educational programme – the courses are going from strength to strength and the support network is such a valuable resource.

Education extends far beyond our face-to-face courses. Members also have access to an extensive library of webinars, operative videos, lectures and challenging case discussions through the BSGE website, with many more educational resources planned over the coming year.

I would particularly like to thank Lizzie Bean and the Diagnostics Subcommittee for their tremendous work on the newly released BMUS/BSGE Guidance for Ultrasound Assessment of Endometriosis. The accompanying joint BSGE/BMUS webinar was an excellent example of how collaboration can translate important guidance into practical education that ultimately improves patient care.

President's Update

Awards and bursaries

I would strongly encourage members to apply for the next round of BSGE awards and bursaries.

Please do not assume these opportunities are beyond your reach. If you meet the criteria, we want to support you. These awards represent one of the many ways the BSGE invests in the education, research and career development of its members, and I encourage everyone eligible to make use of this fantastic resource.

I am also delighted that we will soon be announcing details of our new Women in Gynaecological Surgery Bursary, another exciting initiative that reflects our commitment to supporting women in surgical careers and widening access to training and professional development.

These first few months have reinforced just how much enthusiasm, expertise and commitment exists within our Society. There is an enormous amount to look forward to over the coming years as we continue to grow education and training, lead innovation, improve patient care and ensure the BSGE remains an inclusive, ambitious and forward-looking society.

Thank you to everyone who continues to support the BSGE. I look forward to working with you all over the coming years.

"These first few months have reinforced just how much enthusiasm, expertise and commitment exists within our Society."

BSGE ASM 2026: Highlights

ASM26
Annual Scientific Meeting

The Chair of ASM 2026 and newly elected BSGE Vice President and future President Fevzi Shakir reports on the memorable meeting in Westminster:

Fevzi Shakir
Vice President

The BSGE Annual Scientific Meeting 2026 was our largest and most successful conference to date, bringing together a truly global community of minimally invasive gynaecological surgeons.

- Over 1,000 delegates attended the meeting.
- More than 400 abstract submissions were received, reflecting the outstanding quality and breadth of research within our specialty.
- Over 90 scientific presentations showcased the latest innovations, techniques and clinical research.
- Delegates represented more than 45 countries, reinforcing the ASM's position as a leading international scientific meeting.

"These events are always important because they bring us together, they allow us to learn from each other. It's always great to catch up with friends and colleagues."

Kyle Fleischer
CEMIG

The events, the speakers, the workshops that were done before, everything has been thought of.
The food is brilliant, the social events are great, and that is thanks to Fevzi and the team for putting it all together.

Lina Antoun
Birmingham University Hospital

World-Class Scientific Programme

The meeting featured up to five concurrent scientific streams, providing a comprehensive programme across the full spectrum of minimally invasive gynaecological surgery. The popular BSGE Cinema debuted with high-quality productions and expert MDT discussions, while internationally renowned faculty delivered outstanding educational sessions throughout the meeting.

A particular highlight was the Alec Turnbull Lecture, delivered by the internationally renowned Professor Kypros Nicolaides, whose inspiring presentation on fetoscopic surgery captivated the audience and received exceptional feedback.

Largest Exhibition to Date

The ASM hosted our largest-ever exhibition, spanning more than 22,000 square feet. The extensive exhibition space enabled delegates to engage with industry partners, explore the latest technologies, and experience innovations shaping the future of minimally invasive surgery.

Outstanding Networking and Social Programme

The conference offered an exceptional social programme, with four memorable networking events:

- The RIGS Educational Dinner
- The Welcome Reception with spectacular views across central London including Big Ben
- The Tower Bridge Event along the iconic Tower Bridge walkways
- The finale being The River Event aboard the luxury yacht Silver Sturgeon

These events provided invaluable opportunities for delegates, faculty and industry partners to connect in unique and memorable settings.

Exceptional Delegate Feedback

Delegate feedback was overwhelmingly positive, with 99% of participants reporting that attending the conference was likely or significantly likely to change their clinical practice. This outstanding result highlights the educational quality of the programme and the continuing value that the BSGE ASM delivers to clinicians, researchers and trainees from around the world.

We made a film of many of the conference highlights that you can watch on the BSGE Twitter stream or on Instagram, just click on the links below:

https://x.com/TheBSGE/status/2050527206992978367?s=20

https://www.instagram.com/reel/DX1jXJbhI2Y/?utm_source=ig_web_copy_link&stkn=MzRlODBiNWFlZA==

"The conference is amazing. It's the highlight of the year. It motivates me for the rest of the year to incorporate the practices we learned during the conference in the real practice."

Maria Constantinides
Newham University Hospital

I've got benefit from every single thing so far. You get insight with the learning that we get from each session. I usually get something out of it so that I can help my patients better going forward.

Cynthia Okonkwo
St Mary's Hospital

Such meaningful and engaging discussions and I've learned so, so much already. It's so inspirational to see what other people are doing. You take advice, you take tips, take them back to your local organisations and inspire the people there too.

Angharad Jones
Scope Editor

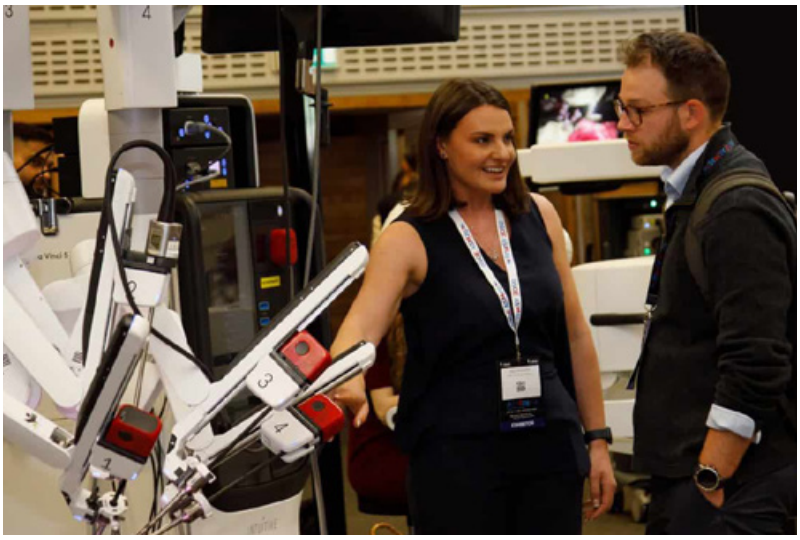
It's really interesting to get a training perspective on the kind of life that I might have as someone who's aspiring to be someone who specialises in obstetrics and gynaecology.

Katie Crabb
Medical student, University of Birmingham

Delegates for the ASM included international experts, consultants, trainees, nurses, paramedics and students. All sharing information and best practice and learning together.

It really was a fantastic BSGE Annual Scientific Meeting in London, that truly surpassed all expectation, filled with colleague collaboration. Thank you to all those who attended and were part of this special and memorable conference.

BSGE ASM26: Highlights



ASM26
Annual Scientific Meeting

BSGE ASM26: Prizewinners

ORAL PRESENTATION

GOLD

£300
Awarded to
Christina Neophytou

Defining differences in bowel symptoms and gastrointestinal physiology between endometriosis and functional bowel disease: a prospective cohort study.

SILVER

£200
Awarded to
Sophie Walter

The FLARECARE bundle: improving the care of patients admitted with acute endometriosis-associated pain.

BRONZE

£100
Awarded to
Inna Sokolova

Women's Choice of the Surgical Options of Tubal Sterilisation–occlusion or salpingectomy?

VIDEO PRESENTATION

GOLD

KARL STORZ GOLDEN TELESCOPE + BURSARY
Awarded to
Tabassum Khan

A video case series comparing two different surgical techniques of robotic-assisted ureteric re-implantation following excision of endometriosis bowel disease: a prospective cohort study.

SILVER

£200
Awarded to
Ashok Kumar Shivashankara

Laparoscopic and Hysteroscopic Management of OHVIRA Syndrome: Stepwise Resection of Obstructed Complete Vaginal Septum and Vaginoplasty.

BRONZE

£100
Awarded to
Haider Jan

A reproducible laparoscopic approach to bladder dissection during hysterectomy in severe adhesive disease.

VIDEO POSTER PRESENTATION

GOLD

£150
Awarded to
Flo Britton

Complex Parametrial Endometriosis: The Value of Specialist Expertise and Staged Surgical Management

SILVER

£100
Awarded to
Oscar Barnick

Inside the Obturator Canal: Robotic Ganglionic Cyst Decompression

BRONZE

£75
Awarded to
Fraser Nicol

Video Case presentation: Spontaneous heterotopic pregnancy with a viable intrauterine pregnancy and left sided non-ruptured rudimentary horn ectopic; successfully managed with laparoscopic excision of rudimentary horn and ipsilateral salpingectomy.

ASM26 Annual Scientific Meeting

BSGE ASM26: Prizewinners

E-POSTER PRESENTATION

GOLD

£150
Awarded to
Sarah Wylie

vNOTES versus Laparoscopic Management of Ectopic Pregnancy: A Systematic Review and Meta-analysis of Surgical Outcomes and Patient Recovery.

SILVER

£100
Awarded to
Brooke Vandermolen

Improving care pathways for retained pregnancy tissue: a quality improvement initiative to minimise repeat surgical evacuation.

BRONZE

£75
Awarded to
Orla Bracken

Pharmacological and non-pharmacological interventions for pain control in outpatient hysteroscopy: A systematic review.

RIGS VIDEO PRESENTATION

1ST

£250
Awarded to
Christina Neophytou

RIGS-V2. A Tale of Two Tubes; Surgical management of tubal ectopic pregnancy in the presence of contralateral tubal pathology.

RIGS SUTURING COMPETITION

1ST

KARL STORZ GOLDEN NEEDLE + GESEA

Awarded to
Sina Mathema

2ND

£100
Awarded to
Mohammed Al Kharfan

ASM26 Annual Scientific Meeting

BSGE ASM26: Prizewinners

ENDO CNS INNOVATION AWARD

1ST

£100 Gift card
Awarded to
Deb Panes

2ND

£50 Gift card
Awarded to
Andrea Adams

NURSE HYSTEROSCOPIST AWARD

1ST

KARL STORZ GOLDEN HYSTEROSCOPE + £50 Gift card
Awarded to
Suzanne Taylor

2ND

£50 Gift card
Awarded to
Irina Stankeviciute

BSGE MEDICAL STUDENT

1ST

£150 + 1 year membership
Awarded to
Rebecca Grassby

2ND

£50 + 1 year membership
Awarded to
Glory Kinsiedi-Matonga

BSGE ASM 2026: Presidential Address

ASM26
Annual Scientific Meeting

Incoming President Rebecca Mallick gave an inspirational first address at the ASM in London. She shared her vision and priorities for the future of the society: Grow, Lead, Care and Rise -'We don't inherit the future of the society. We build it together.' If you missed her talk, or if you'd like to reexamine her comments, the address and slides are published in full below:

Rebecca Mallick
BSGE President

Good afternoon everyone. I truly believe there are moments in your career that shape everything that follows.

For me, one of those moments was my first time presenting on a BSGE stage at the Hull ASM. I was giving a trainee talk on fibroids- and I was an absolute bundle of nerves and terrified. So, a bit like today! I am sure you have all been there and can remember similar moments, where you have stepped outside your comfort zone- because those are the moments that define your path.

So, to stand on this stage, nine-years later, as President, is a real honour. It feels both completely surreal and deeply meaningful. And I want to start by saying thank-you. Thank-you to everyone who placed their trust in me two years ago. I don't take this trust lightly and I am committed to leading this society in a way that supports our members and delivers the best possible patient care. Because gynaecological surgery is evolving rapidly and the BSGE must evolve with it.

But before I share my vision for the future, I want to take a moment to look back and say thank-you.

BSGE ASM26: Presidential Address

Thank you to our outgoing President Arvind

Arvind led this society with clarity, energy, and real purpose- what he achieved over the past few years, including successfully revamping the accreditation process, has been significant. So, thank you. I certainly have a lot to live up to.

For me, the BSGE has been a constant throughout my career, first as a trainee, and now as a consultant. What sets this society apart is its unwavering commitment to teaching, to training, and to development. Not for one group, but across the entire multidisciplinary team. This is something I have benefited from personally and I always knew I wanted to be heavily involved in the society. Being elected to Council in 2021 was a genuine honour. Leading the Information Resources portfolio was a role I greatly valued. But it also offered something more.

It gave me a real insight into the work behind the scenes - the dedication, the effort, and the commitment to supporting its members. Most importantly it gave me opportunities to build meaningful, lasting professional relationships that I still value to this day.

That is why I have remained so closely involved- and ultimately, why I am standing here today. And I do really mean this. The BSGE has not just been a society I have been part of. It has helped shape the clinician I have become. And I know many of you in this room feel the same way.

> *"The BSGE has not just been a society I have been part of. It has helped shape the clinician I have become. And I know many of you in this room feel the same way."*

Not only has the BSGE shaped me, but along the way I've been incredibly fortunate to meet people who have shaped the clinician I've become. People who inspired me, challenged me and pushed me further than I thought possible. And many of them probably don't even realise the impact they've had.

The first was Dr Christine Bain. She probably doesn't remember me, but as a medical student and junior doctor in Aberdeen, her enthusiasm and passion for gynaecology and teaching, and the simple acts of letting me scrub in and teaching me the foundations of scanning changed everything. It shifted my path from wanting to do psychiatry to finding my passion for gynaecology. And I think that's a reminder to all of us- never underestimate the impact you can have. Because sometimes, you are the moment, that small spark, that shapes someone's entire career.

The second was Jim English. As many of you know, he is an incredibly skilled surgeon, but more than that, he is a kind, humble person and a fantastic teacher. I was lucky to first work with him as an ST5 and to also complete a two-year fellowship with him. He taught me so much for which remain incredibly grateful.

