



Annual Report

OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

2011-2012



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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.

The Royal College of Surgeons of England is a registered charity, no 212808.

President's Foreword

My first full year as President has been a whirlwind of activity and one of continued progress for the College. I am delighted to review here our achievements of the past year and to reflect on the effort from everyone associated with delivering these successes.

A great deal of my time in the first few months was spent on working with various partner organisations to influence the government to make the provisions of the Health and Social Care Bill as effective as possible. I am convinced that the College's policy of critical engagement on the Bill was the correct path to take and that it secured the best possible deal for surgeons and patients. It also led us to the College's first extraordinary general meeting since 1948, which was about the formation of the National Health Service (NHS). Interestingly, this resulted in our College being one of the few professional organisations to support its establishment. It was encouraging to see so many fellows and members come out to debate the Bill. This demonstrated a clear reflection of how important the future of the NHS and high-quality patient care is to surgeons.

I am very proud of some of the things we have achieved this year. There is not enough space here to list them all but we have, for instance, made great progress in establishing the Clinical Research Network. This will see the development of five regional clinical trials centres as part of a strategy to develop a nationwide research infrastructure and expand the profession's surgical trials portfolio over the next five years. The national surgical fellowship scheme is also progressing well. Since its launch in January 2012, we have approved 30 fellowship

applications in general surgery, vascular surgery, neurosurgery and paediatric surgery, with a further 5 in the pipeline.

We are expanding our influence overseas and have accredited training centres in China with a view to increasing this activity. Similarly, in partnership with our sister surgical colleges, we have introduced an international fellowship exam, which so far seems to be generating considerable interest. Our education department is thriving with the recent establishment of a facility to receive, store and prepare unembalmed cadavers, one of a very few in the UK. Together with the specialty associations, we are engaged in providing commissioning advice for the newly established NHS Commissioning Board and clinical commissioning groups.

The College exists to serve the fellows and members, and to act in the best interest of patients. We have consistently represented their interests through our public affairs work in Westminster and strengthening our voice in the media. The Poly Implant Prothèse breast implant scandal is an example of this. Together with the relevant surgical specialty associations, we were members of the expert group and independently published



President's Foreword

clear clinical guidance for patients, general practitioners and surgeons.

Proud as I am of what we have accomplished, I am all too aware that there is always a great deal more to do. This coming year will prove critical for the NHS as it faces an unprecedented number of reforms, with secondary care reconfigurations, difficult budget decisions and commissioning all likely to change the health landscape considerably.

This year is also likely to see the publication of surgical outcome data, and we are working hard with government partners and specialty associations to ensure that our fellows and members are fully prepared. Revalidation has now become law and we have set up an appropriate support structure that we hope will be a useful resource.

From my visits around the country, I know how strongly many people feel about the constraints of the European Working Time Regulations and we continue to press for changes in this important area, particularly around ensuring more flexibility. We are keen to see the shift system abolished with the re-establishment of the firm structure.

'I am convinced that the College's policy of critical engagement on the Bill was the correct path to take and that it secured the best possible deal for surgeons and patients.'

I am conscious too of the need to engage more closely with the fellows and members who make up this College. The work I have described above is done on their behalf and membership also has many direct benefits. I am aware that as the world changes the College needs to remain relevant. In light of this we will be developing a major piece of work to look at what we offer and what we deliver for our members and to see where improvements can be made.

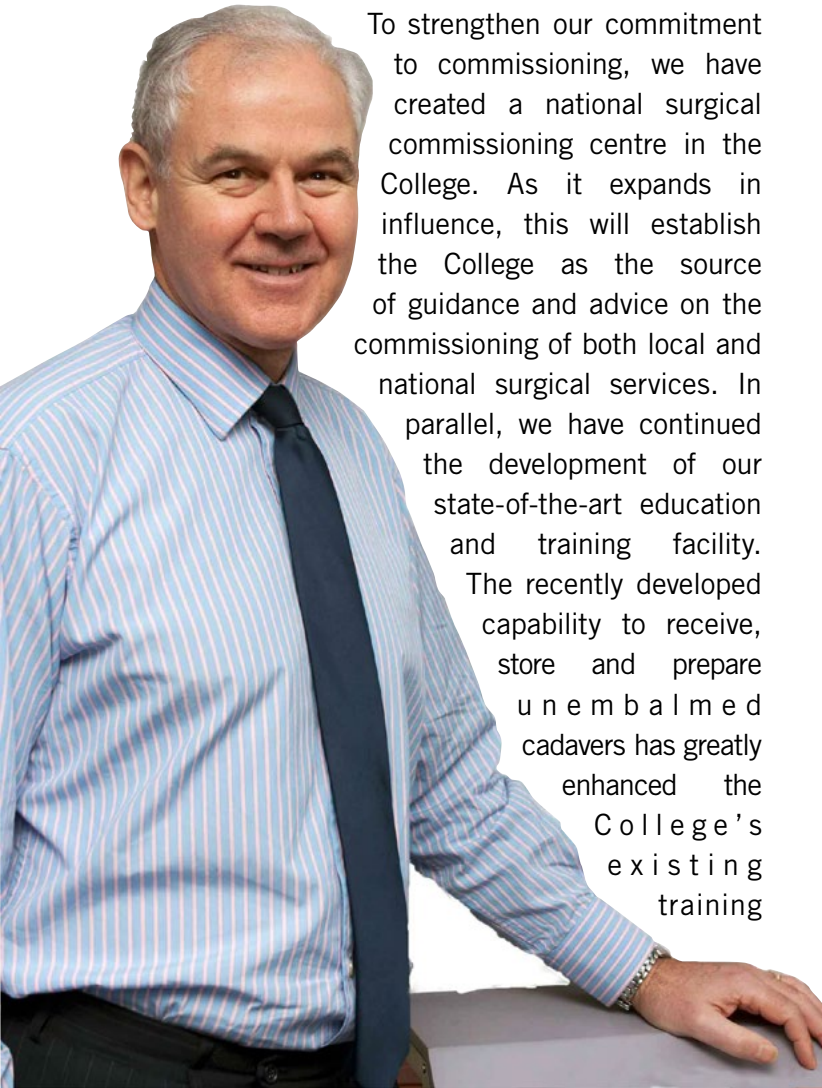
I am sure that the coming year will be as interesting and busy as this one has been. With the support of the College staff, trustees and the many others in surgery who assist us so ably, we can continue to deliver for the benefit of patients.

Professor Norman S Williams
President

Chief Executive's Introduction

I am delighted to again present the annual report of The Royal College of Surgeons of England. The year has seen the College make continued progress in the delivery of its strategic aims, particularly the commitment to provide strong leadership in all matters relating to surgical practice and improving surgical services for the benefit of patients.

Two of the major priorities for the College during this past year have been the development of our role in commissioning following the government's reforms to the NHS and the continuing development of our innovative educational courses.

A portrait of the Chief Executive, a middle-aged man with grey hair, wearing a light blue striped shirt and a dark tie. He is smiling and looking towards the camera. His right hand is resting on a surface in front of him.

To strengthen our commitment to commissioning, we have created a national surgical commissioning centre in the College. As it expands in influence, this will establish the College as the source of guidance and advice on the commissioning of both local and national surgical services. In parallel, we have continued the development of our state-of-the-art education and training facility. The recently developed capability to receive, store and prepare unembalmed cadavers has greatly enhanced the College's existing training

'Education and training of healthcare professionals is fundamental to the delivery of high-quality care and patient safety. Our new facilities now provide a significantly increased capacity to deliver the widest range of courses designed specifically for surgeons.'

facilities. These now include one of the UK's largest cadaveric dissection centres, a world-class clinical skills unit and its associated team skills training theatre. Education and training of healthcare professionals is fundamental to the delivery of high-quality care and patient safety. Our new facilities now provide a significantly increased capacity to deliver the widest range of courses designed specifically for surgeons.

Our Patient Liaison Group has continued to work closely with patients and the wider public to improve surgical services. The group is of immense value to the College, advising Council and its subordinate committees on patient critical issues. The ever increasing profile of the group, both internally and externally, is testament to the dedication its members have shown this year.

We have continued to deliver our commitment of free public access to the Hunterian Museum; I am pleased to report that annual visitor numbers reached a record 72,000 this year, with over 500 events staged. This success is only made possible by the willing volunteers who work in the museum and also behind the scenes. The College is deeply appreciative for their unstinting support. Indeed, we are perennially grateful to all the individuals, trusts, foundations and companies that have continued to support

Chief Executive's Introduction

our work over the past year. This underpins the principle charitable activities of the College: surgical research, and education and training. Both these elements continually help to improve surgical standards and patient care. Research fellowships, pump priming grants, travelling fellowships, educational tutorships and educational bursaries are all funded entirely by endowments and donations. Continuation of such generous support is absolutely crucial to this ongoing work.

Dental surgery remains a core aspect for the College. We are committed to closer working with the Faculty of Dental Surgery and the Faculty of General Dental Practice (UK) in order to share best practice. Where possible, the College therefore speaks with a united voice concerning both surgery and dentistry.

This year, encouraged by feedback from fellows and members, we have also seen the further expansion of the College's provision of electronic journals. There are now more than 160 titles covering all surgical specialties and dental surgery. Usage of this much valued

resource increased by 23% in 2011–2012 compared with the previous year. The library and information services department launched the first current awareness service bulletin for cardiothoracic surgery in March 2012. This is a pioneering venture and it is intended that it will grow to eventually encompass all the surgical specialties.

Ever mindful of the bounds of available resources, the College will continue to evaluate its priorities in order to ensure it can continue to provide appropriate leadership, support and guidance for the profession and patients in the coming years.

Finally, I would like to thank all our trustees, fellows and members, volunteer supporters and employed staff for their continued loyalty, dedication and perennial hard work on behalf of the College and the furtherance of its aims. Much has been achieved over the past year and with their support I am confident these successes will continue to be built on for the foreseeable future.

Alan Bennett
Chief Executive

About the College



The Royal College of Surgeons of England (RCS) is one of the world's leading medical institutions. Its central purpose is to enable surgeons to achieve and maintain the highest standards of surgical practice and patient care.

