Good Surgical Practice

The Royal College of Surgeons of England

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Professional Standards
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Good Surgical Practice

Good Surgical Practice has been written with the collaboration of the following organisations and is endorsed by them:

The Association of Surgeons of Great Britain and Ireland
The British Association of Oral and Maxillofacial Surgeons
The British Association of Otorhinolaryngologists – Head and Neck Surgeons
The British Association of Paediatric Surgeons
The British Association of Plastic, Reconstructive and Aesthetic Surgeons
The British Association of Urological Surgeons
The British Orthopaedic Association
The Royal College of Physicians and Surgeons of Glasgow
The Royal College of Surgeons in Ireland
The Royal College of Surgeons of Edinburgh
The Society for Cardiothoracic Surgery in Great Britain and Ireland
The Society of British Neurological Surgeons
The Vascular Society of Great Britain and Ireland

Foreword

"I would be happy to be treated this way if this patient were me or a member of my family."

We share the privilege of working as surgeons, with the responsibilities, joys and disappointments that this brings. As surgeons we understand the fulfillment of delivering a successful outcome, and the humility and strength required when surgery goes wrong or is unlikely to be a patient's best option. We are all human, we all make mistakes and so we all benefit from guidance. We are fortunate; our profession is still respected and held in high esteem. Our behaviours and attitudes are observed by those we work alongside and impact directly on the care we deliver to our patients.

The challenge of providing compassionate, high quality, safe care is at the top of our professional agenda. This document provides guidance as we address this challenge and highlights skills needed by a highly performing surgeon in today's ever more demanding environment.

The recent publication of national outcomes data means that surgery has led the way in transparency, openness and accountability. This document reaffirms and sets out surgeons' commitment to personal responsibility and to the continuous improvement of quality of care and of patient safety.

Good Surgical Practice aims to be a base line of clear and assessable standards for individual surgeons and their practice. It is not a statutory code or a regulatory document but rather seeks to exemplify the standards required of all doctors by the GMC in the context of surgery. It represents the profession's core values, the skills and attitudes that underpin surgical professionalism to which all surgeons should aspire in order to deliver high quality care.

No matter where you work, within the NHS, independent or voluntary sector these statements of principle are applicable to all surgeons, regardless of grade. We hope they will provide you all with guidance and support as you reflect on your work and set

yourselves goals. You should use your professional judgment to apply these principles in practice. *Good Surgical Practice* specifies for surgery those overarching GMC standards as set out in *Good Medical Practice* 2013, which you will all use as an integral part of your appraisal and the revalidation process.

The emphasis of this document is on collaborative working, particularly with patients as active participants in decisions about their care, rather than simply as passive recipients of care.

Surgery, as we all know, is not a solitary activity. Patient safety and good practice certainly depend on the individual surgeon, but also on effective teamworking both within the surgical team and the wider multidisciplinary team. Maintaining effective relationships with non-clinical management is also critical. Some statements in the document focus on improving organisational systems and services and require the collaboration of the surgeon's employing organisation and the wider operating team to be met in full. The aim of such statements is an expectation that surgeons will demonstrate leadership by engaging positively with their organisations' efforts to improve care delivery.

All the surgical royal colleges and the surgical specialty associations have collaborated, given freely of their advice and contributed generously to this document. I thank them all for giving of their time and expertise.

My hope is that the new *Good Surgical Practice* will guide all surgeons as we advance surgical standards and travel that road, seeking to develop our professionalism to meet current demands.

Clare Marx CBE DL PRCS
President
The Royal College of Surgeons of England

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The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
  - Treat patients politely and considerately.
  - Respect patients' right to confidentiality.
- Work in partnership with patients.
  - Listen to, and respond to, their concerns and preferences.
  - Give patients the information they want or need in a way that they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions."

NOTE: *The duties of a doctor* on pages 6 and 7 have been reproduced from *Good Medical Practice*, GMC, 2013.

Note on terminology

Good Surgical Practice uses the same headings that appear in *Good Medical Practice*, which came into effect on 22 April 2013.

In *Good Medical Practice*, the terms 'you must' and 'you should' are used in the following ways:

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when the General Medical Council is providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

The same convention is used in this document. 'Ensure' is used where surgeons must do what is reasonably within their control to make sure that the event takes place.

Domain 1: Knowledge, skills and performance

1.1 Develop and maintain your professional performance

Surgeons are responsible for keeping themselves up to date and maintaining competence in all areas of their practice. In meeting the standards of *Good Medical Practice*, you should:

- Demonstrate and maintain competence in your area of clinical practice and the full scope of your professional work, including, where relevant, management, teaching and research.
- Keep up to date with current clinical guidelines in your field of practice, and be fully compliant with ethical and legislative guidance in relation to your practice.
- Ensure that your skills and knowledge are up to date by undertaking continuing professional development (CPD) and educational activities in all aspects of your work. These activities must be relevant to your practice and support your current skills, knowledge and career development. CPD should be planned in discussion with your appraiser and reflected in your annual personal development plan.
- Where relevant, make appropriate use of simulation to support learning of new procedures.
- Undertake all mandatory training required as part of your contractual arrangements with your place of employment.
- Dedicate appropriate time each week for activities that are essential to the long-term maintenance of the quality of the service such as CPD, education, structured teaching, audit, research, clinical management and service development. The surgical royal colleges and surgical specialty associations recommend a minimum of 50 hours of CPD activity per year, or 250 hours of CPD activity across the 5-year revalidation cycle.

- If your job plan does not allow you to keep up to date, you should address this in discussion with your appraiser and medical director.
- Develop and maintain an accurate portfolio of evidence of all your procedures and clinical activity (for example, a logbook). Such evidence must encompass your whole practice wherever this is delivered, including private practice.
- Engage in quality assurance processes and quality improvement activities, including participation in national and local audit, measuring validated outcome data, peer review, multidisciplinary meetings and morbidity and mortality meetings.
- Participate in performance reviews and in the local annual appraisal process, taking time to reflect critically on your whole practice (including non-clinical roles and private practice). You should have a constructive discussion with your appraiser using evidence gathered throughout the year, as outlined in the surgery guidance

Further reading

Continuing Professional Development: A Summary Guide for Surgery (Joint Committee on Revalidation, 2013)
Guidance on Supporting Information for Revalidation for Surgery (Joint Committee on Revalidation, 2014)
Advice on Supporting Professional Activities (AoMRC, 2010)
Surgeon's Portfolio (https://www.surgeonsportfolio.org)

1.2 Apply knowledge and experience to practice

1.2.1 Good standards of clinical practice

In meeting the standards set out in *Good Medical Practice* surgeons must provide good clinical care by applying their clinical skills, knowledge and experience to practice. You should:

- Ensure that patients are treated according to the priority of their clinical need.
- Take full responsibility for patient management, leading the surgical team to provide best care. Responsibility should encompass preoperative optimisation and postoperative recovery.
- In conjunction with colleagues in the multidisciplinary healthcare team, construct and discuss with the patient a diagnostic and treatment plan based on clinical evidence and investigation findings. The risks and benefits of surgical intervention and the use of alternative forms of treatment should be considered carefully. Ensure that multidisciplinary team meetings are fully utilised both preoperatively and postoperatively.
- When providing elective care for patients with non-urgent conditions, carry out procedures that lie within the limits of your competence and the range of your routine practice, and refer where necessary.
- Carry out surgical procedures in a timely, safe and competent manner, and ensure that you follow current clinical guidelines in your field.