Finally- and I know she won't thank me for this- is Bronwyn Middleton. I was lucky enough to be her trainee, and now to call her a consultant colleague at UHSussex. She has been a constant throughout my career, not just in the good moments, but in the more challenging ones too. A true mentor in every sense of the word. And of course, there are so many others, many of you in this room who have influenced me. And I am sure many of you are now reflecting on your own mentors and how they shaped you. Because the truth is none of us get here alone. As President, I want to make sure the next generation has those same champions behind them.

Before we look ahead, it's important to look back.The BSGE was founded in 1989 by four individuals with a clear purpose:

To develop new surgical techniques, to provide structured training and to improve outcomes for patients.

As Arvind reflected in his presidential address in 1989, as the BSGE was being founded, he was travelling the world. I was seven.

That moment mattered. From those four founders, the BSGE has grown into something far greater. Behind me are the past Presidents of the BSGE, the individuals who built, shaped, and strengthened this society over time. Each one contributed to what the BSGE is today- and what has followed those early beginnings has been remarkable.

> *"The BSGE was founded in 1989 by four individuals with a clear purpose: to develop new surgical techniques, to provide structured training and to improve outcomes for patients."*

The BSGE is now a multidisciplinary organisation with a national footprint and an international reputation. We've expanded our trainee community. We've welcomed specialist nurses, now central to the care we deliver. We've developed Endometriosis Centres that have transformed care for thousands of women across the UK. We've built structured training programmes, like RIGS, setting the standard for surgical education.

The Ambulatory Care Network continues to go from strength to strength.

Our ASMs, our courses, and our webinars now reach more people than ever before.

And through The Scope, and through social media - we're connecting with our members in new and meaningful ways. The BSGE has evolved. And none of that happens by chance.

It happens because of people. The BSGE Council and officers who give their time, energy, and expertise... often behind the scenes. And beyond them, the many individuals across our subcommittees, whose contribution is invaluable.

Jane Gilbert, our Assistant Editor of The Scope who does an outstanding job.

And there are two people who need no introduction in this room- Atia Khan and Charis Ayton. They are fundamental to the running of this society. Quite simply it would not function without them. And it is only right that we recognise that.

I also want to acknowledge our industry partners, our corporate members and sponsors of this ASM. Their support enables us to deliver the scale of training and education that we do. But most importantly, it's all of you. The trainees who bring energy and ambition. The specialist nurses who are central to the care we deliver. The consultants and specialty doctors who teach, mentor, and lead. The BSGE is truly defined by its members.

So, if this is where we have come from the real question is where do we go next? Because the BSGE is in a position of real strength. And with that strength comes real opportunity.

Over the next two years, my focus will be on four clear priorities: Grow. Lead. Care. Rise.

We will grow, strengthening education and training. We will lead, driving innovation and quality. We will care, championing truly patient-centred care. And we will rise, building a society that is increasingly inclusive and representative of the members we serve and creating a culture where everyone has the opportunity to progress and lead.

> *Over the next two years, my focus will be on four clear priorities: Grow. Lead. Care. Rise.*

Education and Training

First, education and training. This is an area that BSGE already delivers exceptionally well. We provide an abundance of high-quality training that builds not just technical skills, but confidence, career progression, and ultimately, safer patient care.

My focus is to build on that. To expand access to hands-on training, including simulation, robotic, and cadaveric courses. And to embrace new technologies from virtual reality to AI to transform how we train the next generation. But we must also lead in diagnostics. Strengthening ultrasound training is critical if we are to reduce diagnostic delays, particularly in conditions like endometriosis. Because the reality is clear:

there are still gaps in gynaecological surgical training. And the BSGE has a responsibility to help bridge that gap. Mentorship is fundamental in surgical specialties and we must strengthen it at every stage. We will introduce a structured BSGE mentorship programme - connecting members, supporting progression, and building lasting professional relationships.

We also need to think differently about how we support surgeons. Because like athletes we don't just train once. We continuously refine and improve.

Surgical coaching should become the norm ongoing throughout a surgeon's career. And this is something I feel strongly about and will actively work to embed within the BSGE.

We don't write the curriculum- and I am sure all the trainees and educational supervisors in the audience don't want another curriculum change. But we are acutely aware of the challenges particularly around surgical exposure. And we will continue to advocate for you to the RCOG and beyond to protect, strengthen and safeguard surgical training for the future.

Innovation

With a solid foundation in education, the next step is to push boundaries through innovation. This is not for novelty, it is because patients deserve modern care, and teams deserve modern systems.

There are three areas I'm particularly focused on:

Firstly, robotics. We've taken an important first step with the creation of the robotic portfolio. Now, we need to embed robotic surgery into complex gynaecological practice in a way that is safe, structured, and evidence-led. Most importantly we must make access to robotics the norm, not the exception, for complex gynaecological surgery.

Secondly, diagnostics. We are on the cusp of real progress in endometriosis diagnosis.

And I want to acknowledge Lizzie and the diagnostic portfolio team for the work they are doing. As a society, we should be leading this- setting the standard for imaging,

for ultrasound training, and for earlier, more accurate diagnosis of all gynaecological conditions on a national level.

Thirdly, technology. We will be expanding the intelligent use of AI and digital tools in gynaecological care to reduce delays, improve accuracy and support better clinical decision making. The BSGE must be at the forefront of these innovations.

"We will be expanding the intelligent use of AI and digital tools in gynaecological care to reduce delays, improve accuracy and support better clinical decision making. The BSGE must be at the forefront of these innovations."

> *. . . when we listen to patients, we deliver better care, we design better services and we make better decisions.*

It's fantastic to see representation here today from Endometriosis UK and The Endometriosis Foundation and I want that partnership to continue to grow. Because when we listen to patients, we deliver better care, we design better services and we make better decisions. But patient-centred care doesn't stop there. We also have a responsibility to advocate. We are all seeing it, waiting times for gynaecological care are too long. Access to treatment is too variable. And women's health is still not given the priority it deserves. As a society, we must be a strong national voice for our patients working with the RCOG and beyond to ensure women's health gets the attention, funding, and focus it needs.

Ambition

And then we need ambition. Because one of the greatest successes of the BSGE has been the development of Endometriosis Centres. That work has transformed lives.

But we also have to be honest -equity does not yet exist across all areas of gynaecology.

One area where disparity still exists is fibroid care. For many, access to certain treatments is very much driven by where you live. And that is not acceptable.

This is where we take the next step. An ambitious step, a bold step but ambition is how we create change. My vision is to support the creation of fibroid centres of excellence across the UK. This will not only reduce diagnostic delays but deliver integrated equitable care, with national data collection, and consistent standards.

Because we've done this before -and we know it works. I know there are so many of you in the audience passionate about this. Together, we can build a model that truly serves women.

> *Representation matters. Because it shapes what people believe they can become. And if I can inspire even one trainee in this room to stand on this stage in 10 or 15 years' time, then I will have done my job.*

Inclusivity and representation

Finally, something that matters a great deal to me - inclusivity and representation. We have come a long way, but there is more to do. I still remember my first BSGE ASM. I looked at the stage and saw only one female speaker. And I remember thinking: I want to operate like that. I want to lead like that. I want to stand on that stage one day. That speaker was Natalia Price.

And that moment mattered because it showed me what was possible. Representation matters. Because it shapes what people believe they can become. And if I can inspire even one trainee in this room to stand on this stage in 10 or 15 years' time, then I will have done my job. Before we move on, I want to share one statistic: Across accredited Endometriosis Centres in the UK, there are 171 named surgeons and only 43 are women. That is just 25%.

As the BSGE, we have a responsibility to address that. To create pathways. To strengthen mentorship. To improve visibility. To support women in surgery. But this is about more than one group. It is about building a society that is truly inclusive and representative of its members. where opportunity is not shaped by gender, background, ethnicity, or circumstance but by talent and potential. Because when we widen opportunity, we strengthen our specialty. And we deliver better care for our patients.

This is your moment

This is your society. So, if you've ever thought about getting involved - this is your moment. We need you. To teach. To mentor. To lead. To innovate. To bring new ideas, new energy, and new voices. So come and speak to me. Speak to any member of Council. Join a subcommittee. Because the BSGE is strongest when it is powered by all of you.

As I come to a close, I want to thank you again for the trust you've placed in me. I am genuinely excited for what lies ahead. The future of this society is not what we inherit from the past, it is what we build together looking to the future.

Thank you.

Jess Preshaw and Islam Gamaleldin, Co-Chairs of ASM 2027, share their plans for the meeting in Bristol:

Jess Preshaw
Co-Chair ASM27

Islam Gamaleldin
Co-Chair ASM27

The Bristol team are incredibly excited to welcome you to the **BSGE Annual Scientific Meeting 2027**, taking place at Ashton Gate Stadium from **7-10 June 2027**.

Our theme for ASM 2027 is **Redefining What's Possible - Together** and that is exactly what we hope to do. Pre-congress workshops will take place on **Monday 7 June**, followed by the main scientific programme from **Tuesday 8 to Thursday 10 June**. We are developing an ambitious and highly interactive multidisciplinary programme that will bring together outstanding surgery, innovation, education and debate, while looking ahead to what the future of gynaecological endoscopy could and should look like.

Ashton Gate gives us a fantastic space in which to do things a little differently. Alongside the scientific programme, a huge exhibition area will create more opportunities than ever for interaction, and engagement with industry and emerging technologies.

And, of course, an ASM is about far more than what happens in the lecture theatre. Bristol provides a rather spectacular backdrop for our social and networking programme. Imagine **bubbles on the deck of Brunel's SS Great Britain, pitch-side drinks at Ashton Gate and dancing beneath the wings of Concorde**, illuminated in BSGE colours. We are planning plenty of opportunities to reconnect with old friends, meet new colleagues and enjoy the city together.

There is much more to reveal over the coming months,
but for now our message is simple:

Save the dates. Book the study leave. Come to Bristol.

The whole Bristol team cannot wait to welcome you in June 2027 for what we hope will be a memorable ASM and an opportunity, together, to **redefine what's possible**.

BSGE Fibroid Care Subcommittee: Building a National Approach to Fibroid Care

BSGE President Rebecca Mallick and BSGE Fibroid Care Subcommittee Chair Mostafa Abdalla report on the new portfolio.

Rebecca Mallick
BSGE President

Mostafa Abdalla
Consultant Gynaecologist, BSGE Fibroid Care Subcommittee Chair

The newly established BSGE Fibroid Care Subcommittee, chaired by Mostafa Abdalla, is now taking shape. Recruitment to the Subcommittee has been completed, bringing together colleagues with a shared ambition to improve the quality, consistency and accessibility of fibroid care across the UK.

We are also establishing a Scientific Advisory Group, comprising invited experts in fibroid care. This Group will provide multidisciplinary expertise and support the Subcommittee's programme of work.

We were delighted to receive nearly 80 applications to join the Subcommittee. The strength and number of applications were overwhelming and reflect the growing interest among colleagues in contributing to this important national project and improving care for women living with fibroids.

During recruitment, we sought representation from across the different aspects of fibroid care, including diagnosis; surgical management through open, laparoscopic, robotic and hysteroscopic approaches; radiofrequency treatment; oncology; fertility; and pregnancy care. We have also aimed for representation from across England, Scotland and Wales. Three trainee representatives have been appointed, reflecting our commitment to training and workforce development as key priorities for fibroid care.

Our overarching objective is to develop a more consistent national approach to fibroid care. We hope to build on progress made in endometriosis care and consider how similar principles may benefit women living with fibroids. This work will include developing national standards and guidance, supporting high-quality multidisciplinary care, improving access to the full range of evidence-based treatment options, and reducing geographical variation in the care women receive. Education, training, research, and meaningful measures of quality and outcomes will also be central to this programme.

BSGE Fibroid Care Subcommittee: Building a National Approach to Fibroid Care

Crucially, patients will be at the heart of the Subcommittee's work. We want our priorities to reflect what matters most to women living with fibroids, rather than only what clinicians believe should be improved. Patient representatives will therefore help shape our work, alongside engagement with patient groups and charities. Developing accessible, patient-friendly information and supporting genuine shared decision-making around the increasingly wide range of treatment options will be an important focus.

This is an ambitious programme, and meaningful change will require collaboration across specialties and organisations. The Subcommittee will work with gynaecologists, radiologists, interventional radiologists, fertility specialists, primary care colleagues and other professional groups, alongside patients and patient organisations.

Our aim is to develop a national framework that supports equitable, evidence-based and genuinely patient-centred fibroid care, wherever a woman is treated in the UK.

Further updates will follow as the Scientific Advisory Group is established and the Subcommittee begins its programme of work, including plans for the inaugural BSGE National Fibroid Network Meeting in 2027.

Fibroid Fighters Reunited

Following the well-received BSGE 2026 Fibroid Debate "Medical management will soon replace surgery in the management of uterine fibroids" between Funlayo Odejinmi and Mez Aref-Adib, won valiantly by Mez, the inaugural UK Fibroid Summit 2026 took place at the Royal College of Obstetricians and Gynaecologists (RCOG). Jimi and Mez report for The Scope on the UK Fibroid Summit:

Mez Aref-Adib
Consultant Obstetrician and Gynaecologist

Funlayo Odejinmi
Consultant Gynaecologist

Fibroid fighters reunited at 10 Union Street for a landmark day dedicated entirely to advancing fibroid care.

The Summit was opened by RCOG President Alison Wright, whose support was instrumental in making the event possible. She emphasised the progress already made in fibroid care, while also highlighting the distance still to travel.

Fibroids are the most common tumours of the female genital tract. Despite their prevalence and considerable impact, discussions about fibroids have traditionally been positioned behind other gynaecological conditions. The Summit therefore created a much-needed space in which fibroids and the women affected by them were the sole focus.

Following the publication of the RCOG policy statement on fibroids and its launch at the Houses of Parliament, the timing was particularly appropriate. The Summit brought together patients and advocates, clinicians, researchers, policymakers, professional organisations and industry partners from across the United Kingdom, alongside internationally recognised experts. It provided an important opportunity for education, collaboration and networking across the fibroid community as a whole.

