THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

Annual Report

2005–2006

The Royal College *of* Surgeons *of* England

CONTENTS

President's foreword 2
Executive general manager's Report 4

The Council 6

Patients
Inclusion 8
Safety and quality 9
Access 15
Key achievements/Going forward 17

Surgeons
Leadership 18
Education 22
Support 26
Key achievements/Going forward 29

Dentistry 30

Finance 32
Employment monitoring 34
Funding partnerships 38
Glossary of terms 40

The Royal College of Surgeons of England is committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care.

Registered charity number: 212808

PRESIDENT'S FOREWORD

I have great pleasure in presenting the 2005–2006 annual report from The Royal College of Surgeons of England.

Our mission is to enable surgeons to achieve and maintain the highest standards of surgical practice and patient care. The College believes that safety, quality and access for patients is paramount and it is for this reason that patients are at the centre of our endeavour. This is why I retain my surgical commitments and practise as a consultant general surgeon at Basildon Hospital.

Over the past year, these principles have underpinned the Royal College of Surgeons' work and I will reflect on this. The period of 2005–2006 has seen much change, both within the College and especially within the NHS. Internally, I have concentrated on the College's most important asset, its staff. With Council's support, the College's organisational structure has changed to better reflect departmental roles and relationships. Mr David Munn, the executive general manager, has managed the day-to-day affairs of the College and has assumed operational responsibility for all staff. The current vice-presidents, Miss Anne Moore and Mr Christopher Russell, have assumed overarching responsibility for professional affairs and internal services respectively.

Council remains the body to which all College committees report and presents a forum for discussion between the specialty associations and the trustees. In the divisional structure, members of Council chair the various committees and meet with vice-presidents to ensure that there is good communication between departments and committees.

Within the walls of the College, we are undertaking a huge project to transform our education facilities into a national centre of excellence for surgical training. The Eagle Project will be completed in four phases over the next five years and will provide new teaching facilities for anatomy, skills training, multidisciplinary training and team working. For more information please see pages 24-25.

Externally, the focus of the College's work for 2005–2006 has been to represent and support surgeons and to influence areas of healthcare policy that affect the surgical profession. In the last year, Mr Craig Duncan has acted as my political and policy adviser. Together we have met with key stakeholders including government health ministers and advisers, opposition health ministers, policy makers at the Department of Health (DH), NHS organisations including the NHS Confederation and the Healthcare Commission, our sister colleges and other institutions involved in surgical healthcare.

The major government initiative affecting surgical training, Modernising Medical Careers (MMC), which aims to streamline postgraduate medical education, will take effect from August 2007. The College is working hard to prepare for these changes; we have put forward concerns and suggestions to the secretary of state for health, the Rt Hon Patricia Hewitt MP. We have produced guidance on training arrangements for senior house officers, the cohort of current trainees particularly affected by the changes. Through our work on the Intercollegiate Surgical Curriculum Project (ISCP), we have developed a competence-based curriculum for surgical training across the nine surgical specialties.

Over the next year, the College will continue to make representations to government decision makers on the safety of patients, training and workforce issues. The College will also continue to meet with sister colleges and NHS stakeholder organisations.

In closing, I would like to pay tribute to benefactors of the College, tutors and surgeons around the country for their support. I would also like to thank all Council members for their work in defining our priorities, which I look forward to pursuing with Council and staff over the next year.

Bernard Ribeiro CBE
PRESIDENT

EXECUTIVE GENERAL MANAGER'S REPORT

I am pleased to present my second annual report as the executive general manager of The Royal College of Surgeons of England and comment on progress that has been achieved against our strategic aims, as set by the College Council.

We are making progress towards achieving the College's six strategic aims:

Strategic aim 1: Provide strong leadership and support for surgeons in all matters relating to their surgical practice, throughout their surgical careers.

Over the past year, the College made representations to the government, the key decision makers and policy makers at the DH, on behalf of surgeons on issues affecting the surgical profession. Key areas include Modernising Medical Careers, the workforce challenge, the European Working Time Directive (EWTD), reconfiguration of surgical services and independent sector treatment centres (ISTCs). In addition the College's focus on regionalisation aims to support the profession by providing an effective interface at a local level. The College has now appointed 15 College coordinators to work across 17 deaneries in England, Wales and Northern Ireland.

Strategic aim 2: Work with patients, the general public and government to improve surgical services.

The Patient Liaison Group (PLG) highlights the College's continuing commitment to identify patients' needs and concerns and incorporate them into the setting of surgical standards; details of the progress made are reflected in the detailed content of this report.
Safety and the quality of surgical services continue to be enhanced through the channels of high-quality surgical examinations to ensure competence and relevant surgical research and collaboration with other bodies.

Strategic aim 3: Consolidate the College's position as a leading national and international centre for surgical education, training, assessment, examination, and research.

The College's commitment to the safety of patients and to quality is evident through the examination of our trainees and the teaching of our trainers.
The College believes that lifelong training for surgeons is essential, particularly with the streamlining of postgraduate medical education that will take effect from August 2007.

In particular, notable progress has been achieved in the development of the ISCP, expansion of surgical training programmes as well as the improvement of College teaching facilities as reflected in the Eagle Project. The research undertaken through our research fellowship award scheme continued successfully throughout 2005–2006.

Strategic aim 4: Lead the whole multiprofessional surgical team in all matters relating to the care of the surgical patient, including the surgical treatment of children and further develop its role in setting and maintaining standards of practice for all the members of that team throughout their careers.

The College continued to set and maintain professional standards for surgeons and the multiprofessional surgical team. The College published the following guidance documents: *MMC and Getting into Higher Surgical Training, Safe Shift Working for Surgeons in Training, Delivering High-quality Surgical Services for the Future* (which examined issues around the reconfiguration of services) and *The Surgical Workforce 2006.*

Strategic aim 5: Develop the College's structure and function to allow it to achieve its goals.

As with any complex organisation operating in a volatile environment the College continues to review and develop its own operational structures in order to maximise the value of scarce resources and to meet strategic aims. The recent review and reorganisation of the College operational structure will allow us to achieve greater effectiveness in areas of business planning, decision making and the monitoring of progress against objectives. We continue to look at innovative ways to support our members, wherever they work, by keeping our website **(www.rcseng.ac.uk)** up to date with the latest policy, latest publications, and the latest news.

Strategic aim 6: Promote, by consultation and collaboration with the other royal colleges, the specialist associations and other interested parties, the development of an effective single voice for surgery on relevant professional issues.

The College Council meets ten times a year to discuss matters relating to the surgical profession. This provides an opportunity for specialist associations, the PLG, staff and associate specialist grades and trainees' representatives to put forward their views and for all parties to collaborate and contribute positively on various professional issues and projects.

In conclusion, I would like to thank all staff for helping the College to move towards achieving its aims and in adapting to the new organisational structure. The next year will see further changes in order to strengthen the College's communications unit.

I look forward to pursuing these aims and objectives with staff and Council through the medium of a meaningful planning process, so that we can support surgeons to achieve and maintain the highest standards of surgical practice and patient care.

David Munn
EXECUTIVE GENERAL MANAGER

The Council

Representation

The Council is the governing body of the College and the elected members of Council are its trustees. Council consists of 24 elected surgical Fellows and two dental surgery Fellows elected by the board of the Faculty of Dental Surgery. In addition there are a number of invited members representing specific interests, including the dean of the Faculty of General Dental Practice (UK), nine surgical specialist associations, the College's Court of Examiners, the staff and associate specialist grades and surgeons in training. A member of the College's Patient Liaison Group also sits on Council to represent views of patients.

The Council is therefore a large body reflecting a range of professional interests and acting on behalf of surgery in general, chaired by the president, Mr Bernard Ribeiro. In 2005–2006 it met ten times.

Patients are at the heart of College activity and the safety of patients is therefore the primary focus of our work. The College provides leadership and support to the surgical profession and influences policy making that directly impacts on surgeons and their patients.

Council Membership from July 2005 to June 2006

NAME		REPRESENTATION
Mr Bernard Ribeiro	(President)	General surgery
Mr David Rosin	(Vice-president)	General surgery
Mr David Dandy	(Vice-president)	Trauma and orthopaedic surgery
Professor Valerie Lund		Otolaryngology
Professor John Lumley		General surgery
Miss Anne Moore		Neurosurgery
Mr Christopher Russell		General surgery
Mrs Linda de Cossart		General surgery
Professor Anthony Mundy		Urology
Professor John Lowry		Oral and maxillofacial surgery
Mr Anthony Giddings		General surgery
Mr Andrew Raftery		General surgery
Mr Richard Collins		General surgery
Professor David Neal		Urology
Mr John Black		General surgery
Mr William Thomas		General surgery
Mr Dermot O'Riordan		General surgery
Professor Irving Taylor		General surgery
Mr David Jones		Trauma and orthopaedic surgery
Mr Brian Rees		General surgery
Mr Christopher Chilton		Urology
Professor Antony Narula		Otolaryngology
Mr Ian McDermott		Trauma and orthopaedic surgery
Professor Brian Avery		Oral and maxillofacial surgery
Professor Norman Williams		General surgery

Invited Members

REPRESENTING SPECIALIST ASSOCIATIONS

Mr Robert Lane	Association of Surgeons of Great Britain and Ireland (to Dec 2006)
Mr Denis Wilkins	Association of Surgeons of Great Britain and Ireland
Mr Michael Benson	British Orthopaedic Association
Professor Richard Ramsden	British Association of Otorhinolaryngologists–Head and Neck Surgeons
Mr Patrick O'Reilly	British Association of Urological Surgeons
Mr Patrick Magee	Society of Cardiothoracic Surgery (to February 2006)
Professor Sir Bruce Keogh	Society of Cardiothoracic Surgery
Mr Christopher Walker	British Association of Plastic, Reconstructive and Aesthetic Surgeons
Mr James Steers	Society of British Neurological Surgeons
Mr Victor Boston	British Association of Paediatric Surgeons
Mr Andrew Brown	British Association of Oral and Maxillofacial Surgeons

OTHER REPRESENTATIVES

Mr Marc Patterson	Court of Examiners
Mr Michael Mulcahy	Faculty of General Dental Practice (UK)
Mr Jonathan Marrow	College of Emergency Medicine (UK)
Mr Matthew Freudmann	British Orthopaedic Trainees Association
Mrs Patricia Scowen	Patient Liaison Group
Mr Thangasamy Sankar	Staff and associate specialists grade

‘IT IS PATIENTS WHO SHOULD BE AND MUST BE AT THE CENTRE OF OUR ENDEAVOUR.’

