

**T H E R O Y A L C O L L E G E O F  
S U R G E O N S O F E N G L A N D  
A N N U A L R E P O R T  
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The Royal  
College  
of  
Surgeons  
of  
England

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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.



## Our core values

- > provide leadership and support for surgeons of all specialties;
- > put the interests of patients at the heart of all we do;
- > develop the potential of surgeons by education, training and research;
- > work closely with the specialist associations and other organisations to achieve our mutual aims;
- > foster and develop the College's employees;
- > promote equality of opportunity and act against discrimination in all aspects of College life; and
- > be fair, responsible, open and accountable for all we do.

## President's Foreword

It is with great pleasure that I present the 2004–2005 annual report from The Royal College of Surgeons of England.

I will reflect upon recent work and outline priorities for the coming year, as underpinned by the College's mission to enable surgeons to achieve and maintain the highest standards of surgical practice and patient care.

I also take this opportunity to pay tribute to Mr Hugh Phillips, our late president, colleague and friend, much of whose vision for the profession we will build upon in the coming years.

The period of 2004–2005 has seen much change both within the College, notably organisational restructure, and externally, particularly within the NHS – the modernisation of which impacts upon surgical teaching and practice.

Internally, with Council support, I have reworked the College's organisational structure to better reflect departmental roles and relationships. This restructure was based on the need for a more business-like approach to assist us to deliver our aims, as stipulated in our strategic plan. Implementation of the strategic plan will be a priority over the coming year – as led by Mr David Munn in his new capacity as executive general manager.

I am now advised by Mr Craig Duncan, who will assist my political engagement with the Department of Health (DH), our sister colleges and, at a time of great change, one of our most important stakeholders – the specialty associations and societies.

Externally, against the backdrop of continuous change within the NHS, major changes to surgical training and service delivery are taking place; changes which, as evidenced throughout this annual report, the College has monitored, provided leadership and reported on to best serve our members and patients.

One major government initiative affecting surgical training is Modernising Medical Careers (MMC), which aims to streamline postgraduate medical education. Although the initiative's full impact will become apparent with time, the College is working with its sister surgical colleges and the specialist associations to develop and pilot, under the intercollegiate surgical curriculum project, streamlined surgical training, based on surgeons' and patients' needs.

Another challenge is the European Working Time Directive, and in 2005 the College petitioned the government to request an opt-out arrangement for surgeons-in-training, following College survey findings

that the directive detrimentally impacts on the quality and continuity of surgical care. A finding that demands further investigation.

The College continues to demand input on two other key government initiatives the extended use of independent sector treatment centres and the extended surgical team's expanding roles and responsibilities, including surgical care practitioners.

I believe engaging politicians directly is key to addressing such challenges, and have met with health secretary, Ms Patricia Hewitt, to inform her of the consequences of new DH policies, such as the MMC's likely impact on the surgical workforce; to seek clarification regarding existing policies, such as those regarding overseas-trained doctors; and to report on the College's work.

I have also met with Dame Gill Morgan, chair of the NHS Confederation, to discuss the impact of government targets on consultants, a decline in training and assessment time and the College's reconfiguration study, which seeks alternative ways of managing increasing workloads. I will continue this important dialogue, identifying ways to work with managers and Trust chief executives to protect standards, training and care.

Finally, after identifying requirements to ensure the College remains the leading provider of surgical training nationally, I am pleased to announce that Council has agreed a £13 million redevelopment of the College's training facilities, £3 million of which the College will fund, with the remainder sought through a development campaign.

The four-phased Eagle Project will deliver a state-of-the-art surgical education centre that will enable us meet growing demand for training and also support the new curriculum. I therefore urge all to invest generously in this national resource.

In closing, I thank all Council members for their work in defining our priorities, which I look forward to pursuing with Council and staff in the coming year.

**Bernard Ribeiro CBE**  
President



## Strategic aims of the College

1. Provide strong leadership and support for surgeons in all matters relating to their surgical practice, throughout their surgical careers.
2. Work with patients, the general public and government to improve surgical services.
3. Consolidate the College's position as a leading national and international centre for surgical education, training, assessment, examination and research.
4. Lead the whole multiprofessional surgical team in all matters relating to the care of the surgical patient, including the surgical treatment of children, and further develop its role in setting and maintaining standards of practice for all the members of that team throughout their careers.
5. Develop the College's structure and function to allow it to achieve its goals.
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.

## Executive General Manager's Report

I am pleased to present my first annual report as executive general manager of The Royal College of Surgeons of England and take pride in reviewing the achievements of the past 18 months.

The period 2004–2005 has seen the College make significant progress in its commitment to promote and protect the interests of patients particularly in its pursuit of excellence in surgical care. This report has been structured to reflect this progress, both in what has been achieved and what we intend to accomplish.

We have made great progress towards our aim of working with patients, the general public and government to improve surgical services. Specifically, the work of our patient liaison group furthers the College's commitment to involve patients and the public and the group's recent growth, both in membership and scope, attests to the value of its contributions to public, government and College publications, consultations and policy initiatives.

Our commitment to patient safety is underpinned through examinations of our trainees, as well as the teaching of our trainers, and in 2004 we worked with our sister colleges to standardise the membership examination (MRCS). The College has also expanded its quality assurance team to meet growing demands, particularly given the potential impact of the new surgical curriculum.

The College's pursuit of excellence in the delivery of surgical care is a constant theme and the research undertaken through our research fellowship award scheme has continued successfully throughout 2004–2005.

We are committed to providing public access to our College and I am pleased to report on the overwhelming success of our Hunterian Museum, which has attracted over 25,000 visitors since its re-development in 2005. I thank all who made this possible, including our corporate partners, members, staff and the public, and look forward to attracting more visitors from diverse backgrounds through a variety of new initiatives, such as new exhibitions.

As a College and as a profession, we continue to pursue surgical excellence through leadership, support, education and collaboration.

Our leadership is underpinned by setting and maintaining professional standards for surgeons and the other members of the surgical team and, over the past 18 months, we have published guidance on the best criteria and evidence for evaluating consultant performance; worked with surgical healthcare professional associations to set standards for all surgical team members; reported on factors affecting standards;

and begun examining alternative configurations of surgical services to meet the aspirations of patients and surgeons.

We continue to look at innovative ways to support our members, wherever they work, and have expanded our regionally-based staff to support and communicate, more effectively, with all members. We have also created online access to the College journals and our expanded library services and collections; all services that have attracted increased 'hits'. We are also making more extensive use of email and the website to keep fellows and members better informed of the College's activities.

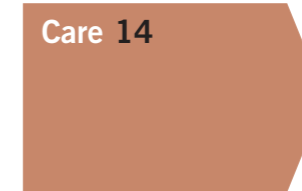
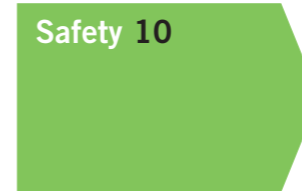
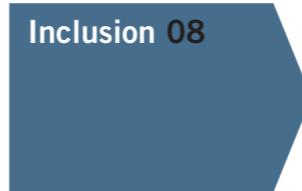
The period 2004–2005 has seen major developments in our core service of education – most notably the development of a new curriculum, which aims to standardise surgical training nationally. We are developing this curriculum, with government support, in collaboration with our sister colleges and the specialist societies.