- Use the skills and knowledge of other clinicians. When the complexity of the procedure is an issue, you should consider shared decision making and shared operating with another expert consultant colleague. When appropriate, you should transfer the patient to another colleague or unit where the required resources and skills are available.

- Be satisfied that patients are cared for in an appropriate environment where adequate resources, facilities and suitable equipment are available for safe surgery and any special patient needs are taken into account. If such resources are not available, you should consider postponing planned procedures. If patient safety and effective care may be compromised by lack of resources, you should record this and communicate it to the medical director.

- Make efficient use of the resources available. Any requests to hospital management for the allocation of resources for patient care should be sensible, realistic and proportionate to the needs of the patient.

- Ensure that patients receive satisfactory postoperative care and that relevant information is promptly recorded and shared with the relevant teams, the patient and their supporters.

- Proactively support and participate in your organisation's provisions to ensure that patients in hospital are reviewed by an on-site consultant with appropriate skills and knowledge at least once every 24 hours, 7 days a week, unless it has been determined that this would not affect the patient's care pathway.

- Proactively support and participate in your organisation's provisions to ensure that consultant-supervised interventions and investigations (along with accompanying reports) are provided seven days a week if the results may change the status of the patient's care pathway before the next working day. This includes interventions that may determine additional care needs or enable a shortened length of stay or immediate discharge.

- Where appropriate for the patient's care pathway, be satisfied that support services can be accessed seven days a week to ensure that the next steps in the patient's care can be taken, as determined by the daily consultant-led review. If effective care may be compromised by lack of support services, this lack should be recorded and communicated to the medical director.

- Ensure that, when the patient is discharged from hospital, appropriate information is shared with the patient, the patient's supporters and the extended care team. In addition, unless the patient requests otherwise, all relevant information should be sent to the patient's GP, where possible in electronic form, within 24 hours. For complex cases, consideration should be given to a telephone communication with the patient's GP.

- Accept patients on referral by GPs, consultant colleagues or as emergency through the accident and emergency department. If you agree to see a patient directly without referral, the patient should be informed that the GP will receive a report unless the patient requests otherwise.

- Provide adequate time for patients and their supporters prior to surgery to discuss the proposed procedures and implications, risks and benefits, and allow the patient to make a fully informed decision before signing a consent form as described in section 3.5.1.

1.2.2 Emergency surgery

When carrying out emergency work, you should:

- Proactively support your organisation's provisions to ensure that patients receive high quality emergency care.

- Be familiar with formalised pathways for unscheduled care set out by your trust or health board, including risk-grading strategies.

- Accept responsibility for the assessment and continuing care of every emergency patient admitted under your name unless, or until, they are formally transferred to the care of another doctor.

- Be available either within the hospital or within a reasonable distance of the hospital to give advice throughout your duty period.

- Ensure that you are able to respond promptly to a call to attend to an emergency patient. If you are on call in a specialty with a high emergency workload you should be free of all other commitments, including elective commitments and private sector responsibilities. This arrangement should be formally reflected in your job plan.

- Ensure that there are written protocols for the initial management of emergency patients and for the subsequent safe transfer to another team or unit when the complexity of the patient's condition is beyond the experience of the admitting surgeon or beyond the resources available for the proper care of the patient.

- Ensure that the risk of complication and mortality is fully assessed and understood and effectively communicated to the patient and the wider care team before delegating to another colleague. When there is high risk of mortality and complication, ensure that a consultant surgeon is present and closely involved in the patient's care.

- Delegate assessment of emergency surgical operations only when you are sure of the competence of those to whom the patient's operative care will be delegated.

- Ensure that emergency patients are reviewed by an on-site consultant surgeon at least once every 24 hours and more often if the patient is at high risk.

- Ensure that rotas are published well in advance and cooperate with colleagues so that any alternative cover arrangements are specifically made, clearly understood and adequate to provide equivalent care.

- Ensure the formal handover of patients to an appropriate colleague following periods on duty, as described in section 3.4.

- Taking into account the patient's best interest ensure that, in an emergency, you only perform unfamiliar operative procedures if there is no safe clinical alternative, if there is no colleague available who is more experienced, or if, after consultation with the nearest specialist unit, transfer is considered a greater risk to the patient.

- If unexpected circumstances require colleagues to act beyond their practised competencies, you should provide support in making the care of the patient the first concern.

1.2.3 Clinical and basic science research

High quality surgical research has been instrumental in expanding the range of procedures that can be performed safely. It has made operations safer, less invasive and more effective. Surgeons are in a unique position to undertake clinical research vital for surgical innovation and improvement of patient care, and should strive to participate in research and innovation initiatives related to their practice. Surgeons must be able to understand the relevance of research, critically appraise published research and apply it to practice. If you undertake research, you should:

- Submit full protocols of proposed research and details of intended new technical procedures to the local NHS research/ethics committee before starting. All clinical trials should be registered and all trial results should be published, including negative results or results where the outcome is different to what was expected.

- Treat patients participating in research as partners, respecting their dignity and unique clinical circumstances and ensuring that research outweighs any anticipated risks.

- Fulfil the regulations of the *World Medical Association Declaration of Helsinki 1964/2013* on the ethical principles for medical research involving human subjects.

- Fully inform research participants about the aims, intentions, values, relevance, methods, hazards and discomforts of the proposed research. Inform participants how their confidentiality will be respected and protected.

- Fully inform patients in randomised trials about the procedures being compared and their risks and benefits, and record this in your notes.

- Accept that a patient may refuse to participate or withdraw during the programme, in which case their treatment should not be adversely influenced.

- Seek guidance from the local ethics committee regarding the need for consent for the use of tissue removed during an operation for research purposes (as opposed to routine histopathology). Seek permission to remove tissue beyond that excised diagnostically and therapeutically. Acquire specific permission to use any removed tissue for commercial purposes, for growing cell lines or for genetic research.

- Discourage the publication of research findings in non-scientific media before reporting them in reputable scientific journals or clinical meetings. Ensure that any information regarding the research project that may be published on the internet or elsewhere follows ethical principles.

- Disclose any personal affiliation or other financial or commercial interest relating to your research and its funding. This includes, for example, private healthcare companies, pharmaceutical companies or instrument manufacturers.

- Report any fraud that is detected or suspected to the local research/ethics committee.

- Recognise and be familiar with the Human Tissue Act 2004 regulations and obtain appropriate licences where necessary.

- Ensure that you have a good understanding of the standards regarding clinical trials on human subjects. It is best practice to have obtained a certificate of Good Clinical Practice.

- For surgical research that involves animals, fulfil the strict regulations of the Animals (Scientific Procedures) Act 1986/2013.

1.2.4 Introduction of new techniques

Introduction of new clinical interventions and surgical techniques (including equipment) that deviate significantly from established practice and are not part of an NHS local ethics committee research programme must be underpinned by rigorous clinical governance processes, having the patient's interests as the paramount consideration. If you are introducing new surgical techniques and technologies you should:

- Discuss the technique with colleagues who have relevant specialist experience and seek formal approval from your medical director.

- Follow local protocols with regard to obtaining approval by the local ethics committee or the local clinical governance committee. These should include the provision of evidence that the new technique is safe and that all clinical staff who plan to use the new technique will undertake relevant training, mentorship and assessment.

