



The Royal College of Surgeons of England



Annual Report
2006–2007

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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

‘Several years of intense development work and piloting came to fruition with the full implementation of the Intercollegiate Surgical Curriculum Programme.’

Bernard Ribeiro, College President

President’s Foreword

It gives me great pleasure to introduce the 2006–2007 annual report of The Royal College of Surgeons of England. This, like previous reports, outlines the extensive range of activities undertaken by the College to meet its commitment to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care.

This report is appearing at the end of a remarkable year, at a time of considerable challenge for the medical profession in general and for the College in particular. We have during the last year witnessed the calamitous failure of new arrangements for the recruitment of junior doctors introduced as a cornerstone of the Modernising Medical Careers initiative. I, my fellow college presidents and others have spent much of our time addressing both the significant deficiencies that became clear as the appointment process proceeded and the gross injustices that were experienced by so many of our skilled and committed young doctors.

I hope that a central lesson learned from this debacle will be that the royal colleges, specialist associations and other professional bodies, with many years of experience, must be better consulted and more fully engaged

over arrangements to change the training and education of our doctors and monitor and regulate their professional practice. It is particularly important that the profession, and the royal colleges and specialist associations in particular, have a central role in the next challenge facing us, the implementation of effective arrangements for continuing review and periodic revalidation of doctors.

Despite this and other formidable challenges, the last year has also been a story of remarkable success and achievement. In particular, several years of intense development work and piloting came to fruition with the full implementation of the Intercollegiate Surgical Curriculum Programme. This initiative will ensure that there are defined standards for trainees to progress through each stage of training and achieve the level and range of competence necessary to ensure safe and effective patient care. A complementary development has been the completion of the Wolfson surgical skills centre, the first phase of the College’s ambitious Eagle Project to provide state-of-the-art facilities to run, and develop for national delivery, educational programmes and training courses for all members of the surgical team.

Our response to the challenges we face, and our successes in achieving our professional goals, are the result of the enthusiasm, commitment and hard work of many people, particularly fellows and members of the College and members of our staff, who have contributed to our work and supported our activities in so many ways. The work undertaken by our fellows and members is freely given and their generosity is much appreciated. This is also an opportunity for me to thank the many individuals, companies and grant-giving trusts whose generous funding has enabled the College, a registered charity, to continue its vital work.

I encourage you to take time to read this report and learn more about the College, its current role and its ambitious plans for the future. I hope it will reassure surgeons that the leadership of the profession is in good hands and convince patients and members of the public that every effort is being made, and will continue to be made, to ensure they receive safe and high-quality care.

Bernard Ribeiro CBE
President







‘The College is committed to patient safety and recognises the need for the whole multiprofessional team to work together effectively.’

David Munn, Executive General Manager

Executive General Manager’s Report

I am pleased to present my third annual report as the executive general manager of The Royal College of Surgeons of England and take pride in reviewing the achievements over the last year. The period 2006–2007 has seen the College make significant progress in its commitment to promote and protect the interests of patients in its pursuit of excellence in surgical care.

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 president of the College has met with key stakeholders, including government health ministers and advisers, to discuss the many issues affecting the surgical profession. Key areas include Modernising Medical Careers, the Medical Training Application Service, revalidation and the reconfiguration of surgical services. College coordinators working across the 17 deaneries in England, Wales and Northern Ireland continue to support the surgical profession at the local level.

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

The College Patient Liaison Group (PLG) encourages constructive dialogue between surgeons and patients, to foster better mutual understanding. The PLG works to ensure that surgical patients have access to information that is clear, reliable, honest, accurate, up to date and timely.

The College has published several documents on the European Working Time Directive and has produced a curriculum framework for surgical care practitioners with the Department of Health. Having received government funding, the College will embark on a three-year audit project on the outcomes of elective surgical procedures carried out in independent sector treatment centres.

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

Our commitment to patient safety is underpinned by the examination of our trainees and the provision of extensive

educational training facilities. The Intercollegiate Membership of the Royal College of Surgeons (MRCS) examination has been restructured to make it appropriate for the new pattern of surgical training, which was introduced in the UK in August 2007. The College has led the design and delivery of the Intercollegiate Surgical Curriculum Programme, a new surgical competency-based curriculum, to ensure that surgical trainees receive the highest standard of education and training.

The Eagle Project, the development of our technical surgical training facilities, continues on schedule to deliver a high-tech surgical training centre, the first phase having opened in October 2007. Our Clinical Effectiveness Unit and National Collaborating Centre for Acute Care continue to do excellent work by undertaking audit-based projects and producing evidenced-based clinical guidelines.

The College’s pursuit of excellence in the delivery of surgical care is a key priority and the research undertaken through our research fellowship award scheme has continued successfully throughout 2006–2007.

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 members of that team throughout their careers.

The College has developed professional policy and standards to support surgeons in the workplace. Over the last year we have produced a number of [reports](#), which have covered the following areas: facial transplantation, the changing surgical workforce, options for maximising resources in the delivery of surgical services and improving children's surgery. These guidance documents set standards for all surgical team members in order to improve patient care.

The College is committed to patient safety and recognises the need for the whole multiprofessional team to work together effectively.

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

The College has continued to review and develop its own operational structures in order to maximise the value of scarce resources and to meet its strategic aims. The College's organisational structure will continue to evolve in the pursuit of a more effective and relevant organisation.

We continue to look at innovative ways to support our members wherever they work, including keeping our [website](#) up to date, through College publications and with regular email communications. The appointment of a new director of communications during the year confirms the importance we attach to the need for effective communications.

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.

At its regular meetings the College Council continues to foster a close working relationship with specialist associations, emergency medicine, the PLG, staff and associate specialist grades, and trainees'

association representatives so as to ensure all views and opinions concerning professional matters are considered.

The College has also collaborated with the other surgical colleges and specialist associations to create a new structure called the Surgical Forum, to replace the Senate, which will have a wide remit to develop policies and joint strategies for professional matters and to provide a single voice on surgical issues.

In conclusion, I would like to thank all staff and supporters of the College for helping us move towards achieving our objectives. I look forward to continuing to work towards achieving our strategic aims with staff and Council so that the College can support surgeons to achieve and maintain the highest standards of patient care and surgical practice.

David Munn
Executive General Manager



The Council

Representation

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 College of Emergency Medicine, the staff and associate specialist grades, and surgeons in training. A member of the College's PLG also sits on Council to represent views of patients.

Council, chaired by the president, Bernard Ribeiro, is therefore a large body reflecting a range of professional interests and acting on behalf of surgery in general. There are six full Council meetings and three trustees' meetings per year.

Council membership from July 2006 to June 2007

Mr Bernard Ribeiro (President)
Miss Anne Moore (Vice-president)
Mr Christopher Russell (Vice-president)

Professor John Lumley
Mrs Linda de Cossart
Professor Anthony Mundy
Professor John Lowry
Mr Anthony Giddings
Mr Andrew Raftery
Mr Richard Collins
Professor David Neal
Mr John Black
Mr William Thomas
Mr Dermot O'Riordan
Professor Irving Taylor
Mr David Jones
Mr Brian Rees
Mr Christopher Chilton
Professor Antony Narula
Mr Ian McDermott
Professor Brian Avery
Professor Norman Williams
Professor John Stanley
Professor Michael Horrocks
Mr David Ward
Mr Robert Greateorex



Invited members

Representing specialist associations

Mr Denis Wilkins	Association of Surgeons of Great Britain and Ireland (to December 2006)
Professor Brian Rowlands	Association of Surgeons of Great Britain and Ireland (from January 2007)
Mr Andrew Brown	British Association of Oral and Maxillofacial Surgeons (to December 2006)
Mr Ian Martin	British Association of Oral and Maxillofacial Surgeons (from January 2007)
Professor Richard Ramsden	British Association of Otorhinolaryngologists – Head and Neck Surgeons
Mr Victor Boston	British Association of Paediatric Surgeons (to September 2006)
Professor Ray Fitzgerald	British Association of Paediatric Surgeons (from October 2007)
Mr Christopher Walker	British Association of Plastic, Reconstructive and Aesthetic Surgeons
Mr Derek Fawcett	British Association of Urological Surgeons
Mr Ian Leslie	British Orthopaedic Association
Mr James Steers	Society of British Neurological Surgeons (to September 2006)
Professor John Pickard	Society of British Neurological Surgeons (from October 2007)
Professor Sir Bruce Keogh	Society of Cardiothoracic Surgery

Other representatives

Mr Conor Marron	Association of Surgeons in Training
Mr Craig White	British Orthopaedic Trainees Association
Mr Jonathan Marrow	College of Emergency Medicine (UK)
Mr John Chester	Court of Examiners
Mr Richard Hayward	Faculty of General Dental Practice (UK)
Mrs Elizabeth Symonds	Patient Liaison Group
Mr Thangasamy Sankar	Staff and associate specialist grade



'In all the emotional stuff that is cancer, I could rely on the surgeon to be absolutely straight with me about my condition and prognosis.'