In the 19th Century, William Osler famously said:

> *It is much more important to know what sort of patient has a disease than what sort of a disease a patient has.*

In keeping with this principle of looking past the diagnosis and focusing on the individual; the scientific programme began with the patient experience.

Following the RCOG President's Address, delegates attended a private screening of Joan Iyiola's award-winning short film Mango. The film uses a striking body-horror narrative to portray the physical and emotional turmoil of living with fibroids. In a conversation with the audience, Joan discussed the film's concept, imagery and development, and how creative storytelling can bring experiences that are often hidden or dismissed into public view.

The film screening was subsequently complemented by a powerful account of lived experience from patient advocate Dawn Heels and an educational presentation by public health expert Candice Bryan. The Summit was also attended by Sateria Venables, whose own fibroid journey led her to establish The Fibroid Foundation in the United States. The Foundation has become a leading example of patient advocacy and meaningful patient-clinician collaboration.

Fibroid Fighters Reunited

Professor Elizabeth Stewart, of the Mayo Clinic, reflected on several decades of internationally influential fibroid research. Drawing on presentations delivered more than 20 years ago, she demonstrated how far the field has progressed, particularly through partnerships with patients and advocacy organisations. In spite of the aforementioned progress, Professor Stewart reminded delegates that considerable work remains to ensure equitable access to high-quality evidence based fibroid care, both in the UK and internationally.

Professor Andrea Tinelli, another internationally renowned fibroid expert, discussed the importance of the fibroid pseudocapsule and its preservation in contemporary myomectomy.

UK clinicians explored good practice and continuing challenges in fibroid diagnosis, followed by updates on medical, radiological, hysteroscopic and surgical treatments. The programme also considered the interface between primary and secondary care, the development of effective treatment pathways, and the future direction of fibroid research.

The day was characterised by energetic discussion, networking and a shared determination to map the next steps for UK fibroid care.

Dr Christine Ekechi, lead author of the RCOG policy statement on fibroids, emphasised the importance of education, advocacy and collaboration. Too often, healthcare communities identify a problem, formulate policy and then wait for change to occur. The UK Fibroid Summit was created to move beyond describing the problem and towards establishing a clear pathway for action.

Fibroid Fighters Reunited

The Summit concluded with RCOG Chief Executive Kate Lancaster reaffirming the College's commitment to advancing women's health and improving the care of women affected by fibroids.

The momentum continued at Chelsea and Westminster Hospital with The Future of Fibroid Care, an event hosted by Miss Natalie Nunes. Mr Mostafa Abdalla, Chair of the BSGE Fibroid Subcommittee, outlined the BSGE's contribution to improving fibroid education and care.

The inaugural UK Fibroid Summit would not have been possible without the dedication of the organising team: Dr Rebecca McMurray, Dr Andrew Simon, Dr Ghazal Datta and Dr Chichi Ukoha. We are also enormously grateful to our industry collaborators and to every speaker, chair and participant who generously contributed their time and expertise.

The Summit demonstrated what can be achieved when patients, advocates, clinicians, researchers, policymakers and professional organisations come together for a shared purpose. It was not simply a day of discussion, but the beginning of a collaborative programme to translate awareness and policy into measurable improvements in fibroid care.

We look forward to welcoming the fibroid community back next year.

Awareness has brought us together; action must carry us forward.
In the words of President Barack Obama:

"The time is now. Now is the time."

BSGE EndoUK 360 MDT MEETING

REGISTRATION NOW OPEN

3 – 4 December 2026

INAUGURAL BSGE EndoUK 360 MDT meeting

Venue: Hilton Birmingham Metropole, The NEC Birmingham, Pendigo Way, Birmingham B40 1PP

Preceded by the Endometriosis Clinical Nurse Specialist (CNS) Day on 2 December 2026

BSGE ENDOUK 360 MDT MEETING ORGANISERS

Ms Lina Antoun

Prof T Justin Clark

Prof Mohamed Mabrouk

BSGE ENDO CNS DAY MEETING ORGANISER

Claudia Tye

Join leading national and international experts at the BSGE EndoUK 360 MDT meeting. This will be a premier multidisciplinary conference dedicated to advancing the care of women with endometriosis through education, research, innovation, and collaboration. The meeting will be interactive and include MDT case discussions involving all disciplines contributing to endometriosis care.

BSGE BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

WHY ATTEND?

- Discover the latest evidence and advances in endometriosis management.
- Watch complex surgical video sessions with expert commentary.
- Participate in interactive multidisciplinary case discussions.
- Receive updates on fertility, pelvic pain management, and imaging.
- Explore emerging technologies and innovations in endometriosis care.
- Network with colleagues and leading experts from across the UK and Europe.

WHO SHOULD ATTEND?

This meeting is designed for all healthcare professionals involved in the care of women with endometriosis, including:

- Fertility Specialists
- Gynaecologists and Advanced Laparoscopic Surgeons
- Endometriosis Clinical Nurse Specialists
- Pain Medicine Specialists
- Colorectal Surgeons
- Thoracic surgeons
- Urologists
- Radiologists
- Physiotherapists
- Psychologists
- Researchers
- Trainees and Fellows
- Allied Healthcare Professionals
- Dietitians and Nutritionists

INDUSTRY EXHIBITION

Meet leading industry partners and discover the latest technologies, devices, and innovations supporting the diagnosis and management of endometriosis.

MEETING PROGRAMME

2 December 2026 – BSGE Endometriosis CNS Day
A dedicated educational programme focusing on:

- Nursing leadership
- Patient pathways
- Multidisciplinary working
- Improving patient outcomes

3-4 December 2026 – BSGE EndoUK 360 MDT meeting
Sessions will include:

- Multidisciplinary case discussions and MDT decision-making
- Thoracic and extra pelvic endometriosis
- Deep endometriosis surgery
- Fertility and reproductive outcomes
- Pelvic pain management
- Advanced imaging
- Robotics and emerging technologies
- Research and innovation
- Industry exhibition

WHAT YOU WILL GAIN

- Practical knowledge to implement in your clinical practice
- Evidence-based updates from internationally recognised experts
- Opportunities to discuss challenging cases
- Enhanced multidisciplinary collaboration
- Continuing Professional Development (CPD)

INTERACTIVE BY DESIGN

This meeting will be highly interactive, featuring MDT case discussions and collaborative sessions that bring together all disciplines involved in endometriosis care.

REGISTRATION NOW OPEN

We look forward to welcoming you to Birmingham for a collegiate, interactive and collaborative meeting with exciting social programme, including networking drinks, dinner and dance.

BSGE EndoUK 360°

The Inaugural National Endometriosis Meeting

Lina Antoun, T Justin Clark and Mohamed Mabrouk report on the first National Endometriosis Meeting for BSGE EndoUK 360°

Lina Antoun
Chair of Laparoscopic Training

Prof Justin Clark
Consultant Gynaecologist

Prof Mohamed Mabrouk
Consultant Gynaecologist

SAVE THE DATE
3rd-4th December 2026

A new perspective. A bigger conversation. A 360° view of endometriosis.

Preceded by Endometriosis CNS meeting on 2nd December 2026

This December, the BSGE launches EndoUK360° Meeting, its inaugural dedicated endometriosis meeting, bringing together the UK endometriosis community for an exciting new multidisciplinary event.

Taking place on 3rd–4th December 2026, BSGE EndoUK will bring together surgeons, gynaecologists, radiologists, colorectal and urology colleagues, fertility specialists, pain experts, clinical nurse specialists, researchers and the wider multidisciplinary team.

This is not simply another surgical meeting.

EndoUK360° is about the whole endometriosis journey

From diagnosis and imaging to medical management, fertility, complex surgery, pain, recovery and long-term care, the programme will explore endometriosis from every angle creating a dynamic forum for debate, learning, collaboration and new ideas.

Why BSGE EndoUK360°?

Endometriosis care is changing.

Advances in imaging, minimally invasive surgery, medical treatment, fertility care and our understanding of chronic pain are transforming how we approach the condition. At the same time, expectations around multidisciplinary working, patient experience and long-term outcomes continue to evolve.

BSGE EndoUK will bring all of these conversations into one room.

Expect expert speakers, challenging cases, lively debate, multidisciplinary discussion and practical learning that can be taken directly back into clinical practice.

The meeting will explore some of the questions shaping the future of endometriosis care:

How can we diagnose endometriosis earlier?

When should we operate, and when should we not?

How far should surgery go?

How can imaging transform surgical planning?

What is the role of robotics in complex endometriosis surgery?

How should fertility influence treatment decisions?

How do we manage persistent pain when surgery is not the whole answer?

And what should the endometriosis service of the future look like?

BOOK NOW

Book for the inaugural BSGE EndoUK360° meeting below

Book here

More than surgery

At the heart of EndoUK360° is the recognition that endometriosis is much more than a surgical disease.

Excellent care requires excellent surgery, but it also requires expert imaging, medical management, fertility care, pain management, specialist nursing, research and meaningful long-term follow-up.

That is why the programme has been designed around a 360° multidisciplinary approach, bringing together the different specialties involved throughout the patient's journey.

From straightforward dilemmas to some of the most challenging deep endometriosis cases, EndoUK will create a space to discuss what works, what remains controversial and where we need to go next.

Endometriosis CNS meeting: 2nd December 2026

One day earlier, the conversation begins with nursing.

EndoUK will be preceded by CNS meeting, a dedicated Endometriosis Clinical Nurse Specialist Study Day on 2nd December 2026, chaired by Claudia Tye.

Endometriosis CNSs are at the heart of successful specialist services, providing continuity, education, advocacy and support throughout the patient pathway.

BSGE EndoUK: 3rd–4th December

Co-Chaired by Lina Antoun, T Justin Clark and Mohamed Mabrouk

Whether you are a surgeon, trainee, CNS, radiologist, fertility specialist, colorectal or urology colleague, pain specialist, researcher or part of the wider endometriosis MDT, EndoUK is designed for you.

Come to learn.

Come to debate.

Come to challenge practice.

Come to share ideas.

And, most importantly, come to help shape what comes next for endometriosis care in the UK.

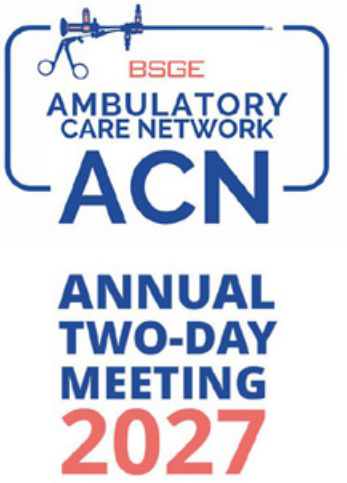
ANNUAL TWO-DAY MEETING 2027

Prof T Justin Clark, Past President BSGE and Co- Chair of BSGE AcN and Dr Preth de Silva, Co- Chair of BSGE ACN, announced that registration is now open for the BSGE ACN Meeting 2027.

Professor Justin Clark
Consultant Gynaecologist

All colleagues with an interest in ambulatory gynaecology are invited to join the ACN in Birmingham for two days of discussion, innovation, networking, and learning in ambulatory gynaecology care. The meeting will be held at the Eastside Rooms, Birmingham, on Thursday 21 and Friday 22 January 2027. Announcing the meeting they said:

> *The 2027 meeting is taking place slightly earlier than the usual February dates. We were keen to retain the successful Thursday–Friday format, avoid the February half-term period, and secure a larger conference venue to accommodate the continued growth of the ACN.*
>
> *As in previous years, the meeting will focus on ambulatory approaches to the diagnosis and treatment of uterine and genital tract conditions, including hysteroscopy, ultrasound, pharmaceutical therapies, and other innovative technologies. Rather than traditional didactic lectures, the programme will emphasise audience participation, discussion, and the sharing of ideas. Individual presentations will be limited to a maximum of 10 minutes, serving as catalysts for discussion rather than formal lectures. Programmes, meeting minutes, and photographs from previous meetings can be viewed on the BSGE Ambulatory Care Network website:* ***https://www.bsge.org.uk/ambulatory-care-network/***



The meeting will follow the successful format established in previous years. We will begin with a networking lunch on Thursday, followed by two afternoon sessions and an evening conference dinner with live band and disco. Friday will include two morning sessions, concluding with a networking lunch, allowing delegates plenty of time to travel before and after the meeting. As always, the programme will feature an exciting international keynote lecture, a lively debate, and updates on a number of exciting national quality improvement and research projects.

We encourage you to book your study leave early and register via ***https://www.bsge.org.uk/event/bsge-ambulatory-care-network-acn/***

We are currently finalising the programme and will ensure it covers all the topics most relevant to our day-to-day practice. We will be in touch again once the programme has been confirmed.

n the meantime, we would welcome your ideas and suggestions. If there are topics you would like us to include, or if you would be interested in speaking or leading a session, please email ***bsgeacn@gmail.com***

We very much look forward to welcoming you to Birmingham in January 2027.

BSGE

AMBULATORY CARE NETWORK

ACN

ANNUAL TWO-DAY MEETING 2027

21st - 22nd January 2027

The Eastside Rooms, Woodcock St, Birmingham B7 4BL

Join colleagues from across the UK for two days of innovation, collaboration, and practical discussion in ambulatory gynaecological care.

Why attend?

The BSGE Ambulatory Network meeting has become the UK's leading for clinicians delivering outpatient and ambulatory services for uterine and genital tract conditions.

Register via the BSGE website: www.bsge.org.uk

BSGE Seniors Professional Development Meeting

29th and 30th October 2026

The aim of this meeting is to bring together a cohort of individuals at the start of their consultant careers who are passionate about minimal access in gynaecology and who wish to enhance their professional skills and build relationships that will last a lifetime.

Who should attend?

ST6/ST7, CCT holders and Consultants within 1 year of appointment.