Finally, in addition to all of the work that makes our College a success, I would like to thank staff and management for adapting so well to our new organisational structure. Despite the wide variety of our departmental functions, the new structure should help us to achieve our goals and so support our endeavours to achieve all strategic aims. I look forward to pursuing these aims and objectives with staff and Council through the development of the strategic planning process, so that we can better support surgeons in their care of patients.

**David Munn**  
Executive General Manager



# Patients



**The College exists to promote and protect the interests of patients by maintaining and enhancing professional standards in surgery.**

The commitment of the College and its members to setting, achieving and maintaining the highest standards of patient care is enshrined in our mission statement, core values and strategic aims. We state that we will put patients at the heart of all that we do, and that we will work with patients, the general public and government to improve surgical services for patients.

But our commitment to patient care goes beyond what is stated in our guiding principles; it forms the basis of all of our work, from providing leadership and support for surgeons to leading the whole, multiprofessional surgical team, from consolidating the College's position as a centre for surgical education to developing relationships with other medical bodies.

The work of our organisation, surgeons, trainees and staff, therefore, is driven by patients':

**Inclusion** – through our patient liaison group.

**Safety** – which is upheld by quality assuring the posts in which our trainees learn, and our trainers teach, is maintained through College-administered examinations, used to assess our trainees and the teaching of our trainers, and is protected through the review of service delivery and individual performance, where necessary.

**Care** – the improvement of which underlines the research undertaken by our research fellows and other bodies with whom we form a partnership, such as the clinical effectiveness unit and the National Collaborating Centre for Acute Care.

**Access** – by informing the public of our work and by encouraging members of the public to visit our museum.



# Inclusion

## Patient Liaison Group

The College's patient liaison group (PLG) is committed to achieving improvements for patients needing surgery in both the NHS and the private sector. It is also dedicated to nurturing a constructive dialogue between surgeons and patients, so that each may better understand the needs of the other.



Now in its sixth year, the PLG holds a well-respected place within the College structure and is involved in all areas of professional regulation and the setting of professional standards, including quality assurance.

The PLG presents a plan of work annually to College Council outlining priority projects and contributes to College publications, consultations and policy initiatives.

In addition to this, the PLG is approached by the independent sector and government bodies for its input. This year the PLG contributed to a range of work undertaken by external bodies, including the General

Medical Council's patient representatives group and the NHS consultants' Clinical Excellence Awards scheme.

One of the prime and enduring concerns of the PLG has been communication skills training and assessment. Having previously conducted a survey of the teaching of communications skills in medical schools, and of surgeons' experiences of communications teaching (including breaking bad news and helping patients make decisions about their treatment), the PLG this year conducted a second survey, the results of which will be used to measure progress in this area.

Publications are key to the PLG's work and this year, with an objective of bringing patients' needs and concerns to the College's attention, the PLG published a paper concerning patient perspectives on waiting lists that was forwarded to government ministers with the endorsement of College Council and the Academy of Medical Royal Colleges.

The PLG chairman, Mrs Patricia Scowen, said she has been encouraged by the growth of the group, as well as the scope of its work.

"This growth allows us increasingly to influence College and external policies from the patient perspective, and attests to the growing respect for, the importance of, patient involvement in determining surgical and health agendas.

"Given the rapidity of change in our healthcare system, which affects both surgeons and patients, our role in making sure patients are informed and empowered is critical. I am delighted to be part of a group of people from varying backgrounds who work together with the prime objective of patient welfare, and I thank the College for supporting the group both in practical terms and in principle.

This year the group's lay and medical membership increased due to the demand for public and patient consultation.

"As government initiatives, such as the Postgraduate Medical Education and Training Board, which will oversee training, and Modernising Medical Careers, which will streamline training, evolve further, the PLG will work with the College towards ensuring that changes and developments in surgical training at all levels will benefit patients and not jeopardise their safety or care."



Above: Paediatric surgeon, Rang Shawis, in discussion with a young patient, Sheffield Children's Hospital.  
Left: Bill Thomas, lead Council member for education, teaching on a ward round, Royal Hallamshire Hospital, Sheffield.

## HIGHLIGHTS

- > PLG lay and medical membership increased due to growing College and external demand for committee and policy contribution.
- > The PLG response to the consultation document *The Curriculum Framework for the Surgical Care Practitioner* received special mention from the Department of Health.

## LOOKING AHEAD

- > The results of the PLG's medical school communications survey will be published in 2006.
- > The PLG will continue to publish information for patients, such as *Having an Operation: Your Patient Journey*, and for surgeons *Improving the Surgical Patient's Journey*.
- > Focus on the protection of patients will continue with the PLG undertaking a survey to identify how informed consent is obtained from surgical patients.



# Safety

## Quality Assurance and Assessment

**In order to ensure patient safety, the College demands that surgical education and training in the UK is of the highest quality and standard.** To achieve this, systems must exist for accreditors to visit, inspect and report on the quality of trainees' hospital training posts.

Until recently, basic surgical training posts in England were approved through the College's inspection management group and the quality assurance and inspection standing committee, while higher surgical training was approved through the Joint Committee on Higher Surgical Training, which represents the four surgical royal colleges in Great Britain and Ireland.

In September 2005, the final point of approval for training programmes became the remit of the Postgraduate Medical Education and Training Board (PMETB), which was established by the government to provide a national framework for the quality assurance of all postgraduate medical education and training in the UK.

Although the introduction of PMETB will alter the College's quality assurance (QA) role, patient safety will continue to lie at the heart of surgical training and assessment and, in a positive development, the coming year will see lay members take part in QA visits, and



Above: Raven Department of Education tutor, Iain Anderson, examines x-rays.  
Right: Bill Thomas, lead Council member for education, at work in the operating theatre with his team, Royal Hallamshire Hospital, Sheffield.

## HIGHLIGHTS

- > The College created and appointed a new post – head of quality assurance – to develop QA procedures for selection and entry into, and progression through, the new surgical curriculum programme.
- > The College continued to build upon its relationships and QA work with the other royal colleges, as well as PMETB, in order to place patient safety at the forefront of its training.
- > The College has responded to a number of consultation documents issued by PMETB in order to best manage quality assurance in the transitional period and beyond.

## LOOKING AHEAD

In 2006, the College's quality assurance and assessment work will include:

- > Using the pilot period of the ISCP to refine QA procedures for evaluating the delivery of training and how it is monitored.
- > The collection of data regarding experiences of selection and induction into surgical training and placements generally.
- > Production of high-quality trainee and trainer support materials.

This year, lay members will take part in QA visits, and decisions regarding training programme approvals will be made public for the first time.

decisions regarding the approval of training programmes will be made public for the first time.

The College is working closely with PMETB and, during the current transitional period, PMETB will be involved in College-arranged visits. The College looks forward to establishing its role in the QA process once the role of PMETB is fully established.

Another area of QA work is the development of a quality assessment strategy for the College's new surgical

curriculum, currently being developed and piloted as part of the intercollegiate surgical curriculum project (ISCP), which seeks to create a more transparent, clearly defined, national training programme.

The College's new surgical curriculum is influenced by the government's Modernising Medical Careers initiative, which broadly aims to streamline undergraduate and postgraduate medical education. Quality assurance is a College priority in any such change.



All examiners participate in a rigorous training course before they are permitted to examine and are themselves regularly assessed during examinations.