Lesley Bentley, Lay member of the PLG

Patients

Inclusion

The Royal College of Surgeons is committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. Patients are at the heart of College activity and the safety of patients is therefore the primary focus of our work.

The Patient Liaison Group

The Patient Liaison Group (PLG) provides a formal mechanism by which patients are represented within the College and is dedicated to nurturing a constructive dialogue between surgeons and patients, so that they understand each other's needs better. Established in 1999, the PLG works to ensure that surgical patients have access to information that is clear, reliable, honest, accurate, up to date and timely.

The PLG is comprised of 21 members contributing an extensive and impressive range of skills and experience. Members are volunteers and meet as a full group four

times a year. The chair of the PLG was Liz Symonds, succeeded by Lesley Bentley in July 2007. The chair contributes to Council meetings as a permanent member of Council and members of the PLG participate in 35 internal and external committees, working parties and boards in the College.

Over the past year the PLG has worked to raise awareness among surgeons of the importance of good, effective communication and interpersonal relationships with patients. In March 2007 the PLG produced a course for surgeons on communications skills, which was submitted to the ICBSE (Intercollegiate Basic Surgical Examinations group) communications skills group.

The PLG advised on content for the College website, providing patients with answers to questions on surgeons, operations and types of surgery. For example, in February 2007 the PLG published a guide for surgeons to help patients at each stage of their elective

surgery, *Improving your elective patient's journey.*

From July 2006 to June 2007 the PLG contributed to the following consultations: the Office of National Statistics consultation on measuring productivity of the health service; the health select committee's inquiry on electronic patient records and its inquiry on patient and public involvement in the NHS; the Department of Health (DH) consultations on advertising NHS services and the DH white paper on the regulation of health professionals, *Good Doctors, Safer Patients*.

The PLG produced two issues of its newsletter, *Patients and Surgeons*, which was distributed to royal college representatives, strategic health authorities and patient group organisations. It also established links with the Postgraduate Medical Education and Training Board (PMETB), the National Institute for Health and Clinical Excellence (NICE) and the Office of National Statistics (ONS).





The patient perspective

I was diagnosed with breast cancer five years ago; it was a surgeon who broke the news. You never forget the words, so how they are delivered is important. Because of the calm and objective way he explained everything, using diagrams to clarify points made, never avoiding eye contact and talking just to me, even though my husband was also present, I understood everything he said and I trusted him absolutely.

This trust was vital as I needed to know that in all the emotional stuff that is cancer, I could rely on the surgeon to be absolutely straight with me about my condition and prognosis. It was a highly effective team that supported me; the surgeon worked with a breast care nurse who provided the emotional support after the initial shock of diagnosis. It was the fantastic work of this surgical team that got me through this difficult, disfiguring part of the patient's pathway, ensuring that I emerged from it feeling positive and optimistic about my future.

I know now from my own experience that the quality of interaction between clinician and patient has a powerful impact on outcomes. It is because I believe in the vital importance of this that I am working as a lay member of the Royal College's Patient Liaison Group.

*Lesley Bentley
Lay member of the PLG*

Members of the Patient Liaison Group

(front row, left to right) Bärbel Grayson, Brian Winterflood, Liz Symonds (chair), 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

The medical royal colleges, DH, statutory regulators and professional associations have joined to form a group called the Alliance for Patient Safety. The alliance brings together the key organisations within the different disciplines of health care to take forward initiatives in team working and leadership in the interests of better working between hospital staff members and for patient safety.

Safety and Quality

Examinations

Examinations are in place to ensure competence, helping to deliver high-quality services to patients. The College holds examinations throughout England and Wales as well as in Cairo, Kolkata and Colombo, according to demand.

The Intercollegiate MRCS, which is the first surgical examination aspiring surgeons take, was restructured to make it appropriate for the new pattern of surgical training being introduced in the UK in August 2007.

Between July 2006 and June 2007, 594 candidates successfully completed the MRCS through the English College with an average pass rate of 48.4%. This compares with 421 candidates who sat the exam between July 2005 and June 2006 with an average pass rate of 47%.

The ICBSE oversees the development and operation of the MRCS. Much of the work of

the ICBSE has been focused on the future development of the MRCS to reflect the needs of the revised training arrangements. The Diploma in Otolaryngology – Head and Neck Surgery (DOHNS) has been adopted as an intercollegiate specialty examination and this will be effective from April 2008.

Numbers for the major dental diploma run by the examinations department on behalf of the Faculty of Dental Surgery have remained stable.

We have continued to work in collaboration with the Irish and Scottish surgical royal colleges to develop an assessment strategy for the new ISCP. An integrated assessment framework has been designed incorporating workplace-based assessment and examinations blueprinted against the General Medical Council's *Good Medical Practice* (2001).

Research

Surgical research has played a crucial part in many of the operations that we all take for granted today. Procedures such as keyhole surgery, hip replacements and coronary artery bypasses have been progressively developed and thousands of these operations take place each week, prolonging and improving the lives of patients.

In 1993 we launched the research fellowship scheme. The fellowships enable young surgeons to carry out important research projects into any condition, disability or treatment related to an aspect of surgery. Each fellowship endows a full-time research programme lasting from one to three years, which is supervised in a UK department of surgery or occasionally overseas. A research fellowship costs in the region of £48,000, which includes the research fellow's salary, consumables and presentation of the work nationally and, in some cases, 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.

The College research fellowship scheme continued to flourish with stiff competition for these awards and in 2006, 120 surgical trainees competed for 35 research fellowships. In 2006–2007 research fellowships included the College's one-year research fellowship, the joint Dunhill Medical Trust/College research fellowship into ageing, joint Ileostomy Association/College research

fellowship into inflammatory bowel disease, joint College/British Society for Surgery of the Hand research fellowship and the Blond McIndoe research fellowship in plastic surgery.

Through the generosity of the Stefan Galeski funds, the College has been able to take a number of its research fellows abroad to run surgical workshops in developing countries, namely Ghana, the West Indies and China/Hong Kong. While overseas, they have had the opportunity to act as research ambassadors, explaining their research work and forging new relationships. In addition, the College has research fellows working on exchanges in the US and Canada.

The College has supported surgical research for many years – it has three dedicated research units: the Clinical Effectiveness Unit (CEU), the National Collaborating Centre for Acute Care (NCC–AC) and the Centre for Evidence in Transplantation (CET).



Research fellowship case study

Understanding the immune response to surgery (paediatric surgery)

Nicholas Alexander

Institute of Child Health / Great Ormond Street Hospital, London

Every year, hundreds of infants and children across the UK require major surgery. Up to 6% develop serious life-threatening infections during the post-operative period. Surgery is recognised to cause a transient state of immune deficiency. Research has shown that the nutrient glutamine can improve this state.

This project is designed to develop understanding of the impairment in the host defence mechanisms that follow surgery and how glutamine may prevent this. Understanding the underlying cause is an important step towards therapy designed to enhance the host defences and reduce the risk of post-operative infections for children and infants.

Nicholas is supported by the Enid Linder Foundation with additional support from the Rosetrees Trust.

For further information on supporting the College's research fellowship scheme please contact the development office on 020 7869 6083 or at development@rcseng.ac.uk.



The Clinical Effectiveness Unit

The CEU is a collaboration of the College and the London School of Hygiene and Tropical Medicine. This year the CEU continued to contribute to the development of methods to evaluate and monitor outcomes of surgical care. Examples of this work are publications on the value of the Hospital Episode Statistics database, which contains records of all admissions to NHS hospitals in England linked to the mortality records of the ONS. Evidence on the clinical and cost-effectiveness of the outcomes after liver and cardiothoracic transplantation and on joint replacement were also produced.