- Contact the Interventional Procedures Programme at the National Institute for Health and Care Excellence (NICE) to learn the status of the procedure and/or register it, and liaise with the relevant surgical specialty association.
- Obtain appropriate training in the new technique, take part in regular educational activities that maintain and develop competence and performance, and enable the training of other surgeons.
- Ensure that any new device complies with European standards and is certified by the competent body.
- Ensure that patients and their supporters know that a technique is new before seeking consent and that all the established alternatives are fully explained prior to recording their agreement to proceed.
- Be open and transparent about the sources of funding for the development of any new technique.
- Contribute to the evaluation of the new procedure by auditing outcomes and reviewing progress with a peer group, and by complying with guidelines by NICE or by the Scottish Intercollegiate Guidelines Network (SIGN).

Further reading

Seven Day Consultant Present Care (AoMRC, 2012)
Emergency Surgery – Standards for unscheduled surgical care (RCS, 2011)
Delegation and referral (GMC, 2013)
Consent: patients and doctors making decisions together (GMC, 2008)
Good Practice in Research (GMC, 2010)
From Innovation to Adoption (RCS, 2014)
Improving surgical practice: Learning from the experience of RCS invited reviews (RCS, 2013)

1.3 Record your work clearly, accurately and legibly

Surgeons must ensure that accurate, comprehensive, legible and contemporaneous records are maintained of all their interactions with patients. In meeting the standards of *Good Medical Practice* you should:

- Be fully versed in the use of the electronic health record system used in your organisation and record clinical information in a way that can be shared with colleagues and patients and reused safely in an electronic environment.
- Take part in the mandatory training on information governance offered by your organisation, including training on data protection and access to health records.
- Ensure that all medical records are accurate, clear, legible, comprehensive and contemporaneous and have the patient's identification details on them.
- Ensure that when members of the surgical team make case note entries these are legibly signed and show the date, and, in cases where the clinical condition is changing, the correct time.
- Ensure that a record is made of the name of the most senior surgeon seeing the patient at each postoperative visit.
- Ensure that a record is made by a member of the surgical team of important events and communications with the patient or supporter (for example, prognosis or potential complication). Any change in the treatment plan should be recorded.
- Ensure that there are clear (preferably typed) operative notes for every procedure. The notes should accompany the patient into recovery and to the ward and should give sufficient detail to enable continuity of care by another doctor. The notes should include:

- Date and time
- Elective/emergency procedure
- Names of the operating surgeon and assistant
- Name of the theatre anaesthetist
- Operative procedure carried out
- Incision
- Operative diagnosis
- Operative findings
- Any problems/complications
- Any extra procedure performed and the reason why it was performed
- Details of tissue removed, added or altered
- Identification of any prosthesis used, including the serial numbers of prostheses and other implanted materials
- Details of closure technique
- Anticipated blood loss
- Antibiotic prophylaxis (where applicable)
- DVT prophylaxis (where applicable)
- Detailed postoperative care instructions
- Signature

- Ensure that sufficiently detailed follow-up notes and discharge summaries are completed to allow another doctor to assess the care of the patient at any time.

- Ensure that you are familiar and fully compliant with the guidelines of the Data Protection Act 1998 around the use and storage of all patient identifiable information.

Further reading

Standards for the clinical structure and content of patient records (Health and Social Care Information Centre, 2013)
Data Protection Act 1998

Domain 2: Safety and quality

2.1 Contribute to and comply with systems to protect patients

Surgeons have a duty to contribute to and comply with systems and processes that aim to reduce risk of harm to patients by measuring and monitoring performance and quality of care. The use of outcome measures should be a regular part of day to day clinical practice. In meeting the standards of *Good Medical Practice*, you should:

2.1.1 Ensuring consistency in patient safety

- Comply with standardisation and reliability processes that promote patient safety, such as national and local standard operating procedures.

- Be fully versed in the principles and practice of the *WHO Surgical Safety Checklist* (World Health Organization, 2008) and its adaptation through the *Five Steps to Safer Surgery* (National Patient Safety Agency, 2010) and apply those as an essential part of your operating work wherever this takes place, including private practice. The checklist can be adapted to suit local clinical environments and different specialties but the following broad tasks should be included:

  - **Team briefing:** All members of the surgical team should attend the team briefing at the beginning of the list to ensure a shared understanding of the requirements of that list, identify skill levels, staffing and equipment requirements, and prepare for anticipated problems.

  - **Sign in** before the administration of anaesthesia allows the team to ensure that the patient's known allergies have been checked and that the surgical site on the patient's body has been properly marked and will be visible in the operative field after draping.

  - **Time out** before the first incision allows members of the wider theatre team to introduce themselves if they have not previously done so and encourages them to speak out if they identify any concerns at this stage.

- **Sign out** before the patient leaves the theatre guarantees that instruments, sponges and needles have been counted to ensure that none have been left behind in the patient's body.

- **Debriefing:** wherever possible, all members of the surgical team should participate in a discussion at the end of the operating list or at the end of the session, to consider good points of the operating process and teamwork, review any issues that occurred, answer concerns that the team may have, and identify areas for improvement.

- Recognise the risk of surgical site infection and the potential for cross-infection and follow local infection control procedures.

2.1.2 Measuring quality and outcomes

- Be committed to quality improvement in the interest of patient care as a core part of your clinical duties. You should contribute to clinical governance systems that strengthen day-to-day quality management and effective service delivery.

- Submit all your activity data to national audits and databases relevant to your practice and present the results at appraisal for review against the national benchmark.

- Take prompt action to understand the risks and ensure patient safety when your patient outcome results through audit, peer review or routinely collected data fall outside the accepted norm. Engage in conversation with your appraiser to identify the nature and basis of the concern and cooperate in relevant local investigations. You should follow the audit provider's policy for managing outliers.

- Keep an accurate and accessible record of all your surgical activity wherever this takes place, including outcomes and complications, bearing in mind patient confidentiality and complying with the Data Protection Act 1998. Where available,

you should liaise with your hospital to obtain an analysis of routinely collected data for index procedures identified by the relevant surgical specialty association.

- Play an active role in ensuring that your audit returns and outcome results accurately reflect your practice by being routinely involved in checking and quality-assuring the data attributed to you and your team.

- Take part regularly in morbidity and mortality and audit meetings.

- Be familiar with local processes and agreed thresholds for recording adverse incidents and keep a record of incidents in which you have been directly involved. You should report such incidents to those responsible in your hospital and, where relevant, to a local audit meeting.

- Make full use of local electronic systems for reporting incidents and adverse events. You should reflect on adverse incidents in which you have been directly involved and present them for discussion at appraisal.

- Take part in national enquiries, for example the National Confidential Enquiry into Patient Outcome and Death. You should submit your patient outcome data to relevant national databases.

Further reading

WHO Surgical Safety Checklist & Implementation (World Alliance for Patient Safety, 2008).
Five Steps to Safer Surgery (National Patient Safety Agency, 2010).
Standardise, Educate, Harmonise: Commissioning the Conditions for Safer Surgery (NHS England Never Events Taskforce, 2013).
Surgical Site Infection (NICE, 2008)
Maintaining Patients' Trust: Modern Medical Professionalism (SCTS, 2011)
Using Outcomes Information for Revalidation (RCS, 2013)

2.2 Respond to risks to safety

It is the cornerstone of professionalism and the primary duty of every surgeon, regardless of seniority or grade, to put the care and safety of patients above all other considerations and take action or 'speak up' through the appropriate channels when concerns arise. In meeting the standards of *Good Medical Practice*, you should:

- Recognise that your primary accountability is to the patient and support a culture of openness, honesty and objectivity where concerns can be raised safely by all staff members.