Provisional agenda

Thursday 29th October

11:30-12:30 – Arrival, Registration, Lunch

12:30-17:30 – Dr Joe Amaral

19:00 – Networking Dinner

Friday 30th October

08:30 – Arrive

09:00 – Live link to theatres and skills lab (Advanced Energy)

15:30 – Close

Registration fee includes access to two day meeting, refreshments and lunch, networking dinner plus one night accommodation at Holiday Inn, Guildford booked by the BSGE.

MATTU,
The Leggett Building,
Daphne Jackson Road,
Guildford, Surrey,
GU2 7WG

Registration fee: £350

Strictly for 24 BSGE members only

Click here to register

Faculty

Mr Andrew Kent
BSGE Past President,
Director Gynaecological Surgery, MATTU

Dr Joe Amaral
Professor of Surgery(Emeritus),
The Warren Alpert School of Medicine Brown University

Mrs Alison Snook
Manager, MATTU

Prof Jeremy Wright
BSGE Past President

Mr Ben Mondelli
Consultant Gynaecologist,
Royal Surrey Hospital

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Supported by

OLYMPUS

STORZ
KARL STORZ—ENDOSKOPE

A maximum of 13 CPD credits may be claimed for learning achieved at this meeting.
The rate of claim is 1 credit per hour excluding breaks.

The Legend Slot: Dr Charles E. "Chuck" Miller

Amena Shelleh and Mez Aref-Adib interviewed Dr Charles E. "Chuck" Miller for BSGE Uncut.

Amena Shelleh
Interviewer

Mez Aref-Adib
Interviewer

"Keep your ego at the door. Be a lifelong learner."

We caught up with international MIGS pioneer Dr Charles E. Miller, better known to most of us simply as Chuck Miller, for BSGE Uncut to talk about fertility, robotics, global surgery and what really matters after forty years at the forefront of minimally invasive gynaecology.

Warm, self-deprecating and still visibly excited by new instruments and ideas, Chuck Miller is that rare combination of innovator, educator and genuine enthusiast. A former president of the American Association of Gynecologic Laparoscopists (AAGL) and the International Society for Gynecologic Endoscopy (ISGE), founder of multiple surgical and IVF institutes in Chicago and long-time global surgical ambassador, he remains, above all, a student of the craft.

So, we started at the beginning.

Where did you grow up?

"I'm a small-town boy," he laughed.

Chuck grew up in Iron Mountain, Michigan, in the sparsely populated Upper Peninsula near the Canadian border. "We call it God's country," he joked. "Only God lives there."

From rural beginnings to international lecture theatres, the trajectory might seem unlikely. But medicine, and history, intervened.

How did your career path begin?

The Vietnam War was ongoing when Chuck was applying to university. Acceptance into an accelerated honours programme at Northwestern University meant both a medical education and a deferment from being drafted into a very unpopular war.

"It saved two years. Most American students do eight. I did six. That gave me time to pursue fellowship training."

At Northwestern, a newly opened women's hospital sparked his fascination with infertility. He trained at Parkland Memorial Hospital, then completed a fellowship at the Hospital of the University of Pennsylvania, immersing himself in reproductive medicine and microsurgery.

"I trained at the Feet of Giants. Parkland is where Williams Obstetrics, the premier evidence-based textbook, was written. My mentors at Penn were both former editors of Fertility & Sterility, and one was also the founder of the Society of Reproductive Surgeons of the ASRM.

"That was where the foundation of Chuck Miller, the minimally invasive surgeon, was laid."

You started in microsurgery. What did that involve?

"Before advanced laparoscopy, before robotics, before energy platforms, there was open microsurgery.

"Using magnifying loops and operative microscopes, surgeons performed meticulous tubal and endometriosis surgery through laparotomy. The philosophy was precise dissection, minimal tissue trauma, avoidance of unnecessary energy use and always returning tissue to normal.

"That mindset," he said "never left me."

"The magnification would change. The access would shrink. But the principle to protect tissue and preserve fertility remained."

What drew you to minimally invasive surgery?

"Fascinated by CO-laser surgery and early pioneers in Israel, France and the United States in the early 1980's, he began translating microsurgical principles into laparoscopy, focusing on meticulous dissection, minimal lateral thermal spread and anatomical respect.

"It became my lifelong effort.

In the 1990s, laparoscopy was still controversial. In fact, the head of the American College of OB-GYN reportedly called it a gimmick."

Chuck disagreed. Today, he and his partners have not performed an open hysterectomy in decades. Fibroids weighing nearly four kilograms are still managed using minimally invasive techniques.

"I don't want to look back."

You founded your own fertility and surgical institutes. Why?

After years in multispecialty and hospital-based groups, Chuck wanted autonomy.

"I had matured. I knew what I wanted to provide: excellent fertility care grounded in minimally invasive reproductive surgery."

His centres now perform approximately 500 IVF cycles per year and over 1,000 minimally invasive surgeries annually.

Volume, he believes, refines excellence.

April 2014: power morcellation. The hardest chapter?

When the FDA issued warnings regarding power morcellation and sarcoma risk, it shook the MIGS world. For Chuck Miller, one of the earliest adopters and educators in electronic power morcellation, it was deeply personal.

"The numbers were incomplete. The risk was lower than portrayed and population specific."

Rather than retreat, he pivoted.

He became an advocate for in-bag morcellation, helping to develop containment systems and refine technique. Since adopting in-bag morcellation in 2014, his team has reported zero parasitic fibroids following the procedure.

"Innovation must adapt safely."

"It became my lifelong effort.

In the 1990s, laparoscopy was still controversial. In fact, the head of the American College of OB-GYN reportedly called it a gimmick."

You've led both AAGL and ISGE. How did leadership change your perspective?

Global collaboration changed everything. As AAGL scientific chair, he ensured that one third of speakers were international. "We couldn't stay in a US silo."

As ISGE president, he helped establish teaching programmes in Africa. Most recently, as the Chair of The Global Outreach Committee of The Foundation of the AAGL, he led training initiatives including supplying instrumentation to Kenya and Grenada.

"This should not be about access. It should be about worldwide care."

He speaks passionately about surgical diplomacy and sharing skills beyond borders.

> *Know your anatomy.*
>
> *Know your instruments.*
>
> *Know your energy sources.*
>
> *Understand your patient's goals.*
>
> *Leave your ego at the door.*

What are you most proud of?

He hesitated.

Performing larger laparoscopic myomectomies than anyone imagined possible.

Advancing endometriosis surgery. Promoting fertility-preserving techniques. Teaching ultrasonic energy worldwide. Publishing innovative hysteroscopic work in JMIG regarding first trimester miscarriage.

Then he answered simply.

"Education. I was the recipient of the AAGL's honourable John F. Steege Mentorship Award in 2018. And being a lifelong learner."

Robotics: evolution or inevitability?

Chuck sees robotics as the car eventually overtaking the horse.

"There was a race in France in the 1920s, horse versus car. The horse led early. The car won."

He believes robotics, particularly when integrated with imaging and artificial intelligence, will shape the next decade through AI-assisted imaging for endometriosis, intraoperative fibroid localisation, surgical planning overlays and automated documentation.

But he raises two cautions: disparity of care and whether AI will widen the global gap, and the carbon footprint and environmental cost.

"We must answer both."

What makes a great minimally invasive surgeon?

According to Chuck:

Know your anatomy.

Know your instruments.

Know your energy sources.

Understand your patient's goals.

Leave your ego at the door.

Never stop learning.

Pain surgery is different from fertility surgery. Dissection strategies change. Intent matters.

"A good surgeon operates well. A great surgeon operates appropriately."

You'll have ups. You'll have downs. Hang in there. You'll smile at the end.

What legacy do you want to leave?

"I was an innovator. And I was a mentor."

Not necessarily the originator of every idea, but someone who refined, validated and taught them safely.

"That's enough."

What would you tell yourself 20 years ago?

"You'll have ups. You'll have downs. Hang in there. You'll smile at the end."

Get to know Chuck Miller

Hometown: Iron Mountain, Michigan

Specialist focus: Fertility-preserving MIGS

Biggest influence: Microsurgical training

Game-changing moment:
April 2014 morcellation controversy

Favourite teaching principle:
"Keep your ego at the door."

View on AI:
Transformative but must be equitable and sustainable

Legacy goal: Innovation and mentorship

As we wrapped up, Chuck recalled giving a lecture for the BSGE years ago. Afterwards, a colleague told him bonfires were being lit across London in his honour.

It was Guy Fawkes Night.

He is still laughing about it.

Perhaps that is the essence of Chuck Miller: globally recognised, endlessly accomplished, yet completely grounded.

A small-town boy who never stopped learning.

BSGE News

Awards and Bursaries

BSGE members should submit applications by 5pm on 5th April 2027.

The BSGE offers financial support to its members through a series of awards, bursaries and fellowships. To achieve equal access, awards are dedicated to applicants in specific categories:

- Senior members
- Doctors in training
- Nurses and Paramedics.

Applications will be judged on the following criteria:

Proven gynaecological endoscopic surgical training and/or clinical experience demonstrated by participation in relevant educational activities.

Involvement in relevant audits, QIPs, research, publications and teaching/training projects related to gynaecological endoscopic surgery/Endometriosis.

Value to personal and NHS development following completion of the course or the travel fellowship.

The current awards available are:

- BSGE Alan Gordon Travelling Fellowship
- BSGE Travelling Fellowship and Bursaries for Consultants, SAS doctors and GP Hysteroscopists
- BSGE Travelling Fellowship and Bursaries for Doctors in Training
- BSGE Travelling Fellowship and Bursaries for Nurses and Paramedics
- BSGE Clinical Research Grant

A final reminder on that key date- the next round of applications will close at **5pm on 5th April 2027**.

BSGE News

New Honorary Treasurer for BSGE

Following Fevzi Shakir's election as Vice President and future BSGE President, there was a vacancy in his previous position as Honorary Treasurer. Another round of elections was arranged and Kirana Arambage was elected to succeed Fevzi in this role.

Kirana Arambage
Honorary Treasurer

Kirana said:

I am honoured to have been elected Honorary Treasurer of the British Society for Gynaecological Endoscopy (BSGE).

My sincere thanks go to the BSGE membership for the confidence they have shown in me.

I am especially grateful to my proposer Mohamed Mabrook and my seconder Caroline Bell as well as to my mentors, teachers, colleagues, friends, resident doctors, endometriosis nurses, nurse hysteroscopists, and everyone who has supported and encouraged me throughout my career and this election.

I also feel privileged to serve alongside Martin Hirsch and Lizzie Bean from Oxford on the BSGE Council. I look forward to continuing to work with them, and with colleagues across the Society, in a spirit of collaboration as we pursue our shared goal of strengthening BSGE and improving care for women.

As I begin this role, I remain guided by one simple principle: investing in our members strengthens our specialty and improves care for women.

Serving the BSGE has been a privilege for more than 12 years, and I look forward to working closely with our President, Officers, Council members, sub-committees, stakeholders and the wider membership to continue building on the Society's strong foundations.

Thank you once again for your support. I look forward to serving the Society in this new role.

Image of the Edition

Sian Mitchell from the Diagnostics Portfolio introduces the latest Scope 'Image of the Edition'.

Sian Mitchell
Diagnostics Portfolio

Ahead of each issue of The Scope, the Diagnostics Portfolio invites BSGE members to submit an interesting case with an image(s) (USS/MRI) of interest and a summary of the case.

Entries are carefully assessed by the Diagnostics Subcommittee and the winning entry "**Endometriosis of the Bladder Serosa Causing Distal Hydroureter**" by Jonathan Hedges, Frances Bailey and Tom Holland is published here.

The Diagnostic Portfolio team invites entries for the next edition, see the blue infographic for rules, deadlines and prizes.

Endometriosis of the Bladder Serosa Causing Distal Hydroureter

Authors: Jonathan Hedges, Frances Bailey & Tom Holland

We present the case of a nulliparous 38-year-old female who attended the complex endometriosis scan clinic at Guy's and St Thomas' NHS Foundation Trust with dysmenorrhoea, dyschezia and deep dyspareunia.

She denied dysuria, haematuria and haematochezia. A radiological diagnosis of endometriosis and adenomyosis had been made in 2024, however, no surgical or medical treatment had been undertaken as per the patient's wishes.

She had a surgical history of transcervical resection of a fibroid in 2023 and oocyte retrieval and freezing in 2025.

Interestingly, the patient had previously been treated for Fowler's syndrome (chronic urinary retention characterised by impaired relaxation of the urethral sphincter) with an implantable sacral modulator, however, recent testing was equivocal and further urological investigations were ongoing at the time of review.

In clinic a detailed endometriosis scan was undertaken, following the IDEA/MUSA consensus recommendations. This confirmed the prior diagnosis of adenomyosis, as the myometrium was asymmetrically thickened, echogenic and vascular with linear striations, echogenic islands, parallel shadowing and focal disruptions of the endometrial myometrial junction.