BERNARD RIBEIRO, COLLEGE PRESIDENT, SPEAKING AT THE THOMAS VICARY LECTURE, 4 OCTOBER 2006

Patients

The Royal College of Surgeons is a registered charity (registered charity no: 212808) and is committed to enable surgeons to achieve and maintain the highest standards of surgical practice and patient care. The College believes that safety, quality and access to information for patients is paramount. The president of the College, Bernard Ribeiro, retains clinical commitments as a consultant general surgeon at Basildon Hospital.

Inclusion

Patient Liaison Group

The establishment of the Patient Liaison Group (PLG) in April 1999 highlights the College’s commitment to identifying patients’ needs and concerns and incorporating them into the setting of standards. The PLG brings patients’ views to the attention of the Council and is also dedicated to nurturing a constructive dialogue between surgeons and patients, so that each may better understand the needs of the other.

Bringing a lay voice to all parts of the College, the PLG comprises 19 members (12 non-medical members and 7 medical members). It has representation on the Council and lay members of the PLG participate in 45 internal and external committees, working parties and boards.

The PLG plays an important role in shaping surgical training. For example, in examinations the PLG is represented on the intercollegiate MRCS quality assurance and accreditation committee, the intercollegiate MRCS communication skills subcommittee and the intercollegiate MRCS clinical examination subcommittee. Furthermore, the PLG conducted a survey of the teaching of communication skills at medical schools to improve communication within the doctor patient relationship.

The PLG provides the key link between the College and patients and plays an important role in helping people access information on surgery. It advises on content for the College website, providing patients with answers to questions on surgeons, operations and types of surgery. For example, the recently updated guidance document, *Patient Rights and Responsibilities*, explains that patients have a right to expect high-quality care. Following the publication of the government’s white paper, *Our health, our care, our say: a new direction for community services*, PLG members were invited by the DH to sit on the ear, nose and sub-group and general surgery sub-group. The PLG has also worked collaboratively with the National Institute for Health and Clinical Excellence (NICE).

In 2005 Mrs Beda Oliver, Mrs Bärbel Grayson and Ms Liz Hill joined the PLG. Ms Liz Symonds was appointed as the new chairman of the PLG, succeeding Mrs Pat Scowen and taking office from July 2006. The first PLG newsletter was launched in April 2006 and circulation includes Patient Advice and Liaison Services and patient organisations.

The Patient Perspective:
LIZ SYMONDS

‘I've had both hips and knees replaced, the former done many years ago and still problem-free well beyond their expected expiry dates. Having had orthopaedic operations before that when the benefits were negligible, suddenly my quality of life improved substantially, and exponentially with each new joint. The last operation, in 2003, was also notable for the coordination of the extended surgical team. I was told what would happen and when, and had someone to ring with my queries after I'd got home. Not only have I benefited a great deal from a lot of surgical research, training and skill but I've seen big improvements in the way treatment is organised and the patient's experience taken into account.’

Liz Symonds
CHAIRMAN
Patient Liaison Group

Members of the Patient Liaison Group
(front row, left to right) Bärbel Grayson, Brian Winterflood, Liz Symonds (chairman), Andrew Raftery, Jo Church.
(middle row) Mary Gay, Elizabeth Hill, Beda Oliver, Lesley Bentley, Graham Spencer.
(back row) Nagui Atallah, Mark Chapman, Ian Benington, Bob Greatorex, Ridzuan Farouk.

In the year ahead, the PLG will publish further information for patients, including on child patient rights and a guide for surgeons, *Improving your elective patients’ journey.*

Safety and quality

Examinations

Examinations are in place to protect patients and to ensure competence.

The Intercollegiate MRCS, which is the first surgical exam aspiring surgeons take, was introduced in November 2004 to ensure consistency of examination standards throughout the UK. Entry numbers continued at a high level in 2005–2006. Each part of the examination is conducted three times each year and 421 candidates successfully completed the MRCS through the College between July 2005 and June 2006 (average pass rate 47%). In the most recent sittings there were 2,434 College candidates for the multiple choice questions papers, 653 for the orals and 424 for clinical and communication skills.

The Intercollegiate Committee for Basic Surgical Examinations (ICBSE) oversees the development and operation of the MRCS and is chaired by Mr David Ward. The ICBSE and its subcommittees ensure that the examination meets the Postgraduate Medical Education and Training Board (PMETB)assessment standards and much work has focused on the future development of the MRCS to reflect the needs of new run-through training introduced as part of MMC. The development of the examination and the equivalence of standards between the four surgical royal colleges, is overseen by an intercollegiate quality assurance committee and underpinned by an independent external quality assurance body.

The Diploma in Otolaryngology – Head and Neck Surgery (DOHNS) remained popular and therefore the decision has been taken for it to become an intercollegiate examination under the ICBSE and its quality assurance mechanisms. In 2005– 2006, 226 candidates attempted the final part of the examination and 183 were successful (an overall pass rate of 81%).

Numbers for the major dental diploma run by the examinations department on behalf of the Faculty of Dental Surgery (FDS) continued to grow. A new dental membership examination is scheduled for autumn 2007.

The College continues to work in collaboration with the other three surgical royal colleges to develop an assessment strategy for the new surgical curriculum.

The Patient Perspective:
BÄRBEL GRAYSON

Having undergone two hip replacements in six years and successfully testing her new hips with a gruelling 18-kilometre trek through the Samaria Gorge, 63-year-old Bärbel Grayson understands better than most the importance of maintaining high standards of surgical training.

Mrs Grayson's hip began causing her problems at the age of 43. It was nine years before she elected to have her first operation, by which time she was in considerable pain and relied on the aid of a stick to walk. She underwent her second hip replacement six years later.

Mrs Grayson said the superior quality of surgical care in the UK quashed any fear she may have had about her operations.

'A hip replacement is now a routine procedure and I was in the hands of an excellent surgeon – a fellow of The Royal College of Surgeons of England.'

Although Mrs Grayson keeps fit by swimming and walking regularly, the rough terrain of the Samaria Gorge was the ultimate test of her new hips – a walk which she said gave her a tremendous feeling of achievement.

Mrs Grayson contributes to the improvement of surgical practices in the UK through membership of a local Patient and Public Involvement in Health forum, as well as through the College's PLG.

Bärbel Grayson
MEMBER
Patient Liaison Group

Research
Surgical research plays a crucial part in many of the operations that take place today. Procedures such as keyhole surgery, and hip replacements would have been unthinkable 50 years ago, yet thousands of these operations take place each week, prolonging and improving the lives of millions. Research is the foundation of good surgical practice and forms an essential source of knowledge for the surgeon, the surgical profession and medicine as a whole. The College continues to play a vital part in the promotion of surgical research, for the benefit of patient safety and quality.

The College promotes surgical research through its research fellowship scheme and within the research department there are three research units: the Clinical Effectiveness Unit (CEU), the National Collaborating Centre for Acute Care (NCC-AC) and the Centre for Evidence in Transplantation (CET).The research fellowships scheme enables young surgeons to carry out important research projects into any condition, disability or treatment related to an aspect of surgery. Each research fellowship costs in the region of £48,000 per annum. This includes the cost of maintaining the research fellow's salary (including national insurance and other contributions), consumables and presentation of the work both nationally and, if appropriate, internationally.

The College relies heavily on voluntary contributions from companies, charitable trusts and individuals to fund the research fellowship scheme, thereby helping to ensure that enhanced surgical care for patients can continue.

An example of one of the 22 research fellowships during 2005–2006 can be found on page 11.

Seeing the Light…a New Approach to Treating Prostate Cancer

Photodynamic therapy for prostate cancer

Miss Caroline Moore

FELLOWSHIP/SPONSOR: Freemasons Surgical Research Fellowship
TITLE: Photodynamic therapy for prostate cancer
SITE OF STUDY: National Medical Laser Centre and Institute of Urology, University College London
SUPERVISOR: Mr Mark Emberton, Professor Stephen Bown
FURTHER FUNDING: BUPA Foundation project grant, St Peters Trust

Summary of report by Miss Caroline Moore:
Photodynamic therapy uses a photosensitising drug, injected into a vein, to make the whole body sensitive to light. The drug is then activated in the prostate by low-power light from a laser. The activated drug kills tissue around the optical fibre.

The aim of the study was to look at how light is scattered and absorbed in the prostate as this determines the volume of the treatment effect for each light fibre. The information would then be used to help calculate light doses and needle positions for patients having photodynamic therapy as a first treatment for prostate cancer.

Miss Moore found that there was quite a lot of variation in how far the light travelled, which is difficult to predict. It is likely that the number of light fibres needed to treat the whole prostate will be similar to that needed for brachytherapy (implant radiation), eg up to 20. However, this needs to be confirmed by the current study, which is looking at the amount of cell death that occurs when a photosensitiser is given and activated by one light fibre on each side of the prostate. This work, the only study with this drug in the untreated prostate, is ongoing.

'My fellowship has been immensely valuable in seeing what is and isn't possible in terms of clinical research and of the necessary steps to carry out a successful research project', she said. 'It has also allowed me to work with colleagues from a wide variety of medical and scientific backgrounds, each of whom has made a valuable contribution to the project. It has also been a privilege to work with patients who are prepared to take part in research which may be of more benefit to others than to themselves.'

Joint Working
The College is grateful for the support it receives from many benefactors. A number of the research fellowships are jointly funded by the College and other organisations. The Dunhill Medical Trust has been especially keen to promote opportunities for women as trainee surgeons. The Donald Currie research fellowship is supported by the ia (the Ileostomy and Internal Pouch Support Group) and held by Miss Laura Hancock, who is looking at genetic differences between Crohn's disease and ulcerative colitis in people with inflammatory bowel disease. The aim of her study is to use genotyping to decide on the most suitable operation for people with severe colitis.