- Act promptly to rectify, or notify those responsible for rectifying, any incidents of poor quality of care or shortfalls in resources that might compromise safe care, including suitable facilities, equipment and support services.

- Raise concerns at the earliest opportunity when you have reasonable belief that the care and wellbeing of patients may be put in jeopardy for any reason. Such a reason may include the conduct, performance or health of a colleague, as well as inadequate resources, systems and policies. You should not assume that someone else will take action. If you have concerns about patient safety, it is your responsibility to establish whether action is already being taken.

- Use local policies and resources for raising concerns in the first instance. Normally, you should raise your concerns to your immediate superior, followed by the medical director and the chief executive.

- Escalate your concern to the appropriate regulator if you have not been satisfied that your concern has been adequately addressed through local channels. Concerns around the organisational standards of quality and safety should be escalated to the Care Quality Commission*. Concerns about the fitness to practise of colleagues

should be raised with the GMC or other appropriate regulator (for example, the Nursing and Midwifery Council).

- As a final recourse, if neither local nor regulatory processes have appropriately addressed your concern, bring your concern to general public attention. You should seek advice before going public with your concern as outlined in the GMC guidance *Raising and Acting on Concerns about Patient Safety* (GMC, 2012).

- Support others who are taking steps to raise valid concerns on patient safety. You must ensure that your own knowledge, understanding and any evidence of wrongdoing available to you is put at the service of the person leading the response to a concern.

- Keep a dated and verifiable record of how you have raised your concerns, including notes of any supporting evidence, taking into account patient confidentiality.

- Not conflate a legitimate concern around patient safety with a personal grievance. If you have both a concern around care quality and a personal employment grievance, you should pursue these separately.

Further reading

Raising and Acting on Concerns about Patient Safety (GMC, 2012)
Acting on Concerns: Your Professional Responsibility (RCS, 2013)
Improving surgical practice: Learning from the experience of RCS invited reviews (RCS, 2013)

* In Scotland the role of the Care Quality Commission is fulfilled by the Scottish Care Inspectorate and by Health Improvement Scotland. In Wales the same role is carried out by the Care Standards Inspectorate for Wales and in Northern Ireland by the Regulation and Quality Improvement Authority.

2.3 Protect patients and colleagues from any risk posed by your health

Surgeons have a duty to maintain safe care at all times and not to work in any health state that might impair judgment and/or jeopardise patient safety. You should:

- Not work when your health is adversely influenced by fatigue, disease, drugs or alcohol.
- Recognise when your health state might impair judgment or jeopardise patient safety. You should promptly seek independent medical advice and devolve clinical responsibility to an appropriately qualified colleague.
- Take precautions against the transmission of blood-borne viruses by following established guidelines when operating on high risk patients or in the event of a needlestick injury.
- Exercise a duty of care in terms of reporting serious communicable disease or health states in yourself or colleagues that might jeopardise safe patient care.
- Be aware of health and safety regulations with respect to your practice and follow relevant legislation and local guidelines, including local vaccination and immunisation requirements.

Domain 3: Communication, partnership and teamwork

3.1 Communicate effectively

Effective communication and clarity of information exchange is essential for quality of care and patient safety. In meeting the standards of *Good Medical Practice*, you should:

3.1.1 Communication with patients

- Communicate clearly and compassionately with patients and, with the patient's consent, with their supporters, and, in the case of children, with their parents/responsible adults.
- Recognise and respect the varying needs of patients, including children, for information and explanation and give them the information they want or need using appropriate language in a way that they can understand.
- Ensure that enough time is available for a detailed explanation of the clinical problem and the treatment options.
- Listen to and respect the views and preferences of patients and their supporters and respond to their concerns.
- Encourage patients to discuss the proposed treatment with their supporters.
- Fully inform the patient and their supporter of progress during treatment.
- Explain any complications of treatment as they occur and explain the possible solutions.

3.1.2 Communication with colleagues

- Listen to and respect the views of other members of the team involved in the patient's care, and respond to any concerns they may have. Communicate effectively with colleagues within and outside your team as described in section 3.2.

- When handing over the care of a patient for whom you are responsible, share all necessary information about the patient's care pathway with the oncoming team, as described in section 3.4.

3.2 Work collaboratively with colleagues to maintain and improve patient care

The provision of high quality surgical services requires effective teamworking within and between teams. Good practice rests upon collegiality, personal responsibility and a culture of openness, supportive discussion and accountability to offer safe and effective care to patients. Surgeons have a duty to promote a positive working environment and effective surgical teamworking that enhances the performance of their team and results in good outcomes for patients. In meeting the standards of *Good Medical Practice*, you should:

3.2.1 Individual behaviour

- Be aware of the impact of your own behaviour on the people around you, and particularly junior doctors and trainees.
- Be mindful that your behaviour serves as a role model to junior doctors and set an example to other colleagues in your team by behaving professionally and respectfully towards all team members.
- Communicate respectfully with colleagues and refrain from dismissive or intimidating behaviour and inappropriate, offensive or pejorative language, including swearing.
- Be accessible and approachable to colleagues.
- Support colleagues who have problems with performance, conduct or health.
- Challenge counterproductive behaviour in colleagues constructively, objectively and proportionately.
- Encourage and be open to feedback from colleagues, including junior colleagues,

and be willing to reflect on feedback about your own performance and behaviour and acknowledge any mistakes.

- Willingly and openly participate in regular appraisal of yourself, trainee surgeons and other staff.

- Develop and maintain effective relationships and respectful communication with non-clinical management. Ensure that you understand and fulfill your responsibilities as an employee in addition to your duties as a professional.

- Take responsibility to act as a mentor to less experienced colleagues. You should also take responsibility to seek a mentor to improve your own skills at any point in your career and particularly when taking on a new role.

3.2.2 Teamworking

- Attend multidisciplinary team meetings and morbidity and mortality meetings, and engage in systematic review and audit to the standards and performance of the team.

- Work effectively and amicably with colleagues in the multidisciplinary team, arrive at meetings on time, share decision making, develop common management protocols where possible and discuss problems with colleagues.

- Engage in and encourage reflection and learning from the activity of the multidisciplinary team and take appropriate action in response.

- Understand and respect the roles and views of other members in the team. You should promote well structured and inclusive processes that encourage contributions of all members and ensure that the views of new and junior members are taken into account.

- Encourage a culture of safety, candour and constructive challenge in your team, where difficulties and problems that may cause harm to the patient can surface and be openly discussed and mitigated.

- Ensure that each member of your team understands his or her own and each other's role and responsibilities.

- Ensure that new members of the team, including locum surgeons, are not isolated. Ensure that they are fully conversant with the routines and practices of the team and know from whom to seek advice on clinical or managerial matters.

- Be mindful of the risks of diffusion of responsibility in the multidisciplinary team setting and the wider trust setting and ensure that shared and corporate responsibility does not interfere with or diminish your own professional responsibility to your patient.

- Always respond to calls for help from trainees, colleagues and other members in the surgical team. If unexpected circumstances require staff to act beyond their practised competencies, you should provide support for colleagues in making the care of the patient the first concern.

