Royal College of Surgeons of England

ADVANCING SURGICAL CARE

Good Surgical Practice

March 2025

Contents

Introduction

Good Surgical Practice sets standards for surgeons and is relevant to the wider surgical team. This edition follows the revision of Good Medical Practice that came into effect in 2024.

The standards set are intended to be reasonable, assessable and achievable by all competent surgeons. They complement those standards required of all doctors by the General Medical Council (GMC) as set out in Good Medical Practice. Good Surgical Practice uses the same headings that appear in Good Medical Practice and is the surgical companion to the GMC document.

Good Surgical Practice is written for surgeons of any grade working in and/or outside NHS 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.

The standards set out in this document may be used both by surgeons to confirm their good practice and by those who may have to make judgements about surgeons' performance. Good Surgical Practice is also intended for the use and benefit of patients, to give them an informed understanding of the standards they can reasonably expect from a competent surgeon.

We recognise that good surgical practice depends not only on the personal attributes of the surgeon, but also on effective teamworking and adequate resources and time. Employers also have a role in building a working environment that enables surgeons to achieve these standards, and we aim to develop advice for employers to support implementation. All surgeons are responsible for the standards of clinical care that they offer to patients and should bring to the attention of their employing authority any deficiencies in resources that impact on the quality of clinical care and patient safety.

Although it is acknowledged that a document of this kind may be seen as being either too prescriptive or ambiguous, it is for individuals to reflect on their practice and use their professional judgement to apply these principles in practice.

We are committed to promoting equality and addressing health inequalities. Throughout the development of these standards we have given due regard to the need to create fair civil and compassionate working cultures that eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

The emphasis of this document is on collaborative working, not only with patients, but also with colleagues and healthcare professionals of all specialties who contribute to the care of the surgical patient.

Domain 1: Knowledge, skills and development

Surgeons are specialist doctors who offer effective, informed and up-to-date care to patients through surgical intervention. They are responsible for keeping themselves up to date and maintaining their knowledge and competence in all areas of their practice. Surgeons work in teams that include a range of professionals. All team members should learn continuously from each other, further enhancing the quality of care. Surgeons are also expected to be aware of and understand new developments in their field of expertise.

1.1. Maintaining competence and developing your knowledge and performance

In meeting the standards of Good Medical Practice, you should:

1. Keep up to date with current clinical guidelines in your field of practice and comply with ethical and legislative guidance in relation to your practice.

2. Ensure that your skills and knowledge are up to date by committing to continuous learning, and by undertaking continuing professional development (CPD) and educational activities in all aspects of your work including, where relevant, management, teaching and research. 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.

3. Ensure that CPD activities are relevant to your practice and support your current skills, knowledge and career development. CPD should be planned in discussion with your appraiser and included in your job plan and your annual personal development plan.

4. If your job plan does not allow you to keep up to date, you should address this in discussion with your appraiser or medical director.

5. Maintain an accurate portfolio of your clinical activity, including outcomes and complications. Such evidence must encompass your whole practice wherever this is delivered, including private practice.

6. Take part in local quality improvement activities, including quality improvement projects, participation in local audit and measuring validated outcome data. 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.

7. 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.

8. 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.

9. Take prompt action to investigate and ensure patient safety if audit, peer review or routinely collected data show that your patient outcome results 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.

10. Take part in regular morbidity and mortality meetings.

11. Take part in national enquiries; for example, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

12. Attend and contribute to regular meetings with colleagues in the same and related specialties and attend multidisciplinary meetings.

13. Participate in the 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.

14. 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.

15. 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.

1.2. Providing good surgical care

When providing elective care for patients with non-urgent conditions, you should:

1. Work within the limits of your competence and within the range of your routine practice. Refer where necessary.

2. Ensure that patient treatment is prioritised according to clinical need.

3. Take full responsibility for the management of patients admitted under your name, leading the surgical team to provide best care. Responsibility should encompass preoperative optimisation and postoperative recovery.