The College is a registered charity and has no political affiliation. It has expertise, authority and independence, and it acts entirely in the interests of patients and in support of those providing their care. The College provides strategic leadership and support to the surgical profession and influences policy making that has a direct impact on surgeons and their patients.

The College works with the government and its departments and agencies, the NHS, health authorities, trusts and hospitals, a range of professional bodies, and with patients and the public to enable the delivery of the best surgical care today and in the future.

The College is governed by a Council elected by the fellows and members of the College. There are 24 elected surgical members and 2 dental surgery members. The elected Council members are the College's trustees. In addition to the trustees, there are a number of members representing specific interests invited to participate in Council (although they do not have a formal vote). These include the Dean of the Faculty of General Dental Practice (UK), representatives of the nine surgical specialty associations, the College 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 patients. The Council reflects a range of professional interests, acting on behalf of surgery in general, chaired by the President.

National and Regional Activities

How we deliver public benefit:

A key focus of our work is to ensure high-quality patient care by supporting surgeons to develop and maintain the highest standards in the workplace. We work to influence local health policy and decision making towards better patient outcomes and care.

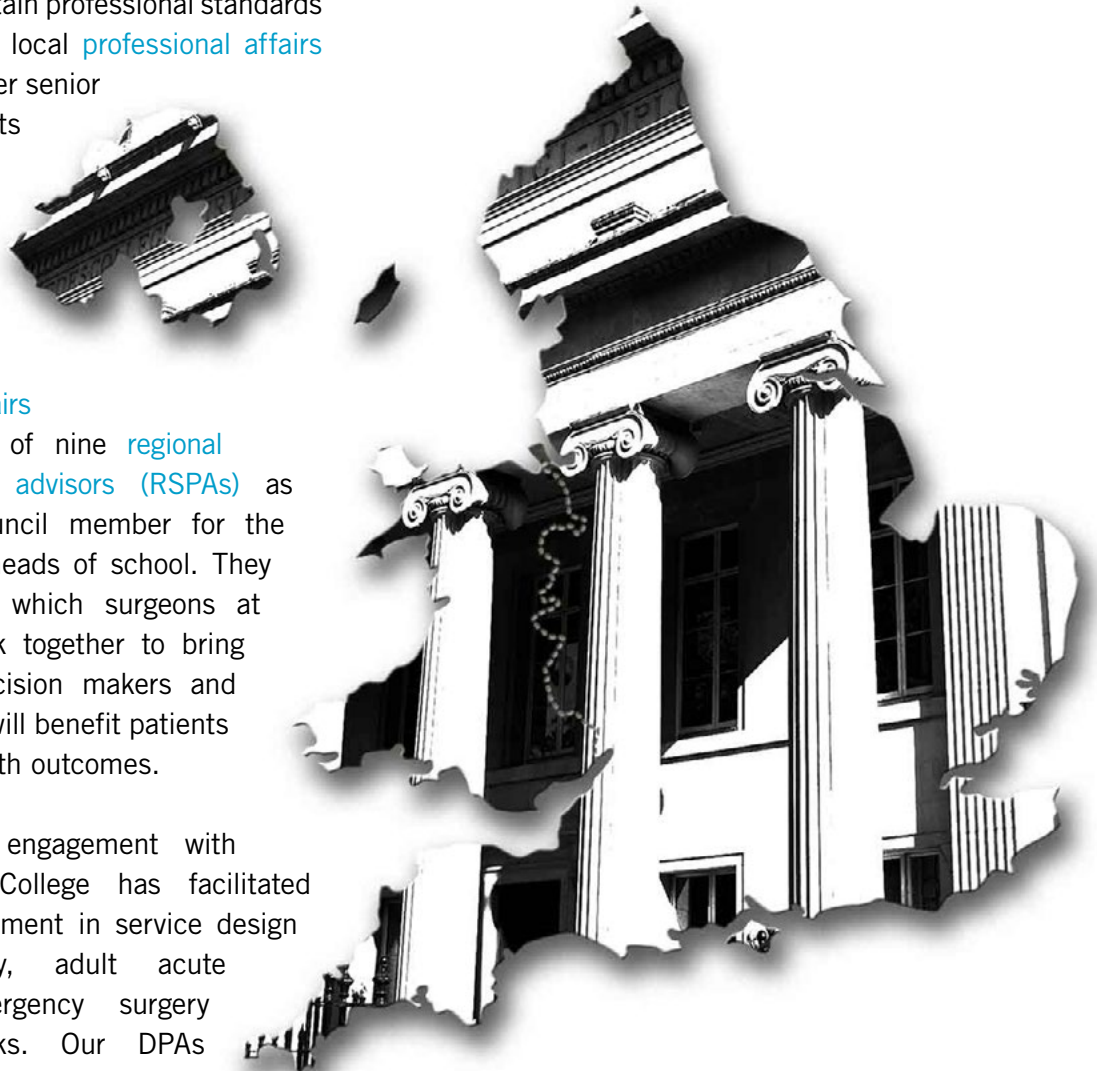
Supporting surgeons in the workplace

The College has a major role to play in supporting surgeons in England, Wales and Northern Ireland to implement and maintain professional standards of patient care. In our local [professional affairs boards](#) we bring together senior surgeons across trusts and specialties as a point of advice and support on clinical and professional issues. The boards are led by a [director for professional affairs](#) (DPA) and made up of nine [regional specialty professional advisors \(RSPAs\)](#) as well as the lead Council member for the region and the local heads of school. They provide a means by which surgeons at the coalface can work together to bring concerns to local decision makers and look for solutions that will benefit patients and lead to better health outcomes.

Through this direct engagement with commissioners, the College has facilitated local surgeons' involvement in service design in vascular surgery, adult acute medicine, and emergency surgery and trauma networks. Our DPAs

and RSPAs also provide a key focal point for working surgeons to access informal advice and support, signposting to relevant services such as specialty associations, our Confidential Advice and Support Service and the Invited Review Mechanism.

During the last year, the boards have delivered around 40 projects and events. These have brought together surgeons, other healthcare professionals and key local decision makers



in healthcare provision to discuss patient safety and service improvement. Patient safety conferences were held in the East of England, Northern Ireland, Severn, Wales, West Midlands, and Yorkshire and the Humber deaneries. Speakers have included Health Minister Dr Dan Poulter MP and leading voices in the new commissioning landscape such as Dame Barbara Hakin. They have provided a good opportunity for surgeons to better understand the role they can play in engaging with commissioners to facilitate the development of high-quality, clinically effective surgical pathways for patients.

Feedback from recent local events has been incredibly positive:

‘Excellent opportunity provided by the College to listen to senior colleagues speak on contemporary topics – staying local, minimising disruption to clinical activity. Please do more activity locally.’

MR HANIF SHIWANI, Consultant
General Surgeon and Surgical Tutor
at Barnsley Hospital

Additionally, the RCS President has visited a large number of hospitals around the country. He has learnt first hand the issues affecting surgeons and the care of their patients, and has heard about local innovations to improve surgical

‘The RCS President has visited a large number of hospitals around the country. He has learnt first hand the issues affecting surgeons and the care of their patients, and has heard about local innovations to improve surgical services as well as education and training.’

services as well as education and training. Two very successful conferences have been held in London to update College regional representatives on national issues, share good practice and support them in their local roles. The regional coordinators have supported surgeons involved in the delivery of local education and training programmes to help maintain and improve the standard of education and training. Activity includes participation on the local school of surgery board and on appointment panels for surgical tutors as well as providing College and Joint Committee on Surgical Training guidance on standards, curricula and assessment.

Looking ahead

We will continue to expand our engagement with commissioners and the emerging Local Education and Training Boards (LETBs) through our regional structures. We will also seek to run further events and conferences regionally to support our members and fellows.

International Activities

How we deliver public benefit:

The College seeks to improve standards of surgical care worldwide by developing relationships with government bodies and professional associations abroad. We host and undertake a range of visits to promote and improve international surgical cooperation and collaboration.

The RCS is committed to delivering focused College activities overseas. In January 2012 we held our first *Global Surgical Frontiers* conference with the aim to provide UK surgeons considering an overseas placement with relevant information and advice, while offering a platform to discuss the global surgical issues of the day. The event attracted nearly 200 delegates and achieved a positive write-up in *The Lancet*:

'The Royal College of Surgeons of England is working towards ensuring surgery gains greater recognition as a public health specialty. They made an excellent start by bringing surgeons and aid organisations together at their inaugural conference – Global Surgical Frontiers – on Jan 13, 2012. They have also developed a coordinated programme of education and training in tune with the needs of developing countries.'

Following the success of this conference, we will be hosting up a follow-up event in January 2013.

The College has had the pleasure of hosting a range of visits from international representatives and delegations over the past 12 months, including a visit from Bangladesh Health Minister



The College's first *Global Surgical Frontiers* conference was a great success and attracted nearly 200 delegates.

AFM Ruhul Haque and the High Commissioner to the UK, Dr M Sayeedur Rahman Khan in January 2012. A memorandum of understanding for cooperation and collaboration in education and exams was agreed with the aim to bring the MRCS examination to Bangladesh. We also hosted a visit from Professor Yip Cheng Har, President of the College of Surgeons of the Academy of Medicine of Malaysia. The RCS has been involved with the delivery of our *Care of the Critically Ill Patient®* course through the Malaysian College of Surgeons. This visit served to finalise the memorandum of understanding between the RCS and the Malaysian college.

Other key visits hosted by our College included those from Mrs Anne Kolbe, Chair of the New Zealand National Health Committee, and the Chinese Urological Association led by the Royal Society of Medicine.

'A memorandum of understanding for cooperation and collaboration in education and exams was agreed with the aim to bring the MRCS examination to Bangladesh.'

As a first step to assuring the quality of training centres overseas, the College accredited Johnson & Johnson medical training centres in Beijing and Shanghai. We also worked with the Foreign Office to further promote College business in China.

Looking ahead

- In January 2013 the President and members of the College Council will visit India, Sri Lanka and Malaysia to discuss ways in which the RCS can assist in raising the standards of surgical care and training.
- In May 2013 the College's triennial trip will take place in South America with the aim of raising our profile abroad by forging beneficial relationships and sharing expertise. The trip will comprise scientific meetings held in Brazil and Peru.