The CEU has started working on two national cancer audits (national oesophago-gastric cancer audit and mastectomy and breast reconstruction audit). These audits are carried out in partnership with the Information Centre for Health and Social Care and a number of specialist organisations, with funding from the Healthcare Commission.

The unit also continued to be a major partner in other national projects. These include:

- The UK and Ireland liver transplant and the UK cardiothoracic transplant audits (funded by the National Commissioning Group).
- The CRANE database, which collects information on babies born with cleft lip

and/or cleft palate throughout England and Wales and their treatment (funded by NHS commissioners).

- The PROMS project, which is a study of the feasibility of collecting patient reported outcome measures after elective surgery (funded by the DH's economic and operational research division).
- The REFER project, which is developing guidelines for the referral of patients from primary to secondary care for elective surgery (funded by the NHS service delivery and organisation research and development programme). The final report of the project, *Patient-reported Outcome Measures in Elective Surgery*, was submitted to the DH in April 2007.
- The analysis of data collected by the National Joint Registry, which is a database of all hip and knee replacements carried out in England and Wales (funded by the DH).

A five-year programme of work developing and evaluating self-management strategies for men with lower urinary tract infection led to a publication in the *British Medical Journal (BMJ)* on the results of a randomised clinical trial comparing self-management with standard care. Other major publications originating from methodological projects appeared in the *Journal of Clinical Epidemiology* and in *Statistics in Medicine*. Referral

guidelines are being produced for patients with urinary lower tract symptoms and for patients with osteoarthritis of the knee.

During the year, 11 selected scientific papers were published in a number of publications including the *BMJ*, the *British Journal of Surgery*, *Transplantation*, the *Journal of Clinical Epidemiology* and *Statistics in Medicine*.

Centre for Evidence in Transplantation

Established in 2005 under the directorship of Professor Sir Peter Morris, the CET is a joint operation between the College and the London School of Hygiene and Tropical Medicine of the University of London.

In November 2006 the College's working party on facial transplantation published its [report setting out the 15 minimum requirements](#) it believes should be fulfilled before a facial transplantation is undertaken. This received much media attention. We hope that the outline of minimal requirements will be of assistance to ethical review bodies.

The CET has been selected by the European Society for Organ Transplantation to be its knowledge centre for providing advice concerning the design and reporting of clinical trials. The CET publishes a registry of trials performed in organ transplantation in the journal *Transplantation*. These

trials included, for example, those in immunosuppressive drugs.

Over the past year, [ten scientific papers and seven editorials](#) were published.

The National Collaborating Centre for Acute Care

Based at the College, the NCC-AC 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 and to improve surgical services. This year the NCC-AC published two guidelines commissioned by NICE. The first guideline, *Venous Thromboembolism: Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in inpatients undergoing surgery*, was published in April 2007.

The second guideline, [Faecal Incontinence: The management of faecal incontinence in adults](#), was published in June 2007.

The NCC-AC hosted a visit from the Ukrainian ministry of health to discuss how to develop clinical guidelines in the UK and their plans to set up a clinical guideline programme in the Ukraine.



Quality assurance

The quality assurance team at the College completed the required visiting schedules for basic surgical training and higher surgical training in accordance with PMETB, to ensure patient safety. The team worked with deaneries to check clarity of the quality assurance functions within the schools of surgery. Schools of surgery provide a framework for partnership between the deanery, the College and Trusts to be effective in providing surgical education and training programmes. A quality assurance framework for the ISCP was developed and agreed. In addition, the surgical care practitioners' training programme accreditation process was approved. Surgical care practitioners are practitioners working both in and out of the operating room who undertake specified surgical intervention under the direction and supervision of a consultant surgeon.

Invited review mechanism

The College and surgical specialist associations continue to support NHS Trusts in maintaining and improving surgical standards and patient care through the invited review mechanism (IRM). This service is provided to assist hospitals to resolve concerns about the performance of an individual surgeon or surgical unit. The IRM also supports individual surgeons and surgical teams by helping to identify and resolve problems at an early stage.

The Hunterian Museum spans four centuries of surgery, medicine, natural history and the arts and has over 3,500 anatomical and pathological preparations, specimens of natural history, fossils, paintings and drawings assembled by the founder of scientific surgery, John Hunter.

Access

The Hunterian Museum

The Hunterian Museum supports the work of the College by promoting its role as the centre for knowledge about surgery through its public museum and events programme. This enhances the public's understanding of the work of the College. Support is also provided for surgeons through the Wellcome Museum of Anatomy and Pathology and its associated teaching collections and resources.

The Hunterian Museum was visited by 37,000 people, an increase of almost 25% on the previous 12 months. The museum staged two special exhibitions: *How do you look?*, exploring the role of hand–eye coordination in surgery and art, and *Inside Out*, a collection of sculptures by artist Angela Palmer inspired by medical imaging technologies.

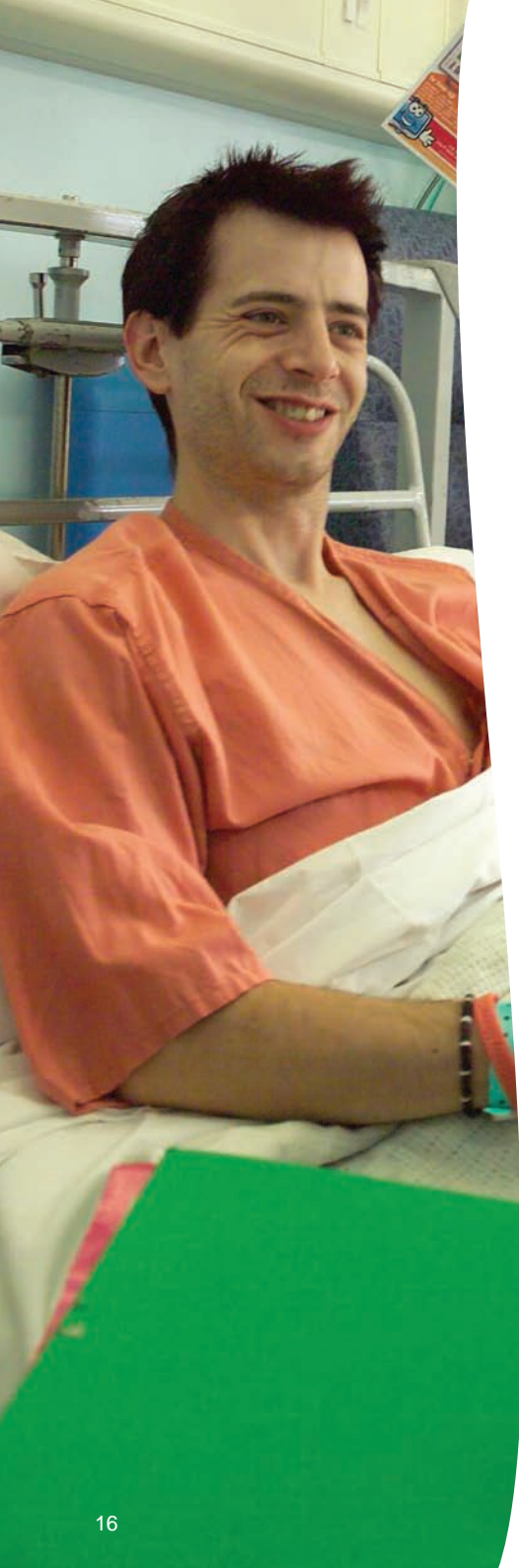
This year museum staff and volunteers organised and delivered over 200 public events, including guided gallery tours and talks, public and academic lectures, workshops and demonstrations for schools, colleges and the public as well as temporary exhibitions. Highlights included demonstrations by re-enactors playing the parts of a 16th-century barber-surgeon and an 18th-century

army surgeon. More contemporary topics included *Surgery Unmasked*, an evening of public lectures exploring contemporary issues in facial surgery, and *Cybersurgery: robots in the operating theatre*, a public lecture by Professor Sir Ara Darzi. Museum staff also worked with several external organisations to deliver joint events, including the Royal Institution and the Aimhigher London partnership. In addition, eight external loans to other organisations were arranged.