4. Ensure that patients are cared for in an appropriate and safe environment that takes into account any specific requirements or reasonable adjustments they may require. You should be satisfied that adequate resources are available for safe patient care and consider postponing planned procedures if they are not. If patient safety may be compromised by a lack of resources, this must be recorded and communicated to the relevant clinical manager.

5. Ensure that patients receive satisfactory postoperative care and that relevant information is promptly recorded and shared with the appropriate team, the patient and their supporter(s).

6. Follow current clinical guidelines in your field of practice and be prepared to justify your actions, where appropriate, when that guidance has not been followed.

7. 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.

8. Utilise the skills and knowledge of other clinicians. When the complexity of the procedure is an issue, you should consider shared operating with another expert surgeon. Where appropriate, transfer the patient to another colleague or unit where the required resources are available.

9. 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 general practitioner (GP), where possible in electronic form, within 24 hours.

10. Where appropriate, accept patients on referral by GPs, consultant colleagues or as an emergency through the emergency department. If you agree to see a patient directly without referral, the patient should be informed that their GP will receive a report unless the patient requests otherwise.

11. Ensure that any instruction to withhold or withdraw treatment is taken in consultation with the patient or family and authorised by the appropriate senior clinician, except in circumstances in which this is not possible.

1.3. Non-elective admissions (including those requiring surgery)

In the context of this section, non-elective admissions requiring surgical intervention are understood in line with the following 2024 NCEPOD classifications: immediate surgery (immediate life-, limb- or organ-saving interventions that are carried out within minutes of the decision to operate); and urgent surgery (interventions for acute onset or clinical deterioration of potentially life-threatening conditions or conditions that may threaten the survival of limb or organ and which are carried out within hours of the decision to operate).

When on call, you should:

1. Accept responsibility for the assessment and continuing care of every patient admitted under your name unless, or until, they are formally transferred to the care of another doctor.
2. Be available either in the hospital or within a reasonable distance of the hospital to give advice throughout the duty period.
3. Ensure you are able to respond promptly to a call to attend an emergency patient.
4. Be aware of protocols for the safe transfer to another unit of emergency patients when the complexity of the patient's condition is beyond the experience of the admitting surgeon or the resources available for their proper care.
5. Delegate the management of emergency surgical operations only when you are sure of the competence of the colleagues to whom the patient's operative care will be delegated.
6. Support local processes for the advance publication of rotas and ensure that any alternative cover arrangements are specifically made and clearly understood. In case of an unexpected absence in a rota, it is a joint responsibility between the surgical team and the unit manager to find suitable cover in the interest of patient safety.
7. Ensure the formal handover of patients to an appropriate colleague following periods on duty.
8. 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.
9. 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.

1.4. Research

Surgical research is vital for surgical innovation that leads to the improvement of patient care and effectiveness of surgical interventions. Surgeons should strive to participate in research initiatives related to their practice.

If you undertake research, you should:

1. Acknowledge the wellbeing of the individual patient as the paramount concern, regardless of the value of the research project.
2. Submit full protocols of proposed research and details of intended new technical procedures to your local research/ethics committee before starting.
3. Ensure that all clinical trials you undertake are registered and all trial results are published, including negative results or results where the outcome is different to what was expected.
4. Treat patients participating in research as partners, respecting their dignity and unique clinical circumstances. You should be satisfied that the expected benefits of the research outweigh any anticipated risks.
5. Fulfil the recommendations of the Declaration of Helsinki statement of ethical principles for medical research involving humans, including identifiable human material and data (NB: this is currently under revision by the World Medical Association).

6. Fully inform research participants about your research aims, intentions, values, relevance, methods, risks and discomforts, and record this in their notes.

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

8. Inform participants how their confidentiality will be respected and protected.

9. Accept that a patient may refuse to participate or withdraw during the programme, in which case their treatment must not be adversely affected.

10. Seek guidance from the ethics committee concerning the need for consent for the use of tissue removed during an operation for research purposes in addition to routine histopathology.

11. Seek permission to remove tissue beyond that which has been excised for diagnostic or therapeutic purposes.

12. Acquire explicit permission to use any removed tissue for commercial purposes; for example, to grow cell lines or for genetic research.