Quality and Patient Safety



Invited Review Mechanism

How we deliver public benefit:

The Invited Review Mechanism continues to support hospitals to maintain and improve the standard of surgical practice, and the quality and safety of patient care. We do this by providing high-quality and timely responses to requests from hospitals for individual, service or case note reviews. We use surgically led peer review and lay perspectives that represent the patient and public interest to improve the standards of care provided by surgical services and individual surgeons.

The College's [expert review panels](#) give hospitals an independent and objective perspective on what are often highly complex and sensitive circumstances, and provide detailed reports with clear recommendations for hospital managers to act on. We identify if causes for concern about surgical practice and patient safety exist, and

advise hospitals on how to address them. We follow up the actions taken by hospitals following our advice and analyse the learning we have gained from our experiences of providing invited reviews.

Looking ahead

- The College will continue to deliver high-quality reviews that provide hospitals with expert, independent, objective and timely advice.
- We will continue to follow up the implementation of our report recommendations.
- We will evaluate our services and develop them in response to the emerging needs of the surgical profession (eg offering reviews for commissioners of surgical services).
- We will analyse the learning from our reviews and disseminate this learning to ensure that the surgical profession can learn from this experience.

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- We will provide published advice to fellows and members on ‘acting on concerns’.
 - We will use our experience of invited review activity to drive the development of the College’s future patient safety work

Patient Liaison Group

How we deliver public benefit:

The Patient Liaison Group (PLG) provides a direct patient and public voice, ensuring that patients’ priorities and concerns are incorporated into the College’s mission to develop and deliver world-class surgical standards. Members of the group also represent the College externally; for example, on many forums and working groups including those run by the Department of Health.

The PLG is committed to achieving improvements for surgical patients in both the NHS and the private sector. It aims to do this by fostering a constructive dialogue between surgeons and patients so that each may better understand the needs of the other. 2011–2012 was a busy year for the PLG and highlights are included below.

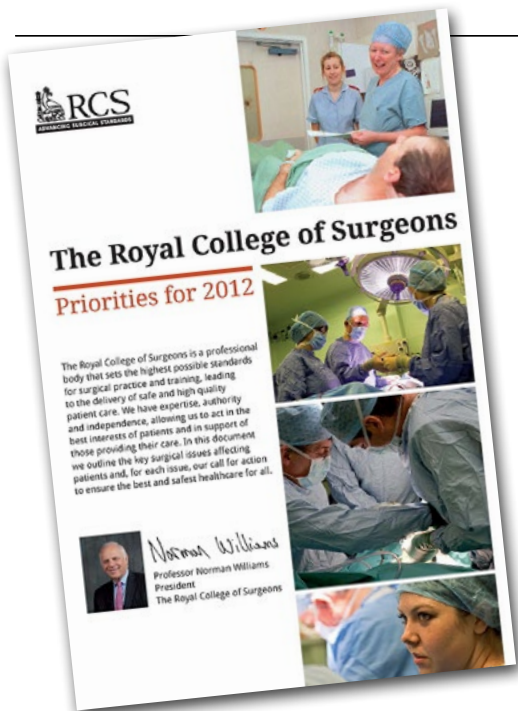
The PLG commissioned its [first independent poll](#) to look at the public perception of medical titles such as ‘surgeon’. The polling company ICM surveyed a random sample of over 2,000 people and, overwhelmingly, the results reflected PLG concerns. Assumptions are made about medical professionals’ qualifications based on their job titles, which are not always accurate. The resultant press coverage included BBC Breakfast, radio and national newspapers. The PLG will continue to look at ways to ensure clarity for patients on medical qualifications.



Representatives of the PLG have had direct input into the standards being developed by the College on a variety of topics including emergency standards of care, enhanced recovery guidelines, the effect of age on access to surgery and cosmetic surgery guidelines.

The PLG has continued to respond independently to government consultations, which have included the subjects of cosmetic practice, patient experience and the new healthcare architecture. These responses have often focused on the importance of good communication and language skills, which continues to be a vital issue.

The PLG has worked with the Association of Surgeons in Training (ASiT), expanding its role with trainees by presenting at the ASiT conference, giving the patient view of surgical care. In addition, members of the PLG have been invited to take part in the judging of an ASiT essay competition.



Our priority for 2012 was to ensure the best environment for surgeons in which to deliver the highest standards of patient care.

The PLG has continued to sit on a variety of RCS and external committees including those for education, research and examinations, the Joint Committee on Surgical Training and the Academy of Medical Royal Colleges.

Looking ahead

- The PLG will continue to prioritise patient safety via the College and with external stakeholders, trying to ensure clarity, particularly with medical titles.
- The PLG will contribute the College's work around surgical research.
- The PLG will continue to be involved in monitoring revalidation as well as its impact and development.
- Closer links will be developed with other organisations' patient liaison groups.

Influencing policy

How we deliver public benefit:

Over the past year, the College has worked to influence a number of health policy areas. These include the need for clarity on medical titles, commissioning standards and the working hours of surgeons. We did this through meeting with government ministers, making media appearances, publishing our *Priorities for 2012* document, holding seminars and hosting events at political party conferences in collaboration with other bodies. Our aim was to ensure the best environment for surgeons in which to deliver the highest standards of patient care.

A targeted media and political strategy led to a number of policy successes in 2011–2012, some of which are listed below.

Health and Social Care Bill

During the passage of the Health and Social Care Act 2012, the College was able to work with the government and Parliament to help amend the legislation before it was passed into law in May 2012. Here are some of the key changes we helped to secure:

- Greater secondary care clinical involvement was achieved in the new commissioning infrastructure. The government is now establishing clinical networks and clinical senates to provide clinical advice to the NHS Commissioning Board, and there will be secondary care clinicians on local clinical commissioning groups.
- We worked to introduce the idea of any 'qualified provider' rather than allowing any

'willing provider' to lessen the risk of cherry picking by the private sector.

- In coalition with the Association of Medical Research Charities, we lobbied to create a statutory 'duty' on the Secretary of State for Health and commissioning organisations to incentivise and promote research.

Breast implant activity

The Association of Breast Surgery, the British Association of Plastic, Reconstructive and Aesthetic Surgeons, the British Association of Aesthetic Plastic Surgeons, the Federation of Surgical Specialty Associations and the RCS [jointly agreed to endorse](#) the government's decision to support patients who received the Poly Implant Prothèse (PIP) breast implant. Our [call for better regulation and surveillance for all surgical implants](#) was supported by the House of Commons reports from the select committees for health, and science and technology on breast implants and medical devices. Our President, Professor Norman Williams, represented the RCS on the Department of Health's PIP breast implants expert group, which supported many of the College's recommendations for improving transparency of the sector.

Other political contact

In 2011–2012 we maintained good working relationships with the government, meeting ministers and key health-interested MPs and peers from across the political spectrum. At the political party conferences in 2011 we held events jointly with the Royal College of Physicians, the General Medical Council



The College's call for better regulation on breast implants was supported by the House of Commons.

'Our call for better regulation and surveillance for all surgical implants was supported by the House of Commons reports from the select committees for health, and science and technology on breast implants and medical devices.'

and the Patients Association on *How can the NHS improve quality during a time of change?* Professor Norman Williams, RCS President, spoke about access to treatment and reiterated that NHS decisions on rationing need to be made more transparent to help patients analyse whether they have been made for clinical efficacy or on financial grounds. The events were well attended with speakers including Baroness Northover (Liberal Democrat minister), Liz Kendall MP (now Labour shadow health minister), Anne Milton MP (previous health



minister), and journalists from the *Financial Times*, *The Times* and *The Sunday Telegraph*.

Looking ahead

- The College will continue to engage proactively in the implementation of the new NHS system in order to ensure that the profession is best placed to influence changes to maintain a high standard of care for patients. This will include influencing the draft Care and Support Bill, which will put the new education and training system on a statutory footing.

- Other campaign priorities for the coming year include greater collection and use of surgical results data, publicly supporting service changes to surgery where there is clinical evidence to support the change and pushing for flexibility to the European Working Time Regulations following the outcome of the social partner negotiations.

Commissioning

How we deliver public benefit:

The College is committed to ensuring that commissioning is increasingly patient-focused and clinically-led. We undertake a number of quality improvement activities and offer advice to providers and commissioners to bring about improvements in surgical service delivery.

In December 2011 Council received a commissioning strategy, which outlined how the College would seek to engage with emerging national and regional commissioning organisations across both service and education/training commissioning. Council adopted the strategy and commissioning became one of the College's key priority areas.

After concerns about the so-called 'procedures of limited clinical value', which saw some commissioning organisations ceasing unilaterally to provide certain types of surgical procedure in order to save money, the College agreed partnership arrangements with NHS Right Care to manage and coordinate a programme of commissioning guidance development with the surgical specialty associations. This work involved the development of a *Commissioning Guidance*

Process Manual, for which accreditation would be sought from the National Institute for Health and Clinical Excellence (NICE) under its NHS Evidence programme.

Guidance documents produced following the accredited process are seen as a trusted source of information and commissioning organisations would need to pay heed to it. Trustees agreed that this was of vital importance to ensure the work of the specialty associations and the College was recognised and used in the commissioning process. The work also envisaged the development of up to 40 individual pieces of guidance on a range of topics across all surgical specialty associations. A section on commissioning was established on the [RCS website](#) to bring together current resources to support commissioners. The College has set up a commissioning steering group to oversee developments.

Good relationships were established with Medical Education England and the emerging Health Education England; the College's position on the proposals around changes to education and training were formulated and communicated effectively. At a regional level, the directors for professional affairs structure provided key information on emerging structures and key stakeholders.

Looking ahead

- The College will submit its application to NICE under the NHS Evidence programme for accreditation of the *Commissioning Guidance Process Manual*. We will also work with the specialty associations to support them as they develop commissioning guidance. The College

will further develop its website to better support commissioners and providers of surgical services to access current guidance, standards and services.

Workforce census

How we deliver public benefit:

Collection of robust and accurate data is essential for making evidence-based decisions for the design and delivery of surgical services. It is also an important way of ensuring that RCS policy is reflective of the reality of surgical practice and the challenges faced by surgeons around the country.