Laura Hancock

We are working with the Healing Foundation to support research into disfigurement, particularly among children. The Healing Foundation is an organisation established to champion the cause of people living with disfigurement and visible loss of function by funding research into pioneering surgical and psychological techniques.

We have also worked in partnership with the National Kidney Research Fund and the College is supporting a joint two-year fellowship for clinical research related to kidney disease and the urinary tract. This partnership will ensure patient benefit by enhancing the knowledge base and developing the research skills of a recently qualified surgeon who will be involved in future clinical research.

To view a copy of the College's surgical research report 2005 – 2007 please visit **http://www.rcseng.ac.uk/rcseng/content/publications/docs/research_report_2005-2007**

The Clinical Effectivess Unit
The (CEU) was established in March 1998 as an academic collaboration with the London School of Hygiene and Tropical Medicine. Its research has directly influenced clinical policy as well as audit practice in the UK. Most of the work of the CEU takes place within multidisciplinary collaborations with professional organisations and other relevant bodies within the NHS, the DH and the Healthcare Commission.

Over the last year, the CEU has gained access to the hospital episode statistics database linked to the mortality records of the Office for National Statistics. The HES database contains records of all admissions to NHS hospitals in England. This linked database enables the CEU to study the outcomes of patients after surgical interventions across the breadth of all surgical specialties.

Since the beginning of 2006, the CEU has been running the Realistic Effective Facilitation of Elective Referral project, which will see the development of guidelines for conditions that are amenable to elective surgery, in order to assist GPs to make more appropriate referrals to surgical specialties. The PLG has a representative on this project.

The CEU is also carrying out a national audit of care for patients with cancer of the oesophagus and stomach, working in partnership with the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland, the British Society of Gastroenterology and the Information Centre (IC) for health and social care. A similar audit is being carried out for patients who undergo breast reconstruction after having had a mastectomy for breast cancer. For this audit, the CEU is collaborating with the Association of Breast Surgeons and the British Association of Plastic, Reconstructive and Aesthetic Surgeons as well as with the IC. Working with UK Transplant, the CEU is conducting national audits of patients who have liver transplantation or heart and lung transplantation.

'I was delighted with the level of support my surgeon, a fellow of the Royal College of Surgeons, gave me when I found out that my Crohn's disease required surgery. Before the surgery, he explained to me the procedure, the risks involved and the aftercare treatment I would receive post-surgery, which were most reassuring.'
Paul Goodmaker PATIENT

The CEU runs courses in clinical research methods and statistics. Recently, these courses have also been organised with international partners, such as the West African College of Surgeons.

For the next five years, the CEU has two specific objectives. First, it intends to further develop the portfolio of large-scale national projects. The extent and nature of the involvement of the CEU in these projects may vary from full responsibility for the entire project to a contribution to one or more components. Second, the CEU aims to strengthen its methodological work within the context of these large-scale projects. This work will address risk adjustment, methods for efficient data collection, continuous outcome monitoring, the value of existing databases for audit and research (both administrative and clinical data) and the impact of national audits on the quality of care. Important recent methodological developments relate to the evaluation of continuous monitoring methods for joint replacement in conjunction with the unit's involvement in the analysis of the data of the National Joint Registry.

Centre for Evidence in Transplantation
The aim of the CET is to provide high-quality, evidence-based information on all aspects of solid organ transplantation. Established in 2005 under the directorship of Professor Sir Peter Morris, it is a joint operation between the College and the London School of Hygiene and Tropical Medicine of the University of London.

For more information please visit **http://www.transplantevidence.com/index.htm**

The National Collaborating Centre for Acute Care
The NCC-AC, based at the College, is a leading national centre of evidence-based medical research, producing evidence-based clinical guidelines. The NCC-AC is one of seven collaborating centres established by NICE. The NCC-AC works closely with patient representatives to incorporate a patient-care perspective in their guidelines.

In February 2006, for example, the NCC-AC and NICE launched a clinical guideline to help the NHS identify patients who are malnourished or at risk of malnutrition, setting out the appropriate nutritional support that these people should receive. This guidance document is one of the leading sources on hospital nutrition and received national media coverage.

The NCC-AC is currently working on guidance on the prevention of venous thromboembolism in high-risk surgical patients and on the management of faecal incontinence. The department is also working to update guidance on head injury, an update on the first head injury guideline published in 2003.

The Patient Perspective:
DENNIS ROWEN

Mr Dennis Rowen was on dialysis for four years and dialysed three times a week.

At 1.45am on Saturday 7 October 2006, after four years on the transplant list, Mr Rowen received a phone call from The Royal Free Hospital that would give him a new lease of life. A kidney had become available and the surgical team wished to operate immediately; by 12.30pm he had received a kidney transplant.

'The surgical care I received at the Royal Free Hospital was very professional', said Mr Rowen.*'I was constantly kept informed by my consultant and the surgical team. In the pre-op room, my consultant gave me a detailed explanation about the surgical procedure, the risks involved and the aftercare treatment. Although this had been explained to me many times before it was reassuring to hear it again. After the operation I was visited by the entire surgical team, followed by daily visits by my consultant until my discharge on 31 October 2006.'*

The College and NICE have signed a new five-year contract which will enable the NCC-AC to maintain the partnership of developing guidelines on acute care at the College.

Invited Review Mechanism
Since 1998 the College and surgical specialist associations have supported almost 100 NHS Trusts in maintaining and improving surgical standards and patient care through the invited review mechanism (IRM) (formerly called the rapid response and service review mechanism).

The service is provided to assist hospitals to resolve concerns about the performance of an individual surgeon or surgical unit. It enables the College and specialist associations to provide a fair, independent, and professional review to ascertain whether a problem exists and to make recommendations for service improvement. The IRM also supports individual surgeons and surgical teams by helping to identify and resolve problems at an early stage.

In 2006 the College relaunched the IRM and recruited, in open competition and against set criteria, a panel of trained surgical and lay reviewers to undertake reviews on behalf of the College and the relevant specialist associations.

The College has continued to work closely with the National Clinical Assessment Service in relation to the development of the IRM. We have developed a working protocol that provides practical guidance on the mechanism that the College, its authorised agents and the NCAS will use to ensure effective communication and collaboration between them.

The Multidisciplinary Team
The safety of patients is paramount and quality surgical care for all patients is ensured through the maintenance of the high standards of training and clinical practice set by this College. Surgical care practitioners* are non-medically qualified practitioners working under consultant supervision as part of the extended surgical team.

The College has worked closely with the DH to develop a curriculum framework for the surgical care practitioner, which was published in April 2006. Over the next year, the College will collaborate with the Royal College of General Practitioners and other interested stakeholders to develop standards of training for clinicians undertaking surgical procedures in the general practice and community setting.

*Working title–the preferred College title is surgical assistant or healthcare practitioner (surgery).

Access

The Hunterian Museum
The Hunterian Museum received over 46,000 visitors since reopening in 2005 and was one of four museums shortlisted for the Gulbenkian Prize 2006.
The surrounding publicity and interest has made the museum an important public face of the College.

The museum has introduced a lively education and public events programme, including a lecture in October 2005 entitled 'Breasts laid bare' with Miss Fiona MacNeill, a breast and reconstructive surgeon and breast tutor at the College, to support breast cancer awareness month.

A series of stimulating special exhibitions (*Medical Artists, Hip Histories and Kill or Cure*) were held and with the relaunch of the museum an increasing range of visitor information together with an online database of museum collections and provision of museum guides in foreign languages have been developed.

The museum worked in partnership with the Royal Institution and Sir John Soane's Museum for a joint lecture series *Beyond Curiosity*, and with University College London for regular undergraduate access to the collections. The museum took part in Black History Month, National Science Week, Museum and Galleries Month, and the London Open House Day.

The museums department would like to pay a special tribute to its 40 volunteers, many recruited from the College's senior fellows society, who have contributed to its success. Members of Council, fellows and affiliates have also become involved with the Museum through assisting at workshops, giving talks and tours, donating objects for display and providing information for displays.

In the next year, the museum will be looking to achieve licensing from the Human Tissue Authority in response to the Code of Practice for Public Display (of human remains). It plans to hold two further exhibitions in 2006–2007, *How do you look, Inside out – using medical imaging* and plans two for 2007–2008 including *Living in Black and White* as part of the programme of events to commemorate the bicentenary of the parliamentary abolition of slavery.
It will continue to work in partnership with stakeholder organisations.

Facilities
The Royal College of Surgeons of England is situated at 35–43 Lincoln's Inn Fields, on the south side of the square, in the centre of London near to Holborn and Covent Garden. Today the elegant building not only represents an institution at the forefront of surgical education and training, but also serves as an outstanding venue for conferences, meetings and banquets.

Its location makes it a unique venue for events. The College may be hired for conferences, lectures, meetings, receptions and banquets. For more information please call 020 7869 6702 or email **facilities@rcseng.ac.uk**

The College also offers hotel accommodation. This includes an accessible bedroom with wheelchair access throughout and adapted en-suite bathroom and toilet.

Conference Facilities
The College offers some of the finest conference and meeting facilities in London.

Equipped with the latest technology and supported by a highly professional events team, its classical surroundings and fascinating history will add prestige, originality and value to events.

Locations range from the stunning oak-panelled Edward Lumley dining hall to state-of-the-art tiered lecture theatres. Smaller meetings and private dining may be accommodated in a number of historical rooms, such as the prestigious Council Chamber, where visitors are watched over by magnificent oil canvases, including a portrait by Joshua Reynolds, of the distinguished surgical anatomist, John Hunter. For those interested in holding educational or technical meetings, our education department has specialist surgical workshops and training rooms available for hire.

Room capacities are detailed below to help you select the most appropriate location for your event.