Further Reading

Leadership and Management for All Doctors (GMC, 2012)
The Leadership and Management of Surgical Teams (RCS, 2007)
Five Steps to Safer Surgery (NPSA, 2010)
WHO Surgical Safety Checklist and Implementation (World Alliance for Patient Safety, 2008).
Improving surgical practice: Learning from the experience of RCS invited reviews (RCS, 2013)

3.3 Teaching, training, supporting and assessing

Surgeons should be willing, as part of their professional practice, to engage in the training and supervision of students, trainees and other members of the surgical team. They have a responsibility to create a learning environment suitable for teaching, training and supervising students, trainees and others. In meeting the standards of *Good Medical Practice*, you should:

- Support those under your supervision to carry out learning and development activities identified by appraisals or performance systems.
- Ensure that you provide appropriate supervision whether through close personal supervision or through a managed system with clear reporting structures.
- Be satisfied that those under your supervision have the necessary knowledge, skills and training to carry out their roles.
- Ensure that consultant surgeons who join your team for a short period of time for the purpose of furthering their skills comply with appropriate local regulations. This includes obtaining a Certificate of Fitness for Honorary Practice and complying with other HR requirements.

3.3.1 Medical students

As part of your responsibilities to medical students, you should:

- Encourage and support medical students.
- Involve yourself actively in teaching if students are attached to your team.
- Be aware of the professional competencies to be achieved by the students.

- Explain to patients that they have the right to refuse to participate in student teaching and reassure patients that such a refusal will not prejudice their treatment in any way.
- Ensure that students are introduced to patients.
- Ensure that patient privacy and confidentiality are maintained and that students understand and respect this requirement.
- Ensure that when a student is involved in specific examinations or procedures on patients under general anaesthesia, written consent has been obtained on the full extent of the student's involvement.

3.3.2 Surgeons in training

Consultant surgeons must accept overall responsibility for any duties that are delegated to a trainee or other doctor. You should:

- Delegate duties and responsibilities only to those specialist trainees and foundation doctors or other doctors whom you know to be competent in the relevant area of practice.
- Indicate to trainees when more senior advice and assistance should be sought.
- Be present throughout an operation until you are satisfied that the trainee is competent to carry out the procedure without immediate supervision.
- When on duty, be available to advise or assist the trainee at all times unless specific arrangements have been made for someone else to deputise.

- If you have a supervisory role, ensure that the trainee maintains an up-to-date portfolio that complies with the Data Protection Act 1998 and is accurate, legible and frequently updated.

- Take reasonable steps to ensure that trainees are fit to undertake their responsibilities, particularly with reference to fatigue, ill health or the influence of alcohol or drugs.

- Ensure that assessment and appraisal of trainees is carried out regularly, thoroughly, honestly, openly and with courtesy, taking care that feedback regarding unsatisfactory progress is constructive and offered promptly, without waiting until their annual appraisal meeting.

- Not assign as competent someone who has not reached or maintained a satisfactory standard of practice.

If you are a surgeon in training, in addition to following the requirements of all surgeons set out in this document, you should:

- Take responsibility for your training and proactively seek opportunities that will help you meet the requirements of your specialty's syllabus to a high standard.

- Maintain full, accurate and up-to-date records relating to your training.

- Recognise the circumstances in which you should seek advice and assistance from a more senior member of the team. Know which consultant is on call and seek advice or assistance when appropriate.

- Inform the responsible consultant before a patient is taken to theatre for a surgical procedure.

3.3.3 Staff grades, associate specialists and specialty surgeons

If you are a staff grade, associate specialist or specialty surgeon, in addition to following the requirements of all surgeons set out in this document, you should:

- Be accountable for your activities to a named lead consultant.
- Identify and agree the extent of your delegated responsibilities with a named lead consultant, including the level of the expected independent activity.
- Take responsibility for your continuing professional development, accessing support from your employer where appropriate.

3.3.4 Locum surgeons

If you are a locum surgeon, in addition to following the requirements of all surgeons set out in this document, you should:

- If not on the specialist register, be under the supervision of a named substantive consultant in the same specialty.

Further reading

Certificate of Fitness for Honorary Practice (NHS Employers)

3.4 Continuity and coordination of care

Effective continuity of care is vital in protecting patient safety. It is the duty of every surgeon to convey high quality and appropriate clinical information to oncoming healthcare professionals to allow the safe transfer of responsibility for patients. In meeting the standards of *Good Medical Practice*, you should:

- Ensure that the patient knows the name of the person responsible for their care. If the responsible person changes, this should be promptly communicated to the patient.
- Whenever possible, ensure that there is a clear line of responsibility for the patient's care at any one time.
- Work together with other members of the healthcare team in a professional and supportive manner to maintain continuity of patient care, regardless of patient location. Where possible, make full use of electronic handover systems available in your hospital.
- Ensure that there is a formal and explicit handover for the assessment, treatment and continuing care of patients for whom you are responsible to another named colleague following periods of duty or when you are unavailable for any reason.
- Ensure that sufficient protected time within working hours is set aside for handover.

- When transferring care to an oncoming team, ensure that team members have access to all necessary clinical information about the patient. The patient's notes should be clear and sufficiently detailed, taking into account the level of knowledge of the oncoming team members. All notes should be traceable to the referring surgeon.

- Be prepared to take responsibility for patients under the care of an absent colleague even if formal arrangements have not been made.

- Continue to participate in the care and decisions concerning your patients when they are in the intensive care unit or the high dependency unit.

Further reading

Delegation and referral (GMC, 2013)
Safe Handovers (RCS, 2007)

3.5 Establish and maintain partnerships with patients

Surgeons must establish and maintain effective relationships with patients and, where appropriate, with their supporters. Before surgery, surgeons should strive to have an honest and sensitive discussion with patients about their options for treatment that leads to informed and deliberate consent. They should reflect on their patients' feedback about the care they received, and act appropriately and promptly when harm has occurred. In addition to the standards of *Good Medical Practice*, you should:

3.5.1 Consent

- Recognise that seeking consent for surgical intervention is not merely the signing of a form. It is the process of providing the information that enables the patient to make a decision to undergo a specific treatment. Consent should be considered informed decision making, or informed request. It requires time, patience and clarity of explanation.

- Establish whether a patient has a supporter as early as possible in the relationship and record this in your notes. If the patient agrees, you should involve the patient's supporter in the consent discussion.

- Establish that your patient has capacity to give consent as per the requirements of the Mental Capacity Act 2005. If your patient does not have capacity (including, for example, when he or she is unconscious or ventilated) you must act in your patient's best interests and, where relevant, seek consent from a person authorised with a lasting power of attorney to give consent on behalf of your patient. The Mental Capacity Act 2005 sets out how you should assess your patient's capacity and best interests.

- In case you have to act in your patient's best interests without the patient's consent, where possible seek affirmation from a consultant colleague and discuss

your intended actions with the patient's supporter.

- Involve young people and children in discussions and decisions around their care as outlined in the GMC guidance *0–18 years: guidance for all doctors*. According to the GMC, young people are presumed to have capacity to give consent at 16 years of age. You should assess the capacity of children under 16 years to give consent on a case by case basis, depending on their maturity and capacity to understand the different courses of action involved in their treatment.

- Ensure that consent is obtained either by the person who is providing the treatment or by someone who is actively involved in the provision of treatment. The person obtaining consent should have clear knowledge of the procedure and the potential risks and complications.