In collaboration with the surgical specialty associations, the College has [published the results of its second professionally led census of the surgical workforce in England, Wales and Northern Ireland](#). The survey provides data on the numbers of practising surgeons, their specialist areas of practice, working practices and retirement intentions. As part of our commitment to maintain the highest standards of surgical practice and patient care, the College through this census aims to support planning for the next generation of surgeons.

Building on the first census in 2010, participation to the second census increased by more than 10%, achieving a response rate of 70% of the consultant surgical workforce. The results of the 2011 census provided more complete and detailed data than the first census, including information on workforce distribution across the regions and additional information on the consultant workload. Graphic analysis of the responses was published in a



The College's survey on the surgical workforce identified key trends in surgeons' working hours.

comprehensive report on the RCS website. Some of the key findings of the latest census include:

- a rising trend of consultant surgeons who work more than their contracted hours to meet service demand;
- a large majority of consultant surgeons who are not free from elective duties during their on-call commitments;
- an average of 1.6 programmed activities spent on supporting professional activity; and
- a significant percentage of consultant surgeons who intend to work part time at some point in their career.

Looking ahead

- The census will be repeated in 2012 as part of the College's ongoing commitment to monitoring trends in surgical practice and service delivery. A separate workforce project will also run in parallel to this to identify workforce numbers and practices of staff and associate specialist surgeons. As the census becomes more established, we aim to increase participation year on year and use the evidence to make a useful contribution to the debate on the shape of the future surgical workforce.

Education and Training



How we deliver public benefit:

RCS Education has maintained its focus on delivering courses and programmes to equip surgeons with the knowledge and skills to deliver the required standards of patient safety and care. This year has seen over 10,500 participants undertake our courses, and we continue to increase the provision of courses available regionally and internationally.

The development and delivery of courses has continued to be the main focus and priority for [RCS Education](#) with the aim of developing the skills of surgeons, to enhance the standard of patient safety and patient care. This year, we delivered over 680 courses to more than 10,500 participants.

The College recognises the importance of anatomy training and procedural simulation. In addition to developing new courses to equip surgeons with the relevant skills, we have built

a dedicated £1.4 million facility to receive, store and prepare unembalmed cadavers. This new facility will greatly enhance the College's state-of-the-art education and training facilities, which include one of the UK's largest cadaveric dissection centres, a clinical skills unit and a team skills training theatre.

The College continues to deliver courses through approved regional centres, to ensure that courses are delivered to a consistently high standard. Furthermore, we are continuing with our provision of international surgical education, offering courses in Australia, Jordan, Malaysia, Norway, Sharjah and Sweden. The majority of courses are aimed at surgical trainees, for example the intercollegiate *Basic Surgical Skills* course and *Care of the Critically Ill Surgical Patient@*. However, there are also courses on professional development such as *Training the Trainers*.

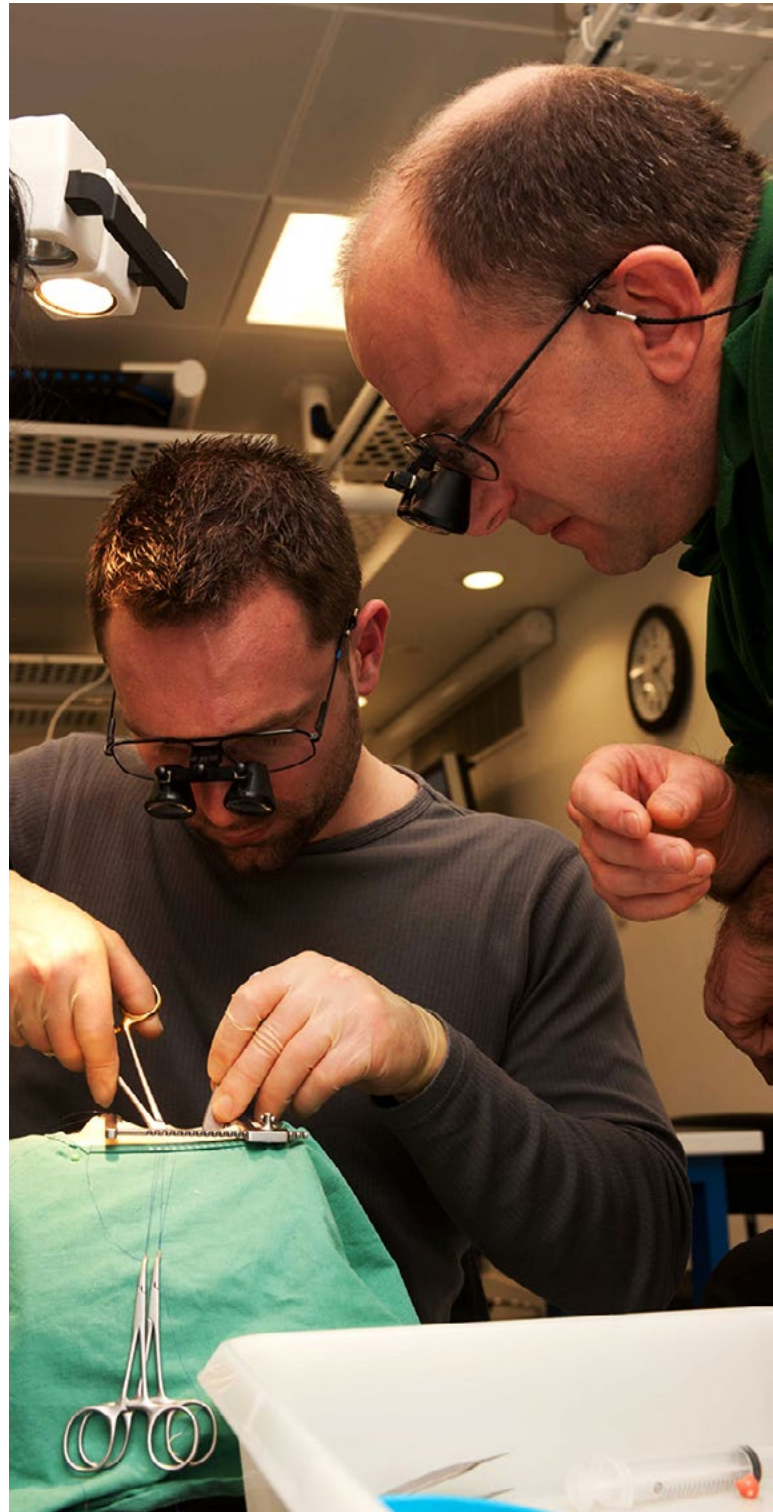
‘The College will continue to promote its unembalmed freeze-preserved cadavers facility so more courses provide the most realistic tissue for simulating operations and procedures.’

Quality is of paramount importance and there is a rolling programme of course revalidation for established courses, course approval for new courses and online evaluation through surgical course participant evaluation for RCS Education courses. The majority (80%) of RCS Education courses are rated ‘green’ on a red-amber-green scale where green represents overall satisfaction of over 85%.

The College has continued its collaboration with the Department of Health e-Learning for Healthcare programme to develop eSurgery. This is a free e-learning resource supporting trainees in their early years of surgical training, structured into modules that map to the [Intercollegiate Surgical Curriculum Programme \(ISCP\)](#). This year, the College secured funding for perioperative care, transplantation, and some elements of basic surgical skills and basic sciences.

Looking ahead

- The College will continue to promote its unembalmed freeze-preserved cadavers facility so more courses provide the most realistic tissue for simulating operations and procedures. We will also continue to expand e-learning modules and the incorporation of digital learning into all courses, where appropriate. This blended-learning approach is designed to maximise course efficiency.



- The biggest challenge facing the College are the changes to the organisation and structure of the NHS, with considerable change expected in the funding and provision of education and training. Irrespective of these changes, we remain committed to developing and delivering education to surgeons of all grades as well as to the wider surgical team, to achieve our overall aim of improving patient safety.

Joint Committee on Surgical Training

The [Joint Committee on Surgical Training \(JCST\)](#) works on behalf of the four surgical colleges of the UK and Ireland as well as with the specialty associations to enhance the quality of surgical training. It is the parent body for the ISCP. With ten specialist advisory committees (SACs), five training interface groups and an intercollegiate Core Surgical Training Committee, the JCST enrolls surgical trainees, monitors their progress and makes recommendations to the regulator when they are ready for the Certificate of Completion of Training (CCT) (awarded to trainees in the UK following completion of a recognised training pathway). On behalf of the regulator, the JCST also evaluates applications for specialist registration from surgeons who do not have the CCT but who have demonstrated equivalence by a combination of training, qualifications and experience.

The JCST's core purpose is to develop, promote and ensure the highest possible standards of surgical training for the benefit of patients. To achieve this, we work closely with the regulator, schools of surgery and deaneries as well as



trainee and lay representatives. Our work in evaluating applications for specialist registration also makes an important contribution to patient safety. The current JCST Chairman is Ian Eardley, a consultant urologist based in Leeds, and the ISCP Surgical Director is Bill Allum, a London-based surgeon with a special interest in oesophageal and gastric cancer.

An external review of the JCST, commissioned by the joint surgical colleges, reported in 2012 and was largely positive. It found that we have a valuable role to play and are appreciated by the people with whom we work. There are also lessons to learn and we are building on them for our future strategy. We are particularly keen to improve communication with trainees and are now producing a twice-yearly newsletter. You can also follow us on Twitter ([@JCST_surgery](#)).

'Vascular surgery has now been recognised as a full specialty and our new vascular surgery SAC is preparing for the first cohort of trainees, who will be recruited in 2013.'

Over the last year we have produced quality indicators for surgical training posts and guidance for trainees approaching certification in the different surgical specialties. We are also running new trainee surveys as part of our work to ensure the highest possible standard of surgical training and have worked with schools of surgery to define the way in which we provide external advice to training programmes.

Vascular surgery has now been recognised as a full specialty and our new vascular surgery SAC is preparing for the first cohort of trainees, who will be recruited in 2013.

We recently commissioned a [full-scale evaluation of the ISCP](#), aiming to find out whether the

curriculum is producing the desired result and also to determine how we can best improve it. Among the key messages are that it is an effective management system and has challenged users to think about what they do and what they value in training. There is, however, also scope for change. There is a desire for greater flexibility for local implementation, more emphasis on formative feedback in the assessment system and more emphasis on apprenticeship, mentoring and harnessing the talent and charisma of individual trainers. A major priority over the coming year will be to engage as many users as possible in deciding what happens next.