13. Discourage the publication of research findings in non-scientific media before reporting them in reputable scientific journals or at meetings.

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

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

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

17. Fulfil the strict regulations of the Animals (Scientific Procedures) Act 1986 when obtaining permission to carry out research on animals.

1.5. Introduction of new techniques

New surgical techniques include a new or personally developed operation, any major modifications to an established procedure (including new equipment) or the introduction of a procedure not previously performed in the hospital. When a new technique is to be used, the patient's interests should be considered paramount. For robotic-assisted surgery, there is currently no regulation or nationally established protocol for the introduction of such programmes in hospitals, including requirements for training and maintaining competence and quality. We recommend that surgeons and their employers follow professional guidance set out by the surgical royal colleges.

If you are introducing a new technique, you should:

1. Discuss the technique with colleagues who have relevant specialist experience and seek approval through the relevant local approval processes, or from your medical director.

2. Follow local protocols to obtain permission from the local clinical governance committee (or other body with the function of overseeing new intervention procedures and new technologies). Such protocols should include evidence that the new technique is safe and that all clinical staff who plan to use it will undertake relevant training, mentorship and assessment.

3. Contact the Interventional Procedures Programme at the National Institute for Health and Care Excellence (NICE) to learn the status of the procedure and/or to register it. If the new technique involves medical devices or equipment, these should be registered with the Medicines & Healthcare products Regulatory Agency.

4. Liaise with the relevant surgical specialty association.

5. Ensure that patients know when a technique is new or experimental and/or how it has been shown to be effective in clinical trials elsewhere, and explain all established alternatives before seeking consent and recording their agreement to proceed.

6. Be open and transparent regarding sources of funding for the development of any new technique.

7. Record and audit outcomes and review progress with a peer group.

8. Where possible, obtain necessary training in the new technique.

9. Take part in regular educational activities that maintain and further develop competence and performance.

10. Enable the training of other surgeons in this new technique.

11. Ensure that any new device complies with European standards and is certified by the competent body.

12. When it comes to the introduction of robotic-assisted surgery in your scope of practice, work with your relevant local committee to seek approval and follow professional guidance by the surgical colleges for the minimum requirements of robotic skills training, accreditation and mentoring, including considerations around case selection, consent and audit.

Domain 2: Patients, partnership and communication

Surgeons must make every effort to establish the trust of their patients and maintain effective relationships with them. They should demonstrate to patients that their safety is paramount and treat them fairly, with courtesy and respect. Clear, open and honest communication is essential for quality of care. Surgeons must allow sufficient time to explain surgical procedures, risks and alternative treatment options. They must understand that seeking informed consent for surgical interventions is a process that requires time, patience and clarity, not merely the signing of a form.

2.1. Treating patients fairly and respectfully

In meeting the requirements of Good Medical Practice, you should:

1. Ensure that you treat patients as individuals and that your conduct is fair, culturally sensitive and non-discriminatory. Be aware of cultural differences and respect them.
2. Respect patients' right to privacy and confidentiality at all times, particularly when communicating publicly. You should take particular care to protect patients' confidentiality when using social media.
3. Ensure that decisions about 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 result in discriminatory access to care.
4. Respect patients' right to reach their own decisions about their treatment and care, and support patients in caring for themselves to improve and maintain their health.
5. Honour the rights and wishes of a patient in your care, including carefully considering any advance decision (living will) that the patient may have written under the Mental Capacity Act 2005.
6. Ensure that a patient's dignity is respected at all times; for example, with unconscious patients and in clinical demonstrations.
7. Make sure that the patient understands and is agreeable to the participation of students and other professionals in their care, including outpatient clinics and operative procedures.
8. Gain agreement from the patient if video, photographic or audio records are to be made for purposes other than the patient's records (eg teaching, research or public transmission).
9. Obtain the patient's verbal consent before carrying out any physical examination, and support a patient's request for a chaperone to be present while they are undergoing a physical examination.
10. Explain the purpose and nature of any examination of the breast, genitalia or rectum, and observe GMC guidance on intimate examinations.
11. Support any request for a second opinion and give assistance in making the appropriate arrangements.
12. 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.