- Obtain the patient's consent prior to surgery and ensure that the patient has sufficient time and information to make an informed decision. The specific timing and duration of the discussion should take into account the complexity and risks of the proposed procedure. A patient's consent should not be taken in the anaesthetic room.

- At the consent discussion, provide information on the procedure and its implications. In particular, you should discuss information about:

  - The patient's diagnosis and prognosis
  - Options for treatment, including non-operative care and no treatment
  - The purpose and expected benefit of the treatment
  - The likelihood of success
  - The clinicians involved in their treatment
  - The risks inherent in the procedure, however small the possibility of their occurrence, side effects and complications. The consequences of non-operative alternatives should also be explained.
  - Potential follow up treatment.

- Where possible, you should provide written information to patients to enable them to reflect on and confirm their decision. You should also provide advice on how they can obtain further information to understand the procedure and their condition. This can include information such as patient leaflets, decision aids, websites and educational videos.

- Make patients aware of national guidelines on treatment choices (such as NICE and SIGN guidelines). If your recommended treatment is not in keeping with current guidelines, you must explain your reason for not following current standard guidelines.

- Sign the consent form at the end of the consent discussion, allowing the patient to take a copy for reference and reflection. On the day of the procedure, check with the patient if anything has changed since the consent discussion. If there has been a significant delay since the original signing, sign the relevant section on the form to confirm consent. The patient does not need to sign again.

- In addition to completing the consent form, record in writing the details of the consent discussion with your patient. Any discussions around consent with the patient's supporter and your colleagues should also be recorded in the patient's notes.

- In the case of cosmetic surgery, follow the requirements for consent set out by the Cosmetic Surgical Practice Working Party in *Professional Standards for Cosmetic Practice* (2013). For invasive cosmetic procedures, the consent requirements include a two-stage process of consent with a period of at least two weeks between the stages to allow the patient to reflect on the decision. You should demonstrate capacity to identify the psychologically vulnerable patient and ensure that there is rapid and easy access to mental health services for help with the assessment and management of problem cases.

- Make sure that the patient understands, and is agreeable to, the participation of students and other professionals in his or her operation.

- Gain agreement from the patient if video, photographic or audio records are to be made for purposes other than the patient's records (for example, teaching, research, or public transmission).

- Follow appropriate guidance for the retention of tissue, as set out in the Human Tissue Act 2004.

3.5.2 Preoperative checks

- Clearly mark the site to be operated on with the patient's agreement while the patient is awake and prior to premedication. Ensure that the mark is visible when draped.

- Verify the operation to be undertaken by checking the records, including images and consent form and, where possible, with the patient, rather than relying solely on the printed operating list for the procedure being performed.

- Ensure that the written consent and the notes include, when appropriate, the side to be operated on using the words 'left' or 'right' in full.

- Ensure that digits on the hand are named and on the foot numbered and similarly marked with the patient's agreement while they are awake and prior to premedication.

- Ensure that any instruction to withhold or withdraw treatment (for example, resuscitation categorisation) is taken in consultation with the patient or family and authorised by the appropriate senior clinician.

- Establish the views held by individual patients about transfusion, in case certain forms of transfusion may be unacceptable to them.

3.5.3 Patient feedback

- Promote a culture that treats patient experience and patient feedback as a driver of quality improvement and a fundamental measure of service quality.
- Be proactive in seeking information from your patients on their experience of care and respond appropriately. Reflect meaningfully on feedback received from patients and use this information to improve your practice.
- In each revalidation cycle, undertake at least one patient feedback exercise using a validated tool and present the results for discussion at appraisal, demonstrating actions taken and learning achieved.

3.5.4 Responding to harm and duty of candour

- Inform patients promptly and openly of any significant harm* that occurs during their care, whether or not the information has been requested and whether or not a complaint has been made.
- Act immediately when patients have suffered harm, promptly apologise and, where appropriate, offer reassurance that similar incidents will not reoccur.
- Report all incidents where significant harm has occurred through the relevant governance processes of your organisation.
- Reflect on any unanticipated events in a patient's care that you have been directly involved in and present them for discussion at appraisal.
- Treat complaints from patients or their supporters with courtesy and respect, and recognise the value of complaints for monitoring and improving care quality. You should respond to complaints promptly, openly and honestly and cooperate fully with local complaints procedures, acknowledging harm and offering redress

where appropriate. If you consider that a complaint is unjustified or vexatious, you should refer it to the medical director or an appointed arbitrator for independent review and early resolution.

» Participate fully, openly and promptly to any investigations relating to the occurrence of significant harm, following local guidelines. If you appear to the Coroner's Court, you should provide prompt and complete evidence including comprehensive and truthful reports.

Further reading:

Consent: patients and doctors making decisions together (GMC, 2008)
Reference guide to consent for examination or treatment (DH, 2009)
Mental Capacity Act 2005
Being open: Communicating patient safety incidents with patients, their families and carers (NPSA, 2009)
Mid Staffordshire NHS Foundation Trust Public Inquiry Report (Robert Francis QC, 2013)
Professional Standards for Cosmetic Practice (Cosmetic Surgical Practice Working Party 2013)
Standardise, Educate, Harmonise: Commissioning the Conditions for Safer Surgery (NHS England Never Events Taskforce, 2013).
Building a culture of candour: A review of the threshold for the duty of candour and of the incentives for care organisations to be candid (Department of Health, 2014).
Saying Sorry (NHS Litigation Authority)

*The term 'significant harm' is understood as defined in the 2014 document *Building a Duty of Candour* by the Department of Health. It covers the National Reporting and Learning System categories of 'moderate', 'severe' and 'death', harm that is notifiable to the Care Quality Commission, and 'prolonged psychological harm'.

Domain 4: Maintaining trust

4.1 Show respect for patients

Surgeons must treat their patients as individuals, respectfully and considerately, and make every effort to establish and maintain their trust at all times. In addition to the standards of *Good Medical Practice* you should:

- Observe the relevant legislation and guidance to honor the wishes of a patient in your care. This includes carefully considering any advance decision (living will) that the patient may have written under the Mental Capacity Act 2005.
- Support any request for a second opinion and give assistance in making the appropriate arrangements.
- Ensure that a patient's dignity is respected at all times, for example with unconscious patients and in clinical demonstrations.

- Obtain the patient's verbal consent before carrying out any clinical examination, and support a patient's request for a third person to be present while he or she is undergoing a clinical examination.

- Explain the purpose and nature of any examination of the breast, genitalia or rectum and observe GMC guidance on intimate examinations.

- Respect patients' rights to privacy and confidentiality at all times, particularly when communicating publicly, including in the media. You should take particular care to protect patients' confidentiality when using social media.

Further reading

Confidentiality (GMC, 2009)
Intimate Examinations and Chaperones (GMC, 2013)
Doctor's Use of Social Media (GMC, 2013)
Using Social Media: Practical and Ethical Guidance for Doctors and Medical Students (British Medical Association)

4.2 Treat patients and colleagues fairly and without discrimination

In line with GMC guidance on the duties of doctors in the workplace, surgeons must promote an environment which is free from unfair discrimination, bearing in mind that colleagues and patients come from diverse backgrounds. The following principles are laid out in *Good Medical Practice* and associated GMC guidance but are of particular relevance to surgeons. You should:

- Ensure that your conduct towards patients and colleagues is fair, culturally sensitive and non-discriminatory.
- Ensure that decisions about patient treatment are based on clinical need and the likely effectiveness of treatment and not on lifestyle choices and social, managerial or financial factors that may introduce discriminatory access to care.
- End the relationship with a patient only when the surgeon–patient relationship has irrevocably broken down and the interests of the patient are best served by ending the current relationship and ensuring an appropriate handover to another doctor for continuing care.