Name	Theatre style	Classroom style	Boardroom style	Reception	Dinner
Lecture theatre 1	296	296	-	-	-
Lecture theatre 2	130	130	-	-	-
Edward Lumley Hall	450	200	-	450	350
Webb Johnson Hall	70	50	32	150	100
Council room	100	60	45	100	80
Committee rooms	40	20	25	50	25
Library	-	-	-	100	-

The delegate rate for 2007 is £66.00 plus VAT

KEY ACHIEVEMENTS:

- **The PLG** continues to identify patients' needs and concerns and incorporate them into the setting of standards for surgeons.
- **The invited review mechanism**, whereby the College and surgical specialist associations support NHS Trusts in maintaining and improving surgical standards and patient care, has been in operation for over seven years.
- **The College** and NICE have signed a new five-year contract on developing guidelines on acute care, known as the National Collaborating Centre for Acute Care.
- **The College** continued to work closely with the Healthcare Commission, the body that promotes improvement in the quality of the NHS.
- **The College's** research fellowship scheme is now in its 13th successful year.

GOING FORWARD

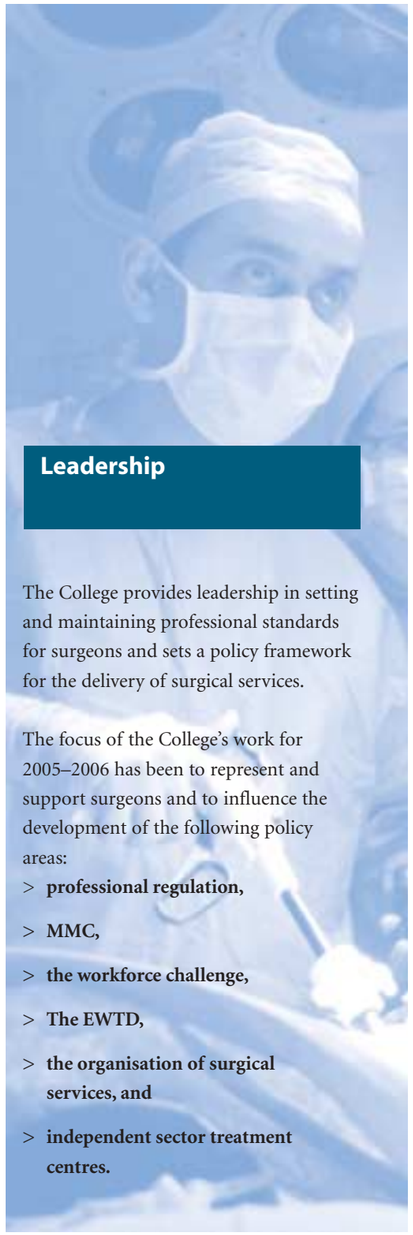
- **The PLG** will update guidance for patients with focus on child patient rights and responsibilities, and a guide for surgeons, *Improving your elective patients' journey*.
- **The College** will develop and produce a series of guidance notes for surgeons and hospital administrators on rota planning, safe handover and service design, to assist with the progressive implementation of the EWTD.
- **The College** will collaborate with The Royal College of General Practitioners and other stakeholders to develop standards of training for clinicians undertaking surgical procedures in the general practice and community setting.
- **The CEU** is carrying out a national audit of care for patients with cancer of the oesophagus and stomach, working in partnership with the Association of Upper Gastrointestinal Surgeons of Great Britain, the British Society of Gastroenterology and the Information Centre for health and social care.
- **The NCC-AC** will publish guidance on the prevention of venous thromboembolism in high-risk surgical patients.

Surgeons

The Royal College of Surgeons of England is dedicated to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. The College is committed to providing support, and education and training requirements for its members.

The College's services are tailored to assisting surgeons in their career and include:

- **supervising the training of surgeons in approved posts;**
- **providing education and practical workshops for surgeons and other medical professionals at all stages of their careers;**
- **examining trainees to ensure the highest professional standards;**
- **promoting and supporting surgical research in the UK;**
- **supporting audit and evaluation of clinical effectiveness;**
- **providing support and advice for surgeons in all stages of their careers;**
- **supporting surgeons to maintain the highest professional standards;**
- **monitoring the delivery of services and issues impacting on the provision of safe patient care; and**
- **providing support for good, effective communication and interpersonal relationships between patients and surgeons.**



Leadership

The College provides leadership in setting and maintaining professional standards for surgeons and sets a policy framework for the delivery of surgical services.

The focus of the College's work for 2005–2006 has been to represent and support surgeons and to influence the development of the following policy areas:

- **professional regulation,**
- **MMC,**
- **the workforce challenge,**
- **The EWTD,**
- **the organisation of surgical services, and**
- **independent sector treatment centres.**

We have played a proactive role in addressing these issues and communicating the Council's position to relevant stakeholder organisations including the government and the DH.

Professional Regulation

In July 2006 Sir Liam Donaldson, the chief medical officer (CMO) for England, published his report on the regulation of medical professionals, *Good doctors, safer patients*. The report lays out a series of proposals to strengthen the regulation of doctors and concludes with 44 recommendations. The most important of these are proposals to introduce a system of revalidation based on two components: the renewal of a doctor's licence to practise (relicensure) and recertification of those doctors on specialist or GP registers at intervals of no longer than five years.

These proposals would give the College an important role in the revalidation process: setting a clear and unambiguous set of standards for surgical practice against which surgeons would be assessed and submitting a statement of assurance to the regulator that these standards have been met.

The College has responded to the consultation on the CMO's proposals, which we broadly support. We would welcome the opportunity to ensure high standards within the surgical profession, but have stressed that it will be necessary to pilot and test the recommendations and to set realistic time frames and budget for implementation. A copy of the College's response is available at: **http://www.rcseng.ac.uk/publications/docs/cmo_report_response_2006.html**

A great deal of work will be necessary before the type of revalidation system envisaged by the CMO can be introduced. We will be reviewing the support offered to fellows and members in light of the report, including:

Good Surgical Practice

We will be updating *Good Surgical Practice* and *Criteria, Standards and Evidence* early in 2007, taking into account the revised version of *Good Medical Practice* and the challenges presented by *Good doctors, safer patients.*

Continuing Professional Development

A short-term working party was established in March 2006 to review the College's policy on continuing professional development (CPD) for surgeons. The CPD working party held a series of evidence-gathering sessions over summer 2006, meeting a variety of experts, including representatives of other royal colleges and the DH. The working party will produce recommendations for Council in early 2007 and this will be followed by consultation with fellows and members.

Modernising Medical Careers

MMC, which forms part of the current NHS reforms in training, aims to improve patient care by delivering a modernised and focused career structure for doctors through a major reform of postgraduate medical education. It aims to develop demonstrably competent surgeons who are skilled at communicating and working as effective members of a team. The proposals set out in MMC for a run-through training programme beginning in August 2007 will make it inevitable that numbered SHO posts for training will disappear and be replaced by posts for a new cohort of trainees completing foundation training. This would make competition for the yearly allocation of national training numbers (NTNs) (approximately 500 per year across all specialties) even fiercer. The College is committed to addressing the problems facing current SHOs who are concerned by the changes proposed under MMC.

In September 2005 the president met with the secretary of state for health, the Rt Hon Patricia Hewitt MP, to put forward concerns around a number of SHOs' experience in finding new posts. In April 2006 the College produced a guidance document *MMC and Getting into Higher Surgical Training – Advice for surgical trainees looking for an SpR training number*, which summarised the changes taking place. As a result of this work, it was confirmed that there would be additional NTNs available for the transition period (between 2007 and 2009). This concession by the government and the MMC team was welcomed.

The Workforce Challenge
In March 2006 the College responded to the health select committee's inquiry into workforce needs and planning **(http://www.rcseng.ac.uk/rcseng/content/publications/docs/rcseng_enquiry_workforce.html)**. The evidence provided discussed recent policy directives such as *Commissioning A Patient-Led NHS*, the white paper, *Our health, our care, our say*, and the MMC initiative. In addition, the ability of the NHS to meet the needs of patients was highlighted, examining the current financial climate and the requirements of the EWTD. The College's evidence also outlined methods of meeting demand via new ways of working, recruitment and retention. Suggested methods of planning for the NHS were also put forward along with examples of good practice.
The president was invited to give oral evidence to the committee in June 2006. The health select committee is due to publish its report in early 2007.

We recognise that the surgical workforce is changing dramatically and will continue to change over the coming years. Surgeons must develop skills during their training that make them employable in the new NHS. These will include leadership, safety and managerial skills, clinical skills for disease-orientated practice and trainer skills. The College has published *The Surgical Workforce 2006* as a follow-up to its 2005 report *Developing a Modern Surgical Workforce*. A copy of the report can be viewed at **http://www.rcseng.ac.uk/publications/docs/workforce_policy_update.pdf**

'WORKFORCE PLANNING HAS BEEN THROWN INTO DISARRAY BY RECENT GOVERNMENT POLICIES, WHICH AIM TO SHIFT THE BALANCE BETWEEN PRIMARY AND SECONDARY CARE AND, IN DOING SO, QUESTION THE SURVIVAL OF THE DISTRICT GENERAL HOSPITAL AS WE KNOW IT TODAY. IT ALSO SEEKS TO IDENTIFY ALTERNATIVE PROVIDERS OF ELECTIVE HEALTHCARE.'

BERNARD RIBEIRO, COLLEGE PRESIDENT, SPEAKING AT THE KING'S FUND, 19 JULY 2006

The European Working Time Directive
In August 2009 doctors in training will have to reduce their working hours to 48 per week. The College is concerned about the impact of the EWTD on the quality of surgical care provided to patients and the effect of the restricted hours on the training of future surgeons.

Over the past year, the College's president Mr Bernard Ribeiro has been in correspondence with the prime minister, the Rt Hon Tony Blair MP, on this matter and was assured that the government is committed to finding a pragmatic solution via the European Employment Council. The College is also working with the DH, trainee organisations, postgraduate deans and other royal colleges to try to ensure that surgical trainees receive the best possible training within shortened hours.