2.2. Communication with patients

1. 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.

2. Listen to and respect patients' views and preferences and respond to their concerns.

3. Recognise patients' varying needs for information and explanation and give them the information they want or need using appropriate language in a way that they can understand. Where this is necessary, liaise with your hospital to obtain an independent translator.

4. Ensure that working arrangements allow adequate time to listen and understand patients' needs and to communicate adequately with them and their supporters. Enough time should also be available for a detailed explanation of the clinical problem and the treatment options. The appropriate clinical manager must be informed if there are inadequacies.

5. Inform patients and their supporters of the plans and procedures of their treatment, the risks and anticipated outcomes and any untoward developments as they occur, or as soon as possible afterwards.

2.3. Remote consultations

1. Provide effective care whether patient consultations take place face-to-face or remotely, (via telephone or video link). Remote consultations can be used for a wide range of patients and for many follow-up appointments, provided that patients are able and willing to communicate via telephone or video and that they do not need physical examinations or tests.

2. Surgeons should generally not use remote consultations when:
   - patients have high-risk conditions that may need a physical examination;
   - a close visual examination of an area may be appropriate;
   - an internal examination (eg digital rectal examination) is required;
   - the patient's mental state is unsuitable for a virtual consultation (eg dementia);
   - patients are unable to use remote technology to communicate and they cannot be supported to do so by a carer;
   - there are safeguarding concerns.

3. For patients with disability or sensory loss, consider whether their needs can be met through a virtual consultation (eg by using assistive technology and software developed for people with sensory impairments).

2.4. Shared decision making and consent

Surgeons should recognise that seeking consent for surgical interventions 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.

In meeting the requirements of Good Medical Practice, you should:

1. Give the patient the information they need to make an informed decision about treatment. It may be appropriate, in order to facilitate discussion, to send information to the patient in advance. In practice, this means that surgeons should provide information about:

   - the patient's diagnosis and prognosis;
   - the right of the patient to refuse treatment and make their own decisions about their care;
   - options for treatment, including non-operative care and no treatment;
   - advice on lifestyle that may moderate the disease process;
   - the purpose and expected benefit of the treatment;
   - the nature of the treatment (what it involves);
   - the risks inherent in the procedure, however small the possibility of their occurrence, side effects and complications;
   - the likelihood of success;
   - the clinicians involved in their treatment;
   - potential follow-up treatment;
   - for private patients, costs of treatment and potential future costs in the event of complications.

2. Make patients aware of national guidelines on treatment choices, such as NICE and Scottish Intercollegiate Guidelines Network guidelines. If your recommended treatment is not in keeping with current guidelines, you must explain your reason for not following current standard guidelines.

3. Ensure that the discussion is tailored to the individual patient. This requires time to get to know the patient well enough to understand their views and values. Recognise that the patient may not have the same values, wishes or life priorities as you would have in a similar situation. You should therefore not make assumptions regarding what they might perceive as the best option available.

