



Mission statement

The ASERNIP-S mission is to provide quality and timely assessments of new and emerging surgical technologies and techniques. Services provided include systematic reviews of the peer-reviewed literature, the establishment and facilitation of clinical audits or trials, the identification of emerging technologies by horizon scanning and the production of clinical practice guidelines. Our ultimate aim is to improve the quality of health care through the wide dissemination of our evidence-based research to surgeons, health care providers and consumers, both nationally and internationally.

Introduction

The Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S) program has grown significantly in the past 12 months. What began as a pilot project early in 1998 now has matured into an established organisation which is recognised both nationally and internationally in the area of evidence-based surgery.

The culture of surgery is evolving and so ASERNIP-S must continue to be flexible in its approach. Historically surgery has been a dynamic field of medicine. Recent advances in surgery have seen the development of minimally invasive techniques using fiberoptic endoscopes, robotics and simulation technology. This in turn is of great interest to groups such as policy makers, consumers, regulators and members of the medical profession, who work together to ensure that our health care system is safe and effective, as well as cost effective. The doctor/patient relationship is also changing, with many patients now wishing to be intimately involved in decisions about their health care. This is an area where ASERNIP-S can play a major part by providing timely and accurate information on new and emerging technologies in a form that is helpful for consumers. It has been challenging to produce reports in easy-to-read language for consumers to match our systematic literature reviews. Consumer summaries have been completed for all reviews and soon brochures will also be available, providing a brief overview of the procedure and background to the condition being treated.

Originally established to conduct systematic literature reviews of new surgical techniques, ASERNIP-S has now branched out into other areas such as horizon scanning, and audit of procedures lacking evidence of their effectiveness in the Australian health system. In 2002, four systematic reviews and one re-appraisal have been completed, with ten other reviews currently underway. Included in these are systematic reviews for the Medical Services Advisory Committee and one in collaboration with the Canadian Coordinating Office for Health Technology Assessment. More rapid reviews have been provided for external funding bodies, the National Institute of Clinical Studies in Australia and the National Institute of Clinical Excellence in the United Kingdom.

Our horizon scanning program is critical to evidence-based surgical research. It acts to alert us to procedures which may impact on the health system in the near future. By carefully following the emergence of these procedures stakeholders will be better informed about their likely impact. Additionally some of these procedures may, through this process, be identified as requiring a full systematic review. In this way the entire spectrum of emerging procedures can be assessed appropriately and the results of such research be made available to surgeons and the wider community.

ASERNIP-S continues to disseminate the outputs of its research through a variety of media including publication on our website and in peer-reviewed journals, as well as publications to multiple audiences such as consumer organisations, government departments and other health technology assessment groups both in Australia and overseas.

The Australian health care system has benefited from the wide dissemination of systematic reviews of new and emerging techniques which inform decision-making with regards to the introduction of new surgical techniques and technologies. We continue to expand our information system of evidence-based surgery and make this available as widely as possible.



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