A significant new venture was the development of *Exhibiting Difference*, a combined exhibition and education project that received grants of £49,800 from the Heritage Lottery Fund and £22,500 from the John Lyon's Charity. In 2007 the museum collaborated with art historian Temi Odumosu to develop a special exhibition entitled *A Visible Difference: Skin, race and identity 1720–1820*. The museum also recruited four artist-educators to work with students in eight London schools to develop artworks based on the themes of the exhibition.







Key Achievements

- The Patient Liaison Group produced a course for surgeons on communications skills in March 2007 which was submitted to the ICBSE (Intercollegiate Basic Surgical Examinations group).
- The Intercollegiate MRCS (Membership of The Royal College of Surgeons of England) examination has been restructured to make it appropriate for the new curriculum and the introduction of Modernising Medical Careers in August 2007.
- The Clinical Effectiveness Unit has started working on two national cancer audits – the national oesophago-gastric cancer audit and mastectomy and breast reconstruction audit.
- The process for the surgical care practitioners' training programme accreditation was approved.
- Over the past year 37,000 people visited the Hunterian Museum, an increase of almost 25% on the previous 12 months.

Going Forward

- In October 2007 the Clinical Effectiveness Unit will start a three-year audit project to evaluate the outcomes of elective surgical procedures carried out in independent sector treatment centres.
- The Centre for Evidence in Transplantation has been selected by the European Society for Organ Transplantation to be its knowledge centre for providing advice concerning the design and reporting of trials. This will be piloted for one year from September 2007.
- The National Collaborating Centre for Acute Care will produce evidence-based clinical guidelines on benign prostatic hyperplasia (benign enlargement of the prostate).
- The College with the specialist associations will be conducting a project for the Department for Work and Pensions to prepare and pilot information leaflets for patients, GPs and surgeons relating to estimated periods for return to work following specific surgical procedures.
- Over the next year the Hunterian Museum aims to conduct at least 30 events in which its collections are used, either for individual or group teaching or research, in loans to other institutions for exhibition or research, or for filming or photography for external audiences.





‘The royal colleges are beginning to speak out – in particular, the Royal College of Surgeons. There was a good report about Bernard Ribeiro of the Royal College of Surgeons in the Health Service Journal only last week, which said that he is determined to have a say in the political aspects of the NHS.’

Richard Taylor MP (Independent, Wyre Forest) speaking at a debate in the House of Commons on NHS and the private sector on 7 March 2007

Surgeons

Leadership

The focus of the College’s work for 2006–2007 has been to provide strong leadership, support surgeons throughout their surgical careers and influence areas of health care policy that affect the surgical profession.

Over the last year the president of the College, Mr Bernard Ribeiro, met with key stakeholders including government health ministers and advisers, shadow health ministers, policy makers at the DH, NHS organisations including the NHS Confederation and a wide range of institutions involved in health care.

To mark his first year in office and to review developments over the period across the health care sector, the president was invited by the King’s Fund to give a keynote address

entitled *Surgery in the 21st Century* on 19 July 2006. The event was attended by a large and fully representative audience from across the health sector and the speech received good media coverage.

In April 2007 the then secretary of state for health, Patricia Hewitt MP, addressed the College on reconfiguration and the importance of clinical engagement. The secretary of state also used the opportunity of addressing the College to launch a report by Professor Sir Ara Darzi, then national adviser on surgery, entitled *Saws and Scalpels to Lasers and Robots: Advances in Surgery - Clinical Case for Change*.

The College led the way to producing evidence to support the need to separate emergency and elective care. Separating elective care from emergency pressures through the use of dedicated beds, theatres

and staff can reduce cancellations, achieve a more predictable workflow, provide excellent training opportunities, increase senior supervision of emergency cases and therefore improve the quality of care delivered to patients. This was highlighted to the health select committee when the College was invited to give further evidence to the committee’s inquiry on workforce planning.

Modernising Medical Careers

The College provided support for trainee surgeons in preparing for the introduction of Modernising Medical Careers (MMC) in August 2007, the major government initiative to streamline postgraduate medical education. A careers clinic was held at the College in January 2007 to discuss trainees’ concerns and offer advice as the application process for entry to specialist training began. This was attended by over 250 SHOs.



I wonder if you could let the president know how impressed the rank and file members have been over his stand on MTAS. Too often, we have felt unrepresented in the past. It seems obvious now that he was doing the right thing but it takes a great deal of courage to stand up to the government on these issues. I am truly grateful.

Yours sincerely,

Consultant, Norfolk and Norwich University Hospital

In March 2007 the Academy of Royal Medical Colleges made representations to the then secretary of state for health, Patricia Hewitt MP, over the difficulties with the introduction of and inconsistencies in the recruitment process employed by the Medical Training Application Service (MTAS) for junior doctors to enter specialist training.

In addition to technical problems with the MTAS website itself, there was criticism of some of the questions asked in the application form, concern that qualifications had not been given sufficient weight, concern about the adequacy of training for assessors, cases quoted of inconsistent rating of individuals and errors in conveying the outcome and subsequent arrangements to applicants.

Leadership was shown by the College in gathering evidence from trainees and deaneries on MTAS (via our website, emails and through regional visits) and through advising the DH on the numbers of extra posts needed for the bulge of experienced and committed trainees caught in the transition period. Our online survey, to which over 300 surgeons responded, highlighted that after years of training many had not received interview offers.

The president was invited to join the DH's MTAS review group, chaired by Professor

Neil Douglas, in March 2007. In May 2007 the president announced the College's withdrawal from the ongoing discussion, warning that the DH had not made adequate transitional arrangements for a large number of well-trained, experienced and committed SHOs. Many in this grade have postgraduate qualifications and some years of surgical experience and a significant number expected to be appointed to a specialist registrar post. The College had sought with considerable determination but limited success to increase the number of national training numbers in surgery over the next few years to enable as many as possible of this group to progress. The president emphasised that almost two years after he first raised his concerns there was still no recognition whatsoever by the DH of the scale of the problem or its profound implications, or an acceptable solution in terms of a temporary expansion of national training numbers. He asked for 240 extra senior training posts over the next three years based on workforce data collected by the College.

In June 2007 the College responded to the independent inquiry into MMC led by Sir John Tooke, restating support for the underlying principles of MMC but expressing significant concern about its inflexibility. In addition, we responded to the health select committee's inquiry into MMC and its implementation through MTAS.

Revalidation

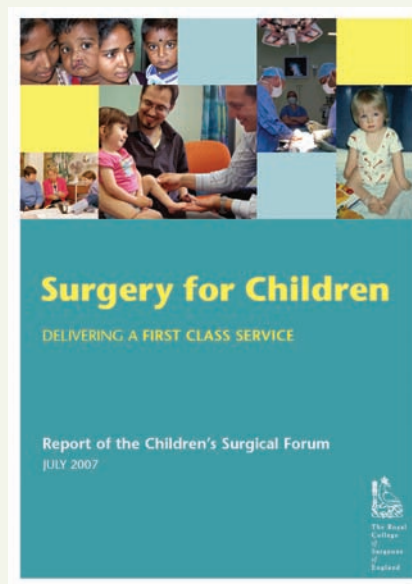
In October 2006 the College responded to the chief medical officer's report [Good Doctors, Safer Patients](#). This report set out proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients. The College welcomed the focus in the report on addressing concerns about doctors through early intervention at local level and recognised the need for all doctors to have good English language skills in order to ensure effective communication with patients. However, we opposed the proposal to pass responsibility for the content of the undergraduate curriculum and inspection of medical schools to PMETB.

Most of the concerns raised by the College in relation to the proposals were addressed in the subsequent white paper, *Trust, Assurance and Safety*, published in February 2007. The white paper confirmed the government's intention to introduce a system of regular revalidation for the medical profession comprising of relicensing and specialist

recertification for those doctors on the specialist register. Revalidation will require doctors to demonstrate at least every five years their fitness to practise. The College welcomes the opportunity to set standards for and direct the process of recertification and to assure the public that surgeons certified by the College have met the standards expected of them by their specialist association and have kept up to date with evolving knowledge and technology.

In response to the white paper the College, together with the Federation of Surgical Specialty Associations, has published a [joint statement](#) setting out the principles for introducing a recertification process within surgery and provided a framework within which the College and specialist associations can develop more detailed proposals. We have begun the development of online resources to support surgeons in their preparation for revalidation.





Provision of Surgical Care

In October 2006 the College established a delivery of surgical services committee to look at issues of health policy reform that affect the provision of surgical services to patients. A joint working group was established between the College and the Royal College of General Practitioners to examine the issues surrounding the provision of some surgical care in the community setting as outlined in the government's policy of care closer to home.