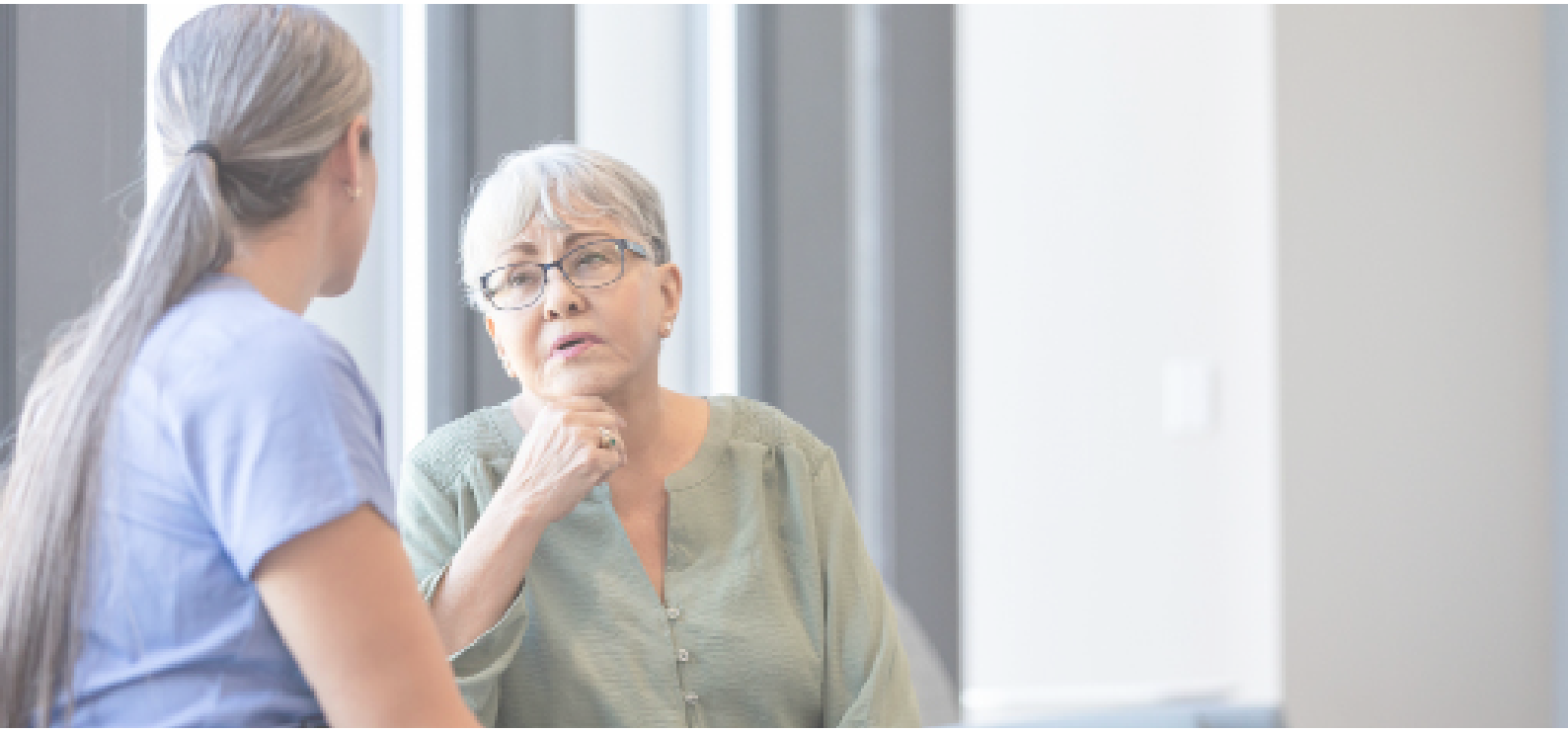
4. Ensure that consent is obtained either by the person who is providing the treatment or by someone who is suitably trained and qualified to provide the treatment in question and has sufficient knowledge of the associated risks and complications, as well as any alternative treatments available for the patient's condition.

5. Obtain the patient's consent prior to surgery and ensure that the patient has sufficient time for reflection and sufficient information to make an informed decision. A patient's consent should not be taken in the anaesthetic room. The duration of the discussion and the length of the reflection period will vary based on the complexity and risks of the proposed procedure. In the case of cosmetic surgery, the required reflection period should be at least two weeks between the consent discussion and the cosmetic intervention.

6. Where possible, 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.

7. 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 whether 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.

8. In addition to the consent form, maintain a record of the discussion (including contemporaneous documentation of the key points of the discussion, hard copies or web links of any further information provided to the patient, and the patient's decision) and include it in the patient's case notes. This is important even if the patient chooses not to undergo treatment.



2.5. Being open when things go wrong

Surgeons must be open and honest with patients if things go wrong. According to Good Medical Practice 2024 (para. 45), if a patient under your care has suffered harm or distress, you should put matters right (if that is possible), offer an apology, and explain what has happened and the likely short-term and long-term effects.