Further reading

Leadership and Management for All Doctors (GMC, 2012)
Ending Your Professional Relationship with a Patient (GMC, 2012)

4.3 Act with honesty and integrity

4.3.1 Provision of information about surgeons' practice

Surgeons must demonstrate probity in all aspects of their professional practice and ensure that they do not abuse their patients' trust in them or the public's trust in the profession. You should adhere to all the principles set out in *Good Medical Practice* (GMC, 2013, pars. 65 80). In addition, you should:

- Ensure that any information about your knowledge, skills and services is truthful, factual and serves the interests of patients.
- Ensure that your name or practice is not used inappropriately in the promotion of personal commercial advantage. Avoid any material that could be interpreted as designed to promote your own expertise, either in general or in a particular procedure.
- Declare any commercial involvement that might cause a conflict of interest.
- Ensure that the literature provided by the institution where you work and any interview you give to the media does not make unreasonable claims.
- Demonstrate honesty and objectivity in your dealings with others, including when providing references for colleagues and team members, or when providing evidence to courts and tribunals.

4.3.2 Private practice

Surgeons working in the private sector, including independent sector treatment centres (ISTCs), must ensure transparency in their dealings with patients in respect of costs for services and any actual or potential limitations of clinical care. You should:

- Make arrangements for the continuity of care of inpatients.
- Maintain the standard of record keeping as indicated in section 1.3 and audit all surgical activity as indicated in section 2.1.
- Ensure that patients are made aware of the fees for your services and the full cost of their treatment before seeking their consent to treatment. This should include fees relating to follow up treatment or potential complications where further treatment or revision is required.
- Inform patients if any part of the fee goes to any other healthcare professional.
- Make clear to patients the limits of the care available in any independent hospital used, such as the level of critical care provision and the qualification of the resident medical cover.
- If working solely in private practice, organise and participate in annual appraisal and maintain a portfolio of evidence of your professional activities. You should enable peer review of your surgical activities and participate in audit and continuing professional development.
- Ensure that you are a member of a medical defense organisation or that you have other appropriate indemnity and insurance cover for your practice.

- If you work both in the NHS and the private sector, you should:
  - Undertake similar types of procedures in both settings.
  - Not allow your private commitments to interfere with the fulfillment of your NHS contracted duties.
  - Not use NHS staff or resources to aid your private practice unless specific arrangements have been agreed in advance. Time spent in private practice and away from your NHS duties should be clearly identified in your job plan.
  - When seeing a patient as part of your NHS practice, not mention or recommend your private practice unless the patient raises this with you first.

4.3.3 Probity

Surgeons must be honest in financial and commercial matters relating to their work. In particular, you should:

- Not allow commercial incentives or hospitality to influence treatment given to a patient.

- Disclose any personal affiliation or other financial or commercial interest relating to your practice including other private healthcare companies, pharmaceutical companies or instrument manufacturers.

Further reading

Acting as a Witness in Legal Proceedings (GMC, 2013)
Bribery Act 2010
Financial and Commercial Arrangements and Conflicts of Interest (GMC, 2013)

Useful contacts

Surgical royal colleges in Great Britain and Ireland

The Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street, Glasgow, G2 5RJ
Tel 0141 221 6072
www.rcpsg.ac.uk

The Royal College of Surgeons of Edinburgh
Nicolson Street, Edinburgh, EH8 9DW
Tel 0131 527 1600
Email: mail@rcsed.ac.uk
www.rcsed.ac.uk

The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields, London, WC2A 3PE
Tel 0207 405 3474
www.rcseng.ac.uk

The Royal College of Surgeons in Ireland
123 St Stephens Green, Dublin 2, Ireland
Tel 00353 1 402 2100
Email: info@rcsi.ie
www.rcsi.ie

Surgical specialty associations and societies

All the surgical specialty associations and societies are based at the Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PE

Association of Surgeons of Great Britain and Ireland
Tel 0207 973 0300
Email admin@asgbi.org.uk
www.asgbi.org.uk

British Association of Oral and Maxillofacial Surgeons
Tel 0207 405 8074
Email office@baoms.org.uk
www.baoms.org.uk

British Association of Otorhinolaryngologists – Head and Neck Surgeons
Tel 0207 404 8373
Email admin@entuk.org
www.entuk.org

British Association of Paediatric Surgeons
Tel 0207 869 6915
Email info@baps.org.uk
www.baps.org.uk

British Association of Plastic, Reconstructive and Aesthetic Surgeons
Tel 0207 831 5161
Email secretariat@bapras.org.uk
www.bapras.org.uk

British Association of Urological Surgeons
Tel 0207 869 6950
www.baus.org.uk

British Orthopaedic Association
Tel 0207 405 6507
www.boa.ac.uk

Society for Cardiothoracic Surgery in Great Britain and Ireland
Tel 0207 869 6893
Email sctsadmin@scts.org.uk
www.stcs.org

Society of British Neurological Surgeons
Tel 0207 869 6892
Email admin@sbns.org.uk
www.sbns.org.uk

Vascular Society of Great Britain and Ireland
Tel 0207 869 6936
Email office@vascularsociety.org.uk
www.vascularsociety.org.uk

Other contacts

Academy of Medical Royal Colleges
10 Dallington Street, London EC1V 0DB
Tel 0207 490 6810
Email academy@aomrc.org.uk
www.aomrc.org.uk

Association of Surgeons in Training
35–43 Lincoln's Inn Fields, London
WC2A 3PE
Tel 0207 973 0302
Email info@asit.org
www.asit.org

British Association of Day Surgery
35–43 Lincoln's Inn fields, London
WC2A 3PE
Tel 0207 973 0308
Email bads@bads.co.uk
http://daysurgeryuk.net

British Medical Association
BMA House, Tavistock Square, London
WC1H 9JP
Tel 0207 387 4499
www.bma.org.uk

British Orthopaedic Trainees Association
35–43 Lincoln's Inn Fields, London
WC2A 3PE
Tel 0207 405 6507
www.bota.org.uk

British Transplantation Society
www.bts.org.uk

Care Quality Commission
Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA
Tel 03000 61 61 61
Email enquiries@cqc.org.uk
www.cqc.org.uk

Care Standards Inspectorate for Wales
Welsh Government office, Rhydycar Business Park, Merthyr Tydfil, CF48 1UZ
Tel 0300 7900 126
Email cssiw@wales.gsi.gov.uk
www.cssiw.org.uk

Department of Health (England)
Richmond House, 79 Whitehall, London SW1A 2NS
Tel 0207 210 4850
Email dhmail@dh.gsi.gov.uk
www.dh.gov.uk

Department of Health, Social Services and Public Safety (Northern Ireland)
Castle Buildings, Stormont Estate, Belfast, BT4 3SQ
www.dhsspsni.gov.uk

Faculty of Medical Leadership and Management
2nd Floor, 6 St Andrews Place, London NW1 4LB
Tel 0203 075 1471
Email enquiries@fmlm.ac.uk
www.fmlm.ac.uk