[*The Surgical Workforce 2006*](#) (October 2006) report was published as a short policy update to *Developing a Modern Surgical Workforce* (2005).

In March 2007 three documents were published to support the College's policies on the European Working Time Directive:

[*Safe handover*](#) – This report provided advice on providing safe handovers while maximising opportunities for training.

[*Rota planning*](#) – This guidance note was aimed at enabling safe and efficient rota design to allow hospitals to ensure safe care for patients while maximising training opportunities for junior surgeons.

[*Delivering surgical services: options for maximising resources*](#) – This paper outlined options for maximising resources including extending the working day, the use of surgical assessment units, and separating emergency and elective surgical care.

The College is committed to patient safety and recognises the need of the whole multiprofessional surgical team to work together effectively. The curriculum framework for surgical care practitioners was completed and approved. The accreditation process for surgical care practitioner university courses was completed and accreditations undertaken successfully with three universities – Teesside, Imperial and Cardiff.

In April 2007 the College published the [*Handbook for College Assessors*](#) to provide advice to assessors who represent the College on advisory appointment committees for the appointment of consultants in the NHS.

[*The Leadership and Management of Surgical Teams*](#) document published in June 2007 provides support to the College's policy for leadership, team working and patient safety.

The children's surgical forum, chaired by Council member Mr David Jones, produced its report [*Surgery for Children: Delivering a First Class Service*](#).

Education and Training

The Intercollegiate Surgical Curriculum Programme

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 health care providers.

The project has been managed by the College and its development supported by over 500 surgical consultants and trainees. The ISCP aims to ensure that surgical trainees receive the highest standard of education and training through the development of a competency-based curriculum for postgraduate surgical training. This has been achieved through:

- developing the curricula across all nine specialties;
- establishing the educational principles behind the curricula (ie standards);
- developing appropriate assessment tools; and
- developing a web-based management and information system that allows trainees to maintain their portfolio and their log-book and store all assessment records ready for annual assessment.

The ISCP received final approval from PMETB in early 2007 and will be delivered consistently across schools of surgery in the UK. The ISCP website (www.iscp.ac.uk) has been tested and piloted at all stages of development over two years. Over the past year five regional pilots of the curriculum took place in the Northern, West Midlands, South Yorkshire and South Humber, Wessex and Mersey deaneries, supported by the College's regional coordinators. The results of the pilots were used to shape the final version of the system and core functionality. The ISCP website provides an online system for the effective recording of the education and training received by trainee surgeons, which is assessed and validated by consultant surgeon trainers.

Support on understanding the new curriculum was given to programme directors, education supervisors, College tutors, trainers and trainees in the 17 deaneries in England, Wales and Northern Ireland. This included a combination of College events, deanery-based workshops, specialty-specific workshops, web-based resources and systems, web-based seminars and appropriate educational materials. The College's regional coordinators ran ISCP training sessions for education supervisors and will continue to provide information and support to deaneries. A central help desk, email address and phone line have been

available throughout the piloting phase and will continue to be available to offer support to ISCP users.

A joint conference was held with the NHS Confederation in September 2006 for NHS Trust representatives to explain how the ISCP will affect their role in surgical training. The ISCP was formally launched on 28 June 2007 and this was supported by the publication and widespread distribution of guidance documents for assigned educational supervisors, programme directors and trainees. The full implementation of ISCP was achieved in August 2007.



ISCP launch on 28 June 2007





‘The ISCP aims to ensure that surgical trainees receive the highest standard of education and training.’

An evidence-based quality assurance framework to support implementation of the curriculum and ensure the quality of education and training in each deanery has been developed in consultation with PMETB, the deaneries and the specialist advisory committees (SACs). An assessment system including examinations and workplace-based assessments has been developed and has been submitted to PMETB for approval.

Training courses

The College's Raven Department of Education runs over 600 courses and develops 460 new trainers annually. We have earned a well-deserved reputation for providing the most comprehensive education package to support those considering and embarking on a surgical career. Over the past year, two courses for foundation trainees have been launched, both of which are relevant to the foundation curriculum, and support hospital-based generic learning:

- *START Surgery – Systematic Training in Acute Illness Recognition and Treatment for Surgery*; and
- *STEP® Foundation – Surgical Training Education Programme®*.

Other established courses, such as *ATLS®* (Advanced Trauma Life Support®), *PHTLS* (Pre-hospital Trauma Life Support), intercollegiate *BSS* (Basic Surgical Skills) and *CCrISP®* (Care of the Critically Ill Surgical Patient®), which support surgeons in their core years, continued to attract large numbers of participants throughout 2006–2007. The

BSS course and materials were updated and launched in September 2006.

The communications module to support entrants for the Intercollegiate Membership of the Royal College of Surgeons (IMRCS) examination was updated and fully implemented and is now running regionally as part of the *SBSP* (*Scientific Basis of Surgical Practice*) course. The new *ATLS® Reverification* course was designed and piloted in autumn 2006 and again in spring 2007.

A successful conference programme took place during the past year, including the multi-disciplinary patient safety conference and the annual programme directors' conference. In March 2007 the College held a conference entitled *Anatomy Teaching: The Cruellest Cut of All* to highlight the issues affecting anatomy teaching, including the shortage of bodies donated to medical science, which could threaten the teaching of anatomy in the future. This conference attracted considerable media attention and as a result the Human Tissue Authority reported increased visits to their webpage on how people can donate their bodies to medical science. An anatomy education programme for undergraduates and foundation trainees is also in development.





The specialty skills programme has been expanded through an increasing network of regional centres. Courses in plastic surgery, trauma and emergency for general surgeons, orthopaedics and urology have all run regionally. In particular, the very successful aesthetic and reconstructive surgical skills cadaver dissection course was launched in Bristol in July 2006. With the introduction of ISCP, the specialty skills programme has been reviewed to ensure it is in line with the new curriculum and that the courses have robust learning outcomes.

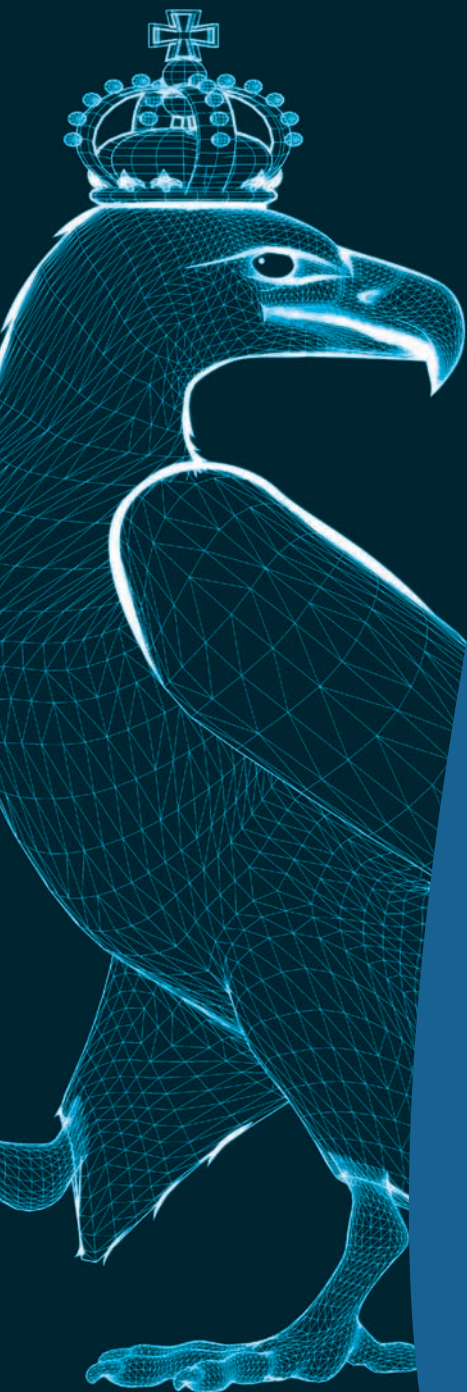
The professional development programme continues to grow and the following course programmes have been piloted and launched:

- *Safety and Leadership for Interventional Procedures and Surgery (SLIPS),*

- *Training and Assessment in Practice (TAIP),* and

- the executive leadership workshop for heads of school.