According to surgical guidance on the Duty of Candour (Royal College of Surgeons of England, 2017), identifying such an incident does not automatically imply error, negligence or poor-quality care. It simply indicates that an unexpected and undesirable clinical outcome resulted from some aspect of the patient's care, rather than the patient's underlying condition.

Similarly, apology does not imply acceptance of responsibility for the incident and the resulting harm. It is an expression of sorrow or regret in relation to an unexpected incident. In cases, however, where harm is linked to an error, then an apology should also include an acknowledgement and acceptance of responsibility – this is not an admission of legal liability.

Specifically, you should:

1. 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.
2. Act immediately when patients have suffered harm, promptly apologise and, where appropriate, offer reassurance that similar incidents will not reoccur.
3. Report all incidents where significant harm has occurred through the relevant governance processes of your organisation.
4. Treat complaints with courtesy and respect and respond promptly, openly and honestly, acknowledging harm and offering redress where appropriate.
5. Cooperate with local complaints procedures. 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.
6. Participate fully in any investigations relating to significant harm, following local guidelines. If you appear to the coroner's court, you must provide prompt and complete evidence including comprehensive and truthful reports.

Domain 3: Colleagues, culture and safety

The provision of high-quality surgical services requires effective teamworking in and between teams. Good practice rests upon collegiality, a culture of openness, supportive discussion and accountability to offer safe and effective care to patients. Employers have a responsibility to build a culture in which all staff can work in an environment that is free from fear of intimidating behaviour. Surgeons also have a duty to work with management to promote a working environment that is positive, fair, free from discrimination and intimidation, and where everyone is respected and valued as an individual. Constructive teamworking enhances the performance of surgical teams and results in good outcomes for patients. Surgeons should comply with the codes of conduct of their respective surgical college and surgical specialty association.

3.1. Contributing to a positive working and training environment

In meeting the standards of Good Medical Practice, you should:

1. Be aware of the impact of your own behaviour on the people around you, and particularly on resident doctors and trainees.
2. Be mindful that your behaviour serves as a role model to more junior members of the team and set an example to other colleagues in your team by behaving professionally and respectfully towards all team members.
3. Communicate respectfully with colleagues and refrain from dismissive or intimidating behaviour and inappropriate, offensive or pejorative language, including swearing.
4. Be accessible and approachable to colleagues.
5. Not abuse your position in any way, including by making any form of sexual advance towards students or trainees, pressurising them into intimate relationships, or through any form of sexual harassment, coercive/controlling or predatory behaviour.
6. Support colleagues who have problems with performance, conduct or health.
7. Challenge counterproductive behaviour in colleagues constructively, objectively and proportionately.
8. Be mindful of and support colleagues against unwanted conduct of a sexual or hostile nature that violates their dignity and creates an intimidating, degrading, humiliating or offensive environment.

3.2. Teamworking

1. Attend multidisciplinary team meetings and morbidity and mortality meetings, and engage in systematic review and audit of the standards and performance of the team.
2. 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.
3. Engage in and encourage reflection and learning from the activity of the multidisciplinary team and take appropriate action in response.
4. In addition to patient feedback (see **1.1.15**), ensure that you undertake at least one full multisource feedback exercise in each

revalidation cycle, using your colleagues' feedback on your clinical performance and professional behaviour as a basis for reflection, self-evaluation and discussion at appraisal.

5. 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.

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

7. Ensure that each member of your team understands their own and each other's role and responsibilities.

8. Ensure that new members of the team, including locum surgeons, are not isolated.

9. Ensure that members are fully conversant with the routines and practices of the team and know from whom to seek advice on clinical or managerial matters.

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

11. 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.

12. 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.

13. Willingly and openly participate in regular appraisal of yourself, resident surgeons and other staff.

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

3.3. Training, teaching and supervising

Surgeons often take an active role in teaching other surgeons, resident doctors and other members of the surgical care team. Surgeons should maintain and develop their skills as supervisors, trainers and educators, in line with their roles and responsibilities, and strive to create a learning environment suitable for teaching, training and supervising. When providing an assessment, a surgeon must include only accurate and verifiable information, ensuring that all feedback is respectful and timely. Surgical educators and trainers should ensure there is a balance between teaching surgical knowledge and training practical skills.