**Examinations**

The examinations and assessment department runs postgraduate surgical and dental examinations on behalf of the College and its dental faculty. The department is responsible for over 20 examinations each year, with most undertaken at the College, and some conducted in centres and hospitals throughout the UK, as well as in international venues.

Examiners are practising or recently retired surgeons and other clinicians. All examiners participate in a rigorous training course before they are permitted to examine and are themselves regularly assessed during examinations. The examinations are subject to both internal and external quality assurance checks.

The College examines trainees to assess their knowledge, skills, attitude and aptitude for surgery.

Examinations are also in place to protect patients and, in order to foster the skills needed to maintain positive surgeon – patient relationships, clinical and communication assessment is part of the first examination aspiring surgeons take – the Membership of the Royal College of Surgeons (MRCS). The MRCS is an

examination on the generality of surgery, comprising three parts: two multiple-choice question papers, an oral examination, and clinical and communications skills examinations.

Ensuring the equivalence of examination standards throughout the UK is a critical step towards ensuring equivalence of patient care regardless of geographic location. In 2004, therefore, the intercollegiate MRCS examination, which is held by the four surgical royal colleges of Great Britain and Ireland, replaced the examinations undertaken by basic surgical trainees previously conducted by each of the colleges.

Encouragingly, entry numbers for the membership examination have continued to rise over the last year and between July 2004 and June 2005, 400 candidates successfully completed the examination through the English College.

Entry rates for the major dental diploma, which is run by the examinations department on behalf of the Faculty of Dental Surgery, have also risen and the popularity of the new Diploma in Otolaryngology – Head and Neck Surgery (DOHNS) has continued.



Viva examination held in the College's Wellcome Museum of Anatomy and Pathology.

**Invited Review Mechanism**

Since 1998, the College and surgical specialist associations have supported nearly 100 NHS Trusts in maintaining and improving surgical standards and patient care through the invited review mechanism (formerly named the rapid response and service review arrangements).

This mechanism is designed to support local review procedures by providing independent professional advice when concerns are raised about an individual surgeon's clinical performance, or aspects of the delivery of a surgical service. The mechanism was developed on the principle that the early identification of suboptimal practice and behaviour could provide the opportunity to improve standards and reduce risk to patients.

The College continues to work closely with the National Clinical Assessment Authority (renamed the National Clinical Assessment Service, NCAS, in 2005) in order to avoid confusion amongst service users or duplication of effort and process

**HIGHLIGHTS**

- > All MRCS examiners have undergone training specific to the new intercollegiate MRCS examination, including equality and diversity training, and each examiner's performance is assessed at every examination session.
- > The examinations department continues to foster partnerships with overseas examining centres and centres have now been established in Cairo, Kolkata and Colombo.

**LOOKING AHEAD**

- > The increase in examination candidates will see the examinations and assessment department investigate new examination venues and methods, including the possibility of running multiple-choice question papers online.
- > Continuing development of the intercollegiate MRCS will seek to reflect the needs of the specialties as well as the intercollegiate surgical curriculum project, the aim of which is to streamline surgical training.
- > The department is looking to develop a new dental membership examination for the Faculty of Dental Surgery and Faculty of General Dental Practice (UK).

**HIGHLIGHTS**

- > In 2005, the College reviewed demand for its rapid response mechanism, drawing upon an analysis of cases to date, which led to the identification of factors that cause suboptimal service delivery and performance. Feedback on the process was also sought from the 120 individuals who have acted as rapid response and service reviewers. The findings will be used to formulate the work and direction of the invited review mechanism.

**LOOKING AHEAD**

- > In 2006, the College will recruit and train lay and clinical reviewers for the review mechanism.
- > A memorandum of understanding and protocol between the NCAS and the College will be established in 2006 to include guidelines on information sharing between the two organisations.



## Clinical Effectiveness Unit

The clinical effectiveness unit (CEU) investigates the practice and outcome of surgical services in the UK in order to evaluate and monitor the quality of surgical care nationally.

An academic collaboration between the College and the London School of Hygiene and Tropical Medicine, the CEU fosters links with other medical colleges, professional organisations and the NHS, with the aim of becoming a national centre of expertise in large-scale surgical care studies.

In a bid to improve patient care, the CEU conducts audits to assess the effectiveness and safety of surgical procedures and, based on these results, seeks to influence clinical policy.

In addition to auditing procedures, the CEU also audits surgical outcomes by hospital; current work includes a national liver transplant audit, wherein methods to compare survival outcomes between the eight liver

transplant units in the UK and Ireland are being developed.

The CEU's portfolio is gradually expanding and 2005 saw the first research fellows join the unit's centre for evidence in transplantation, led by Sir Peter Morris, following its establishment in August 2004.

The CEU continues to run courses aimed at improving research methods and analysis, such as *Statistics for Surgeons*, *Clinical Research Methods* and *Finding the Evidence*. This year was successful in attracting surgeons and participants from other professions, including nursing, radiography, speech therapy and midwifery, to its course *Developing and Using Clinical Guidelines for Surgical Care*.

### HIGHLIGHTS

- > In April 2005 the CEU was awarded a contract by the Department of Health to pilot the routine use of patient-reported outcome measures in the newly established independent sector treatment centres.
- > The NHS cleft development board commissioned the CEU to host a register of congenital craniofacial abnormalities.
- > Over the past year there have been six trainee surgeons and a trainee physician working full-time on CEU projects.

### LOOKING AHEAD

- In 2006, the CEU aims to:
- > Complete its audit of national liver transplant units.
  - > Complete its intrathoracic transplantation audit to monitor the outcomes of cardiopulmonary transplantation in the UK.
  - > Pilot and report on the routine use of patient-reported outcome measures in independent sector treatment centres to identify differences in performance between centres, clinical units and surgical teams.
  - > Explore possibilities of providing critical appraisal skills for medical graduate trainees and above.
  - > Develop closer links with the audit unit at the Royal College of Obstetrics and Gynaecology.

The recommendations of our guideline highlight many positive developments in the diagnosis and management of lung cancer.

## National Collaborating Centre for Acute Care

The College-based National Collaborating Centre for Acute Care (NCC-AC) is one of seven collaborating centres established by the National Institute for Health and Clinical Excellence to develop guidelines on the appropriate treatment and care of people with specific diseases and conditions.

Drawing on the best research available, the NCC-AC's multi-disciplinary team develops evidence-based clinical guidelines, commissioned by the Department of Health for England and the Welsh Assembly Government, that are relevant to the treatment of NHS patients.

Consultation is fundamental to the centre's guidelines, which reflect the input of lay representatives, health and social care professionals and technical experts.

This year marked the start of the centre's fifth year as a national collaborating centre and saw the centre's first collaboration with another guidelines organisation – the Scottish Intercollegiate Guidelines Network (SIGN) – the product of which was the lung cancer guideline.

Dr Jesme Baird, director of patient care, The Roy Castle Lung Cancer Foundation and chair of the Lung Cancer Guideline Development Group, said that use of the *Lung Cancer Guideline* will improve patient care and save lives.

“If we are able to ensure earlier diagnosis, and if the many evidence-based recommendations made in this guideline are implemented, lives will be saved, and even where cure is not possible, patients will be able to access the best treatments and care available.”