We continue to update the curriculum in line with new developments. A particular priority is incorporating simulation-based training, for which we hope to gain the support of the regulator. Ensuring that trainees can practise in a simulated setting before operating on patients is an important step in improving patient safety.

Museums and Archives



How we deliver public benefit:

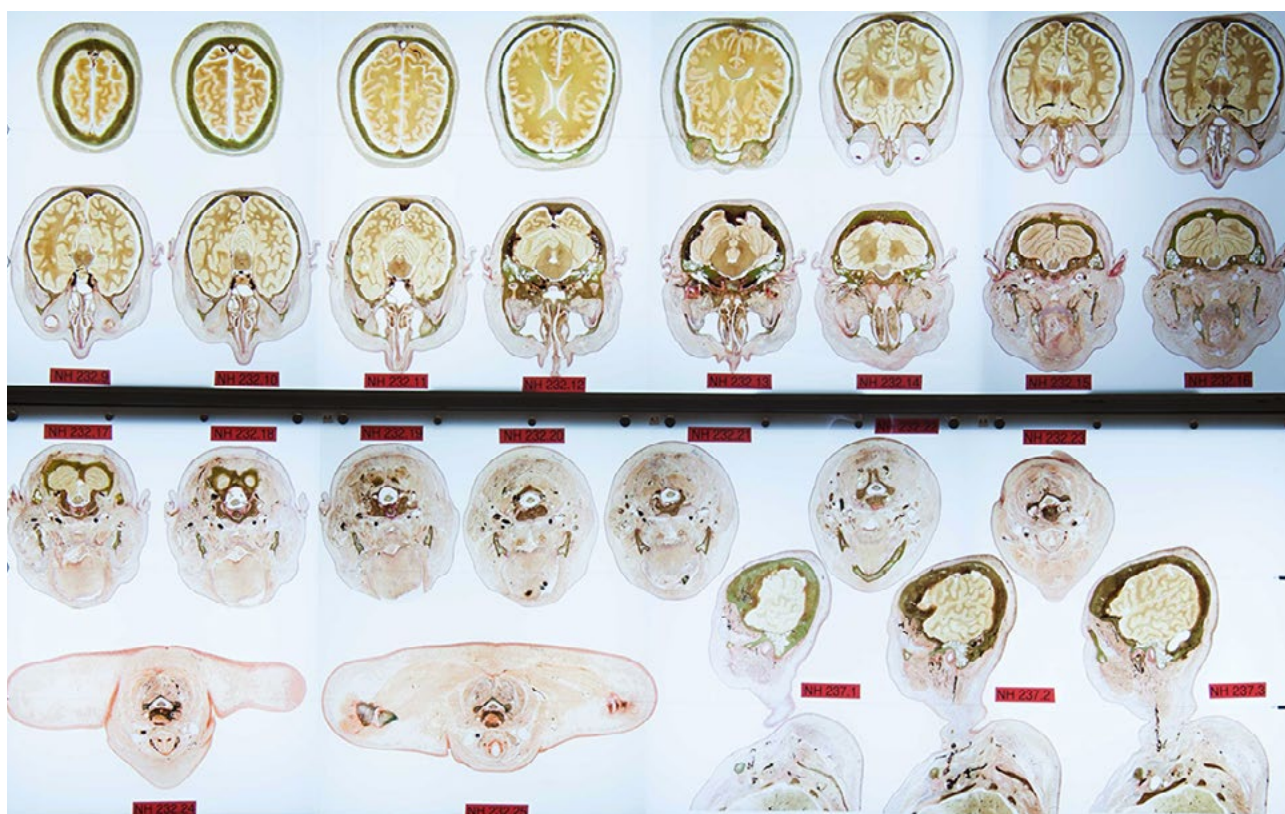
The Hunterian Museum spans four centuries of surgery and offers free admission to both its permanent and changing exhibitions. These include over 3,000 anatomical and pathological preparations owned by the founder of scientific surgery, John Hunter (1728–1793). Over the past year, we welcomed a record 72,000 visits to the museum, including school visits, family workshops and public talks.

Hunterian Museum

[Museums and Archives](#) has continued to grow this year, with unprecedented numbers of visits to the museums as well as a developing use of our training and research resources. Some of our greatest achievements, however, reflected the hard work undertaken behind the scenes. We now boast a raft of new policies to give us clear direction over the next five years and the

Human Tissue Authority inspected the College against the public display licence in April 2012. The inspectors' report is a gratifying vindication of the best practice employed by the team. Furthermore, we staged over 500 events, thanks in no small part to 5,500 hours given generously by dozens of volunteers in the museum and behind the scenes.

Many visitors were attracted by the events marking the centenary of the death of antiseptic pioneer Joseph Lister, and a celebration of the role of sports and exercise medicine. Key to the latter was an exhibition, *Anatomy of an Athlete*, which featured medical artists representing the anatomical features and surgical techniques deployed to assist British Olympians and Paralympians. Of those featured in the displays, runner Richard Whitehead and canoeist Etienne Stott won gold medals in the London Games.



Major exhibition loans

Museums and Archives also enhanced the reputation of the College by contributing material to exhibitions in the UK and overseas, including eight national and internationally significant venues. Wellcome Collection on Euston Road featured Charles Babbage's brain from our collection in its immensely popular exhibition *Brains: The mind as matter*, alongside the model brain and skull developed for neurosurgery training by our conservator Martyn Cooke. Pastel portraits of recovering Great War soldiers by the artist Henry Tonks continue to be in high demand. Three were displayed at the Centre Pompidou-Metz in Lorraine, France, for example, for their exhibition *1917*.

The Wellcome Museum of Anatomy and Pathology

Refurbishment and restructure of the [Wellcome Museum of Anatomy and Pathology](#) continued this year with the installation of new lighting and air conditioning helping to make the Wellcome Museum an even better environment for study and teaching. Visitor numbers have continued to increase over the last year (July 2011 to June 2012) with 7,000 people visiting the museum. This was 1,500 more than in the previous 12 months.

The Wellcome Museum continues to support its primary audience of surgical trainees by hosting RCS Education courses, providing specimens

for teaching alongside cadaveric material in workshops, running evening lectures as well as question and answer sessions with surgeons, and providing extended and Saturday openings for MRCS exam candidates. Medical students also find the Wellcome Museum very useful for study and revision. Throughout the year, a number of medical student surgical societies from all over the UK came to spend a day at the museum with surgical volunteers to learn more about anatomy and pathology. Pathologists, physiotherapists, nurses, osteoarchaeologists, medical artists, osteopaths and various other medical/health professionals have all benefitted from studying the museum collections over the last year.

Conservation unit

The College conservation unit has continued to take on a number of major projects throughout the year, the most significant of which was entitled *Endangered Specimens, Endangered Skills* (ESES). Very generous funding from the John Ellerman Foundation and the trustees of the Hunterian Collection has enabled the unit to recruit two new assistant conservators for a three-year period. This will enable cutting-edge conservation work to be carried out on the Hunterian and zoological specimens.

In addition, part of the ESES project is to develop a training programme in medical and natural history specimen conservation. This discipline of conservation training is poorly represented at present and this programme will enable our conservation unit to provide training for those responsible for the maintenance and upkeep of medical and natural history collections

throughout the UK. The unit ran a pilot training programme in summer 2011 and feedback was extremely positive.

Dr Carol Shiels manages the pathology museum at St George's Hospital in London and attended the programme. She commented:

'The course was an essential learning experience, with information on both the technique and the materials I need to start conserving our own fluid collection of pathology specimens. We have a number of endangered specimens in our collection urgently needing conservation and I can confidently start work on them having completed the course. The course was over three days and this had the advantage of giving me the opportunity to ask many questions around the subject. I plan not only to use the skills gained from the course to conserve our own fluid collection but also to run mini-workshops in our own museum to introduce students to the art of potting specimens.'

An exciting new venture undertaken by the unit this year was the development, design and production of an anatomically correct head simulation model for a pilot head trauma course in association with RCS Education and neurosurgeons from Imperial College London. The first course with the models proved to be a great success and production of further models for the next course is in progress. It is hoped that model development can be extended into other areas of surgery.

Visitor responses

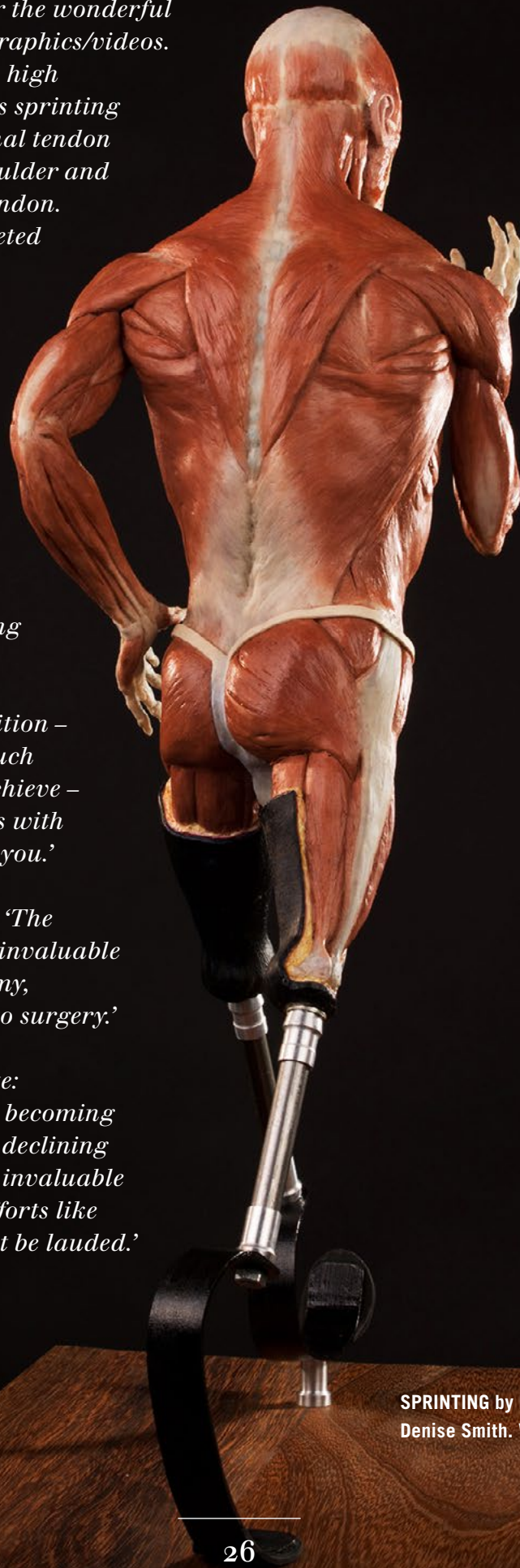
'Aug 17, 2012 – Thanks for the wonderful descriptions and clean graphics/videos. My daughter, who was a high performance athlete, was sprinting and suffered the “proximal tendon avulsion”, fell on her shoulder and tore the subscapularis tendon. Both repairs were completed successfully – none arthroscopically – with an 18-month recovery. Your explanations help me understand her ordeal.'