In meeting the standards of Good Medical Practice, you should:

1. Support those under your supervision to carry out learning and development activities identified by appraisals or performance systems.

2. Ensure that you provide appropriate supervision that minimises risks to patients and maintains responsibility for patient welfare, whether through close personal supervision or through a managed system with clear reporting structures.

3. Be satisfied that those under your supervision have the necessary knowledge, skills and training to carry out their roles.

4. In accordance with your educational role, take responsibility for the teaching and training of future surgeons, resident doctors, medical students and other members of the surgical team. This should include appropriate emphasis on the practical skills of surgery, alongside general surgical knowledge.

5. Give honest and respectful feedback on progress and performance and assist in a remediation programme when asked to do so.

6. Participate in surgical audit, self-assessment and reflection through established processes to maintain competence as a teacher, trainer and supervisor.

7. Ensure that those under your supervision are safe in the workplace, addressing issues that may impact on their physical, psychological and emotional health.

8. Encourage your students, trainees and supervisees to attend courses and workshops when this does not compromise patient care or service delivery.

9. Do not discriminate against, bully, undermine or sexually harass a student, resident doctor or any member of the surgical care team.

10. Do not make prejudicial decisions or judgements that are influenced by a resident doctor's age, gender, marital status, ethnicity, religion, lifestyle, sexual orientation, gender identity, culture or disability.

11. Be honest, factual and objective when providing an assessment.

12. Participate in the assessment process and communicate assessment results in a constructive and supportive manner.

13. Provide a satisfactory assessment only when this is justified.

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 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:

1. 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.

2. Where this is appropriate, ensure that only one team is responsible for the patient's care at any one time. If the patient's care is shared with other specialty teams, one of those teams should be coordinating the patient's care across all teams.

3. Ensure that sufficient protected time within working hours is set aside for handover.

4. 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.

5. 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.

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

3.5. 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:

1. Ensure that all medical records are accurate, clear, legible, comprehensive and contemporaneous, and have the patient's identification details on them.

2. Ensure that all records make use of or are compatible with local electronic health record systems so that they can be shared securely with colleagues and patients and reused safely in an electronic environment.

3. Take part in the mandatory training on information governance offered by your organisation, including training on data protection and access to health records. All use and storage of patient data should comply with the guidelines of the Data Protection Act 2018.

4. Ensure that when members of the surgical team make case note entries these are legibly signed and show the date, and in cases in which the clinical condition is changing, the correct time.

5. Ensure that a record is made of the name of the most senior surgeon seeing the patient at each visit.

6. Ensure that a record is made by a member of the surgical team of important events and communications with the patient or supporter (e.g. prognosis or potential complication). Any change in the treatment plan should be recorded.

7. 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/non-elective procedure (see **1.3** for classification of non-elective surgery);
    - 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;
    - estimated blood loss;
    - antibiotic prophylaxis (where applicable);
    - deep vein thrombosis prophylaxis (where applicable);
    - detailed postoperative care instructions;
    - signature (handwritten or electronic).

8. 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.

3.6. Respond to risks to safety

Every surgeon, regardless of seniority or grade, must 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:

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

2. 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.

3. Raise concerns at the earliest opportunity when you have reasonable belief that the care and wellbeing of patients or colleagues 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.

4. 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, as appropriate.

5. 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 (for England), the Care Inspectorate (for Scotland), or the Regulation and Quality Improvement Authority (in Northern Ireland). Concerns about the fitness to practise of colleagues should be raised with the GMC or other appropriate regulator (eg the Nursing and Midwifery Council).

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

7. 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.

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

9. Not conflate a legitimate concern around patient safety with a personal grievance.

10. If you have both a concern around care quality and a personal employment grievance, you should pursue these separately.

11. 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.

12. 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.

3.7. 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 judgement and/or jeopardise patient safety. You should:

1. Not work when your health is adversely influenced by fatigue, illness, disease, drugs or alcohol.

2. Recognise when your health state might impair your judgement or jeopardise patient safety. You should promptly seek independent medical advice and devolve clinical responsibility to an appropriately qualified colleague.