The College has been increasingly concerned about the work schedules of many doctors in training and through its EWTD working party convened a multi-professional task group to receive and examine evidence in relation to the effects of full-shift working. The subsequent report, *Safe Shift Working for Surgeons in Training* **(http://www.rcseng.ac.uk/rcseng/content/publications/docs/Shift_working_for_surgeons_in_training.html)**, recommends safe shift working patterns that aim to ensure patient and staff safety, quality and continuity of care, training, productivity and work-life balance.
For further information on the working time directive please visit **http://www.rcseng.ac.uk/service_delivery/wtd**

The Organisation of Surgical Services
On 22 March 2006 the College published its report, *Delivering High-quality Surgical Services for the Future* **(http://www.rcseng.ac.uk/publications/docs/reconfig.html)**, from a working party chaired by Council member Mr Dermot O'Riordan. The report examined the impact of health policy reform on the delivery of surgical services, including transferring elective services to the independent sector and the potential effect of payment by results on the viability of some hospitals. The issue of reconfiguration will become increasingly prominent given the current pace of reform and the focus on the financial performance of the NHS. The College has set up a Delivery of Surgical Services Committee to maintain a continued focus on this area.

ISTCs
In February 2006 the College submitted written evidence to the health select committee for its inquiry into ISTCs. Mr Bernard Ribeiro appeared before the Committee in March 2006 to give evidence.

Since elective surgery has moved into the independent sector there was a need to ensure that appropriate training could take place in ISTCs. To this end, the College worked with senior DH colleagues, independent sector providers and postgraduate deans to explore potential models of training in the independent sector and to try to ensure that appropriate training takes place in first- and second-wave ISTCs. As a result, progress is being made on establishing training in ISTCs. Furthermore, the additionality clause, which previously prevented NHS consultants from working in ISTCs, will be withdrawn although there remains a lack of clarity about orthopaedic surgery, which is referred to by the DH as a 'shortage speciality'. The College will continue to work with the DH, independent service providers and deanery representatives to ensure that training is delivered appropriately and standards are maintained.

Introduction to the Health Select Committee Report on ISTCs

'WE FROM THE COLLEGE AND SPECIALIST ASSOCIATIONS HAVE FOR THE LAST 10, 12, 15 YEARS BEEN TALKING ABOUT SEPARATING EMERGENCY FROM ELECTIVE WORK. CURRENTLY SOME 64% OF CONSULTANT GENERAL SURGEONS ARE ON CALL FOR EMERGENCIES WHEN THEY ARE DOING ELECTIVE WORK. THE NHS HAS TO DEAL WITH EMERGENCIES AT THE SAME TIME AS IT DOES ITS ELECTIVE WORK… IF YOU SEPARATE ELECTIVE FROM EMERGENCY YOU WILL GET GOOD TREATMENT.'

BERNARD RIBEIRO, PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND, GIVING EVIDENCE TO THE HEALTH SELECT COMMITTEE, 9 MARCH 2006

Education

The Intercollegiate Surgical Curriculum Project

The ISCP is now in its final pre-implementation phase and the latest release of the new online system provides a tangible demonstration of the years of developmental work that have been undertaken since the beginning of the project in 2003. The overall aims of the project are: to define national standards for surgical education and training, reform the systems that underpin training, to develop resources for trainers and trainees and fundamentally to support teaching and learning in clinical settings.

The ISCP is a collaboration between The Royal College of Surgeons of England, its sister colleges in Edinburgh, Glasgow and Ireland, the nine surgical specialty associations, postgraduate deans in the UK, the DH, Trusts and other healthcare providers. It has been jointly funded by the DH and the College.

In preparation for the introduction of the ISCP, the College met with stakeholders from each of the deaneries in England, Wales and Northern Ireland, including Trust chief executives and medical directors, deans and associate deans, programme directors, surgical tutors and surgeons. Stakeholder meetings were followed by *Integrating the Surgical Curriculum and Practice* workshops in each deanery. By June 2006, over 260 stakeholders and 150 individuals who hold key educational roles in 10 deaneries had either seen, discussed or been trained in use of the ISCP with plans being formulated for the cascade of the training down to programme directors, surgical tutors and surgical consultant trainers in the workplace.

The intercollegiate surgical curriculum was submitted to PMETB for approval on 22 May 2006. Approvals panel meetings were held throughout the summer of 2006.

The College is currently piloting the ISCP prior to full implementation in August 2007. ST1 pilots in the Northern, South Yorkshire and South Humber, and Mersey deaneries have provided the opportunity to test the ISCP content and web-based system in practice. Feedback has resulted in changes and improvements to the system to reflect requirements around teaching and training in the workplace. Plans have been formulated to extend the ST1 pilots from August 2006 into six deaneries in England.

The web-based system is expected to be fully functioning by the end of February 2007. For more information please visit **http://www.iscp.ac.uk/**

The Raven Department of Education

Through the development of innovative courses that meet the needs of the surgical profession, from basic surgical trainees through to highly specialised consultant surgeons, as well as other medical practitioners, the Raven Department of Education has become a world leader in its field and now runs over 600 courses annually. The College's core programmes, which form the base upon which specialty training is developed, continued to attract large numbers of participants throughout 2005–2006:

> **ATLS®** (*Advanced Trauma Life Support®*) ran in 100 centres across the UK, attracting circa 4,000 participants.

> **PHTLS** (*Pre-Hospital Trauma Life Support*) for paramedics ran in 20 centres, attracting nearly 400 participants.

> **BSS** (*Basic Surgical Skills*) has been adopted internationally. Around 100 courses run in the UK annually, both within the College and in 60 regional centres, attracting nearly 2,000 participants.

> **CCrISP™** (*Care of the Critically Ill Surgical Patient™*) ran in 48 centres, with nearly 900 participants.

> **The *Preparation for IMRCS Oral Examination*** course was provided at the College for nearly 200 participants.

> **SBSP** (*Scientific Basis of Surgical Practice*) is a regionally delivered intercollegiate MRCS preparatory course, annually attracting circa 200 participants, studying four separate modules.

> **STEP™** (*Surgeons in Training Education Programme*) Since 1996 this distance-learning programme, with its online component *e*STEP™, has provided invaluable support for over 4,000 basic surgical trainees.

Specialty Skills Programmes

Working in partnership with the specialist advisory committees and specialist associations, our team of tutors and conveners work to ensure that our specialty skills courses meet the needs of the profession. 59 skills courses were run at the College in 2005–2006, with many more in regional centres. Over the past year, work has concentrated on the revision of courses and materials to ensure that content is in line with ISCP. In particular, all specialties include a core skills course, developed to provide surgical trainees with the knowledge and skills essential to the initial years within that specialty. For example, the *Core Skills in Operative Orthopaedic Surgery* course has been significantly revised and is now running in Liverpool, Sheffield, and Cardiff with more centres planned. Other new courses have been piloted, including the *Aesthetic and Reconstructive Surgical Skills Cadaver Dissection* course that ran for the first time in Bristol to very positive feedback.

National Wet Lab Project for Cardiac Surgeons

Educational resources to support skill acquisition within the surgical skills laboratory have been produced and distributed to all trainers and trainees. The next phase of the project, the evaluation of these resources, is now under way.

Aesthetics (Cosmetic) Surgery Project

This is a national project to support aesthetics standards. The steering group is working on the development of a new aesthetic surgery course portfolio, running within two years.

Minimally Invasive Surgery
Progress has been made on establishing a regional network in England and Wales to run College laparoscopic courses. The core skills course has been fully piloted and materials are currently being finalised. Work is progressing on developing the intermediate and advanced courses and associated materials.

The NEW START Sentinel Node Biopsy Training Programme
Aimed at training the multidisciplinary teams in all UK breast units, the programme is supported by high-quality materials, and delivered off-site with practical training taking place in the hospitals. 38 theory days for 744 participants (93 teams) in the five main regional centres of Cardiff, Leeds, Guildford, Cambridge and London (UCL) have run to date. Northern Ireland and Dundee have also participated.

Professional Development Programmes
These include the Training the Trainers programme which has been revised to meet the new curriculum, and a new programme *Safety and Leadership for Interventional Procedures and Surgery (SLIPS) – the Human Factors Approach to Safety in Hospitals*. This is aimed at all professionals who work in theatres, and two pilot courses have been run.

The team is expanding its conference programme, building on the recent success of the programme directors' conference.

International Educational Activities
Basic Surgical Skills continues to be adopted on a national basis in Australia and South Africa, and a generic adaptation, *Introduction to Surgical Skills*, has been made available in developing countries, with over 50 centres now involved. In Indonesia alone over 1,600 trainees have completed this programme.

Training the Trainers has also travelled widely, and has formed the basis for contact with other national bodies. This year we discussed collaborative educational projects with the Academy of Medicine of Singapore, and the surgical societies of Germany, Norway, and Sweden. Also, we have explored collaboration with the American College of Surgeons, the American Association of Program Directors, and the Royal College of Physicians and Surgeons of Canada, particularly in the field of educational research. We have provided educational materials for the ASGBI/College initiative with the West African College of Surgeons and we are also part of the Royal Colleges' International Forum involved in a 'recovery' initiative for Iraq.

The Eagle Project
The Eagle Project is a £12.8 million capital modernisation programme that will deliver a state-of-the-art surgical training centre at Lincoln's Inn Fields. It is a four-phased project that will give trainees and surgeons access to a national centre of excellence for surgical education, training, and assessment by 2010. The focus of this project is on trainees' and surgeons' education needs, at a time of significant change in surgical practice, career structure and training. The College has invested £3 million of its own funds into the project and is campaigning to raise the remaining balance.

The new centre will further regionalise course delivery to deaneries and Trusts, making training more accessible to surgeons in the workplace. The implementation of the Human Tissues Act this year also opens up new opportunities for the College to introduce the use of fresh-frozen materials for its cadaveric-based skills programmes, for which the Eagle Project will provide urgently needed storage and improved preparation areas.