'Very interesting and informative. Respect to Richard Whitehead. Many of us shirk in the face of much less daunting obstacles. Thank you.'

'20/7/12 – Amazing exhibition – interesting to see how much athletes go through to achieve – I will watch the Olympics with renewed interest! Thank you.'

A surgical trainee wrote: 'The prosected specimens are invaluable in demonstrating anatomy, particularly in relation to surgery.'

A pathology trainee wrote: 'Collections like these are becoming rarer with autopsy rates declining so drastically. This is an invaluable learning resource and efforts like yours to maintain it must be lauded.'



SPRINTING by Richard Neave and Denise Smith. Wax écorché, 2012.



Prepared juvenile skull, part of the Odontological Collection.

Archives

The large Joseph Lister illustrated rolls (conserved in 2011) were a central part of the Lister centenary celebrations held at the College in March 2012. Material from the Lister Collection was loaned additionally to King's College London for its commemorative exhibition.

The RCS Project Archivist has catalogued the archives relating to the work of the Hunterian Museum and its staff ahead of the 200th anniversary in 2013, and archives relating to examinations and the membership have also been catalogued. Furthermore, 100 other collections have been catalogued this year, including the papers of Sir Gordon Gordon-Taylor FRCS, lithotomist William Fergusson FRCS and orthopaedic surgeon St John Buxton FRCS.

The increased descriptions available on the [online catalogue](#) have led to a record number of enquiries about the contents and making appointments to view the archives. The arrival of the outstanding collection of First World War patient records of Sir Harold Gillies has also contributed to the high volume of enquiries.

'The material possessed in the archives of the College is of a quality and breadth that make it a unique reflection on the development of British anatomy and surgery. The papers of some of the field's most significant figures such as Joseph Lister and the Minutes of the Council, for example, contain significant documentation that speaks both to the history of surgery and also the broader context of medical politics. The knowledgeable staff are always on hand to answer queries.' SALLY FRAMPTON, University College London researcher

Research using RCS collections

The research potential of the College's collections are increasingly realised. Specimens from the Odontological Collection, for example, have been the focus of research at the Australian Centre for Ancient DNA over the past year. Professor Alan Cooper is working in collaboration with museum staff to determine a sample from among the collection to use in his historical DNA research studies. He has extracted several samples of calculus (solidified plaque) from both historical human teeth and more modern primate teeth for further analysis. The DNA of the bacteria present in these samples can then be used

to infer details about trade/migration, and even form evolutionary connections between non-human and human primates. These odontological samples are currently undergoing DNA sequencing and we are anticipating results and publication in 2013–2014.

‘The College’s Odontological Collections are a unique source of dental calculus deposits from a wide range of ages and locations, including the important industrial era when processed sugar and flour dramatically changed the oral microbial environment. In addition, dental calculus from the comparative primate material is key to understanding the co-evolution of oral microbes over long time periods. We’d like to thank the RCS staff for their great assistance in supporting our research program.’

PROFESSOR ALAN COOPER, Director of the Australian Centre for Ancient DNA, University of Adelaide

The College is one of three partners in a major bioarchaeological project, *Digitised Diseases*, funded by Jisc. The initiative informs clinical understanding of chronic conditions affecting the skeleton using archaeological and historical exemplars from the University of Bradford, the Museum of London Archaeology and the RCS.

Looking ahead

- In 2013 we will mark the bicentenary of the Hunterian Museum with an exhibition, event series, blog and book.
- In 2014 we will commemorate the centenary of the outbreak of the First World War.
- We will continue to strive to establish the Wellcome Museum as an international centre of excellence for anatomical and pathological learning.
- We will develop our strategic partnerships with higher education institutions to support research and learning using the collections.

Library and Surgical Information Services



How we deliver public benefit:

The College provides fellows, members, affiliates and examination candidates with specialised learning resources to support their training, research, professional development and clinical practice. It has a nationally important collection of historical and contemporary material focusing on surgical, dental and medically related literature dating from the late 15th century to the present. The public has access to the historical print collections and to the LivesOnline website, a freely available biographical database of deceased fellows of the College that is used by genealogists and family historians as well as historians.

Online content and services

Following consultation with members in 2011, the [e-journal portfolio](#) was expanded and now numbers more than 160 titles across all surgical specialties and dental surgery. Usage as measured by full-text downloads of articles (59,833) increased by 23% when comparing the period under review with July 2010 to June 2011 (48,598). Barriers to obtaining certain high-demand titles include

licensing restrictions imposed by publishers and learned societies, technical access issues and cost. A further e-journal survey in the summer of 2012 elicited a doubled response compared with 2011; the results will inform the selection of new titles for 2013.

The library worked with RCS Education to pilot the provision of e-books for the *Systematic Training in Acute Illness Recognition and Treatment for Surgery (START Surgery)* course in a virtual learning environment. Subject to budgetary and technical constraints, it is hoped to provide more e-books in 2012–2013, particularly to support anatomical teaching and early years training.

Library staff have continued to work closely with museum colleagues to provide learning resources for users of the Wellcome Museum. Implementation of anatomy.tv (an online version of three-dimensional anatomy software) in February 2012 has been met with great approval, not only by those involved in anatomical teaching but also by the wider membership.

New current awareness service

A specialty-based current awareness service for members was started this year. The first current awareness bulletin for cardiothoracic surgery was launched in March 2012 and has been very well received with consistently high 'click through' rates. Library staff work closely with consultant clinical advisors, whose input is both essential and much valued. Members are able, wherever possible, to click through to full-text content; this is a unique selling point in the service. Bulletins for urology, vascular surgery and plastic surgery are being piloted, and it is hoped that all specialties will be covered, subject to available resources. The increased e-journal content has been a critical factor in being able to develop this pioneering service, as has the provision of additional professional library staff time.

Comments on the current awareness service:

'I must congratulate you on this new venture. We are suffering from information overload and a tool such as this is excellent in providing a digest of relevant up-to-date literature... I think the editors have chosen a good range of topics in urology and it is certainly a service I would like to use regularly.'

Consultant Urologist

'This is just what the College should be providing to its members. It will also benefit overseas fellows and members – they appreciate the existing library access very much. I support it fully.'

MR DAVID WARD, RCS Council Member



Case study: anatomy teaching in Malawi

Mr Richard Brueton, Honorary Consultant Orthopaedic Surgeon at the Royal Free Hospital in London, created a series of anatomy teaching sessions for Malawian surgical trainees about to sit the MRCS examination for the College of Surgeons of East, Central and Southern Africa. Mr Brueton used high-quality images from anatomy.tv to create presentations to support his anatomy teaching in Malawi. Mr Brueton stated that this teaching resource was 'so effective, so far afield'.

'In the summer of 2011 we completed cataloguing the tracts and pamphlets. When the project started in 2002, we estimated there might be 28,000; in fact, 30,640 have now been catalogued.'

Plarr's Lives of the Fellows

Published since 1930, *Plarr's Lives* documents the lives of fellows of the College. Interest in family history and genealogy has boomed in recent years, and the library and archives staff receive a steady stream of enquiries. Work began in 2005–2006 to publish *Plarr's Lives* online and in the past year this activity was given some additional resources. This has enabled the volunteer contributors, with support from the library staff, to push forward with putting entries from the printed volumes online while continuing to publish contemporary entries. By the summer of 2012 there were almost 3,000 entries freely available.