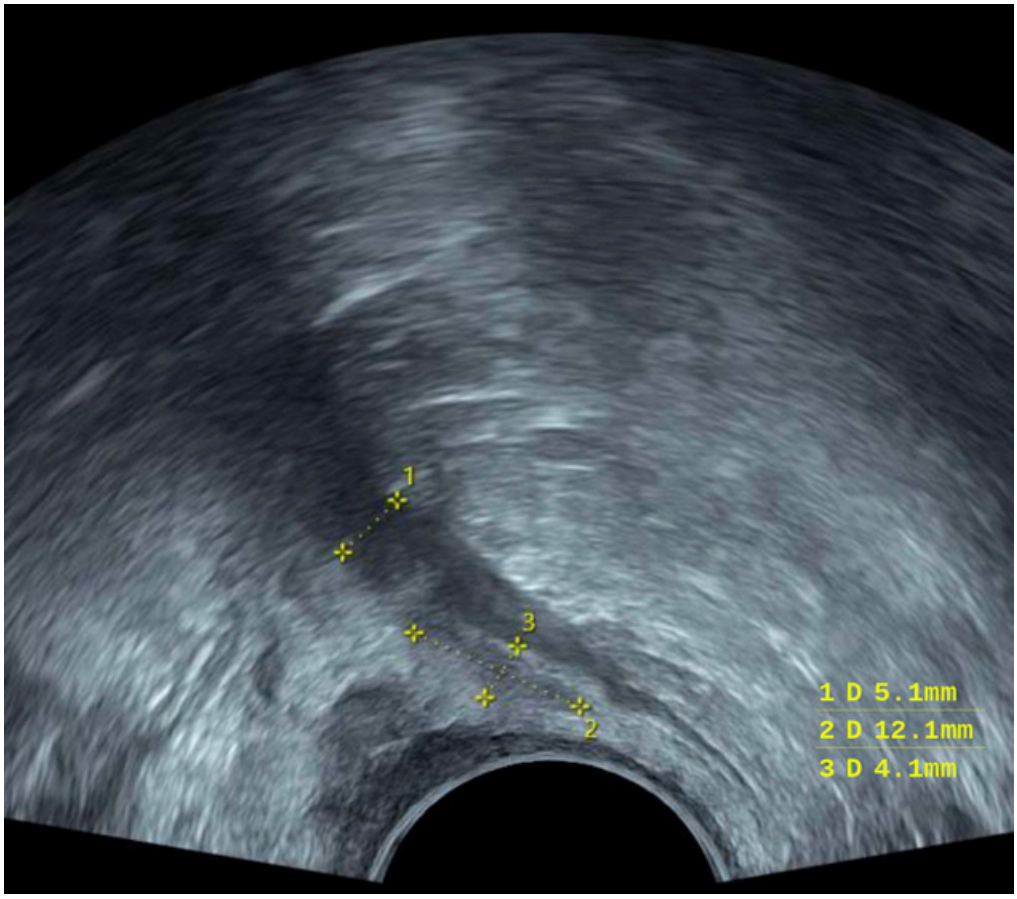


Fig.1. A 12.1 x 5.5 x 4.1mm hypoechoic nodule (transverse measurement not shown) within the bladder peritoneum, causing extrinsic ureteric compression and dilatation proximal to the lesion.

The bladder detrusor and mucosa, urethra and right distal ureter appeared normal. However, the left ureter appeared dilated at the distal end (5mm, see D1, Fig.1). There was a nodule of endometriosis (12.1 x 5.5 x 4.1mm) within the bladder peritoneum in close proximity to the ureterovesical junction (Fig.1) causing extrinsic compression of the ureter. A further larger nodule of peritoneal endometriosis can be seen directly to the left of this. There was no evidence of hydronephrosis or proximal hydroureter on transabdominal examination of the kidneys. This was confirmed on subsequent formal ultrasound renal tract.

Further ultrasound examination demonstrated a unilocular "ground-glass" cyst measuring 93 x 66 x 63mm in the left ovary, consistent in appearance with an endometrioma. This was adherent to the posterolateral aspect of the uterus and the rectosigmoid colon. The right ovary appeared normal but was also adherent to the posterior uterus and the uterosacral ligaments were thickened bilaterally. The pouch of Douglas was partially obliterated, however, the anterior rectal muscularis was not thickened.

Following discussion at the endometriosis multi-disciplinary meeting, joint surgery with the urologists and colorectal surgeons is planned. With respect to her bladder disease, the patient has been consented for temporary ureteric catheterisation, ureterolysis plus/minus ureteric re-implantation.

Learning points from this case:

- Assessment of the ureters should always be a two-stage process. First visualising vermiculation, to assess ureteric motility and secondly taking measurements when the ureter has relaxed to avoid overdiagnosis of ureteric dilatation.
- In cases where the ureter appears abnormal, its course should be tracked from ureterovesical junction to pelvic brim to identify the point of constriction and routine trans-abdominal examination of the proximal ureter and kidney should be performed to exclude silent hydronephrosis.

Hysteroscopy Portfolio Report

Nadine di Donato, Hysteroscopy Portfolio Chair, together with her subcommittee team comprising Oudai Ali, Rowena Dharma, Kohle, Shilpa, Caroline Bell, Ghadah Z Ahsan and Mahshid Nickkho-Amiry report on another busy time for the portfolio:

Nadine di Donato
Chair of Hysteroscopy Portfolio & Fibroid Care Subcommittee Member

We ran an excellent course in Birmingham for nurse hysteroscopy on 13-14 July. The next hysteroscopy course is with the college with a lecture day on October 1st and hands on training on 13th and 14th of October.

What an outstanding success our Hysteroscopy Immersion Workshop was.

A fantastic day of hands-on learning, collaboration, and education, bringing together passionate nurses and an exceptional faculty dedicated to advancing hysteroscopic practice. We were delighted to have a fully booked course, demonstrating the growing enthusiasm for high-quality nurse education in minimally invasive gynaecology.

A heartfelt thank you to Hologic, who made an enormous effort to secure the perfect venue in Birmingham and whose support was instrumental in making this event possible. We are also incredibly grateful to KARL STORZ and Medtronic for their unwavering commitment, hard work, and continued support in delivering outstanding educational experiences.

One of the highlights of the day was presenting the Golden Telescope Award to Tabassum Khan for her exceptional presentation on robotic ureteric reimplantation. An inspiring talk that showcased innovation, expertise, and excellence.

Special recognition also goes to Suzanne Taylor for her tireless dedication to progressing nurse training. Her passion and commitment continue to inspire and empower the next generation of specialist nurses. Suzanne was awarded the golden hysteroscope for dedication to nurse training. This award has just been introduced, for innovation and training for the nurse Hysteroscopy portfolio.

Another huge thank you to our outstanding faculty, our industry partners, and every delegate who attended with such enthusiasm and engagement. Together, we are raising standards, investing in education, and ultimately improving patient care.

Excellent talk on sedation in outpatient hysteroscopy - and there's much more to come in the future.

Thank you to Tabassum Khan, Suzanne Taylor, Liz Bruen, Caroline Bell, Oudai Ali and Lina Antoun for their help with the portfolio.

Tabassum Khan

Karl Storz Golden Telescope Award

Nurse Hysteroscopy Portfolio Report

Here's the new subcommittee:

Caroline Bell
Nurse Consultant

A real trailblazer in the discipline who has worked hard to raise the profile of nurse hysteroscopy.

Elizabeth Bruen
Nurse Hysteroscopist

Nurse Hysteroscopist and Endometriosis Nurse Specialist in Wales, who has led reform in health care provision and nursing support in Wales for women with endometriosis, she has served as a subcommittee member for the previous chair for3 years and her experience and knowledge in the field of hysteroscopy is outstanding.

Irina Stankeviciute
Hysteroscopy Nurse

Irina is the newest member to join the hysteroscopy portfolio. Irina is presently leading the way with her Consultant Colleagues in Chelsea and Westminster Trust in the field of conscious sedation, she is passionate about improving patient experience and keen to participate in research and enhance nursing practice.

We will work together to make a difference as a subcommittee and look forward to supporting the Hysteroscopy Chair Nadine di Donato, the BSGE and RCOG and the RCN and our fellow doctors and nurses over the next three years.

Please get in touch if you have ideas you want to share, interesting audit work you wish to present or have anything at all you wish to raise with us, we look forward to what the next few years will bring.

Research and Innovation Portfolio Report

Oudai Ali, Research and Innovation Portfolio Chair reports on progress within the portfolio:

Oudai Ali
Research and Innovation Portfolio Chair

I am pleased to announce that we are going to include clinical scientists' work to be represented in our committee. We aspire to create the first event that will bring all the endometriosis experts together to think collaboratively regarding clinical sciences in endometriosis. The meeting will link the excellent work done in many research institutions to the outstanding surgical and clinical work. Lucy Whitaker from Edinburgh, a wonderful addition to our subcommittee, will be leading this effort.

The Research and Innovation team is also working to prepare workshops and webinars on:

- Day case hysterectomy
- Revisiting surgical concepts of mini-laparoscopy
- Single port surgery in future webinars

Keep an eye on the adverts, emails and the website for details of these events. Also watch for a future survey regarding the best route hysterectomy, considering different modalities, as well as a survey asking surgeons what their normal practice regarding intra-abdominal pressures during laparoscopic surgery is.

We look forward to preparing from now for the next ASM in London and we welcome your thoughts and ideas.

Many thanks,

Ali

Robotic Surgery Portfolio Report

Tony Chaloub, Chair of the BSGE Robotic Surgery Subcommittee reports on developments in the portfolio:

Tony Chaloub
Chair of BSGE Robotic Surgery Subcommittee

As the BSGE Robotic Surgery Subcommittee, our primary objective is to establish a robust, governance-led training pathway for robotic-assisted surgery in gynaecology across the UK. This initiative is focused on ensuring excellence in surgical training, patient safety, and clinical governance in response to the rapid expansion of robotic platforms.

Key Achievements:

- Led multiple strategic meetings and collaborative initiatives with Intuitive Surgical and other robotic platform providers to support the development of structured training programmes.
- Initiated collaboration with the European Society for Gynaecological Endoscopy (ESGE) to establish a UK-based GESEA-accredited centre for robotic surgery training.
- Engaged with the Royal College of Obstetricians and Gynaecologists (RCOG) and partnered with key national societies (BSUG, BGCS, BIARGS) to design a comprehensive, standardised educational framework.
- Co-developed a structured curriculum incorporating both theoretical and practical components, including Boot Camps and Special Interest Training Modules (SITM) for trainees.
- Secured approval for a pilot programme comprising two foundational training courses, scheduled for launch in September 2026.

Future Plans:

- Develop a comprehensive video library and educational webinar series, including live and “as-live” surgical procedures, to support scalable and accessible learning.
- Establish a BSGE–Intuitive Surgical training pathway based on national competitive selection, incorporating accredited faculty and designated national training centres.
- Create a London-based BSGE Robotic GESEA Certification Centre at the Intuitive Surgical headquarters in Winnersh, positioning the UK as a leading hub for robotic gynaecological training in Europe.

Robotic Surgery Subcommittee

Tony Chaloub
Chair of BSGE Robotic Surgery Subcommittee

Mohamed Mabrouk
Chair of BSGE Endometriosis Centres

Dr Mohamed Otify
Consultant Gynaecologist and Gynaecological Oncology Surgeon

Oscar Barnick
Senior Trainee Representative

Suruchi Pandey
Consultant Gynaecologist; Care Group Lead & Lead for Endometriosis

Nadine di Donato
Chair of Hysteroscopy Portfolio & Fibroid Care Subcommittee Member

Hara Koukouli
Robotics & International Relations Subcommittee

Benedetto Mondelli
Robotics & Information Resources Subcommittee member

Islam Gamaleldin
Consultant Gynaecologist

Denis Tsepov
Robotics & International Relations Subcommittee member - Conference attendance

Samantha Kirkwood
Robotics Subcommittee member

Lina Antoun
Chair of Laparoscopic Training

Residents in Gynaecological Surgery: 10 Year Anniversary

The RIGS group -Residents in Gynaecological Surgery- celebrated our ten-year anniversary after our inauguration at ASM16 in Cornwall. We now have a national role in hands-on learning, high-quality teaching and building surgical confidence in a supportive environment.

We are currently processing applications for the 2026 BSGE RIGS HUB National Training programme. This centralised, standardised BSGE programme is delivered through a series of hands-on workshops at laparoscopic hubs within each deanery and online webinars. Each workshop will be facilitated by RIGS regional representatives, along with a BSGE faculty within each hub. There are 3 programme streams (BASIC, INTERMEDIATE AND ADVANCED) and the content aligns with the requirements of the core RCOG curriculum.

Good luck to all applicants- Successful delegates will be notified week beginning 28th September 2026.

If you're interested in finding out more about the programme please visit BSGE RIGS Hubs National Training Programme 2026.

Junior Trainee's Corner

Dr Ghada Badran, the new Portfolio Chair for Improving Visibility between Junior Trainees and BSGE, and Junior Representative (ST5) shares her vision for her new role and some top tips for surviving as a new junior trainee.

Dr Ghada Badran
Portfolio Chair for Improving Visibility between Junior Trainees and BSGE

Junior Trainee's Corner

I am very excited to take on this role and to strengthen the bridge between junior trainees and the society.

I plan to increase visibility and two-way communication between junior trainees and BSGE.

My plan and vision:

Organise free webinars at least once per year to allow all trainees to meet, learn, and interact directly with BSGE members.

Encourage and support trainees to acquire laparoscopic (Lap) trainers to help improve their practical skills.

Launch an annual selection process (short mock exam) open to all trainees across the UK, with one candidate from each deanery randomly selected to attend the RIGs course for free. This initiative aims to enhance educational opportunities and raise the visibility of BSGE among trainees nationwide.

I will be actively looking for enthusiastic subcommittee members to help deliver these goals. If you are interested in joining or have any ideas/suggestions, please feel free to reach out to me.

I look forward to working together to support junior trainees and strengthen our society.