The four phases of the project include; a new surgical skills workshop, a clinical skills unit, a state-of-the-art seminar suite and a new resource centre. For further information please visit **http://eagle.rcseng.ac.uk/**

THIS PROJECT WILL MAKE A LASTING CONTRIBUTION TO PATIENT CARE

Bernard Ribeiro CBE
PRESIDENT

The Eagle Project – delivering a state-of-the-art surgical training centre at the Royal College of Surgeons by 2010

Phase 1: Surgical skills workshop by 2007, cost: £3.08 million
> It will accommodate an additional 600 trainees per year
> Facilitate training and assessment in anatomical dissection as well as new and existing surgical procedures
> Provide multidisciplinary training, including for interventional radiologists, physicians and cardiologists

Phase 2: Clinical skills unit by 2008, cost: £2.3 million
> This will house state-of-the-art technology, such as robotics, endoscopy simulations and computer-aided navigation, which will revolutionise surgical training.
> It will deliver the infrastructure and facilities needed to:
  – assess the technical and non-technical skills of the whole surgical team including surgical care practitioners, theatre nurses and physicians;
  – evaluate new surgical equipment and techniques; and
  – develop new educational techniques and technology for on-site and remote learning.

Phase 3: Seminar suite by 2009, cost: £2.8 million
> It will facilitate lectures and one-to-one training with breakout facilities and assessment areas, providing a resource for multiple users, including:
  – college faculty and course conveners,
  – surgical tutors,
  – hospital-based surgeons, and
  – multi-professional groups.

Phase 4: New resource centre by 2010, cost: £4.8 million
> It will accommodate an integrated team of dedicated educationalists and surgical tutors in one area for the first time, providing the hub for national and international surgical education and training.

ADVANCING SURGICAL STANDARDS

Support

‘THE ROYAL COLLEGE OF SURGEONS HAS A RESPONSIBILITY TO SUPPORT SURGEONS AND TO MAINTAIN STANDARDS. THIS IS OUR PRIORITY AND WE WILL MAKE EVERY EFFORT TO ENSURE THAT SURGEONS CAN DEAL WITH THE CHANGES AHEAD.’

BERNARD RIBEIRO, COLLEGE PRESIDENT, SPEAKING AT THE KING’S FUND, 19 JULY 2006

Regionalisation

A focus of the College’s work has been on the management and delivery of training at the coalface. A recent focus for the regional team has been the implementation of the regionalisation initiative, ‘schools of surgery’, which will allow deaneries, trusts and the College to engage in a constructive dialogue about surgical education and related challenges, such as balancing service and education needs.

In addition to supporting training needs, the College’s regionalisation focus aims to support the profession and non-training grades by providing an effective professional interface at a local level. The College has now appointed 15 regional coordinators to work across 17 deaneries in England, Wales and Northern Ireland.

These coordinators will build relationships with key players in education and training within Trusts and deaneries, absorbing the steady stream of policy information which affects all facets of the surgical workforce and bringing a national message to a local audience. Coordinators’ work will evolve to support consultant surgeons and the whole surgical workforce.

Opportunities in Surgery

The Opportunities in Surgery team provides careers advice, supports the network of female surgeons and surgical trainees and provides targeted groups with opportunities to gain experience in surgery. Support is also provided to other under-represented groups with other organisations such as the Black Minority and Ethnic Forum, making representations on behalf of refugee surgeons and surgical trainees and providing careers advice to international medical graduates.

We are working closely with the DH on the Opportunities in Surgery initiative, a joint programme to encourage diversity among surgeons and the Improving Working Lives initiative, to set standards to promote a healthy work life balance for all NHS employees. The College hosts an intercollegiate IWL committee, which meets on a quarterly basis to discuss the specific IWL needs of all doctors.

Surgical Taster Scheme

Shabana Khan, a student who attended the surgical taster scheme in 2005 said: *‘I gained a lot of experience by attending the scheme. I went on ward rounds, saw keyhole surgery being performed on a kidney transplant patient, observed outpatients and had the chance to speak with many patients and doctors.’*

The surgical taster scheme provides sixth-form students who may not have considered a medical career with an insight into a surgical work environment. This work is in conjunction with and is funded by Aimhigher. Aimhigher is a national programme run by the Higher Education Funding Council for England with support from the Department for Education and Skills.

Over the past year 40 students successfully completed the scheme and the experience they gained will help them make more informed decisions on medical career choices. Students spent a skills day at the College followed by a three-day work placement in a surgical department. This was followed by a further ‘skills-based day’ held at the College, where the students had the opportunity to attend sessions covering presentation skills, research skills, completing UCAS forms and interview practice with a medical admissions tutor.The surgical taster scheme is now in its second successful year.

Women in Surgery (WinS)

In May 2006 it was agreed to change the name of Women in Surgical Training (WIST) to Women in Surgery (WinS) to reflect its membership more closely. WinS organises a range of activities to promote and support women in the surgical profession. Projects have included a series of career evenings at medical schools to promote surgery as a career choice for women medical students and the WinS newsletter.

The 12th WIST conference, entitled *Getting To the Top And Staying There* attracted 160 delegates, who ranged from medical students to retired consultant surgeons.

For more information please visit **http://www.rcseng.ac.uk/career/wist/index.html**

Library and Information Services

The College library is committed to supporting the excellence of training, education, professional learning, research and clinical practice by providing high quality, integrated and innovative services. It enables surgeons to acquire and practise excellent information seeking and retrieval skills, which are the foundation of evidence-based practice and CTD.

The library has continued to build access to specialised surgical information and digital content to support members’ information needs. It is currently working with the Raven Department of Education on projects such as *STEP*™ and *STEP*™ *Foundation* to encourage and embed appropriate e-learning resources, and

Archives undergoing conservation with the Wellcome Trust grant.

A fete at the Fountain Mental Hospital during the 1920’s. From a photograph album 1917–1927 MS0242/2

with the ISCP to develop a learning resources bank. The library has also worked in collaboration with the NHS, the independent health libraries sector and with higher education. In partnership with the Royal College of Anaesthetists and University Hospitals of Morecambe Bay NHS Trust it has created the Specialist Library for Surgery, Theatres and Anaesthesia **(http://www.library.nhs.uk/theatres/)**, which aims to provide timely, fast and efficient access to up-to-date, quality-assured, evidence-based information for the theatre team. The specialist library became publicly available in June 2006 and is funded by Connecting for Health as part of the National Library for Health.

In December 2005 the library was awarded £35,250 from the Wellcome Trust’s Research Resources in Medical History grants scheme for a two-year conservation project, Securing the legacy of British surgical history. The College has provided matching funding for this

A graphic illustration from Sir Ashley Cooper’s volumes of cases MS0008/4.

project, which will enable the library to conserve many of the papers of seminal figures and societies in the history of British surgery. Conservation will prolong their existence and improve access to these primary resources, which chart the development of modern surgery.

The Library’s ‘Adopt a book scheme’ is being relaunched.

For more information please visit **http://www.rcseng.ac.uk/library/adoptabook.html**

The Grand Lodge 250th anniversary appeal fund awarded the library a grant of £29,500 to upgrade the online catalogue and convert its 65,000+ records to the latest international standard, MARC21. This conversion will enable the library to share records electronically with other libraries and is due to be completed by December 2006.

The Frances and Augustus Newman Foundation provided a grant that has enabled the library to offer Ovid EMBASE along with Ovid MEDLINE to College members. EMBASE is particularly important for surgical research and is recommended by all the leading evidence-based medicine organisations in the UK.

Publications

Fellows and members of the College are kept up to date with developments in the College through its two main periodical publications, the *Annals* and its supplement, the *Bulletin*.

The College distributes 12,500 copies of the *Annals* and 14,800 copies of the *Bulletin* to College fellows, members and subscribers. Both journals are also available online to subscribers, fellows and members as well as affiliates of the College. In June 2006 the *Annals* was ranked 69th out of 10,000 e-publications hosted on IngentaConnect (a provider of online publishing), based on full-text downloads. In the same month, the *Bulletin* was ranked 130 out of 10,000 e-publications. To view College publications please visit **http://www.rcseng.ac.uk/publications/**

KEY ACHIEVEMENTS:

- **The ISCP** has been published online and dissemination of information and training has commenced.
- **The College's focus on regionalisation** aims to support the profession and non–training grades by providing an effective professional interface at a local level.
- **BSS (Basic Surgical Skills)** has been adopted internationally. Around 100 courses run in the UK annually, both within the College and in 60 regional centres, attracting nearly 2,000 participants.
- **In April 2006 we produced** a guidance document MMC *and Getting Into Higher Surgical Training – Advice for surgical trainees looking for an SpR training number.*
- **We have published** *Safe Shift Working for Surgeons in Training* which recommends safe shift working patterns and *Delivering High-quality Surgical Services for the Future*.

GOING FORWARD:

- **In 2007 the College is due to complete** the first phase of the Eagle Project, which will provide an outstanding surgical skills workshop.
- **We will evaluate the ISCP pilots** to ensure that the findings from the evaluation feed back into the project. We will ensure that the curriculum framework is online and the curriculum content is completed for all specialties from ST1 to CCT.
- **We will coordinate the education publishing** programme of the department with particular emphasis on *STEP*™ and specialty core skills and e-learning.
- **The College library will launch** the Specialist Library for Surgery, Theatres and Anaesthesia (www.library.nhs.uk/theatres), one of the libraries of the National Library for Health.
- **The professional standards committee** will review the support offered to fellows and members in light of the chief medical officer's report *Good doctors, safer patients*, including updating *Good Surgical Practice* and reviewing the College's CPD policy.

Dentistry

Within The Royal College of Surgeons of England the two dental faculties, the Faculty of Dental Surgery (FDS) and the Faculty of General Dental Practice (FGDP(UK), exist side by side to promote high standards of patient care through education, training assessment and research.

The Faculty of Dental Surgery
During the year, the FDS continued to set high standards of patient care and professional excellence in all aspects of specialist dentistry and oral and maxillofacial surgery through the production of guidelines, standards and treatment protocols, national audit and research support, and programmes in CPD for fellows and members.

The FDS examinations committee was actively engaged in the development of a new membership examination with the (FGDP(UK): the Membership of the Joint Dental Faculties of The Royal College of Surgeons of England (MJDF). This examination will mark the completion of general professional training and will give successful candidates the opportunity to choose their career direction. The examination will run for the first time in autumn 2007 and will be supported by a distance learning course and a wide range of study days provided in the College and at other venues.