Prior to publication of the *Lung Cancer Guideline*, the centre's most recent publication was the *Dental Recall Guideline* (October 2004), which recommends that intervals between dental check-ups be tailored to meet individual needs, discounting the previous recommendation of six-monthly dental visits for all.

### HIGHLIGHTS

- > The centre's co-produced *Lung Cancer Guideline* was praised by the government's 'cancer tsar', Professor Mike Richards.

### LOOKING AHEAD

The NCC-AC will complete work on four major guidelines in 2006:

- > Nutrition support guidelines.
- > A guideline for the prevention of venous thromboembolism.
- > Guidelines on the management of faecal incontinence in adults.
- > Guidelines for head injuries.



A research fellow from Southmead Hospital, Bristol, consulting with a patient as part of his research.

### Research Fellowships

The College's research fellowship scheme began in 1993 with the aim of funding clinically relevant research so that future generations of patients will continue to benefit from advances and improvements in surgical knowledge and care.

Since then, the College has committed more than £12 million to support over 350 individual trainee surgeons to undertake research fellowships in university departments and hospitals throughout the country.

The benefit of encouraging and supporting trainees to conduct research is two-fold for patients. Not only has research played a crucial role in many of the operations we take for granted today, such as hip replacements and coronary artery bypasses, it also promotes a culture of evidence-based practice, thereby encouraging and better enabling surgeons to critically appraise and apply research when treating and caring for patients.

An example of work currently being undertaken by a research fellow with the aim of improving patient outcomes is that of Miss Sophie Noblett, based at Freeman Hospital, Newcastle upon Tyne, whose work focuses on patients undergoing major bowel surgery.

By taking ultrasound scans of the heart's blood flow during surgery, Miss Noblett can assess and optimise the fluid replacement needed to ensure that the heart

maximises its function, thus ensuring blood-flow to all organs and reducing stress response for the patient, which has a profound effect on recovery times.

'By monitoring how well the heart is working and by giving patients extra fluid during surgery, we aim to reduce postoperative complications, and shorten patients' recovery rates and hospital stays,' said Miss Noblett.

Establishing and building partnerships to co-fund research fellowships is of paramount importance to the scheme and, according to Professor Anthony Mundy, director of the College's research department, this year has seen successes on this front.

**“By monitoring patients' hearts and increasing fluid during surgery, we aim to reduce post-operative complications and shorten hospital stays.”**

**“Establishing and building partnerships to co-fund research fellowships is of paramount importance to the scheme.”**



Research fellow, Nishat Rahman, processing specimens for her sponsored research project, the cellular basis of bladder sensations.

#### HIGHLIGHTS

- > Measuring the success of the scheme is fundamental to its continuation and growth, and, in February 2005, the College conducted a study to evaluate the impact of the scheme on the careers of research fellows, surgical research and patient care. The study found that:
  - seventy percent of the scheme's costs are fundraised from charitable trusts, companies, legacies and individuals;
  - increasing the number of surgeons with an interest in research will positively impact on surgical care long-term; and
  - half of the scheme's research fellows received subsequent funding from national or international funding bodies to continue their research.

#### LOOKING AHEAD

- > The Modernising Medical Careers (MMC) initiative, a part of the current NHS reforms in training, will impact upon the timing of when individual trainees embark upon research. The College is highly supportive of continuing surgical research and will work to determine the place of research in the new training structure.
- > Building partnerships will continue to be a priority because, despite the scheme's valued support, four out of five high-quality applicants cannot be supported due to funding shortfalls.
- > The impact of the Walport Report – an MMC and UK clinical research collaboration report that identifies clear training pathways for those doctors and dentists wishing to pursue an academic career – will be monitored.



# Access

## Hunterian Museum

A museum of The Royal College of Surgeons of England was first opened in 1813 based on the collection of John Hunter (1728–1793) – a pre-eminent surgeon and educator celebrated for his skill in dissection and specimen preparation and his ‘scientific’ approach to understanding disease and its impact on surgery and patient treatment.

Hunter’s collection of around 13,500 specimens and preparations formed the nucleus of one of the greatest museums of comparative anatomy, pathology, osteology and natural history in the world. Today the Hunterian Museum displays approximately 3,000 of Hunter’s original specimens after a recent major transformation which puts Hunter’s collection into a historical context and brings the story of surgery and patient care up to date.

In February 2005, Her Royal Highness, Anne, The Princess Royal, officially re-opened the museum following completion of the two-year, £3.2 million, redevelopment project supported by six major sponsors.

Driven by the need to make the museum more accessible to the general public, a dedicated project team worked to create a museum that encourages a wider number and more diverse range of visitors. As well as showing Hunter’s collection, displays include the introduction

of anaesthetics and antisepsis, the rise of the surgical specialties and the development of keyhole surgery.

Visitor numbers were higher than expected in 2005, aided by the museum’s first temporary exhibition – *Saving Faces*, paintings by Mark Gilbert from the *Saving Faces Foundation* – and public access events for National Science Week in March, and Museums & Galleries Month in May.

Public interest in the new museum has also led to more interest from researchers, and staff have contributed to, and museum specimens have featured in, recent television programmes reflecting research work on *Homo floresiensis* and fibrodysplasia ossificans progressiva.

Given the success of the new museum and this year’s public events, museum staff plan more events and activities in the coming year.

### HIGHLIGHTS

- > Over 25,000 visitors have enjoyed the Hunterian Museum since its re-opening, which attracted a great deal of media coverage, in February 2005.
- > The museums department joined with the College’s opportunities in surgery team to host careers days for medical and secondary school students.
- > Museum staff contributed to discussions on both the Department of Health’s *Human Tissue Bill* and the Department of Culture, Media and Sport’s *Code of Practice on the Care of Historic Human Remains*.

### LOOKING AHEAD

Throughout 2006, the Museums department aims to:

- > Hold two temporary exhibitions, with accompanying education and events programmes.
- > Participate again in National Science Week and Museums & Galleries Month.
- > Launch a publicly accessible online database of museum collections.
- > Produce a plan for the future of the College’s Wellcome Museum of Anatomy & Pathology to support College training and education.

Over 25,000 visitors have enjoyed the museum since it was re-opened by Her Royal Highness, Anne, The Princess Royal, in February 2005.



Left: Crystal gallery in the Hunterian Museum. Top: Her Royal Highness, Anne, The Princess Royal at the museum opening with the late College President Hugh Phillips and John Ronayne, the new museum’s designer. Above: Students from Queen Mary, University of London, visit the museum.





# Surgeons

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**The College works with, and on behalf of, its fellows, members, trainees and affiliates to ensure excellence in surgical care by providing surgical training and education; assisting members with ongoing professional development; and working to ensure that the resources needed to train and work to optimum standards are in place.**

The College pursues surgical excellence through:

**Leadership** – as the guardian of surgical standards that are in place to protect patients, the College will continue to lead the surgical profession in delivering surgical care of the highest standard.

**Support** – by ensuring that surgeons have access to information resources, are kept abreast of surgical research and College news, and have access to College-appointed representatives in regions throughout the country.

**Education** – by proactively educating and informing people from all backgrounds about surgical career opportunities, with the aim of encouraging and supporting diversity and flexibility within the surgical workforce, and by providing for the continuing professional education and development of all fellows and members.

**Collaboration** – by working with the surgical specialist societies and other healthcare stakeholders to ensure that the educational and workforce needs of our members are reflected locally at a Trust level and, nationally, through government policy, in order to protect patients.