The College has continued to raise its profile at an international level. In October 2006 the president led a joint educational session at the American College of Surgeons congress and at the Norwegian Surgical Society's meeting in November 2006. In March 2007 the College ran an ENT conference in collaboration with Downs Surgical in Sharm-el-Sheik, Egypt. The *Introduction to Surgical Skills* course is run in over 50 centres worldwide and in Indonesia alone, 2,500 trainees completed the course by the end of 2006.



'Unique to the UK, the new unit will accommodate an additional 600 trainees per year and offer considerably enhanced working conditions and course delivery.'

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 the College. It will give surgeons at every stage of their careers access to a national centre of excellence for surgical education, training and assessment.

The focus of this project is on the surgeons' education needs, at a time of significant change in surgical practice, career structure and training. The centre will allow courses to be delivered to deaneries and Trusts via web conferencing, making training more accessible to surgeons in the workplace. The new facilities will also provide urgently needed storage and improved preparation areas for the use of cadavers for training.

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. The College has invested £3 million of its own funds in the project and is campaigning to raise the remaining balance. Phase 1 of the Eagle Project was completed in autumn 2007 and will see a fundamental redesign and upgrade of the College's current anatomical teaching area into a new surgical skills workshop named after the principal donor, Lord Wolfson. This will increase capacity to accommodate programmes

designed to address the national shortfall in surgical anatomy training. Unique to the UK, the new unit will accommodate an additional 600 trainees per year and offer considerably enhanced working conditions and course delivery. The workshop will also accommodate courses using fresh-frozen materials, meeting the requirements of the Human Tissue Act.

The surgical skills workshop will incorporate customised anatomy tables and a demonstration table. Comprehensive audiovisual links will ensure that procedures can be streamed real-time into other areas within the education centre, elsewhere in the College and to our regional and other skills centres throughout the UK. Two existing demonstration rooms and service areas will be relocated within the unit so that the technical support required for the delivery of surgical skills courses can be offered efficiently and effectively.

A redesign and upgrade of the College's current anatomical skills workshop is critically needed to:

- address the national shortfall in surgical anatomy training;
- facilitate training and assessment, including that to be delivered regionally, in anatomical dissection as well as new and

existing surgical procedures;

- provide multi-disciplinary training for the surgical professional team, including interventional radiologists, physicians and cardiologists; and
- develop anatomical models with university partners.

The funding for a new surgical skills workshop has been raised and funding for a clinical skills unit, a state-of-the-art seminar suite and a new resource centre is underway. By 1 July 2007 a total of £6.7 million had been raised towards the project. The project is due for completion by 2010. For further information please visit <http://eagle.rcseng.ac.uk>.



Above: Lord and Lady Wolfson and Bernard Ribeiro at the launch of the Wolfson Surgical Skills Centre at the College.
Right: The Wolfson Surgical Skills Centre



The Joint Committee on Higher Surgical Training

The Joint Committee on Higher Surgical Training (JCHST) is an intercollegiate body of the four royal colleges in England, Edinburgh, Glasgow and Dublin and looks after all matters in relation to higher surgical training in the UK and Ireland. It also works closely with the specialist surgical associations, which – along with the colleges – appoint members to each of the JCHST's nine SACs.

More than 3,000 higher surgical trainees in the UK and Ireland are registered with the JCHST. Over the past year the JCHST has interpreted new guidance from PMETB on the rules governing postgraduate training for UK trainees and has provided advice for trainees. In addition, it has adapted to PMETB's new processes for the quality assurance of training.

Another important part of the JCHST's work is the evaluation of applications for specialist registration from surgeons who have not completed recognised training programmes but who may have acquired specialist training or specialist qualifications and experience equivalent to those of a Certificate of Completion of Training holder.

Over the next year the Joint Committee on Surgical Training (JCST) – as it will become – will work to ensure processes are compatible with the ISCP and that arrangements for enrolling the first cohort of MMC run-through trainees are in place by August 2007.

'The affiliates' membership scheme has been developed as a means of providing support and information to trainees in the early stages of surgical training.'

Support

Regionalisation

A focus of the College's work has been on the management and delivery of training at the workplace. The College has a full-time regional coordinator in each of the 15 regions who aids the head of school and the programme directors in the deaneries on the day-to-day delivery of the ISCP. Over the last year they have dealt with the concerns of trainees around the period of selection from training. The regional team has also focused on schools of surgery, which allows deaneries, Trusts and the College to engage in a constructive dialogue about surgical education and related challenges, such as balancing service and education teams' needs or priorities.

Support for trainees

The College provided advice and support to trainees on MMC transitional arrangements, responding to almost 500 email enquiries in the first half of 2007. Of these, 149 were answered during the two-week period when MTAS applications were live from 22 January until 4 February. In addition, over this period the careers team answered 15 calls per day from trainees on MTAS.

The affiliates' membership scheme has been developed as a means of providing support and information to trainees in the early stages of surgical training. Anyone with a valid General Medical Council number in a UK post at pre-registration house officer or SHO level (including foundation level trainees) can become an affiliate.

Careers service

The surgical profession has to adapt to a range of changes in the health sector, which include changes to surgical training, health regulation and extended surgical teams. Part of the College's response to these changes is to deliver a careers service that is inclusive, adaptable and responsive to the needs of its users. The College is keen to attract and encourage a broad spectrum of candidates who can demonstrate commitment, ability and talent. Surgery is one of the most popular and competitive medical specialties and offers a career that is both challenging and rewarding. During the year the College participated in 28 careers events. [The College website](#) also plays a fundamental role in supplying information to trainees.



Women in Surgery (WinS)

The requirements to foster the essential place of women in surgery lead to the renaming of the Women in Surgical Training (WIST) project to Women in Surgery (WinS) in order to emphasise the need to provide a service not only to medical students and trainees but also to consultant surgeons. Despite the withdrawal of DH funding for the WIST project, the College has been working to recruit a WinS committee. This committee aims to: raise the profile of women in surgery; work towards understanding issues facing women in surgery; ensure women are seen as an integral part of the profession; and provide advice, guidance and pastoral support for those women already in surgery or considering entering it. The network of women in surgery now comprises approximately 2,000 members.

The Opportunities in Surgery committee has commissioned two pieces of research. The first, with the University of Exeter, will

look at factors affecting women's surgical careers, their choices and their experiences. The second will look into medical students' attitudes to surgery as a career and how and why these attitudes change throughout their career. This committee is also supporting an undergraduate student investigating the impact of the Women in Surgery initiative on women in surgery.



The Professor Harold Ellis medical student prize

In March 2006 the College launched the Professor Harold Ellis medical student prize for surgery. This prestigious prize is intended

to raise the profile of surgery as a career choice among students and to assist those wishing to follow a surgical career to improve their portfolio.

Flexible training

The College's flexible training adviser, Janet Walls, consultant general surgeon, continued to provide advice and guidance to trainees wishing to work at less than full time. She published articles in the *Bulletin* and made a number of presentations including to the Academy and the British Medical Association, outlining ways in which flexible training can work and be beneficial to both the trainees and their colleagues and trainers.

Surgical taster scheme

A total of 42 students took part in the College's second surgical taster scheme, which provides sixth-form students in London's East End and Essex, who may

not have considered a medical career, with an insight into a surgical work environment. This scheme enhances the portfolio of pupils who may not traditionally have considered a medical career and enables them to make more informed choices. This work is in conjunction with and is funded by Aimhigher, a national programme run by the Higher Education Funding Council for England with support from the Department for Education and Skills.

Feedback from students who participated in the first scheme in 2005–2006 highlighted that the scheme was invaluable to their applications to medical school, with many now having been offered places.



'The LivesOnline website launched in July 2006, containing around 365 biographies of fellows of The Royal College of Surgeons of England, continues Plarr's Lives.'

Library and Information Services

The College library and information services department supports excellence in training, education, professional development, research and clinical practice. The Lumley study centre provides surgical and dental trainees with learning resources in all formats.

The College would like to thank the Wellcome Trust, which awarded a grant of £62,961 in January 2007 for a two-year cataloguing project that will enable the online cataloguing

of early 19th-century books. The Wellcome Trust-funded archive conservation project, *Securing the Legacy of British Surgical History*, will complete in March 2008. We would like to thank the Grand Lodge 250th Anniversary Appeal for a grant of £29,690 to upgrade and improve the online catalogue.