Junior Trainee's Corner

Survival Guide for New Junior Trainees

1 SURVIVING WARD ROUNDS

How to prepare

- Arrive early and review the patients before the round starts
- Know the main problems, pending results, and plans
- Have a clear list of jobs from the previous day
- Check overnight events and any new concerns from nursing staff

How to present patients clearly

- Keep it structured and concise
- Focus on what has changed and what decisions are needed
- Avoid reading the entire history every time
- Be ready with the latest bloods, imaging, and observations

How to be useful without being annoying

- Anticipate jobs (bloods, imaging requests, referrals)
- Write clear notes and update the list promptly
- Offer to do jobs rather than waiting to be asked
- Don't interrupt excessively listen first, then contribute

2 THEATRE TIPS FOR JUNIORS

How to prepare before a case

- Read the patient's notes and relevant imaging
- Know the indication for surgery and the planned procedure
- Review the relevant anatomy if possible
- Introduce yourself to the theatre team early

How to be helpful in theatre

- Offer to position the patient, insert catheter, or help with prep
- Keep the field clean and anticipate the next step
- Hold retractors properly and stay focused
- Stay until the patient is safely in recovery unless told otherwise

When and how to ask questions

Ask during natural pauses, not at critical moments
Accept that sometimes the answer will be "later"

3 ON-CALLS AND ESCALATION

When you must call for help

- Any patient who is deteriorating
- When you are unsure about a decision that could affect safety
- Abnormal results that change management
- When you feel out of your depth

How to escalate properly

- Use a clear structure (e.g. SBAR: Situation, Background, Assessment, Recommendation)
- State what you have already done
- Be specific about what you need (review, advice, or senior presence)
- Document the discussion and the plan

Common situations that confuse juniors

- Borderline unwell patients who don't clearly meet criteria for escalation
- Conflicting advice from different seniors
- Pressure to discharge or make decisions when you feel uncertain
- Night-time decisions with limited support

4 BUILDING GOOD RELATIONSHIPS

- Building good relationships with registrars
- Be reliable and proactive
- Communicate early if you are struggling with workload
- Show willingness to learn and take feedback constructively with consultants
- Follow through on jobs they give you
- Keep them updated on important changes without overloading them

Building good relationships with nurses and the wider team

- Listen to their concerns about patients
- Say thank you and acknowledge their help
- Good relationships with nurses make your job significantly easier

Junior Trainee's Corner

5 LOOKING AFTER YOURSELF

How to stay organised

- Keep a clear, updated patient list
- Prioritise jobs
- Remember that asking for help is a sign of professionalism, not weakness
- Frame it as wanting to do the right thing for the patient
- Most seniors prefer you to ask early rather than late

Small habits that protect your energy and confidence

- Take short breaks when possible
- Eat and drink during the day
- Leave work on time when you can
- Reflect briefly on what went well each day

6 IF YOU ARE INTERESTED IN LAPAROSCOPY

- If you are interested in developing laparoscopic skills, you should have your own trainer box for regular practice.
- Practise basic tasks consistently
  Short, regular sessions are better than occasional long ones
- Ask seniors if you can practise under supervision in theatre when appropriate
- Record your progress and seek feedback

7 BECOME A MEMBER OF BSGE – AND WHY IT MATTERS

Joining the British Society for Gynaecological Endoscopy (BSGE) as a junior trainee is one of the most useful steps you can take early in your career.

Key benefits of BSGE membership:

- Access to educational resources, webinars, and guidelines
- Reduced rates for BSGE meetings, workshops, and RIG courses.
- Opportunities to network with consultants and other trainees interested in gynaecological endoscopy
- Eligibility to submit work for prizes, presentations, and publications
- Stay updated with the latest developments in minimally invasive gynaecological surgery
- Shows commitment to the specialty on your CV

My advice is- don't wait until you are more senior. Join as early as possible the earlier you become a member, the more you benefit from the educational and networking opportunities.

8 ATTEND RIGS COURSES

Make it a priority to attend RIGs courses early in your training.
These courses help build core knowledge and practical skills relevant to BSGE trainees
They also provide excellent opportunities for networking with other juniors and seniors
Plan ahead and book early, as places can fill quickly.

Nurse Hysteroscopy Portfolio Report

It was a true joy to have been nominated as nurse representative and Chair of the Subcommittee for Nurse Hysteroscopy for the BSGE at the ASM in May.

Suzanne Taylor reports on her new portfolio

As some of you may know, I supported the previous Chair Caroline Bell for six years on her subcommittee where we ran some fantastic webinars, supported the ASM with talks on hot topics in our field, developed the first operative hysteroscopy nurse workshops and created an operative log book for nurses, further enhancing their practice. We were also able to develop recommendations to maintain competence and Caroline flew the flag for nurse hysteroscopy internationally shining a spotlight on the benefits of nurses practising hysteroscopy in the UK healthcare system. We also both jointly worked with RCOG on the 'Waiting for a Way Forward' paper and shared a real career highlight when we were invited to the launch at Parliament.

A little bit about me as the new chair: I have practised hysteroscopy for over ten years. I'm also a colposcopist, cervical screening programme lead, lead nurse for gynaecology at Bradford Teaching Hospitals. In addition, I am a professional clinical advisor for cervical screening for NHSE. My passion is for teaching and education, and I work alongside the University of Bradford to clinically lead the only programme for training nurses, allied health professionals and GPs in the discipline of hysteroscopy at masters level in Europe.

My mission as Chair is to drive up the standards of hysteroscopy practice in the UK and internationally. I hope, as a team, we will focus on improving women's experience when attending for outpatient hysteroscopy and reducing pain. We must ensure the present narrative changes and enable women to have both a choice and a voice when attending their hospital appointments. We will work for adequate provision of patient information, a choice of pain relief options and ensure they are seen by expertly trained clinicians, who work within best practice standards. We want to aim for all hospitals in the UK to have a nurse hysteroscopist to help reduce waiting times for the procedure.

As a subcommittee, we will further develop the nurses' section of the website to provide an additional training resource with a video library and interesting case studies to enhance practice. We would also like to provide more drop-in support as a subcommittee to allow nurses to ask questions, raise challenges in practice, and share ideas and innovation more easily. We would also like to help nurses get involved in research and develop their career pathways.

Royal College of Obstetricians & Gynaecologists

UNIVERSITY OF BRADFORD
MAKING KNOWLEDGE WORK

NHS England

UNIVERSITY of BRADFORD

Diagnostic Hysteroscopy and Therapeutic Management

Postgraduate Certificate (Bradford)

What if this wasn't just learning – but leading?

Are you a nurse or medical practitioner and interested in building on your experience of helping patients with uterine conditions? Our Diagnostic Hysteroscopy and Therapeutic Management postgraduate certificate will give you the specialised knowledge and upskilling you need to advance your career.

We are the only university that delivers this unique programme in the United Kingdom.

Benefits of study

After completing this course, you'll have the skills and confidence to manage patients from referral to diagnostics to discharge. You'll also gain the tools to develop practitioner-led services that can reduce waiting times for patients with abnormal uterine bleeding.

BSGE Survey

Bladder Weakness Survey

Grace and Green have launched a new bladder support range and have developed a survey with the Bladder & Bowel association that they are looking for further respondents for.

The survey covers people's experiences of bladder weakness and access to facilities, products etc. Please share with any patients that are struggling with continence issues.

https://docs.google.com/forms/d/e/1FAIpQLSfoyv7bwVKV0B2tDsMDiBTj2g8Ve-M6p231mUoeAPSJPwCtLA/viewform?usp=header

Grace & Green are a female founded, B Corp who are on a mission to ensure everyone has access to safe, sustainable period care. From consciously crafted organic liners, pads and tampons to zero-waste reusables like period cups and underwear. Proud partners of the Royal College of Obstetricians and Gynaecologists since 2022, Grace & Green offer period care that doesn't cost the earth. They kindly donated period care products to BSGE ASM 2026.

Access the survey here

BSGE Medical Student Essay Competition

RIGs launched the BSGE Medical Student Essay Competition, a new initiative aimed at engaging and inspiring medical students with an early interest in gynaecology, providing early exposure to the specialty and its breadth of opportunity.

The team invited medical students interested in surgery, innovation, and the future of training to submit an essay on the subject:

" From Simulation to Surgery:
The Role of Technology in Training the Next Generation"

The winner, Rebecca Grassby a Year 6 Medical Student from the University Of Edinburgh won £150 and a year's BSGE membership and the runner-up, Glory Kinsiedi-Matonga from the University of Nottingham won £50 in addition to BSGE membership for a year. Many congratulations to Rebecca and Glory, The Scope is pleased to publish their essays below:

Rebecca Grassby, University of Edinburgh

Winning essay by Rebecca Grassby

Abstract

Modern gynaecological surgical training is increasingly constrained by reduced trainee working hours, rising procedural complexity, and heightened patient safety expectations, limiting opportunities for operative experience. Traditional apprenticeship models are therefore insufficient to ensure consistent skill acquisition. Drawing on performance science, surgical education is shifting toward structured, feedback-driven training supported by emerging technologies.

Simulation-based training offers a safe environment for developing technical skills, with evidence demonstrating improvements in dexterity, efficiency, and operative performance. Extended reality (XR) technologies further enhance training by integrating preoperative imaging with intraoperative views, supporting spatial awareness and decision-making. In parallel, data-driven performance assessment, including artificial intelligence (AI)-based analysis of surgical video and robotic metrics, enables objective evaluation and personalised feedback.

Together, these approaches facilitate deliberate practice, accelerate learning curves, and improve preparedness for operative practice. However, challenges remain, including limited anatomical realism, high costs, lack of patient-centred outcome data, and barriers to integration within clinical training programmes.

Together, simulation, XR, and AI represent a shift toward the "performance science surgeon," characterised by measurable skill development and evidence-based training. However, their impact depends on effective integration within clinical training systems.

BSGE Medical Student Essay Competition

Introduction

Modern gynaecological surgical training faces significant challenges. Reduced working hours, increasing procedural complexity and heightened patient safety expectations limit operative exposure, with some trainees performing as few as ten laparoscopic salpingectomies. This raises concerns that the traditional "see one, do one, teach one" model may leave surgeons underprepared (Bryant-Smith et al., 2019).

In response, surgical education has incorporated principles from cognitive psychology and performance science, emphasising structured, feedback-driven practice (Ericsson, 2008). This marks a shift from experience-based training toward measurable performance. Simulation, extended reality (XR), and data-driven metrics support technical and cognitive skill development in controlled environments; however, their effectiveness depends on integration within structured training systems aligned with clinical practice.

Laparoscopic surgery is used as a representative example due to its technical complexity and suitability for simulation-based training. It is a cornerstone of performance-based education, associated with improved surgical outcomes, including reduced postoperative pain and faster recovery compared with open surgery (Bryant-Smith et al., 2019; Orejuela et al., 2022). However, it requires operating via a two-dimensional interface, with altered depth perception and non-intuitive instrument mechanics, creating a steep learning curve (Figure 1). Combined with limited clinical exposure, this reinforces the need for structured, evidence-based approaches that bridge simulated proficiency and operative performance.

"Modern gynaecological surgical training faces significant challenges. Reduced working hours, increasing procedural complexity and heightened patient safety expectations limit operative exposure . . ."

Simulation Training

Simulation provides a structured environment for deliberate practice, supporting progression from foundational psychomotor skills to procedure-specific rehearsal. This is delivered through platforms ranging from box trainers to high-fidelity virtual reality (VR) and hybrid systems. Box trainers develop core laparoscopic skills, while VR simulators such as LapSIM (Figure 2) provide objective performance metrics (Bryant-Smith et al., 2019). Hybrid systems, such as LapAR™ (Figure 3), combine physical practice with digital feedback (Inovus Medical, 2026). Together, these represent a spectrum of structured skill acquisition and assessment.

Simulation produces measurable performance gains. For example, laparoscopic salpingectomy proficiency, which may take over a year to achieve through operative exposure, can be developed in approximately eight hours of simulation (Larsen et al., 2009). VR-trained surgeons also demonstrate greater dexterity, efficiency and fewer intraoperative errors (Gauger et al., 2010; Thomaschewski et al., 2025). However, this risks overestimating its educational value, as it remains unclear whether improvements are retained and transferable to operative environments, where simulators cannot fully replicate anatomical variability or intraoperative complexity. Evidence also focuses largely on technical performance over patient-centred outcomes, further questioning whether improved simulation metrics translate into meaningful clinical benefits. (Orejuela et al., 2022; Li et al., 2026).

BSGE Medical Student Essay Competition

Cost further limits access, with VR systems exceeding $55,000 and requiring maintenance, creating disparities in training opportunities (Alwaal et al.,2015). However, these costs must be weighed against system-level benefits, as improved performance can reduce complications, operative time, and recovery, lowering overall healthcare expenditure.

Ultimately, the impact of simulation depends on structured integration, supervision, and curriculum design rather than availability alone. Without this, investment in increasingly sophisticated simulators risks diminishing educational returns. Therefore, a key challenge, remains in translating simulated skills into operative performance.

Extended Reality (XR)

> *XR integrates preoperative imaging with intraoperative views, enabling the overlay of three-dimensional reconstructions onto the surgical field.*

While simulation develops technical skills in controlled environments, extended reality (XR), encompassing augmented and virtual reality, extends these principles into the operative setting (Tariq et al., 2025; Rosati et al., 2026). XR integrates preoperative imaging with intraoperative views, enabling the overlay of three-dimensional reconstructions onto the surgical field and enhancing spatial awareness and decision-making in gynaecological surgery. For example, MRI-based models can visualise fibroid location and surrounding anatomy during laparoscopic myomectomy, illustrating XR's potential to support both technical execution and cognitive aspects of surgical performance (Ochi et al., 2023).

However, as with simulation, it remains unclear whether enhanced perception translates into improved operative judgement and patient outcomes. Current evidence is limited, with most studies focusing on feasibility and surrogate measures rather than patient-centred outcomes (Magalhães et al., 2024; Ochi et al., 2023). This uncertainty questions whether XR meaningfully enhances surgical competence or primarily augments perception without clear clinical benefit.

Adoption is further constrained by high costs, workflow disruption, cognitive load, and technical complexity (Magalhães et al., 2024). Importantly, XR may introduce additional information into already demanding operative environments, increasing cognitive burden. Within a performance science framework, more information does not necessarily improve performance; effectiveness depends on how it is filtered, prioritised, and applied under pressure.

Therefore, XR's impact depends less on technological sophistication than on its integration within structured training systems. Without alignment with curriculum design, feedback mechanisms, and clinical workflow, it risks functioning as an adjunct rather than a transformative tool.