## Maintaining Standards

The College provides leadership in setting and maintaining professional standards for surgeons. It monitors the delivery of services and issues impacting upon service delivery in order to protect patients.

Work undertaken by the College towards setting and maintaining professional standards for surgeons and other members of the surgical team includes:

- > **Providing surgeons with guidance** relating to continuing professional development, clinical governance, self regulation, appraisal and revalidation. In December 2004 the College published *Guidance on Surgical Practice – Criteria, Standards and Evidence*, which outlines standards against which a surgeon's performance might be assessed during the appraisal and revalidation process, and provides examples of information and evidence that can be submitted to indicate that these standards are being achieved.
- > **Allocating trained College assessors** to advisory appointments committees (AACs), ensuring that every substantive surgical consultant appointment in England and Wales is fair and open according to current legislation and employment practice.
- > **Advising on the roles of all surgical team members.** As the NHS evolves the Department of Health is pursuing a policy of modernising the NHS workforce to reflect changing healthcare demands. As a result, the NHS employs medically and non-medically qualified practitioners, which form the extended surgical team. In the interest of patient safety, the College's extended surgical team committee is working with other surgical healthcare professional associations and the National Practitioner Programme to define which roles constitute the extended surgical team, in order to set and maintain standards for all surgical team members, led by consultant surgeons.

The College also undertakes work looking at issues affecting the delivery of services, including:

- > **Surgical workforce** – After reporting in 2001 that the UK lacks sufficient numbers of consultant surgeons, the College published, after consultation with the surgical specialist associations and the Department



Oral and maxillofacial surgeons T K Ong and David Mitchell, leaders of the Leeds and mid-Yorkshire maxillofacial oncology team discuss facial reconstruction.

of Health, its report *Developing a Modern Surgical Workforce* in January 2005. The report looks at the best use of the existing surgical workforce, future requirements and factors that impact upon service delivery, such as infrastructure, support, investment and working conditions. The College continues to monitor surgical workforce data in order to model surgical training, especially important given the implications of the government's Modernising Medical Careers (MMC) initiative and the European Working Time Directive (EWTd).

The College continues to monitor workforce data in order to model training, especially important given the EWTd.

- > **The reconfiguration of surgical services** – The College established a working party in July 2004 to analyse issues affecting the delivery of surgical services in England and Wales within the new context of competition, contestability and the plurality of service providers introduced into the NHS in recent times. In 2005, the reconfiguration working party compiled a report to identify those areas where new government policy initiatives might impact upon patient safety, clinical outcomes, the provision of adequate training opportunities, EWTd, MMC and the cost effectiveness of reconfiguration.

- > **The European Working Time Directive** – In 2005 the College's EWTd working party conducted a survey of trainees and consultants to ascertain the directive's impact on training, their own quality of life, and the quality and continuity of patient care. EWTd developments are being monitored and the College has developed an extensive web resource to support and inform fellows and members regarding the directive.

## HIGHLIGHTS

- > Results of the College's EWTd surveys were incorporated into its petitioning of the government, led by the College president, Mr Bernard Ribeiro, to request an opt-out arrangement for surgeons-in-training in the UK on the basis that the EWTd has a detrimental impact on the quality of surgical care provided to patients.
- > The College re-formed a staff and associate specialist (SAS) committee in 2005 to represent SAS surgeons better within the College and externally. The remit of the committee includes workforce matters, the role of the extended surgical team, Modernising Medical Careers, and standards of surgical care. The committee will have an invited representative on Council from early 2006.
- > The College continues to lead the steering group established to write a national curriculum framework for the developing role of surgical care practitioners, co-producing a draft curriculum in December 2004. (Surgical care practitioners are one of a number of new roles being developed for non-medically qualified staff.) The agreed curriculum will reflect feedback following public consultation in 2005 and will be maintained by the College's surgical care practitioner quality and standards committee.

## LOOKING AHEAD

- > *Good Surgical Practice* will be revised in light of the new version of the General Medical Council's (GMC) *Good Medical Practice* and the chief medical officer's review of the GMC's revalidation proposals, due to be published in early 2006.
- > A proposal for an online standards resource, aimed at supporting surgeons in the workplace, will be developed for Council consideration.
- > The children's surgical forum, established to improve the quality of surgical care for children, will revise its report *Children's Surgery – A First Class Service* in 2006.
- > An evaluation and impact assessment of *Developing a Modern Surgical Workforce*, published in 2005, is planned for 2006. This assessment is vital in determining the modelling of future surgical training.
- > In 2006 the College will publish the report of the reconfiguration working party for consultation regarding areas of work to be taken forward by the College in the future.
- > Work is planned to investigate the under-utilisation of the existing surgical workforce and surgical resources and the investment required to address this.



## Regionalisation

The College's regional focus is underpinned by the recognition that to support surgeons and College staff regardless of their geographical location, it must institute regionally-specific operational mechanisms and establish relationships locally in order to assert its role as a strong partner in the management and development of surgical services, training and education at a deanery and Trust level.



### HIGHLIGHTS

- > The College has expanded its regional reach through the appointment of regional coordinators throughout 2004-2005.
- > The regional coordinators have played a key role in supporting the ISCP pre-pilots.

### LOOKING AHEAD

- > College regional representatives will assist deaneries in identifying posts suitable for transfer to Foundation Year 2 or ST1–ST3.
- > The new training structure and curriculum reform will require changes to regional infrastructure and efforts to ascertain the needs of trainers, trainees and consultants will be of paramount importance, especially as the schools of surgery concept is further explored.

College regional representatives seek to establish agreements between deaneries and Trusts to secure well-defined training and consultant roles.

In order to support its fellows and members nationally, therefore, the College draws upon the expertise of its established network of surgical regional representatives, elected or appointed from an appropriate constituency either within the deanery or within the hospital, including regional, deanery and specialty advisers, surgical tutors, basic surgical training committee chairs and programme directors.

The work of College regional representatives is driven by the priority to establish agreements between deaneries and Trusts to secure well-defined training roles that are underpinned by the necessary operating theatre, clinic and ward opportunities required for optimum trainee development. Securing adequate consultant time, which is fundamental to supervising training, is also a priority.

The scope of the College's regionalisation work continues to expand and, more recently, has encompassed the piloting of quality assurance mechanisms, and data collection regarding posts, rotations and programmes. However, government changes in postgraduate medical education and the new surgical curriculum – currently being piloted under the intercollegiate surgical curriculum project (ISCP) – will impact heavily upon the College's regionalisation work in the coming years, as well as upon the roles and responsibilities of all regional representatives, which the College is now reviewing.

During this time of change, the College's regional coordinators will play an integral role in representing

the College, and supporting and facilitating College policy, at a deanery level; building relationships with deanery and Trust staff; piloting the ISCP; assisting the College in providing information and support for trainees and trainers; and feeding local information back to the College, in turn influencing College policy.

Regional coordinators are based in deaneries throughout the UK covering: Severn and the Peninsula; Wessex; Leicestershire, Northamptonshire, and Rutland (LNR); Trent; South Yorkshire and South Humber; London; Northern; Oxford; Kent, Surrey and Sussex (KSS); North West; Yorkshire; West Midlands; and Wales. During 2006, it is hoped that regional coordinators will also be appointed in Northern Ireland and Mersey.