Federation of Independent Practitioner Organisations
80 Harley Street, London W1G 7HL
Tel 020 7580 1211
www.fipo.org.uk

General Medical Council
Regent's Place, 350 Euston Road, London NW1 3JN
Tel 0161 923 6602
Email gmc@gmc-uk.org
www.gmc-uk.org

Healthcare Improvement Scotland
Gyle Square, 1 South Gyle Crescent,
Edinburgh, EH12 9EB
Tel 0131 623 4300
Email comments.his@nhs.net
www.healthcareimprovementscotland.org

Healthwatch England
Skipton House, 80 London Road, London,
SE1 6LH
Tel 03000 683 000
Email enquiries@healthwatch.co.uk
www.healthwatch.co.uk

Health Research Authority
Skipton House, 80 London Road,
London SE1 6LH
Tel 020 797 22545
Email contact.hra@nhs.net
www.hra.nhs.uk

Health and Social Care Information Centre
1 Trevelyan Square, Boar Lane, Leeds,
LS1 6AE
Tel 845 300 6016
Email enquiries@hscic.gov.uk
www.hscic.gov.uk

Independent Doctors Federation
27 Nesta Road, Woodford Green, Essex
IG8 9RG
Tel 020 8090 2433
Email info@idf.uk.net
www.idf.uk.net

Medical Defence Union
230 Blackfriars Road London SE1 8PJ
Tel 0800 716 646
Email advisory@themdu.com
www.themdu.com

Medical and Dental Defence Union
Scotland
Mackintosh House, 120 Blythswood Street,
Glasgow G2 4EA
Tel 0845 270 2034
Email info@mddus.com
www.mddus.com

Medical Protection Society
33 Cavendish Square, London W1G 0PS
Tel 020 7399 1300
Email info@mps.org.uk
www.medicalprotection.org/uk

Medical Protection Society (Leeds Office)
Victoria House, 2 Victoria Place, Leeds,
LS11 5AE.
Tel 0113 243 6436

Medical Protection Society (Edinburgh Office)
39 George Street, Edinburgh EH2 2HN
Tel 0131 240 1840

National Clinical Assessment Service (England Office)
Area 1C, Skipton House, 80 London Road, London SE1 6LH
Tel 020 7972 2999
Email casemanagement-s@ncas.nhs.uk
www.ncas.nhs.uk

National Clinical Assessment Service (Northern Ireland Office)
Office Suite 3, Lisburn Square House, Haslem's Lane, Lisburn BT28 1TW
Tel 028 9266 3241
Email northernireland.team@ncas.nhs.uk

National Clinical Assessment Service (Wales Office)
First Floor, 2 Caspian Point, Caspian Way, Cardiff Bay, Cardiff CF10 4DQ
Tel 029 2044 7540
Email wales.team@ncas.nhs.uk

NHS Health Scotland
Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB
Email nhs.healthscotland-generalenquiries@nhs.net
www.healthscotland.com

NHS England
PO Box 16738, Redditch, B97 9PT
Tel 0300 311 22 33
Email england.contactus@nhs.net
www.england.nhs.uk

NHS Trust Development Authority
Southside, 105 Victoria Street, London SW1E 6QT
Tel 0207 932 1980
www.ntda.nhs.uk

National Institute of Health and Care Excellence
10 Spring Gardens, London SW1A 2BU
Tel 0300 323 0140
Email nice@nice.org.uk
www.nice.org.uk

NHS Blood and Transplant
Oak House, Reeds Crescent, Watford
Hertfordshire WD24 4QN
Tel 0300 123 23 23
Email enquiries@nhsbt.nhs.uk
www.nhsbt.nhs.uk

NHS Litigation Authority
2nd Floor, 151 Buckingham Palace Road,
London SW1W 9SZ
Tel 020 7811 2700
Email cnst.helpline@nhsla.com
www.nhsla.com

National Institute for Health Research
Room 132, Richmond House,
79 Whitehall, London SW1A 2NS
Email enquiries@nihr.ac.uk
www.nihr.ac.uk

National Confidential Enquiry into Patient Outcome and Death
Ground Floor, Abbey House, 74–76 St John Street, London EC1M 4DZ
Tel 020 7251 9060
Email info@ncepod.org.uk
www.ncepod.org.uk

Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel 028 9051 7500
Email info@rqia.org.uk
www.rqia.org.uk

Scottish Care Inspectorate
Tel 0845 600 9527
Email enquiries@careinspectorate.com
www.careinspectorate.com

Scottish Government Health Directorate
St Andrew's House, Regent Road,
Edinburgh EH1 3DG
Tel 0131 244 2636
Email ceu@scotland.gsi.gov.uk
www.scotland.gov.uk

Scottish Intercollegiate Guidance Network
Gyle Square, 1 South Gyle Crescent,
Edinburgh EH12 9EB
Tel 0131 623 4720
Email sign@sign.ac.uk
www.sign.ac.uk

Welsh Assembly Government
Cathays Park, Cardiff, CF10 3NQ
Tel 0300 0603300
www.wales.gov.uk

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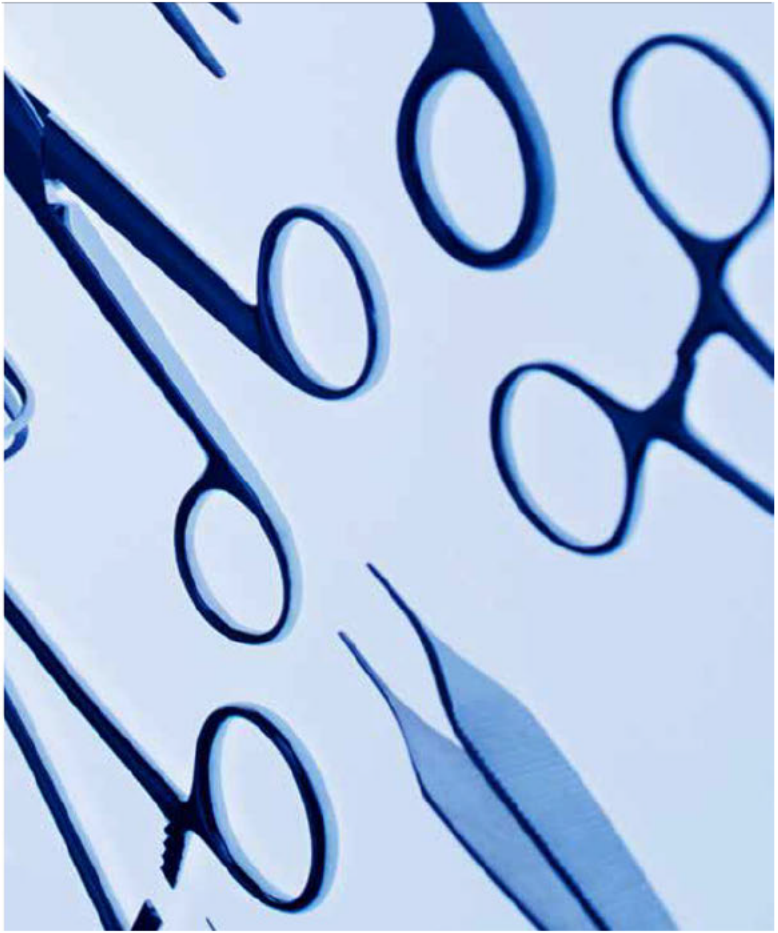
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