In December 2006 the Specialist Library for Surgery, Theatres and Anaesthesia was officially launched. This NHS-funded

collaborative project with the Royal College of Anaesthetists and University Hospitals of Morecambe Bay NHS Trust is part of the National Library for Health (www.nhs.nlh.uk). It provides access to quality-assured, evidence-based information for the theatre team and surgical patients.

The [LivesOnline website](#) was launched in July 2006 containing around 365 biographies of fellows of The Royal College of Surgeons

of England. It continues *Plarr's Lives of the Fellows* and is regularly updated. The College's relaunched [Adopt a Book](#) appeal has raised £2,320.



Publications

Members and fellows 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 13,000 copies of the *Annals* and 15,000 copies of the *Bulletin* to College fellows, members and subscribers. Since October 2006, the number of issues of the *Annals* has increased from six to eight per year.

The *Annals* is available online to subscribers, fellows and members as well as affiliates of the College via a password. No password is needed to access the *Bulletin* online, which is freely available to the public. In June 2007 the *Annals* was ranked 41 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 151 out of 10,000 e-publications.



Key Achievements

- The Intercollegiate Surgical Curriculum Programme was formally launched on 28 June 2007 and this was supported by the publication and widespread distribution of guidance documents for assigned educational supervisors, programme directors and trainees.
- Phase 1 of the Eagle Project, the construction of a surgical skills workshop, has been completed. This five-year project will transform surgical training.
- The College established a delivery of surgical services committee, which has published guidance documents including *Safe handover*, *Rota planning* and *Delivering surgical services: options for maximising resources*.
- The Children's Surgical Forum published its report *Surgery for Children: Delivering a First Class Service*.
- The ATLS® (*Advanced Trauma Life Support*®), PHTLS (*Pre-hospital Trauma Life Support*), intercollegiate BSS (*Basic Surgical Skills*) and CCrISP® (*Care of the Critically Ill Surgical Patient*®) courses, which support surgeons in their core years, continued to attract large numbers of participants throughout 2006–2007.

Going Forward

- The next major project for the College is ensuring that the process of revalidation and recertification achieves continuing high standards of surgery throughout every hospital in the UK.
- The College has received Department of Health funding for a three-year audit project on the outcomes of elective surgical procedures carried out in independent sector treatment centres, initially focusing on hip and knee replacements.
- The College will continue to provide support to trainees, education supervisors and programme directors through the Intercollegiate Surgical Curriculum Programme website and helpdesk.
- The content of all courses across the different specialties are in the process of being reviewed against Intercollegiate Surgical Curriculum Programme (eg *Basic Hand Surgery* and *Advanced Hand Surgery*).
- The College will be collaborating with 35 high-profile health organisations to host events at all three political party conferences to encourage debate around key health issues.



The focus of the FDS during the year 2006–2007 was to broaden its outlook in education and assessment strategies, addressing new topics and new delivery methods.

Dentistry

The Faculty of Dental Surgery

The Faculty of Dental Surgery (FDS), in partnership with the Yorkshire Orthodontic Therapy group, developed the first ever course for orthodontic therapists, which will run in the autumn of 2007. This new one-year course has been approved by the General Dental Council (GDC) as an appropriate course for training orthodontic therapists.

The FDS examinations committee continued its commitment to the development of a new membership examination with the Faculty of General Dental Practice (UK) and the examination, Membership of the Joint Dental Faculties of the Royal College of Surgeons of England (MJDF), will be offered for the first time in autumn 2007. Additionally, the FDS has made a successful bid to the GDC to run part 2 of the new statutory examination for overseas-qualified dentists wishing to practise in the UK: the overseas registration examination, which replaces the

old international qualifying examination. The examination will be offered for the first time in January 2008.

Throughout the year, the Faculty has delivered a wide spectrum of courses and training programmes and promoted lifelong learning through continuing professional development. During the year, the FDS has, with Charity Commission approval, redeployed funds for the support of research within the Faculty. These funds will serve to support two to three research fellowships each year in areas of specialist dental practice and basic science within the FDS.

The Faculty's SACs for all of the dental specialties have remained active during the year and a new SAC for oral surgery has been inaugurated. The work of the SACs has remained at the heart of the FDS.



The Faculty of General Dental Practice (UK)

A focus of activity during the year was the development of the Membership of the Joint Dental Faculties (MJDF) examination in partnership with the Faculty of Dental Surgery. It links to the new curriculum for dental foundation years and provides a modern, efficient assessment in line with current educational principles.

Promotion of the career pathway for general dental practitioners has led to an increase in enrolments. Educational developments included an orthodontic teaching programme delivered jointly with the British Orthodontic Society (leading to a diploma in primary care orthodontics) and a certificate in primary dental care (leading to an MSc), accredited by the University of Kent. Competency frameworks in conscious sedation, prison care dentistry and research were also developed. Delivery of the diplomas in implant and restorative dentistry was expanded to additional locations, including the first overseas delivery of the former in Hong Kong, while the latter has been accredited by the University of Leeds towards an MSc.

In October 2006 *Standards in Dentistry*, a comprehensive package of standards and guidelines for all members of the dental team,

was published and the second edition of the e-learning package *Key Skills in Primary Dental Care* was launched, the latter being adapted for dental care practitioners (DCPs) accompanied by a formal assessment programme. *Teamwork 7*, a comprehensive training manual for those undertaking dental nursing qualifications, was published in May 2007. Other support for DCPs included the launch of a diploma in clinical dental technology, which allowed the successful candidates to become the first clinical dental technicians to register with the GDC, and the development of a diploma in orthodontic therapy.



Finance

Summary statement of financial activities for the year ended 24 June 2007

	Notes	£ (million)
Total resources arising		25.1
Total resources used		<u>24.3</u>
Surplus added to endowed, restricted and general funds	1	<u>0.8</u>

Summary balance sheet at 24 June 2007

Tangible fixed assets		11.5
Investments		65.2
Net current assets		<u>2.5</u>
Accumulated funds	2	<u>79.2</u>

Notes

1. In addition to the surplus of £0.8 million, a capital gain of £8.8 million was made on the College investment portfolio, of which £4.7 million was on endowed and restricted funds.

2. Of the accumulated funds of £79.2 million, some £42.7 million is endowed or restricted in its application.

The summarised financial statements set out here are not statutory accounts but a summary of information that has been extracted from the full financial statements of the College, which were approved on 8 November 2007 and will be filed with the Charity Commission. Copies of the full financial statements can be obtained from the finance department at the College.

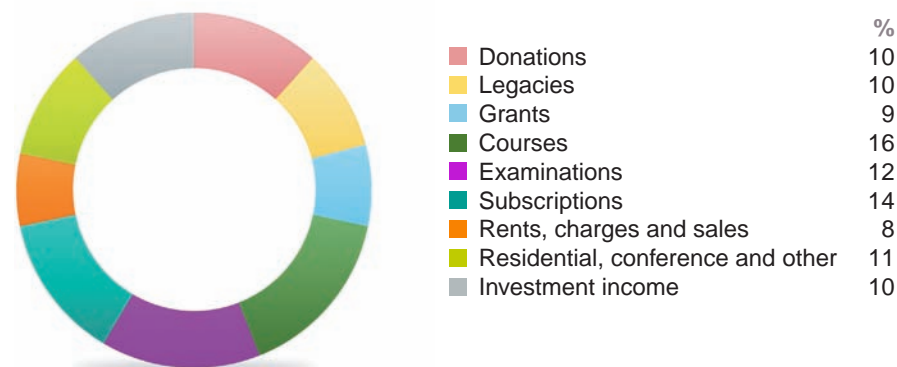
The full financial statements were audited and received an unqualified audit opinion.