The FDS international committee has been engaged in identifying places in the world where the Faculty can work in partnership with colleagues in the global dental community to improve patient care and standards of practice. A network of international advisers was established to represent the Faculty overseas and a number of Faculty accreditation visits have taken place.

The FDS continued to house and administer the specialist advisory committees for all of the dental specialties, including oral and maxillofacial surgery. In addition, this year FDS assumed the administration of the Craniofacial Society of Great Britain and Ireland, which promotes the interests of clinicians treating patients with craniofacial deformities though out the UK and Ireland.

For more information on the work of the Faculty please visit **http://www.rcseng.ac.uk/fds/**

The Faculty of General Dental Practice (UK)
The FGDP(UK) is the academic home for general dental practitioners in the UK. It aims to promote excellence in the standards of patient care in general dental practice by encouraging involvement in postgraduate training and assessment, education and research. The FGDP(UK) also recognises the value of the dental team in modern dentistry and actively supports the career development of dental care professionals.

The Faculty's focus during the year was on the development of education and assessment strategies relating to the Faculty's career pathway, which facilitates lifelong learning and support for general dental practitioners. There was investment in the development of new educational programmes in aesthetics and orthodontic dentistry in primary care, which will commence in autumn 2007. The Faculty worked with the Leeds dental institute to introduce the Diploma in Implant Dentistry, which will run at the Institute from September 2006.

Finance

Income and expenditure account for the year ended 24 June 2006

	Notes	£ (million)
Total resources arising		21.9
Total resources used		23.2
Deficit taken from endowed, restricted and general funds	1	1.3

Balance sheet at 24 June 2006

Tangible fixed assets		9.6
Investments		57.0
Net current assets		4.6
Accumulated funds	2	71.2

Notes

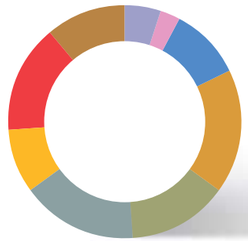
1 Approximately £1 million of the deficit arises from grant funds previously received, being utilised in the year. In addition to the deficit, a capital gain of £4.8 million was made on the College investment portfolio, of which £2.2 million was on endowed and restricted funds.

2 Of the accumulated funds of £71.2 million, some £36.4 million is endowed or restricted in its application.

The summarised accounting information set out here has been extracted from the full annual accounts of the College, which were approved on 14 December 2006 and will be filed with the Charity Commission.

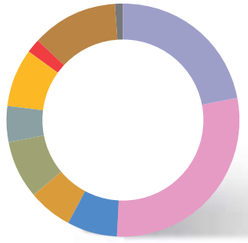
The full annual accounts were audited and received an unqualified audit opinion.

John Black
TREASURER
14 December 2006



Resources arising £21.9 million

Donations	5%
Legacies	3%
Grants	10%
Courses	17%
Examinations	14%
Subscriptions	16%
Rents, charges and sales	9%
Residential, conference and other	15%
Investment income	11%



Resources used £23.2 million

Education and courses	22%
Training and examinations	29%
Research	7%
Audit projects	6%
Museums and libraries	8%
Communications and publications	5%
Other professional activities	8%
Governance	2%
Residential, conference and other	12%
Fundraising	1%

INDEPENDENT AUDITORS' STATEMENT TO THE TRUSTEES OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

We have examined the summary financial statements, which comprise the summary statement of financial activities, summary balance sheet and related notes 1 to 2.

This report is made solely to the charity's trustees, as a body, in accordance with the *Accounting and Reporting by Charities: Statement of Recommended Practice 2005* (*SORP* 2005). Our audit work has been undertaken so that we may state to the charity's trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of trustees and auditors

The trustees are responsible for preparing the summary financial statements in accordance with the recommendations of *SORP* 2005.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the full financial statements and trustees' annual report. We also read the other information contained in the summary annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work having regard to Bulletin 1999/6 *The Auditors' Statement on the Summary Financial Statement* and Practice Note 11 *The Audit of Charities* issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion, the summarised financial statements are consistent with the full financial statements and the trustees' annual report of The Royal College of Surgeons of England for the year ended 24 June 2006.

Deloitte & Touche LLP
CHARTERED ACCOUNTANTS
AND REGISTERED AUDITORS
London
19 January 2007

Employment Monitoring

1. Under Articles 5(1), 5(2) and 5(3) of the Race Relations Act 1976 (Statutory Duties) Order 2001, the College has a duty to monitor, by reference to the racial groups to which they belong, and to report annually:

a) the number of:
- > staff in post, and
- > applicants for employment, training and promotion, from each such group, and

b) the number of staff from each sub group who:
- > receive training;
- > benefit or suffer detriment as a result of its performance assessment procedures;
- > are involved in grievance procedures;
- > are the subject of disciplinary procedures; or
- > cease employment with the College.

2. Results of monitoring carried out in 2005–2006

2.1 Staff in post as at 31 March 2006
Ethnic Origin and sex of all employees as at 31 March 2006
See **TABLE 1**.

2.2 Employment monitoring in 2005–2006
Monitoring information of job applicants who applied for posts between April 2005 and March 2006 is not available. The College is currently updating its human resources database and it is hoped that information will be available for 2006–2007.

2.3 Employment monitoring
Agency monitoring information of job applicants between 1 April 2005 and 31 March 2006 is not available. New service level agreements will shortly be in place, requiring agencies to collate this information on our behalf and partial figures should be available for 2006–2007. Breakdown of new recruits (including fixed term contracts) 1 April 2005–31 March 2006. See **TABLE 2**.

2.4 Applications for, and number of staff receiving training
The College runs a career development programme for junior staff. Out of the nine employees on the programme in 2005–2006, eight were white and one was of another racial group. A partial breakdown of internal and external training days will be available for 2006–2007 when the new human resources database is in place.

The College invites applications for funding for relevant professional qualifications. A breakdown of approved training will be available for 2006–2007.

2.5 Applications for internal promotion
During 2005–2006, 21 employees were promoted internally. Of these, 20 were white and one was of another racial group.

TABLE 1.	ALL EMPLOYEES		WOMEN		MEN	
ETHNIC ORIGIN	Total	% of total	Total	% of total	Total	% of total
White British	198	66.9	125	65.5	73	69.5
White Irish	9	3	3	1.6	6	5.7
White other	41	14	33	17.4	8	7.6
White and black Caribbean	1	0.3	1	0.5	0	0
White and black African	1	0.3	1	0.5	0	0
White and Asian	2	0.6	0	0	2	1.9
Other mixed background	4	1.4	3	1.6	1	1
Black Caribbean	5	1.7	1	0.5	4	3.8
Black African	10	3.4	3	1.6	7	6.7
Other black background	0	0	0	0	0	0
Indian	10	3.4	6	3.2	4	3.8
Pakistani	3	1	3	1.6	0	0
Bangladeshi	2	0.6	2	1	0	0
Other Asian background	4	1.4	4	2	0	0
Chinese	2	0.6	2	1	0	0
Other ethnic group	4	1.4	4	2	0	0
Total	296	100	191	64.5	105	35.5
Total (ethnic minority)		16.10		10.06		6.04

TABLE 2.	ALL EMPLOYEES		WOMEN		MEN	
ETHNIC ORIGIN	Total	% of total	Total	% of total	Total	% of total
White British	41	59.4	31	62	10	52.6
White Irish	3	4.4	0	0	3	15.8
White other	11	15.9	9	18	2	10.5
White and black Caribbean	0	0	0	0	0	0
White and black African	0	0	0	0	0	0
White and Asian	1	1.5	0	0	1	5.3
Other mixed background	0	0	0	0	0	0
Black Caribbean	2	2.9	1	2	1	5.3
Black African	3	4.3	1	2	2	10.5
Other black background	0	0	0	0	0	0
Indian	3	4.3	3	6	0	0
Pakistani	2	2.9	2	4	0	0
Bangladeshi	1	1.5	1	2	0	0
Other Asian background	0	0	0	0	0	0
Chinese	0	0	0	0	0	0
Other ethnic group	2	2.9	2	4	0	0
Total	69	100	50	72.5	19	27.5
Total (ethnic minority)		20.3		14.5		5.8

2.6 Outcome of performance assessment procedures (1 April 2006)
Ethnic origin of employees, by appraisal rating for 2005 2006.

ETHNIC ORIGIN	EP	HP	FP	LP	Grand total
Asian		2	1		3
Bangladeshi			1		1
Black African		2	7		9
Other black background		1			1
Black Caribbean			2		2
Chinese			2		2
Indian		4	5		9
Other mixed background		1	1		2
Other ethnic background		2	1		3
Pakistani			2		2
Unknown		1	1		2
White and Asian		2			2
White and Black Caribbean			1		1
White British	14	84	66	1	165
White Irish		5	3	1	9
White other		16	14		30
Grand total	14	120	107	2	243

EP: exceptional performance
HP: highly effective performance
FP: fully effective performance
LP: less than effective performance

2.7 Number of employees involved in grievance procedures during 2005–2006
In 2005–2006 three grievances were heard. Of these, one was white and two were from other racial groups.

2.8 Number of employees subject to disciplinary procedures during 2005/06
In 2005–2006 two disciplinary hearings were conducted. Of these, one was white and one of another racial group.

2.9 Number of employees leaving the College's employment in 2005–2006
During 2005–2006, 54 members of staff left the College. Of these, 37 were white and 17 of other racial groups.

2.10 Ethnic origin of temporary staff in the organisation in 2005–2006
In 2005–2006, out of 92 temporary members of staff used by the College, 56 were white other and 36 from other racial groups.

Promoting Race equality at the College

The Race Relations (Amendment) Act 2000 (RRAA2000) places a requirement on a wide range of public bodies including The Royal College of Surgeons of England to promote race equality.

The College has a general duty under the RRAA2000 to work towards the elimination of discrimination and to promote racial equality. The general duty means that in all of the College functions there must be due regard to the need to:
> eliminate unlawful discrimination,
> promote equality of opportunity, and
> promote good relations between people of different racial groups.