Collections work

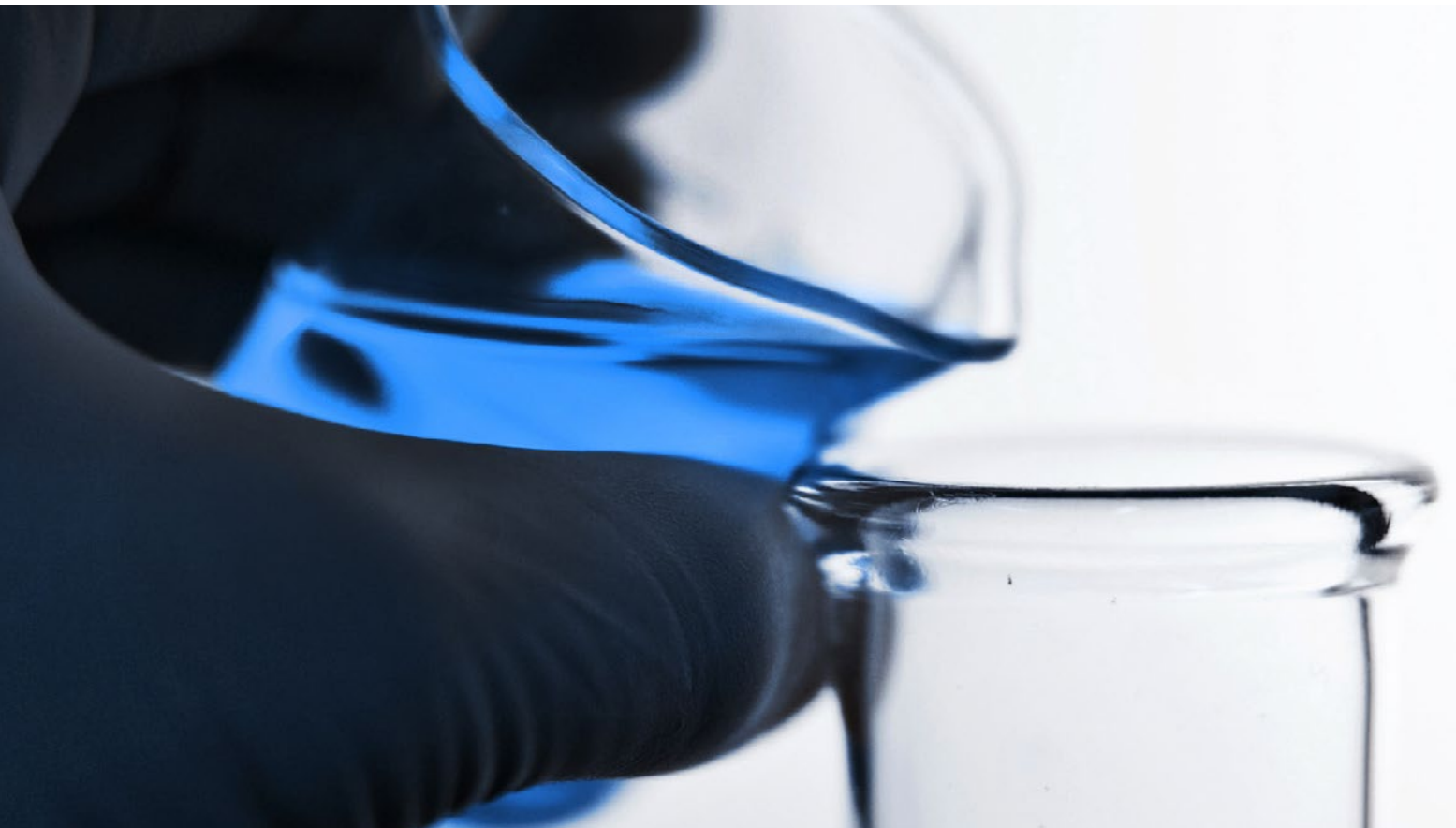
The programme funded by the Wellcome Trust to catalogue our pre-1800 monographs online has continued. This phase is expected to finish in October 2014. Regular articles on interesting items from the collection have featured in the *College Bulletin*. In the summer of 2011 we completed cataloguing the tracts and pamphlets. When the project started in 2002, we estimated there might be 28,000; in fact, 30,640 have now been catalogued. This is one of the most important collections of medically related pamphlets in the UK. The College library catalogue is also part of the national database at www.copac.ac.uk.



Looking ahead

- We will continue to develop access to online resources as well as running a survey to gain member feedback.
- We will evaluate the first phase of the current awareness service. Based on the outcome, we will plan and implement the second phase to extend coverage of further specialties.
- We will continue to work to open access to the historical collections by retrospective cataloguing. We will also continue the cataloguing project funded by the Wellcome Trust.

Surgical Research



How we deliver public benefit:

The College provides research leadership and support for surgeons. Surgical research has continued to be a focus of the College's work, enabling us to investigate the causes of surgical conditions, research new treatments and improve outcomes to the benefit of patients. We have a central role in supporting the surgical community to identify and highlight innovative practice, and promote its evidence base and widespread adoption.

In October 2011 Professor Dion Morton was appointed as the new Clinical Director of Research to establish centres for randomised controlled trials in surgery with the appropriate

infrastructure. Through his drive and enthusiasm, in conjunction with staff of the College's development office, significant funds have been pledged to launch this exciting and ambitious programme. Professor Morton aims to develop a trials culture in surgery by increasing the number of surgical trials, expanding surgical participation and developing leadership in this field. Sir Michael Rawlins, Chairman of NICE, has agreed to chair the newly formed clinical research initiative steering committee, which will oversee the development of this project, ensure targets are met, and offer support and guidance.

This year we awarded 34 [research fellowships](#). These included: eighteen one-year research fellowships and five two-year fellowships associated with the elderly, in partnership with the Dunhill Medical Trust; two fellowships from the Ileostomy and Internal Pouch Support Group; two fellowships from the Harry Morton endowment to be undertaken in Toronto, Canada; two military research fellowships (one in the UK, one in the US); two clinician scientist fellowships in partnership with Cancer Research UK; and, for the first time, two Fulbright scholarships in the US. The College is the first medical royal college to be appointed by the Fulbright Commission to be invited to join this prestigious scheme.

Clinical Effectiveness Unit

The Clinical Effectiveness Unit (CEU) at the College continues to strengthen its portfolio of large-scale national projects. These projects are vital in assessing the outcomes of surgical care.

Although the CEU was disappointed in failing to win the re-tender for the National Joint Registry, due to being undercut by a competitor, it has now gained joint funding partnerships for three large-scale national audits from the Healthcare Quality Improvement Partnership, namely:

- the National Prostate Cancer Audit with the British Association of Urological Surgeons and the British Uro-oncology Group
- the National Vascular Registry with the Vascular Society of Great Britain and Ireland
- the National Emergency Laparotomy Audit with the Association of Surgeons of Great Britain and Ireland and the Royal College of Anaesthetists



The *Surgical Research Report*, published in 2012.

Looking ahead

- We will increase fundraising presentations on research, especially with the Freemasons appeal.
- We will commission the three large-scale national audits.
- We will appoint centres and specialty leads for the surgical trials initiative.

‘During the past two years, the Freemasons of England and Wales have had the benefit of hearing from various research fellows of what their particular projects entail. It is quite amazing to learn of the outstanding expertise and talent that these surgeons are applying to find ongoing solutions to so many illnesses and medical challenges, which can at some time face any one of us. The Freemasons have undertaken to raise £1 million by 2013 to be used to support some of the research projects. The dynamic presentations given to various Masonic gatherings have significantly contributed to their fundraising initiatives because of the greater awareness they have gained from the presentations. Long may their work be continued and supported.’

ERIC HEAVISIDE, Provincial Grand Master,
County Durham

‘The RCS fellowship has enabled me to conduct a pan-European project in simulation and impact assessment. This will improve the use of simulation for future surgical training. Expert support from this scheme has allowed me to develop the core research skills needed to become an academic surgeon.’

MR JAMES ANSELL, RCS Research
Fellow, Welsh Institute for Minimal
Access Therapy

‘During my PhD tenure, I was supported by a College surgical research fellowship, which supported my scientific training in prostate cancer research. Based on my doctoral research outputs and subsequent post-doctoral experience, I was recently awarded a prestigious clinician scientist fellowship, which is jointly funded by Cancer Research UK and the RCS. This highly competitive award affords a unique opportunity to establish my own independent research group examining how prostate cancer cells spread to other parts of the body. I am most grateful to the College benefactors for their support of RCS research activities and my own research programme.’

DR PRABHAKAR RAJAN, RCS/Cancer
Research UK Clinician Scientist Fellow,
Beatson Institute for Cancer Research

‘My RCS grant did not only help me directly to obtain an MD in hand surgery but has also encouraged me to stay on the forefront of developments in my field and has therefore benefited my patients directly.’

MISS BARBARA JEMEC, Consultant Plastic
Surgeon, Royal Free Hospital

Dental Faculties



Faculty of Dental Surgery

How we deliver public benefit:

The Faculty of Dental Surgery (FDS) is the oldest and largest of the dental faculties in the UK, with over 6,600 members. Approximately 90% of individuals who enter specialist dental surgery in the UK join the FDS and remain members throughout their careers. It is through its membership that the FDS is able to make its commitment to advancing and maintaining the highest standards of practice and patient care across the dental profession.

This year the FDS succeeded in meeting that commitment by continuing to invest in dental research, growing its subscription base for both the *Faculty Dental Journal (FDJ)* and the e-Den e-learning project, and consolidating its position as consortium lead for Part 2 of the Overseas Registration Examination (ORE) for overseas dentists wishing to practise in the UK. The FDS also worked closely with the Scottish royal colleges to create tri-collegiate membership examinations across the dental specialties, and bolstered and expanded its highly regarded educational and training programmes.



The *FDJ* goes from strength to strength.

Research

During the year, the FDS had five research fellowships and joint FDS/Wellcome Trust research fellowships running with a total value of £515,000. These were on research topics ranging from biomarkers in oral cancer to dental materials physics. In addition, the FDS funded small, early career research grants totalling £66,000 across a broad range of dental topics. Interest in research funding continued to be buoyant throughout the year and the competition for award was therefore great.

Through legacies received from the estate of the late Dr John McLean, the noted dental surgeon and materials scientist, the FDS has joined with

‘Highly regarded in the UK, the *FDJ* has now achieved a worldwide impact.’

the Dental Institute of King’s College London to host an annual conference, the John McLean Symposium, on dental materials science. Planned during the year, the symposium will be open to all dental surgeons, technicians and scientists interested in this field, and will be held in spring 2013.

FDJ and e-Den

Highly regarded in the UK, the *FDJ* has now achieved a worldwide impact. In addition to its distribution to all fellows and members, it acquired 300 institutional and non-member subscribers, and became available in 200 online consortia packages worldwide.

The [e-Den e-Learning for Health Project](#), a digital teaching package, grew to one of the world’s largest dental online learning programmes with over 300 learning sessions across the dental curriculum and over 13,000 registered users. The sessions are recognised as verifiable continuing professional development (CPD) with the General Dental Council. It is on target for completion in March 2013 and even now represents a very significant training resource in dentistry for the whole dental team.

Examinations

The FDS resumed its role as consortium lead for the Part 2 clinical ORE, together with partners the Eastman Dental Institute and Queen Mary, University of London. The Faculty is contracted

to run seven ORE diets per year in the

College, all of which are fully subscribed. Furthermore, the Licence in Dental Surgery (LDS), which tests fitness to practise dentistry, begun by the College in 1860, resumed during the year following an update of the regulations to fully subscribed diets. The first successful candidates were awarded their diplomas and affiliated with the FDS. Both the ORE and the LDS serve to ensure patient safety and standards of care.

Working through the Joint Committee for Postgraduate Training in Dentistry and closely with the Scottish royal colleges, tri-collegiate membership examinations were introduced in paediatrics, oral surgery and special care dentistry during the year. Work towards their introduction in restorative dentistry and orthodontics continues apace.