During 2006 and 2007, the ISCP will continue to have a major influence on the College's regional work and, during this time, the College will further explore the concept of schools of surgery, which is based on the aim of developing roles, responsibilities and partnerships between the Trusts, deans and the College within each deanery. It is hoped that 2006 will see schools of surgery piloted in the five deaneries currently taking part in ISCP pilots, thus providing an effective organisational structure to manage educational resources and support the trainer–trainee partnership during and after curriculum reform.



Far left: Basic surgical skills training course held at the Welsh Institute for Minimal Access Therapy, Cardiff.

Left: Laparoscopic training at the Welsh Institute for Minimal Access Therapy, Cardiff.



### Library and Information Services

The College possesses an outstanding library of surgical literature and resources that range in scope from late 15th century books to the most recent electronic journals. As well as providing access to collections and services on-site the library is committed to supporting the surgical practice and research of its geographically-dispersed membership.

To this end 'desktop access' to licensed content, such as medical databases and electronic journals, is made available to members via the College website. A document delivery scheme is available to individuals and the institutional members scheme, which makes the library's specialised resources available to surgeons via NHS, charitable and academic libraries throughout the UK and Ireland.

The year 2005 marked ten years since the College first invested in an automated library management system. This allowed for the development during the 1990s of an online catalogue, a service that will be further enhanced in 2006 following support from the Grand Lodge of Freemasons 250th Anniversary Fund.

#### HIGHLIGHTS

- > The library was awarded a grant of £104,000 by NPfIT/Connecting for Health to develop a web-based Specialist Library for Surgery, Theatres and Anaesthesia in partnership with The Royal College of Anaesthetists and Morecambe Bay Hospitals NHS Trust.
- > The *Finding the Evidence* course for surgical research fellows, developed in collaboration with the clinical effectiveness unit, ran three times during 2004–2005 and continues to attract enough participants to have a waiting list.
- > The institutional membership scheme continued its success, with over 4,000 requests serviced for over 60 libraries, and a successful open day in June 2005.
- > The second phase of The Wellcome Trust's *Research Resources in Medical History* funded project to catalogue the library's outstanding collection of historical tracts and pamphlets continued throughout this period. Another *Research Resources in Medical History* funded project to catalogue the deposited manuscripts and archives also entered its final year. A joint conference with The Royal Society of Medicine and The Wellcome Trust, in October 2005, publicised these projects. The Wellcome Trust supported these projects with £159,000 of funding.

#### LOOKING AHEAD

- > The development of online services, often achieved by collaboration and partnership, continues to be a focus for the library.
- > The library will continue to create a learning resources area for the intercollegiate surgical curriculum project, identifying and collecting electronic resources to underpin the new curriculum in the support of surgical trainees.
- > The Specialist Library for Surgery, Theatres and Anaesthesia will be developed as an integral part of the National Library for Health ([www.nlh.nhs.uk](http://www.nlh.nhs.uk)), providing quality assured, evidence-based information to support learning and professional development for health professionals and to encourage communication and knowledge sharing within the operating theatre team community. The launch of this specialist library will take place in the autumn of 2006.
- > Valuable support from the Frances & Augustus Newman Foundation in 2004 allowed the library to purchase a digital scanner, which will be used to pilot an electronic document delivery service for institutional members in 2005–2006.
- > The online catalogue of museum, archive and manuscript collections will be launched as part of joint work promoting public understanding of surgery.

Last year saw a dramatic increase in online viewing of the *Annals*, with over 13,000 visits per month; a rate that continues to rise.

### Publications

The College produces two journals – *Annals of The Royal College of Surgeons of England* and *Bulletin of The Royal College of Surgeons of England*.

The College's primary communication vehicle, the *Bulletin* carries monthly updates from the College president, regular updates from the faculty deans and articles covering issues of significance for both surgeons and trainees, such as the European Working Time Directive, improving working lives and the Modernising Medical Careers initiative.

Web publishing has become a fundamental development in the direction of the College's academic surgical journal, the *Annals*, and 2005 saw a dramatic increase in online viewing of the journal, which now receives over 13,000 visits per month; a rate that continues to rise.

#### HIGHLIGHTS

- > The *Annals'* journal impact factor – an independent statistical evaluation of a journal's professional profile and importance – has nearly doubled over the past two years.
- > The redesign of both College journals in 2005 was well received.
- > The inclusion of two new types of articles in the journals – news from the National Institute for Health and Clinical Excellence, and controversial topics – has been met with readership approval, as indicated through correspondence generated, and online viewings.

The library's digital services are moving ahead thanks to collaborative partnership and external funding successes.



After a long and distinguished tenure, Professor John Lumley retired as editor of the *Annals* and the *Bulletin* in December 2004. Professor Irving Taylor was subsequently appointed as *Annals'* editor and chair of the journals' editorial board and Mr Bill Thomas was appointed editor of the *Bulletin*.

#### LOOKING AHEAD

- > In order to increase the profile of online-only material, the publications department will investigate the possibility of indexing this material in MedLine in 2006.
- > A proposal requesting an increase in the number of *Annals* issued each year will be presented to Council, aimed at reducing the backlog of papers awaiting publication.
- > The feasibility of digitising back issues of the *Annals* will be investigated.
- > New types of articles will continue to be considered for both journals.
- > The aim of increasing the *Annals'* impact factor is ongoing.

# Education

In 2004–2005, 28 surgical tutors worked with over 800 surgeons to provide courses held at the College and in over 100 regional centres.

## Education

Educational developments in surgery have been a priority for the College in recent years.

Through the development of innovative courses which meet the needs of the surgical profession – from basic surgical trainees through to highly-specialised consultants – as well as other medical practitioners, the Raven Department of Education has become a world leader in its field, and now runs over 600 courses annually.

Given the College's commitment to workplace learning, the majority of the education department's courses are delivered regionally and an increasing number are being delivered internationally in partnership with local training bodies.

The College's distance-learning course for those preparing for the membership examination, the *Surgeons in Training Education Programme (STEP™)*, continues to be a great success whilst an emerging priority for the College has been the development of courses to support continuing professional development, emphasising the profession's commitment to life-long learning. One such example of this is the recently updated *Training the Trainers* programme which, launched in May 2004, now comprises over 50 courses and appraisal workshops in dental and specialty-specific forms.

In 2004–2005, 28 surgical tutors – funded through corporate sponsorship, course fees and private donations – worked with over 800 surgeons to provide Raven Department of Education courses, both at the College and through a regional network of over 120 centres.

In addition to running and developing educational courses in 2006, a major area of focus for the education department will be the continuation and development of its work with key external stakeholders and other College departments to develop the new surgical curriculum, currently being piloted under the intercollegiate surgical curriculum project (ISCP).