John Black

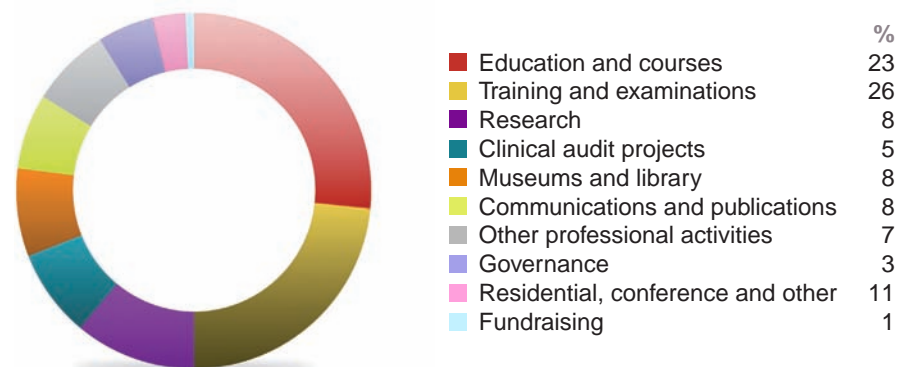
Treasurer

8 November 2007

Resources arising £25.1 million



Resources used £24.3 million



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*. Our audit work has been undertaken so that we might 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 *Accounting and Reporting by Charities: Statement of Recommended Practice 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' report. We also read the other information contained in the annual report as described in the table of

contents 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. Our report on the charity's full financial statements describes the basis of our audit opinion on those financial statements.

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 2007. We have not considered the effect of any events between the date on which we signed our report on the full financial statements on 10 December 2007 and the date of signing this report.

Deloitte & Touche LLP

Chartered Accountants and Registered Auditors
London
23 January 2008

Employment Monitoring

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:

1. the number of:
 - staff in post, and
 - applicants for employment, training and promotion, from each such group.
2. 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.

The details of the monitoring for 2006–2007 are available on the College's website.

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.

Funding Partnerships

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

American College of Surgeons
Andrew Anderson Charitable Trust
Arthritis Research Campaign
Ballinger Charitable Trust
Blond McIndoe Medical Research Trust
British Association of Endocrine Surgeons
British Association of Paediatric Surgeons
British Association of Plastic, Reconstructive and Aesthetic Surgeons
British Scoliosis Research Foundation
British Society for Surgery of the Hand
British Urological Foundation
British Vascular Foundation
Cancer Research UK
CORE
Coulthurst Trust
Donald Forrester Trust
Dunhill Medical Trust
East Grinstead Medical Research Trust
Enid Linder Foundation
Family Rich Charities Trust
Fellows Fellowship Fund
Frances and Augustus Newman Foundation
Freemason's Grand Charity
George Drexler Foundation
George Dudley Herbert Charitable Trust
George & Esme Pollitzer Charitable Trust
Gilbert and Eileen Edgar Foundation
GM Morrison Charitable Trust
Golden Bottle Trust

Grand Lodge of Freemasons
250th Anniversary Fund
John and Lucille Van Geest Foundation
John Charnley Trust
Healing Foundation
Henry Smith Charity
Huggard Charitable Trust
ia – Ileostomy and Internal Pouch Support Group
Integra Foundation
James Weir Foundation
Joseph Strong Frazer Trust
Laurence Misener Charitable Trust
Medical Research Council
National Kidney Research Fund
Peacock Charitable Trust
Rose Foundation
Rosetrees Charitable Trust
Royal Australasian College of Surgeons
Shears Charitable Trust
Society of Academic and Research Surgeons
Stroke Association
Sue Hammerson Charitable Trust
Vascular Society of Great Britain and Ireland
WD Macpherson Trust
Welsh Surgical Society
Worshipful Company of Barbers
Wyndham Charitable Trust

And the National Federation of Women's Institutes, freemasons' lodges and other groups throughout the country as well as many donors and fellows who have supported our activities.

Corporate Support

Annex Art
Astellas Pharma Ltd
AstraZeneca plc
BBraun Medical Ltd
Biogel
Biomet Merck Ltd
Codman Ltd
ConvaTec Ltd
Cordis Endovascular and Neurovascular
DePuy International Ltd
(a Johnson & Johnson company)
DePuy Spine
Edwards Lifesciences Ltd
Eschmann Equipment Ltd
Ethicon Endo-Surgery UK
Ethicon UK Ltd
GlaxoSmithKline plc
Integra Foundation
Karl Storz Endoscopy (UK)
Keymed Ltd
Limbs and Things
Medtronic Ltd
Mölnlycke Health Care
Novartis Pharmaceuticals UK Ltd
Pfizer Ltd
Plus Orthopaedics
Resolution plc
Roche Products Ltd
Stryker UK
Synthes Ltd
WL Gore Associated
Zimmer Ltd

Individuals

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

Eagle Project

Enid Linder Foundation
George Drexler Foundation
Grocers' Company
HB Allen Charitable Trust
Henry Lumley Charitable Trust
John Raven Will Trust
Kathleen Raven Bequest
Kirby Laing Foundation
Marks & Spencer plc
PF Charitable Trust
Vandervell Foundation
Wolfson Foundation
Worshipful Company of Cutlers
Worshipful Society of Apothecaries

Endowed and Restricted Funds

Buckstone Browne Gift
The Doctor Shapurji H Modi Memorial
ENT Fund
Edward Lumley Fund
Guyatt Fund – Sir Alan Parks Research
Fellowship
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
Philip and Lydia Cutner Fund
Preiskel Family Fund
Shortland Legacy
Simpson Legacy
The Estate of the late Dr MP Starritt
Vandervell Research Fund

Legacies

The late Mr RD Barnes for general charitable purposes
The late Mr JA Bingley for surgical research
The late Miss MH Cameron for cancer research
The late Mr FE Capel for general charitable purposes
The late Mr DFG Clark for surgical research
The late Mr KB Coates for general charitable purposes
The late Miss DK Cooke for general charitable purposes
The late Mr ND Cox for general charitable purposes
The late Mr TGJ Cummings for general charitable purposes
The late Mr GGT Fletcher for surgical research
The late Mr E Grossman for cancer research
The late Miss HJ Hill for general charitable purposes
The late Mrs DG Jeffery for general charitable purposes
The late Ms VCM London for general charitable purposes
The late Miss BM Mackenzie for general charitable purposes
The late Mrs DD Mangnall for general charitable purposes
The late Mr A Martindale for general charitable purposes
The late Mr AR Mowlem for general charitable purposes
The late Mr IP Murray for general charitable purposes
The late Miss PI Phillips for surgical research
The late Lady MM Quilter for general charitable purposes
The late Mrs E Rashleigh for research into heart disease
The late Mr J Raven for general charitable purposes
The late Miss SM Ravenhill for general charitable purposes
The late Miss A Robinson for education and training
The late Miss ED Rogers for general charitable purposes
The late Miss MMA Rogers for general charitable purposes
The late Mrs RD Shrive for general charitable purposes
The late Mrs WP Skelton for general charitable purposes
The late Mr WH Steele for general charitable purposes
The late Miss HW Tonge for the Faculty of Dental Surgery

Abbreviations

BMA	British Medical Association	ISTC	independent sector treatment centre
BMJ	British Medical Journal	JCST	Joint Committee on Surgical Training (formerly Joint Committee on Higher Surgical Training)
CEU	Clinical Effectiveness Unit	MFDS	Member of the Faculty of Dental Surgery
CET	Centre for Evidence in Transplantation	MJDF	Membership of the Joint Dental Faculties
CCT	Certificate of Completion of Training	MMC	Modernising Medical Careers
CEST	Certificates of Eligibility for Specialist Registration	MRCS	Membership of The Royal College of Surgeons of England
DCP	dental care professionals	MTAS	Medical Training Application Service
DH	Department of Health	NCC–AC	National Collaborating Centre for Acute Care
ENT	ear, nose and throat	NICE	National Institute for Health and Clinical Excellence
EWTD	European Working Time Directive	ONS	Office of National Statistics
FGDP(UK)	Faculty of General Dental Practice (UK)	PLG	Patient Liaison Group
FDS	Faculty of Dental Surgery	PMETB	Postgraduate Medical Education and Training Board
FTSTA	fixed-term specialty training appointment	PRHO	pre-registration house officer
GDC	General Dental Council	SAC	specialist advisory committee
GDP	general dental practitioner	SHO	senior house officer
GMC	General Medical Council	SpR	specialist registrar
ICBSE	Intercollegiate Basic Surgical Examinations	SLSTA	Specialist Library for Surgery, Theatres and Anaesthesia
IMRCS	Intercollegiate Membership of The Royal College of Surgeons of England	UCAS	Universities and Colleges Admissions Service
ISCP	Intercollegiate Surgical Curriculum Programme (formerly Intercollegiate Surgical Curriculum Project)	VTE	venous thromboembolism

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