Education

The Faculty's education activities grew during the year by approximately 10%, in both number of courses and number of participants. Two new externally funded clinical tutors were recruited to develop course programmes in restorative dentistry and dental radiology.



Following on from the Faculty's successful one-year courses in orthodontic therapy, the FDS commenced to examine development of longitudinal courses in specialist areas of practice crucial to modern dentistry. Additionally, negotiations began at in summer 2012 to run the orthodontic therapy course in Singapore in the near future.

Odontological Collection

The FDS employed a curator to catalogue the 15,000 artefacts contained in its Odontological Collection for research and teaching purposes as well as accessibility online. Now complete, this work was financed by a legacy from the

late Professor 'Loma' Miles' estate and with funds from the Moser Trust held in the FDS. The collection has been used for a number of exhibitions and by researchers from the University of London. Funding received in the summer of 2012 from the estate of the late Dr Beryl Murray Davies will shortly be used to create a training suite for human artefacts in the Wellcome Museum in the College.

Oversees trainees

The FDS became a highly trusted Tier 5 UK Border Agency sponsor for suitably qualified postgraduate dentists to come to the UK for clinical training. The training is in specific subjects in approved hospital training posts for a minimum of three months and a maximum of two years. These trainees are funded by their home institutions or governments. Over the year, 14 candidates were in post, and they came from such countries as China, Japan, Sri Lanka, Malaysia, Saudi Arabia, India and Kenya.

Participating consultants and the overseas postgraduate dentists involved have spoken very positively about the scheme. The FDS is permitted to sponsor up to 30 dental trainees under the Tier 5 scheme at any one time during the year.

Looking ahead

- The FDS will work with specialist advisory committees to look at how we can deliver 'enhanced' training that is quality assured and completed satisfactorily. We recognise that additional work will be needed to ensure that clinical care pathways currently under development by the Department of Health are fit for purpose.
- We will increase the number of Tier 5 trainees to the government set quota of 30 and ensure UK dental consultants are aware of and can access this scheme.
- We will recruit a policy communications officer in dental surgery to track oral healthcare policy and handle government relations.
- We will develop the FDS website and explore social media resources.
- We will further develop tri-collegiate membership examinations for restorative dentistry and orthodontics, and ensure that proper mechanisms for their quality assurance are firmly embedded in them.
- We will offer further education courses across the dental specialties and also provide them overseas. Furthermore, we will launch additional longitudinal courses in crucial areas of practice and actively engage with any provision needed for enhanced practitioner training.

Faculty of General Dental Practice (UK)

How we deliver public benefit:

The objective of the Faculty of General Dental Practice (UK) (FGDP(UK)) is to enable all members of the primary dental care team to achieve and maintain the highest standards of patient care by encouraging involvement in postgraduate training and assessment, education and research.

The FGDP(UK)'s 20th anniversary this year saw major changes, with the election of Trevor Ferguson as Dean. Its membership has risen to almost 5,000, an increase of 11% over the previous year, a trend that is expected to continue.

Surge in MJDF exam applications

The FGDP(UK) experienced a significant growth in applications for the Membership of the Joint Dental Faculties (MJDF) examination. A restructuring of the award has removed the need to complete a portfolio of evidence, with Parts 1 and 2 of the MJDF providing a robust test of quality, requiring almost six hours of examination as well as review of both practical and theoretical elements. The attainment of the MJDF has reached critical mass among graduates, and is now established in the profession as a mark of quality and commitment to higher standards of care in dentistry.

Innovation to meet new educational challenges

Economic pressures have continued to have a significant impact on the health landscape, including changes to the educational needs of dental professionals. Embracing this change,

the FGDP(UK) has begun the development of a series of short courses for those who wish to gain high-quality CPD rather than study for a full qualification. This year has also seen the launch of a one-year Certificate in Minor Oral Surgery, the success of which has led to plans for a second intake in 2013, as well as an exciting new route to the award of fellowship of the FGDP(UK), which offers greater flexibility and recognises the increasing diversity of professional development pathways. Member feedback on this has been very positive.

As the NHS undergoes major reform, the FGDP(UK) has continued to evaluate how it can support the dental team, and provide training that meets the needs of the emerging primary care dental contract and commissioning arrangements. It also continued working with the General Dental Council on the development of changes to its CPD requirements and preparations for revalidation.

New publications and professional information

Professional standards have remained central to the work of the FGDP(UK), with the publication of a third edition of *Training Standards in Implant Dentistry*. These standards enhance patient safety and protection, and serve as a reference point for the General Dental Council in the consideration of patient complaints – an example of the Faculty's influence and efficacy in driving up dental standards in the UK. This year also saw the publication of a new edition of *Antimicrobial Prescribing for General Dental Practitioners*, part of the FGDP(UK)'s essential range of standards books.



A major addition to the FGDP(UK)'s portfolio of publications was the genesis of the new quarterly publication, *Primary Dental Journal*. This combines two journals and a newsletter into a single journal for the whole dental team.

The FGDP(UK) also worked with a leading education provider to update the *Key Skills* e-learning package for dentists. Work is now underway to launch updated *Key Skills* modules for dental team members in 2013.

Research study published

Support for research in primary dental care continued with completion of a two-year national study on bisphosphonate-related osteonecrosis of the jaw (BRONJ). Data on patient case records concluded that incidence of BRONJ can be considered as rare. Further investigation will

include the 12-month outcome on all referrals and an analysis of factors associated with outcome.

Other research-related highlights include a successful bid to investigate the impact of CPD in dentistry as part of the General Dental Council's review in this area as well as the hosting of an event to highlight research opportunities for dental care professionals. The FGDP(UK) also held a seminar for dental professionals and stakeholders to explore issues around dental access and look for solutions to improve access to care.

Our first 20 years and beyond

The FGDP(UK)'s regional network has had a busy year with various events to celebrate the 20th anniversary year. This important year was also marked with an inaugural policy seminar on issues around improving oral health and care services, bringing together a group of key stakeholders and opinion formers including the Chief Dental Officer, Barry Cockcroft, and the Deputy Chief Dental Officer, Sue Gregory.

Looking ahead

The FGDP(UK) has set out ambitious aims for the year ahead, with priorities including the publication of new guidelines and standards in dental radiography, record keeping and mentoring, the strengthening of its position on key policy areas in dentistry, and the restructuring of courses to help support the educational needs of enhanced practitioners as part of proposed new care pathways.

Funding Partnerships

As a registered charity (number 212808) the College relies on [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, associations and individuals

Age UK
Andrew Anderson Trust
Ashley Charitable Trust
Ballinger Charitable Trust
Beit Trust
C A Redfern Charitable Foundation
Cardy Beaver Foundation
Cowen Charitable Trust
Dame Simone Prendergast Charitable Trust
Dunhill Medical Trust
EF & MG Hall Charitable Trust
Enid Linder Foundation
Ethel and Gwynne Morgan Charitable Trust
Fitton Trust
Frances & Augustus Newman Foundation
G D Herbert Charitable Trust
G M Morrison Charitable Trust
George Drexler Foundation
Gilbert & Eileen Edgar Foundation
Grand Lodge of Freemasons 250th Anniversary Fund
Henry Lumley Charitable Trust
Hospital Saturday Fund

Inman Charity
James Knott Family Trust
Joseph Strong Frazer Trust
Limbless Association
Lord Leverhulme's Charitable Trust
Medical Protection Society
Rosetrees Trust
The Royal Arch Masons
Swann-Morton Foundation
The Worshipful Company of Barbers
The Worshipful Company of Needlemakers
Wyndham Charitable Trust

Corporate support

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Elekta

Eli Lilly & Company
Ethicon Endo-Surgery
Ethicon UK
Evident
Haemonetics (UK)
Integra NeuroSciences
Johnson & Johnson
Karl Storz Endoscopy (UK)
KCI Medical (UK)
Laerdal Medical
Limbs & Things
Maquet
Medtrade Products
Medtronic
Molnlycke Health Care
NeilMed Pharmaceuticals
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Otsuka Pharmaceuticals (UK)
Pfizer
Primal Pictures
Promed
Scient'x UK
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Simendo B.V.
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Smith & Nephew Orthopaedics
Smith & Williamson
Stryker UK
Surgi C
Synbone AG
Synthes
TRB Chemedica (UK)
Wesleyan Assurance Society

Endowed and restricted funds

Blond McIndoe Fund
Colledge Family Memorial Fellowships Fund
Doctor Shapurjui H Modi Memorial ENT Fund
Edward Lumley Fund
Estate of the late Dr MP Starritt
Fellows Fellowship 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
Margaret Witt Scholarship Fund
Norman Capener Fund
Osman Hill Collection and Research
Parks Visitorship
Peter and Nora Locan Fund
Philip and Lydia Cutner Fund
Preiskel Family Fund
Rex & Jean Lawrie Overseas Surgical Training
Fund
Simpson Legacy
Vandervell Research Fund

Legacies

The late **Miss JEV Baker** for general charitable purposes
The late **Prof PG Bevan** for general charitable purposes
The late **Mr GR Bulgin** for general charitable purposes
The late **Mr CJ Cahill** for general charitable purposes
The late **Miss PC Curry** for surgical research
The late **Mr WH Derham** for surgical research
The late **Mrs GM Elphick** for general charitable purposes
The late **Miss GE Evans** for general charitable purposes
The late **Mrs A Hartley** for general charitable purposes
The late **Mr G Holdsworth** for general charitable purposes
The late **Mr R Hughes** for general charitable purposes
The late **Mr FRW Knight** for general charitable purposes
The late **Mrs NM Linley** for research into rabies
The late **Mr CS Martin** for general charitable purposes
The late **Mr AR Mowlem** for general charitable purposes
The late **Ms J Nadin** for general charitable purposes
The late **Mrs E Pearson** for general charitable purposes
The late **Ms C Rummey** for scientific research
The late **Miss B Russell** for general charitable purposes
The late **Ms PJ Seaton** for general charitable purposes
The late **Mr NC Spiller** for general charitable purposes
The late **Ms AM Styan** for general charitable purposes
The late **Mrs DR Whittle** for general charitable purposes
The late **Mr JL Williams** for surgical research