### Core Programme

The College's core programmes, which form the base upon which specialty training is developed, continued to attract large numbers of participants throughout 2004–2005:

- > **ATLS®** (Advanced Trauma Life Support) ran in 100 centres across the UK, attracting over 1,800 participants in the first six months of 2005.
- > **PHTLS** (Pre-hospital Trauma Life Support) for paramedics ran in 17 centres, attracting 288 participants in 2004.
- > **BSS** (Basic Surgical Skills) has been adopted internationally. Around 100 courses run in the UK annually, both within the College and in 60 regional centres, attracting over 1,500 participants in 2004–2005.
- > **CCrISP™** (Care of the Critically Ill Surgical Patient) ran in around 40 centres, with over 750 participants in 2004–2005.
- > **Preparation for Intercollegiate MRCS Examination** course was provided for nearly 200 participants in 2004–2005.
- > **SBSP** (Scientific Basis of Surgical Practice) is a regionally delivered intercollegiate MRCS preparatory course, attracting nearly 300 participants in the first six months of 2005.
- > **STEP™** – Since 1996, this distance learning programme has provided invaluable support for over 4,000 basic surgical trainees. The online support component, *eSTEP™*, has also been very successful, through the dedicated work of Professor Mike Larvin and his team of moderators.

### Specialty Programme

Working in partnership with the specialist advisory committees and specialist associations, our team of tutors and convenors work to ensure that our specialty skills courses, of which over 70 were run in the academic year 2004–2005, meet the needs of the profession. In each specialist area, the curriculum is constantly reviewed and developed to take account of national demands in surgery and the latest technological advances.

Throughout 2004 and 2005, the department commenced work on reviewing, revising and piloting key courses – such as the core skills in operative orthopaedic surgery and the specialist registrar skills in general surgery courses – in a bid to increase regional access to courses, and to ensure that courses and accompanying materials, incorporate modern techniques and technology.

### Specialty Skills Projects

- > **Sentinel lymph node biopsy** – The education department has been working on a collaborative project led by Professor Robert Mansel of the University of Wales College of Medicine, a world expert in sentinel lymph node biopsy, to develop an exciting new multidisciplinary training programme which includes theory and in-hospital training.
- > **Minimally invasive surgery** – The education department is developing a national training programme, run regionally and integrated into the overall surgical training curriculum. High-quality learning materials are being developed, and two pilot core skills in laparoscopic surgery courses have already been held.
- > **The cardiac wetlab project** – The education department, with support from the Department of Health and St Jude Medical, recently produced an educational package to support development of cardiac skills training laboratories regionally. The package includes a guide to establishing and running a permanent skills laboratory, DVDs illustrating common cardiac surgical procedures, and a workbook for trainees to record their self-directed learning.



**HIGHLIGHTS**

- > The establishment of the sentinel lymph node biopsy programme as a major contribution to patient care by reducing the need for more radical surgery.

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- > The opportunity to professionalise postgraduate education and training for the surgical team through the ISCP.

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- > The successful introduction of the 7th edition of ATLS®, supporting the training of around 3,000 participants across the UK every year. We are now in our 17th year of this programme.

**LOOKING AHEAD**

**Education**

- > The Raven Department of Education will continue to work with other college departments and external stakeholders on the third phase of the ISCP.

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- > The department will continue to develop the College's education provision through a national network, particularly in anatomy.

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- > SLIPS is a two-day programme that aims to improve leadership, teamworking and patient safety through understanding and applying human factors theory to an operating theatre setting.

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- > An autumn 2006 conference is planned to promote and support the role of surgeons as educators and trainers.

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- > The department will continue its strategy to form strong education partnerships with specialty associations.

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- > The department will coordinate its education publishing programme with particular emphasis on STEP™ and specialty core skills.

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- > The european and international network will be enhanced to support education research and partnerships.

**Fundraising and development**

- > Updating the College's teaching facilities will be a major priority in the coming years. Therefore, 2006 will see the College launch its Eagle Project, which will identify redevelopment needs, with input from the education department, and set in place a multi-million pound fundraising campaign to help meet these needs.

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- > The education department will actively raise funds, market and communicate to increase the department's profile as an international centre of excellence.

The work of OiS aims to widen the inclusion and diversity of surgical trainees and surgeons to better reflect the communities we serve.

**Opportunities in Surgery**

The College's opportunities in surgery (OiS) initiative is committed to educating and informing people from all backgrounds, especially those that are underrepresented within the profession, about surgical career opportunities in order to promote diversity and flexibility within the surgical workforce.

The work of OiS aims to widen the inclusion of those training in, and practising, surgery to better reflect the communities we serve. In order to make surgery a more accessible career choice, the OiS team's work encompasses the women in surgical training (WiST) network; research regarding surgical career choices; the provision of advice and information on flexible training; the provision of advice and information for international doctors; support for refugee doctors and trainees; and the promotion of surgery to medical students.



Research fellow, Maxwell Ado, demonstrates suturing to a secondary school student.

**HIGHLIGHTS**

- > Throughout 2005, in order to promote surgical opportunities for all young people, the OiS team attended: the MedLink careers fair; Science Museum events, as part of 'black history month'; and information sessions at Tower Hamlets' summer university and the Museum of Science & Industry, Manchester. OiS also ran WiST workshops with school groups and female medical students.

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- > The WiST-led survey results assessing surgical career progress were published in the June 2005 edition of the *Bulletin* (87: 162). The identified factors, that see both men and women opt out of surgery, will be considered by the College in its provision of support and information for all potential trainees, trainers and surgeons.

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- > OiS introduced a 'surgical taster scheme' in partnership with the government's *Aim Higher* initiative for students from underrepresented backgrounds in the surgical profession – the success of which will see it held again in 2006.

**LOOKING AHEAD**

- Throughout 2006, the OiS team will:
- > Collect data and survey trainees and surgeons regarding attitudes towards working in the profession, looking particularly at factors influencing decisions to pursue or leave surgical careers.

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  - > Review and assess its promotional events and activities, including the format and location of school events.

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  - > Hold another International Doctors' Open Day, following the success of that held in 2005.

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  - > Work with other College staff to develop a programme of support for refugee surgeons and surgical trainees, assisting their integration into the NHS.

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  - > Continue ongoing development of the WiST network.



# Collaboration

## Curriculum

The work of the intercollegiate surgical curriculum project (ISCP) seeks to reform the way surgical training is taught and learned in the UK. Driven by changing societal, political and professional expectations of health and surgical care, the reforms developed throughout the four phases of the ISCP are the result of much research by, and consultation with, educationalists, healthcare professionals, trainees and trainers.

The ISCP forms a collaboration between the surgical royal colleges of Great Britain and Ireland and other professional bodies responsible for surgical training, including the specialty associations and the postgraduate deaneries, to develop coherent and integrated strategies for assessment, quality assurance and faculty development, and to pilot, evaluate and implement the curriculum.

From modernising surgical training and incorporating the use of web-based learning, to reviewing and restructuring the pathway of training, the reforms developed within the ISCP are far-reaching but, fundamentally, are driven by the need to improve surgical training and better support surgical trainees and trainers.

As well as forming and fostering external relationships, the ISCP marks one of the College's biggest multidisciplinary projects, drawing on the expertise of: the professional standards and regulation division, the Raven Department of Education, and the library, web and information services teams.

The ISCP reforms are far-reaching, but are fundamentally driven by the need to improve surgical training and better support trainees and trainers.



## Schools of Surgery

The schools of surgery concept puts forward a set of principles and a simple model aimed at clarifying the roles and responsibilities of colleges, deaneries and Trusts within surgical education, in order that trainees and trainers will be better supported and resourced; quality assurance of teaching will be easily facilitated; and, being deanery-based, training will be more easily adapted to reflect local needs.

### HIGHLIGHTS

- > The schools of surgery concept gained much support during the recent pre-pilot phase of the intercollegiate surgical curriculum project, with some deaneries self-selecting to pilot a schools of surgery model.