BSGE Medical Student Essay Competition

Data-Driven Performance

Beyond skill acquisition, there is a growing need to objectively measure surgical performance. Digital technologies, particularly video analysis, enable structured assessment beyond case volume and subjective feedback. In laparoscopic surgery, video review allows trainees to analyse key procedural steps, including dissection planes, instrument handling, and error recognition. Importantly, video-assessed skill correlates with patient outcomes, including complication rates and mortality (Birkmeyer et al., 2013; Greenberg et al., 2018).

Recent developments integrate simulation with artificial intelligence (AI)–driven analytics and real-time feedback. AI-enabled platforms track technical metrics and provide immediate objective feedback, reflecting a shift toward continuously monitored, performance-based training (Fukuta et al., 2025). This approach is increasingly adopted in high-volume centres, with some systems embedding console-derived metrics directly into the operative environment (Ogbonnaya et al., 2025; Piper et al., 2025). Commercial platforms such as Incision exemplify this shift, offering personalised analytics to guide deliberate practice (Incision, 2025). When integrated into structured curricula, these tools support skill refinement, track progression and align training with operative demands, contributing to the emergence of the "performance science" surgeon guided by objective metrics.

> *Within a performance science framework, more information does not necessarily improve performance; effectiveness depends on how it is filtered, prioritised, and applied under pressure.*

Together, these advances shift assessment from episodic evaluation to continuous performance monitoring, redefining how surgical competence is assessed. However, this assumes that increased measurement inherently improves performance, overlooking the risk that excessive or poorly contextualised feedback may not translate into meaningful skill development.

The rise of robotic surgery further reinforces this transition, as training increasingly involves interpreting console-derived data and system feedback (El-Sayed et al., 2024). The surgeon's role is therefore evolving from manual operator to supervisor of complex, data-driven systems. While integration of robotic platforms and AI analytics raises the possibility of partial automation, this risks overstating technological autonomy; in practice, these technologies are more likely to augment rather than replace human performance. This reinforces the need for training that emphasises decision-making, adaptability, and oversight in data-driven operative environments.

> *AI-based performance assessment raises significant privacy, security and consent concerns that may limit its integration.*

However, AI-based performance assessment raises significant privacy, security and consent concerns that may limit its integration (Ogbonnaya et al., 2025). Additionally, many surgical datasets remain small and institutionally constrained. For example, SurgAI3.8K includes only 79 laparoscopic videos, while GynSurg comprises 152 videos from two centres (Madad Zadeh et al., 2023; Nasirihaghigi et al., 2025). This increases the risk of algorithmic bias and limits generalisability across diverse settings. Consequently, while AI enables scalable objective evaluation, its reliability and acceptance depend on robust data governance, dataset diversity, and careful integration, reinforcing that technological capability alone is insufficient without effective implementation.

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Challenges

Despite advances in simulation and digital technologies, integration into surgical training remains constrained by implementation rather than innovation. Access alone does not ensure meaningful engagement. Although many UK hospitals possess simulators, structured curricula and protected training time are often lacking (Royal College of Obstetricians and Gynaecologists, 2025). Consequently, simulation is frequently delivered ad hoc, with service pressures limiting sustained practice. Even when training time is allocated, uptake remains low and operative improvement is limited, underscoring the need to integrate simulation with clinical experience (Mooney et al., 2022).

The effectiveness of simulation also depends on educational delivery. Without supervisors trained in providing structured coaching and feedback, technology's impact is reduced. As in elite performance domains, deliberate practice is most effective when guided by expert coaching and reflective feedback (Bryant-Smith et al., 2019).

"Integration into surgical training remains constrained by implementation rather than innovation."

"Even when training time is allocated, uptake remains low and operative improvement is limited, underscoring the need to integrate simulation with clinical experience."

Conclusion

Surgical education is shifting from apprenticeship-based learning toward a performance science model. Simulation enables deliberate practice, XR supports intraoperative decision-making, and data-driven assessment enables objective evaluation. In gynaecological endoscopy, these approaches improve skill acquisition while maintaining patient safety.

The emerging "performance science surgeon" is defined not only by technical proficiency, but by continuous, data-informed improvement. As surgical systems become increasingly digitalised, the surgeon's role is evolving from manual operator to performance-informed decision-maker. However, the effectiveness of these technologies depends less on their availability than on their integration within a structured training system supported by faculty expertise and aligned with clinical practice.

Ultimately, the future of surgical education will be determined by how effectively these tools are translated into consistent, high-quality training rather than technological innovation alone. Without appropriate integration, the potential of these advances risks outpacing their impact on clinical performance and patient care. In increasingly complex and data-driven environments, the key challenge lies not in technical execution but in the ability to interpret information, adapt and make informed decisions.

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References

Anders Ericsson, K. (2008) 'Deliberate practice and acquisition of expert performance: a general overview', Academic Emergency Medicine, 15(11), pp. 988–994. doi:10.1111/j.1553-2712.2008.00227.x.

Alwaal, A., et al. (2015) 'Transfer of skills on a virtual reality laparoscopic simulator', Journal of Surgical Education, 72(3), pp. 531–536. doi:10.4103/0974-7796.150475.

Birkmeyer, J.D., Finks, J.F., O'Reilly, A., Oerline, M., Carlin, A.M., Nunn, A.R., Dimick, J.B., Banerjee, M. and Birkmeyer, N.J.O. (2013) 'Surgical skill and complication rates after bariatric surgery', New England Journal of Medicine, 369(15), pp. 1434–1442.

Bryant-Smith, A., Rymer, J., Holland, T. and Brincat, M. (2019) '"Perfect practice makes perfect": the role of laparoscopic simulation training in modern gynaecological training', The Obstetrician & Gynaecologist, 22(1), pp. 69–74. doi:10.1111/tog.12619.

Center for Reproductive Health & Gynaecology (2026) Schematic of laparoscopic surgery. Available at: https://www.reproductive.org/laparoscopy (Accessed: 17 March 2026).

Collins, T., Pizarro, D., Gasparini, S., Bourdel, N., Chauvet, P., Canis, M. et al. (2021) 'Augmented reality guided laparoscopic surgery of the uterus', IEEE Transactions on Medical Imaging, 40(1), pp. 371–380. doi:10.1109/tmi.2020.3027442.

El-Sayed, C., Yiu, A., Burke, J., Vaughan-Shaw, P., Todd, J., Lin, P., Kasmani, Z., Munsch, C., Rooshenas, L., Campbell, M. and Bach, S.P. (2024) 'Measures of performance and proficiency in robotic assisted surgery: a systematic review', Journal of Robotic Surgery, 18(1), p. 16.

Fukuta, A., Yamashita, S., Maniwa, J., Tamaki, A., Kondo, T., Kawakubo, N., Nagata, K., Matsuura, T. and Tajiri, T. (2025) 'Artificial intelligence facilitates the potential of simulator training: an innovative laparoscopic surgical skill validation system using artificial intelligence technology', International Journal of Computer Assisted Radiology and Surgery, 20(3), pp. 597–603. doi:10.1007/s11548-024-03253-5.

Gauger, P., Hauge, L., Andreatta, P., Hamstra, S., Hillard, M., Arble, E., Kasten, S., Mullan, P., Cederna, P. and Minter, R. (2010) 'Laparoscopic simulation training with proficiency targets improves practice and performance of novice surgeons', The American Journal of Surgery, 199(1), pp. 72–80. doi:10.1016/j.amjsurg.2009.07.034.

Greenberg, C.C., Ghousseini, H.N., Pavuluri Quamme, S.R., Beal, E.W., Wiegmann, D.A. and Kent, K.C. (2018) 'Surgical coaching for individual performance improvement', Annals of Surgery, 267(1), pp. 34–39.

Incision (2025) AI for surgical education: a call to test our new "Strava for surgeons". Available at: https://www.incision.care/blog/ai-for-surgical-education-a-call-to-test-our-new-strava-for-surgeons (Accessed: 15 March 2026).

Inovus Medical (2026) Inovus Medical – surgical training models & skills platform. Available at: https://inovus.org/ (Accessed: 17 March 2026).

Larsen, C.R., Soerensen, J.L., Grantcharov, T.P., Dalsgaard, T., Schouenborg, L., Ottosen, C., Schroeder, T.V. and Ottesen, B.S. (2009) 'Effect of virtual reality training on laparoscopic surgery: randomised controlled trial', BMJ, 338, p. b1802. doi:10.1136/bmj.b1802.

Li, X., Li, G. and Yang, C. (2026) 'Effectiveness and implementation of simulation training in obstetric and gynaecological surgery education: systematic review and meta-analysis', Frontiers in Medicine, 12. doi:10.3389/fmed.2025.1733201.

Madad Zadeh, S., François, T., Comptour, A., Canis, M., Bourdel, N. and Bartoli, A. (2023) 'SurgAI3.8K: a labeled dataset of gynecologic organs in laparoscopy with application to automatic augmented reality surgical guidance', Journal of Minimally Invasive Gynecology, 30(5), pp. 397–405. doi:10.1016/j.jmig.2023.01.012.

Magalhães, R., Oliveira, A., Terroso, D., Pereira, J. and Santos, L.L. (2024) 'Mixed reality in the operating room: a systematic review', Journal of Medical Systems, 48, p. 76. doi:10.1007/s10916-024-02095-7.

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References

Mooney, S.S., Hiscock, R.J., Hicks, L., Narula, S., Maher, P.J., Readman, E., Pendlebury, A. and Ellett, L. (2022) 'We live in a virtual world: training the trainee using an integrated virtual reality simulator curriculum', Australian and New Zealand Journal of Obstetrics and Gynaecology, 62(4), pp. 581–588. doi:10.1111/ajo.13521.

Nasirihaghighi, S., Ghamsarian, N., Peschek, L., Munari, M., Husslein, H., Sznitman, R. and Schoeffmann, K. (2025) 'GynSurg: a comprehensive gynecology laparoscopic surgery dataset', in Proceedings of the 33rd ACM International Conference on Multimedia, pp. 13141–13147. doi:10.1145/3746027.3758267.

Ochi, Y., Yanai, S., Yoshino, Y., Sawada, M., Sakate, S., Kanno, K. and Andou, M. (2023) 'Clinical use of mixed reality for laparoscopic myomectomy', International Journal of Gynecology & Obstetrics, 162(1), pp. 364–365. doi:10.1002/ijgo.14765.

Ogbonnaya, C.N., Li, S., Tang, C., Zhang, B., Sullivan, P., Erden, M.S. and Tang, B. (2025) 'Exploring the role of artificial intelligence-driven training in laparoscopic suturing: a systematic review of skills mastery, retention, and clinical performance in surgical education', Healthcare, 13(5), p. 571. doi:10.3390/healthcare13050571.

Orejuela, F.J., Aschkenazi, S.O., Howard, D.L., Jeppson, P.C., Balgobin, S., Walter, A.J. and White, A. et al. (2022) 'Gynecologic surgical skill acquisition through simulation with outcomes at the time of surgery: a systematic review and meta-analysis', American Journal of Obstetrics and Gynecology, 227(1). doi:10.1016/j.ajog.2022.01.031.

Piper, G.M., Hung, A.J. and Kim, K.H. (2025) 'Artificial intelligence and gynecologic surgery', Obstetrics & Gynecology, 146(5), pp. 672–678. doi:10.1097/AOG.0000000000006052.

Rosati, A., Arrigo, D., Mastrovito, S., Scanu, F.R., Penza, V.P.M., Testiccioli, M. et al. (2026) 'Integrating 3D extended reality models to improve preoperative planning in multivisceral gynecologic oncology surgery', International Journal of Gynecological Cancer, 36(2), p. 103064. doi:10.1016/j.ijgc.2025.103064.

Royal College of Obstetricians and Gynaecologists (2025) O&G surgical skills interim report. Available at: https://www.rcog.org.uk/careers-and-training/training/surgical-training-skills-project/interim-report/ (Accessed: 17 March 2026).

Surgical Science (2026) LapSim laparoscopic simulator. Available at: https://www.surgical-science.com/products/lapsim (Accessed: 17 March 2026).

Tariq, S., Cainelli, F., Sahraoui, A.-Z. and Achar, A. (2025) 'Extended reality in laparoscopic cholecystectomy training: a systematic review and meta-analysis', Journal of Surgical Research, 316, pp. 143–150. doi:10.1016/j.jss.2025.10.047.

Thomaschewski, M., Vonthein, R., Keck, T., Laubert, T. and Benecke, C. (2025) 'Laparoscopic simulation training improves operating room performance of surgical residents: a multicenter randomized trial (novice)', International Journal of Surgery, 111(4), pp. 2923–2932. doi:10.1097/JS9.0000000000002304.

BSGE Medical Student Essay Competition

Glory Kinsiedi-Matonga, University of Nottingham

Runner-up essay by Glory Kinsiedi-Matonga

Abstract

Here is something most people never think about. Every surgeon who has ever operated on you had to do it for the first time on somebody. That is not a dramatic way of putting it - it's just how surgical training worked for the better part of a century: You watched, you tried, you learned on the job , aka 'See One, Do One, Teach One'. However, that model's now been changing and technology is the reason why. Across the NHS and beyond, a quiet revolution is underway in how surgeons are trained - one built on virtual reality, 3D printing, robotic systems, and AI. Gynaecological surgery plays a part in this shift and rightly so, as the stakes are high: procedures like laparoscopic hysterectomy, myomectomy and endometriosis excision demand a level of precision and anatomical confidence that classroom learning alone might not be able to touch. This essay digs into the story of that revolution : what's working, what the evidence actually shows, what's still being figured out and why it matters to the patients who'll one day be on the scalpel end of this next generation's skills.

> *Across the NHS and beyond, a quiet revolution is underway in how surgeons are trained - one built on virtual reality, 3D printing, robotic systems, and AI.*

Let's start with the old way … and why it had to change

For most of the twentieth century, becoming a surgeon meant learning by doing. You'd watch a senior colleague do a procedure, then go on to try it yourself, then once you were confident enough , teach someone else. This was neatly captured in the phrase 'See One, Do One, Teach One'. It sounds straightforward, right?. It also sounds, if you think about it for more than a few seconds, somewhat alarming.