The College has identified the following functions as relevant to race equality in respect of the general duties under the RRAA2000:
> Collection of ethnicity data
> Appointment of college representatives
> Positive action
> Awareness and diversity training

Monitoring

It is a requirement that the College monitors its practices and procedures to ensure that they are not adversely affecting any group or individual. The College actively seeks to capture ethnicity data within its functions. The information gathered from the monitoring processes will be used as a basis for the development and planning of future strategies to enable the College to continue to improve its performance in promoting practises consistent with promoting race equality.

43% of active College members have returned information on their ethnicity from a total of 9,434. The table below provides a breakdown of groups on whom the College holds ethnicity data.

The data also illustrates that the lower down the surgical ladder, the greater the evidence that the College attracts a diverse range of members. This mirrors the DH 2005 workforce statistics which show that within surgery at trainee level the profession is very diverse but becomes less so when the data looks at SpR and surgical consultant numbers.

The 43% of members for whom ethnicity data are held represents some progress from the figure in 2004, which revealed data held on only 22% of members. The College has taken various steps to encourage members to complete and return the equal opportunities form. The importance of complying with the monitoring exercise has been emphasised by the College president and diversity champion through the College Bulletin. Equal opportunity forms have also been inserted in delegate packs at events taking place at the College and increased efforts continue to be made to increase the percentage of members on whom ethnicity data is held.

Ethnicity NOT SUPPLIED	Number 5365	Percentage 56.87
Asian/ Asian British Bangladeshi	27	0.286
Asian/Asian British – Indian	412	4.367
Asian/Asian British other	96	1.018
Asian/Asian British Pakistan	91	0.965
Black/black British African	48	0.509
Black/black British Caribbean	9	0.095
Black/black British other	1	0.011
Chinese	156	1.654
Mixed – other	25	0.265
Mixed – white and Asian	26	0.276
Mixed – white and black African	7	0.074
Mixed – white and black Caribbean	5	0.053
Other ethnic group	395	4.187
Unspecified	93	0.986
White – British	1358	14.39
White – Irish	17	0.18
White – other	1303	13.81
TOTAL	**9434**	

Appointment of College Representatives
The College has made real progress in moving towards a more open and transparent appointment system of representation. The majority of College representatives are now recruited and selected with due regard to open advertising, job descriptions and specifications, interviews, inductions and performance appraisal, and it is the intention that this will be the norm for the foreseeable future.

Positive action
In 2006 the College hosted an ethnic minority group's forum. Chaired by the College diversity champion Bob Greatorex, the forum attracted a cross section of over 60 trainees, medical students and consultant surgeons. The forum, which was the first of its kind by the College, provided useful dialogue and demonstrated that the College was keen to consult and listen to the concerns of under-represented groups in the profession.

Training and Raising Awareness
The College recognises that it needs to provide appropriate support to enable College representatives to act in accordance with the general duty under the RRAA2000. In order to ensure that training is effective and targeted the College must establish who needs to be trained, what level of training they will require (based on their roles and responsibilities), who has already been trained and whether or not the training they have received is sufficient for their requirements.

The College runs equality training courses as mandatory training for all staff. To demonstrate the College's commitment to working and thinking in an equitable and diverse way, and to assist in the promotion of equality at all levels of the College's activities, the College trustees have also undertaken diversity training.

Funding Partnerships

As a registered charity (number 212808) the College relies upon charitable support to underpin its work in advancing surgical standards through education, research and training.

The College is grateful to its many supporters, whose donations and encouragement are crucial as the demands on the College's limited resources become ever greater.
We would like in particular to acknowledge the following charitable trusts, foundations, companies and individuals.

Foundations, charitable trusts and associations

Andrew Anderson Charitable Trust
Arthritis Research Campaign
Ballinger Charitable Trust
The Blond McIndoe Medical Research Trust
Britannic Assurance plc
British Society for Surgery of the Hand
The British Scoliosis Research Foundation
British Urological Foundation
British Vascular Foundation
Cancer Research UK
The Caravan Club (Suffolk Centre)
The John Charnley Trust
CORE
The George Drexler Foundation
Enid Linder Foundation
Family Rich Charities Trust
Fellows Fellowship Fund
Frances & Augustus Newman Foundation
Freemason's Grand Charity
The John and Lucille Van Geest Foundation
Grand Lodge of Freemasons 250th Anniversary Fund
The Healing Foundation
Henry Smith Charity
ia – The Ileostomy and Internal Pouch Support Group
The Integra Foundation
Kirby Laing Foundation
Lord Leverhulme's Charitable Trust
National Kidney Research Fund
Peacock Charitable Trust
The Rose Foundation
Rosetrees Charitable Trust
Shears Charitable Trust
Society of Academic and Research Surgeons
The Stroke Association
Susan Komen Foundation
Vandervell Foundation
The Vascular Surgical Society of Great Britain and Ireland
Worshipful Company of Barbers
Wyndham Charitable Trust

Corporate support

Annex Art
AstraZeneca plc
BBraun
Biogel
Biomet Merck Ltd
Codman Ltd
ConvaTec Ltd
Corin Surgical
DePuy International Ltd (a Johnson & Johnson company)
DePuy Spine
Edwards Lifesciences Ltd
Ethicon Endo-Surgery UK
Ethicon Ltd
GlaxoSmithKline Plc
Karl Storz Endoscopy (UK)
KCI Medical
Limbs & Things
Medtronic Ltd
Mölnlycke Health Care
Novartis Pharmaceuticals UK Ltd
Pfizer Ltd
Plus Orthopaedics
Roche
Stryker UK
Synthes Ltd
WL Gore Associates
Zimmer Ltd

Individuals

The Botnar Family
Mr AJ Burton
Miss Cecilia Colledge
Dame Simone Prendergast
The family of the late Mr Stefan Galeski
Mr and Mrs Leon and Jane Grant
Mrs Bella Hopewell
Mr REW Lumley

Eagle Project

Enid Linder Foundation
George Drexler Foundation
Henry Lumley Charitable Trust
John Raven Will Trust
The Kathleen Raven Bequest
The PF Charitable Trust

Endowed and restricted funds

Buckstone Browne Gift
Edward Lumley Fund
Harold Bridges Bequest
Harry Morton Fund
Laming Evans Research Fund
Lea Thomas Fund
Lillian May Coleman Fund
Norman Capener Fund
Osman Hill Collection and Research
Parks Visitorship
Preiskel Family Fund
Shortland Legacy
Simpson Legacy
Vandervell Research Fund

Legacies

The late Miss GKM Ambler for general charitable purposes
The late Mr K Arnold for general charitable purposes
The late Miss JEV Baker for general charitable purposes
The late Dr BE Blair for general charitable purposes
The late Mr AR Bowen for general charitable purposes
The late Miss MH Cameron to be applied to cancer research
The late Miss AJ Cardwell-Farrow for general charitable purposes
The late Mr Phillip Norman and Mrs Lydia Frances Cutner to be applied to development of orthopaedic surgery
The late Mr MJ Davis for general charitable purposes
The late Mr CJ De Laroque for general charitable purposes
The late Mr AJ Gerrish for research into blindness, its causes and cure, and cancer research
The late Miss JB Gill to be applied to cancer research
The late Dr H Goodwin for general charitable purposes
The late Mr R Gundry for general charitable purposes
The late Mrs M Guyatt to be applied to the development of gastrointestinal surgery and the Sir Alan Parks Research Fellowship
The late Mr DA Hannan to be applied to surgical education in neurosurgery
The late Miss GM Hayles for general charitable purposes
The late Mrs EM Heslop for general charitable purposes
The late Miss HJ Hill for general charitable purposes
The late Mrs DG Jeffery for general charitable purposes
The late Miss BM Jolly for general charitable purposes
The late Miss G Kyle for general charitable purposes
The late Mr MJ Lange for general charitable purposes
The late Ms VCM London for general charitable purposes
The late Dr JB McCully for general charitable purposes
The late Miss E McDonald for general charitable purposes
The late Dr SH Modi for ear, nose and throat surgery
The late Mr F Morris for general charitable purposes
The late Mr W Moss for general charitable purposes
The late Mr IP Murray for general charitable purposes
The late Miss BM Palethorp for general charitable purposes
The late Mr TWEH Pritchard for general charitable purposes
The late Mrs E Rashleigh for general charitable purposes
The late Miss IG Rose for general charitable purposes
The late Mr G Singleton to be applied to research into ophthalmology
The late Miss A Swiffen for general charitable purposes
The late Mr JG Taylor to be applied to surgical research
The late Miss JM Westley for general charitable purposes
The late Mr ME Williams for general charitable purposes

Glossary of terms

BST	basic surgical training
CEU	Clinical Effectiveness Unit
CET	Centre for Evidence in Transplantation
CPD	continuing professional development
DH	Department of Health
DHNS	Diploma in Otolaryngology–Head and Neck Surgery
DSSC	Delivery of Surgical Services Committee
ENT	ear, nose and throat
EST	extended surgical team
EWTD	European Working Time Directive
FDS	Faculty of Dental Surgery
FGDP(UK)	Faculty of General Dental Practice (UK)
GMC	General Medical Council
HES	hospital episode statistics
HST	higher surgical training
ICBSE	Intercollegiate Committee for Basic Surgical Examinations
IRM	invited review mechanism
IS	independent sector
ISTC	independent sector treatment centres
ISCP	Intercollegiate Surgical Curriculum Project
IWL	Improving Working Lives
MMC	Modernising Medical Careers
MRCS	Membership of the Royal College of Surgeons
NICE	National Institute for Health and Clinical Excellence
NCAS	National Clinical Assessment Service
NCC-AC	National Collaborating Centre for Acute Care
NCRI	National Cancer Research Institute
NTN	national training number
PALS	Patient Advice and Liaison Service
PLG	Patient Liaison Group
PMETB	Postgraduate Medical Education and Training Board
REFER	Realistic Effective Facilitation of Elective Referral
SCP*	surgical care practitioner
SHO	senior house officer
SpR	specialist registrar
WinS	Women in Surgery

*Working title-the preferred College title is surgical assistant or healthcare practitioner (surgery).

The Royal College of Surgeons of England
35–43 Lincoln's Inn Fields
London WC2A 3PE
T: 020 7405 3474
W: www.rcseng.ac.uk

Registered charity number 212808