### LOOKING AHEAD

- > The ISCP team will support the development and piloting of schools of surgery in partnership with selected deaneries in 2006.

### HIGHLIGHTS

- > Phases one and two of the ISCP have been completed and reviewed and the project is now in its third phase – a national pilot of the assessment strategy and tools under proposal.
- > The first of its kind, the ISCP web-based learning site is now live and will record the curriculum for all surgical specialities in the UK and Ireland online.

### LOOKING AHEAD

- > The ISCP team will review and develop the College's specialty skills programmes to meet the needs of the new curriculum in partnership with specialty associations.
- > Guidance on using the new online curriculum website will be issued.
- > The ISCP will see partnerships developed with:
  - the University of Sussex, and other university partners, to develop a strategy for the evaluation of the new curriculum;

- the University of London (King's College School of Management and the Institute of Education) – to undertake educational research on work-based learning, undertaken to complement the separate process of evaluation instituted for the new curriculum;
- the University of London (Imperial College) – to undertake educational research on technical skills assessment; and
- the University of Oxford (Department of Educational Studies) – to undertake research on professional development throughout the surgical career.



Above left: Operating theatre at St George's Healthcare NHS Trust, Tooting, London. Left: Students attending an open day at the College.

To ensure patient safety and maintain surgical standards, the College is working with key stakeholders to develop a curriculum for surgical care practitioners.

Team training held at the Welsh Institute for Minimal Access Therapy, Cardiff.



**Extended Surgical Team Curriculum**  
 Recognising that the composition of the surgical team is evolving within the modernising NHS environment, the College developed a multidisciplinary working party engaging key stakeholders involved in the delivery of surgical services to consider the roles and responsibilities of the whole, or 'extended', surgical team.

One significant change within the make-up of the surgical team in recent times has been the inclusion of non-medically qualified healthcare practitioners, titled by the Department of Health (DH) as surgical care practitioners (SCPs).

In order to ensure patient safety, and maintain surgical standards, the College undertook work with the DH and other key stakeholders in December 2004 to develop a draft curriculum framework for the developing role of the SCPs. In 2005 a DH-led public consultation was held, the responses to which have been reflected in the subsequent curriculum framework document. It is anticipated that the work will be published in February 2006, with the first intake of SCPs admitted to the national programme in October 2006.

The College continues to support the general concept of the SCP as part of the extended surgical team under the direct supervision of a named consultant surgeon, and remains actively engaged in discussions to agree a regulatory framework for the role.

**HIGHLIGHTS**

- > The College led the steering group appointed to examine the roles and responsibilities of SCPs, establishing important alliances with several groups in the process, including the New Ways of Working in Surgery steering group, National Practitioner Programme implementation group and the Perioperative Care Collaborative.

**LOOKING AHEAD**

The College will work with key stakeholders to:

- > agree a regulatory framework for the role of SCPs;
- > develop a quality assurance programme for the provision of the SCP programme;
- > further explore the possibility of affiliating SCPs and other members of the extended surgical team to the College through the establishment of an 'associate' membership; and
- > establish a framework for the maintenance and development of the SCP curriculum framework, taking into account changing technology and the needs of consultant-led surgical services.



# Finance

## Income and expenditure account for the year ended 24 June 2005

	Notes	£million
Total resources arising		23.7
Total resources used		<u>21.7</u>
Surplus added to endowed, restricted and general funds	1	<u>2.0</u>

## Balance sheet at 24 June 2005

Tangible fixed assets		9.8
Investments		52.4
Net current assets		<u>5.6</u>
Accumulated funds	2	<u>67.8</u>

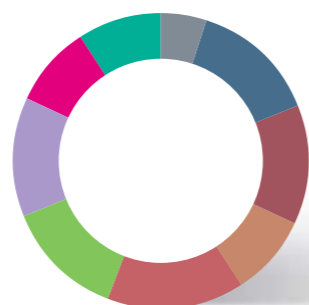
### Notes

- 1 Almost all of the £2 million surplus arises from grant funds received in advance rather than a surplus on operational activities. In addition to this surplus, a capital gain of £7.6 million was made on the College investment portfolio of which £3.8 million was on endowed and restricted funds.
- 2 Of the accumulated funds of £67.8 million, some £35.2 million is endowed or restricted in its application.

The summarised accounting information set out on this page has been extracted from the full annual accounts of the College which were approved on 8 December 2005 and will be filed with the Charity Commission.

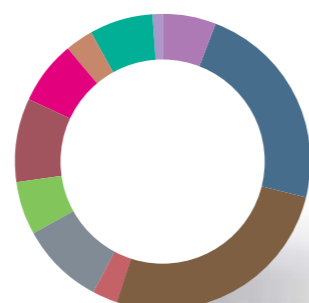
The full annual accounts were audited and received an unqualified audit opinion.

**David J Dandy**, Treasurer  
8 December 2005



### Resources arising – £23.7 million

Donations	5%
Legacies	14%
Grants	13%
Investment income	9%
Courses	15%
Examinations	13%
Subscriptions	13%
Rents, charges and sales	9%
Residential and conference	9%



### Resources used – £21.7 million

Research	6%
Training and examinations	23%
Education	26%
External relations and publications	3%
Council and membership	9%
Audit projects	6%
Residential and conference	9%
Museums and libraries	7%
Accommodation	3%
Administration and restructuring	7%
Fundraising	1%

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

We have examined the summary financial statements which comprise the summary statement of financial activities and summary balance sheet set out on page 36 and related notes.

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 2000*. 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 the *Accounting and Reporting by Charities: a Statement of Recommended Practice 2000*.

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

### Basis of opinion

We conducted our work having regard to Bulletin 1999/6 *The auditors' statement on the summary financial statement* and Practice Note 11 *The audit of charities* issued by the Auditing Practices Board for use in the United Kingdom.

### Opinion

In our opinion, the summarised financial statements are consistent with the full *Trustees' Report and Financial Statements* of The Royal College of Surgeons of England for the year ended 24 June 2005.

### Deloitte & Touche LLP

Chartered Accountants and Registered Auditors  
8 December 2005.

The summarised accounts may not contain sufficient information to allow a full understanding of the financial affairs of the College.

For further information the full annual accounts, the auditors' report and the report of the trustees should be consulted. Copies of these can be obtained from the Finance Department, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE or from the College website [www.rcseng.ac.uk](http://www.rcseng.ac.uk)



# Funding Partnerships

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

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

## Foundations, charitable trusts and associations

The American College of Surgeons  
Andrew Anderson Charitable Trust  
Arthritis Research Campaign  
Ballinger Charitable Trust  
Britannic Assurance plc  
British Association of Endocrine Surgeons  
British Association of Paediatric Surgeons  
British Association of Plastic Surgeons  
British Society for Surgery of the Hand  
British Urological Foundation  
British Vascular Foundation  
Cancer Research UK  
The Caravan Club (Suffolk Centre)  
Cazenove Charitable Trust  
The John Charnley Trust  
CORE  
David & Frederick Barclay Foundation  
Donald Forrester Charitable Trust  
The George Drexler Foundation  
Dunhill Medical Trust  
Elkin Charitable Foundation Number 1  
Enid Linder Foundation  
Family Rich Charities Trust  
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The family of the late Mr Stefan Galeski FRCS  
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# Hunterian Museum Project



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