Now, saying it that way's slightly unfair on the tradition: Senior surgeons were always present and patients weren't just abandoned. But the uncomfortable truth is that surgical experience was built on live patients and in gynaecological surgery, where a moment's hesitation near the ureter or iliac vessels can have consequences on fertility and life itself, the margin for error isn't forgiving.

Several things have culminated to make the old model unsustainable: Firstly, The European Working Time Directive had, from 2009, reduced the hours trainees spend in hospital, meaning fewer operations and less hands-on exposure. Procedures like robotic-assisted myomectomy or complex laparoscopic pelvic dissection have come into the mix, which are far more technically demanding than anything the original apprenticeship model was built to handle. And with the presence of high-profile inquiries into surgical safety, it's made it increasingly clear that, as one paper in surgical education put it: 'there can be no more learning curve on patients' (Romero et al., 2018). Something had to fill the gap between watching and doing: and here's where technology comes in.

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So, what does modern surgical training now look like?

The honest answer is, it's much more impressive than most people imagine. When surgeons talk about simulation, they're not talking about making a mock simulation out of a rubber tube in a plastic box , they're now talking about immersive virtual reality(VR) systems that track every movement a trainee makes, right down to how much force they are applying to tissue and how efficiently they are moving their instruments from A to B.

A large systematic review covering 32 studies, 18 of which were randomised controlled trials (RCTs) found that virtual reality training outperformed standard methods across objective measures of skill, speed, and technical accuracy (Woodall et al., 2024). For gynaecological trainees, this is significant. The jump from understanding pelvic anatomy in your textbook, to navigating it in 2D through a laparoscopic camera could really be considered a steep learning curve. Having a system that watches you practise, 'takes notes' and gives you feedback flattens that curve considerably and reduces error once on a real patient.

> *3D printing added another level to learning: the ability to rehearse, not just a simulated environment, but a specific patient's operation before you walk into theatre.*

3D printing added another level to learning: the ability to rehearse, not just a simulated environment, but a specific patient's operation before you walk into theatre. Surgeons can now take a patient's scan, print an accurate physical model of their pelvis, and practise the procedure on it beforehand. Trainees who did this were shown to have shorter operating times and be more precise in the real procedures , compared to those who hadn't done this (Masada et al., cited in Shahrezaei et al., 2024).

Taking it a step further, we've got Mixed Reality (MR), where the digital picture overlays on top of the real physical world is another training advancement. It turns out to be really good at building the spatial awareness that laparoscopic pelvic surgery demands, helping trainees understand how structures relate to each other in three dimensions before they encounter them for real (Wong et al., 2023, cited in Shahrezaei et al., 2024).

Robotic Surgery: Possibilities and potential problems

Robotic surgery is expanding quickly across the NHS - not just in gynaecology, but in other surgical specialties too. The da Vinci system is now used in multiple trusts, and in 2024 the Royal College of Obstetricians and Gynaecologists formally brought robotic competency into the gynaecology training pathway for the first time (RCOG, 2024). Some centres were already ahead of the curve. Newcastle, for example, launched what was described as the UK's first dedicated robotic training programme for trainees back in 2023.

But while robotic surgery solves some problems, it also creates new ones, especially when it comes to training. Operating from a console is completely different from standard laparoscopy. There's no tactile feedback, no real sense of how much force you're applying, and the movements just feel different. There's a genuine learning curve here, and it's not something that should play out for the first time on a real patient.

> *The dual-console system means a trainer can sit alongside the trainee, looking at exactly the same view and stepping in instantly if needed.*

What makes this more manageable are a couple of key features of the robotic setup. The dual-console system means a trainer can sit alongside the trainee, looking at exactly the same view and stepping in instantly if needed. On top of that, built-in virtual reality modules let trainees get used to the system before they ever enter theatre. Importantly, performance on these VR simulators has been shown to predict how someone will actually perform on the real system and that's not something all simulation tools can claim.

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The Role of Artificial Intelligence

This is where things start to get really interesting and also where it's worth being a bit careful about separating promise from proof. The potential is huge. AI systems can now watch trainees in real time and give personalised feedback as they work, flagging unsafe movements, predicting mistakes before they happen, and adjusting the difficulty depending on how the trainee is actually doing (Escobar-Castillejos et al., 2025).

There's already some solid evidence here too. One randomised controlled trial found that real-time AI feedback was just as effective as expert, in-person teaching when it came to developing surgical skills (Yilmaz et al., 2024). That matters, because experienced trainers are a limited resource. An AI system that can offer that level of support anytime, anywhere, could make a real difference.

One randomised controlled trial found that real-time AI feedback was just as effective as expert, in-person teaching when it came to developing surgical skills.

It's also starting to handle some of the most technically demanding skills. Deep learning models can now assess laparoscopic suturing with great accuracy, giving immediate feedback that helps trainees improve faster (Mohaidat et al., 2024, cited in PMC, 2025).

And there's a quieter advantage that often gets overlooked: consistency. Even the best human trainers vary - feedback at the end of a long shift isn't quite the same as feedback on a good day. AI doesn't have that issue. It applies the same standard, every time, for every trainee, wherever they are.

What We Cannot Yet Claim and Why That Matters

It would be easy to tell a simple success story here: better tech, better training, better surgeons. But that's not the full picture. There's an important gap in the evidence and it needs to be acknowledged. We know simulation helps trainees perform better on simulators - what we don't yet have is strong proof that it actually makes surgery safer for real patients.

A systematic review and meta-analysis did show clear improvements in speed and technical performance with simulation training. But when it came to randomised controlled trials, there was very little evidence that patient outcomes, things like complication rates or serious adverse events, actually improved (Bernardo-Hernandez et al., 2020). And that distinction really matters. A trainee who does brilliantly on a VR platform but struggles when something unexpected happens in theatre isn't a clear-cut success. What's missing is long-term data linking simulation training to real clinical outcomes, and those studies take time.

. . . when it came to randomised controlled trials, there was very little evidence that patient outcomes, things like complication rates or serious adverse events, actually improved.

There's also a fairness issue that often gets overlooked in all the excitement about new technology. High-end simulators, robotic platforms and AI systems are expensive. If they're mainly available in large, well-funded teaching hospitals, trainees elsewhere risk being left behind, which could widen gaps across the workforce. Making this work properly isn't just about the tech; it's about access too. National simulation centres and thoughtful funding matter just as much if this is going to benefit everyone.

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Conclusion

We're at a genuinely significant moment in surgical education. The idea that a trainee's first solo laparoscopic hysterectomy should also be their actual first time ever attempting one is becoming unacceptable and rightly so. Technology is filling in the gap and making it possible to practise on a simulator, rehearse on a printed model of the actual patient's pelvis, refine their skills under AI feedback then step into the operating theatre, not as a complete beginner but as someone doing it for what feels like the second time.

This big shift in education also comes with some clear responsibilities. These tools need to show they actually improve patient outcomes, not just simulator scores. They need to be available to everyone, not just a lucky few. And they need to sit within training that's focused on real competence, not just impressive tech.

The next generation of gynaecological surgeons will train differently but the real question is whether we use these tools well enough and fairly enough, to genuinely improve patient care.

> *These tools need to show they actually improve patient outcomes, not just simulator scores. They need to be available to everyone, not just a lucky few. And they need to sit within training that's focused on real competence, not just impressive tech.*

References

Bernardo-Hernandez, J.J., Albaladejo-Belmás, L., Martín-García, A., Rioja-Martín, M.E., Pinillos-Manzanares, A. and Mateo-Díaz, R. (2020) 'The impact of surgical simulation on patient outcomes: a systematic review and meta-analysis', Neurosurgical Review, 44(5), pp. 2991-3001.

Escobar-Castillejos, D., Barrera-Animas, A.Y., Noguez, J., Magana, A.J. and Benes, B. (2025) 'Transforming Surgical Training With AI Techniques for Training, Assessment, and Evaluation: Scoping Review', Journal of Medical Internet Research, 27, e58966.

Newcastle Hospitals NHS Foundation Trust (2023) UK's first robotic surgery training programme for surgical trainees launched in the North East. Available at: https://www.newcastle-hospitals.nhs.uk/news/uks-first-robotic-surgery-training-programme-launched-in-the-north-east/ (Accessed: 25 March 2026).

PMC (2025) 'Exploring the Role of Artificial Intelligence (AI)-Driven Training in Laparoscopic Suturing: A Systematic Review of Skills Mastery, Retention, and Clinical Performance in Surgical Education', PMC Open Access. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC11898934/ (Accessed: 25 March 2026).

Romero, P., Gunther, P., Kowalewski, K.F., Friedrich, M., Schmidt, M.W., Trent, S.M. and Müller-Stich, B.P. (2018) 'Halsted's "See One, Do One, and Teach One" versus Peyton's Four-Step Approach: A Randomized Trial for Training of Laparoscopic Suturing and Knot Tying', Journal of Surgical Education, 75(2), pp. 392-396.

Royal College of Obstetricians and Gynaecologists (2024) Robotic Assisted Gynaecological Surgery SITM 2024 Guide. London: RCOG. Available at: https://www.rcog.org.uk/media/gogj3mr1/robotic-assisted-gynaecological-surgery-sitm-2024-guide-v12.pdf (Accessed: 25 March 2026).

Royal College of Surgeons of England (2023) 'The robotic revolution', Bulletin of the Royal College of Surgeons of England, 105(4). Available at: https://publishing.rcseng.ac.uk/doi/10.1308/rcsbull.2023.107 (Accessed: 25 March 2026).

Royal Marsden NHS Foundation Trust (2023) The future of surgery, today. Available at: https://www.royalmarsden.nhs.uk/private-care-magazine/robotic-future-surgery-today (Accessed: 25 March 2026).

Shahrezaei, M. et al. (2024) 'The impact of surgical simulation and training technologies on general surgery education', BMC Medical Education, 24, 1297.

Schmidt, M.W. et al. (2021) 'Robotic surgery simulation: a systematic review and meta-analysis', cited in Royal College of Surgeons of England (2023) 'The robotic revolution', Bulletin of the Royal College of Surgeons of England, 105(4).

Woodall, W.J. et al. (2024) 'Does Extended Reality Simulation Improve Surgical/Procedural Learning and Patient Outcomes When Compared With Standard Training Methods?: A Systematic Review', Simulation in Healthcare, 19(1S), pp. S98-S111.

Yilmaz, R., Bakhaidar, M., Alsayegh, A. et al. (2024) 'Real-Time multifaceted artificial intelligence vs In-Person instruction in teaching surgical technical skills: a randomized controlled trial', Scientific Reports, 14, 15130.

Upcoming Events

Here are the important meetings, conferences and courses for your diary. Please note that the BSGE courses are highlighted in blue.

Laparoscopic Myomectomy & Contained Morcellation Masterclass

Start date: 30/10/2026
End date: 30/10/2026
Location: The Royal College of Surgeons, London (38–43 Lincoln's Inn Fields, London WC2A 3PE

Find out more

BSGE Seniors Professional Development meeting

Start date: 29/10/2026
End date: 30/10/2026
Location: MATTU, The Leggett Building, Daphne Jackson Road, Guildford, Surrey, GU2 7WG

Find out more

Espiner Morcellation Masterclass

Start date: 30/10/2026
End date: 30/10/2026
Location: The Royal College of Surgeons, 38–43 Lincoln's Inn Fields, London WC2A 3PE

Find out more

Advanced Laparoscopic Retroperitoneal & Neuropelveology Cadaveric Course

Start date: 10/11/2026
End date: 10/11/2026
Location: Keele University Newcastle, England

Find out more

BGCS- Meeting for those working in a Cancer Unit

Start date: 13/11/2026
End date: 13/11/2026
Location: IET Austin Court, 80 Cambridge Street, Birmingham, B1 2NP

Find out more

6th International Conference on Gynaecology and Obstetrics

Start date: 16/11/2026
End date: 17/11/2026
Location: Grand Mercure Bangkok Atrium, 1880 New Petchburi Road, Bangkapi, Huay Kwang, Bangkok, 10310 - Thailand

Find out more

12th Global Summit on Gynecology, Fertility & Women's Health

Start date: 23/11/2026
End date: 24/11/2026
Location: Grand Mercure, Bangkok Atrium, Thailand

Find out more

Laparoscopic Hysterectomy using Thiel Cadavers

Start date: 30/11/2026
End date: 01/12/2026
Location: Surgical Skills Centre, Ninewells Hospital, Dundee

Find out more

BSGE Endo CNS Day

Start date: 02/12/2026
End date: 02/12/2026
Location: Hilton Birmingham Metropole, The NEC Birmingham, Pendigo Way, Birmingham B40 1PP

Find out more

Inaugural BSGE EndoUK 360 MDT meeting

Start date: 03/12/2026
End date: 04/12/2026
Location: Hilton Birmingham Metropole, The NEC Birmingham, Pendigo Way, Birmingham B40 1PP

Find out more

Urogynae, Urology & Colorectal Procedures Course

Start date: 12/01/2027
End date: 14/01/2027
Location: ICENI Centre Colchester Hospital, Turner Road, Colchester CO4 5JL

Find out more

BSGE Ambulatory Care Network (ACN)

Start date: 21/01/2027
End date: 22/01/2027
Location: The Eastside Rooms & Aloft By Marriott Birmingham Eastside, Woodcock Street, Birmingham, B7 4BL

Find out more

Therapeutic Hysteroscopy Course

Start date: 03/02/2027
End date: 03/02/2027
Location: ICENI Centre Colchester Hospital, Turner Road, Colchester CO4 5JL

Find out more

Diagnostic Hysteroscopy and Therapeutic Management (London)

Start date: 23/11/2026
End date: 24/11/2026
Location: King's Academy, 1-5 Hinton Rd, London SE24 0HJ & Online

Find out more

RCOG World Congress 2027

Start date: 22/04/2027
End date: 24/04/2027
Location: Kuala Lumpur Convention Centre, Malaysia

Find out more

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