3. 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.

4. 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.

5. Be aware of health and safety regulations with respect to your practice and follow relevant guidelines, including local vaccination and immunisation requirements.

3.8. Sustainable operating

Sustainability is a challenging aspect of surgical practice, but with the rise of greenhouse gases as one of the biggest current global health threats and the heavy environmental impact of operating theatres, surgeons and surgical teams can play a part in improving the sustainability of the operating theatre by adopting small sustainable practices that maintain patient care and support environmental health.

Surgeons should follow the recommendations of RCS England's guidance on Sustainability in the Operating Theatre as follows:

- Reduce solid waste by correct waste segregation, optimising the contents of surgical kits, reusing products and instruments where appropriate and as indicated by the World Health Organization, and recycling clean plastic, paper and other materials.
- Support environmentally preferable purchasing in your hospital by working with managers of surgical units to incorporate environmental sustainability into purchasing decisions.
- Encourage energy-efficient electricity usage initiatives such as motion-sensitive lighting in public areas and 'power-down' initiatives in which specific teams take responsibility for switching off computers, lights, equipment and other electrical devices on weekdays and weekends at set times designated as 'power-down' times.
- Make a conscious effort to conserve water.
- Engage in quality improvement initiatives relating to sustainability.

Domain 4: Trust and professionalism

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. They must act with honesty and integrity in all their public communications and financial dealings.

4.1. Advertising, promotion and provision of information about your practice

In addition to the standards set out in Good Medical Practice, you should:

1. Ensure that any information about your knowledge, skills and services is truthful, factual and serves the interests of patients.
2. Ensure that your name or practice is not used inappropriately in the promotion of personal commercial advantage. Any material designed to promote your own expertise, either in general or in a particular procedure, should be objective and accurate.
3. Surgeons in private practice should ensure that any marketing activities are honest and responsible and that promotional statements are realistic and ethical, in line with the code of the Advertising Standards Authority.
4. Refrain from the use of inducements that may influence the patient's decision and undermine the informed consent process, such as commercial discounts, time-limited offers or two-for-one offers.
5. Obtain written consent from patients if you are using their photographs and testimonials for promotional purposes, even if the photographs are anonymised.
6. When advertising your services, aim to provide clear, factually correct and verifiable information. Advertising must not minimise or trivialise the risks of interventions, or mislead about the results they are likely to achieve, or exploit patients' vulnerability.
7. Take responsibility for the promotion or advertising carried out by a third party on your behalf and proactively ensure that any relevant information is not misleading or deceptive about your skills, experience, qualifications, professional status and current role.
8. Ensure that the literature provided by the institution where you work and any interview you give to the media does not make unreasonable claims.

4.2. Disclosure of interest and transparency in financial dealings

Surgeons working in the private sector must ensure transparency in their dealings with patients in respect of costs for services and any actual or potential limitations of clinical care. Surgeons should have the care and wellbeing of their patient as their primary consideration and they should disclose all interests and financial benefits relevant to the circumstances of the patient's care.

In meeting the standards of Good Medical Practice, you should:

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.

2. Inform patients if any part of the fee goes to any other healthcare professional.

3. Declare any commercial involvement that might cause a conflict of interest.

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

5. Not allow financial benefits or interests to influence the advice or treatment you provide to your patients. These include:

    - receiving a financial benefit indirectly (eg through one or more interposed entities);
    - receiving a financial benefit by making an informal or verbal agreement;
    - receiving a financial benefit that does not involve paying money (eg by receiving a financial advantage);
    - buying an asset from or selling an asset to a person;
    - leasing an asset from or to a person;
    - supplying services to or receiving services from a person;
    - receiving a grant of securities or an option from a person;
    - having a person take up or release an obligation;
    - soft inducements, such as theatre tickets, free use of property and other gifts that can create conflict between the patient and the surgical team. These should be avoided to the extent possible and a clear process should be followed ensuring transparency and openness.

6. When faced with a conflict of interest, be open about the conflict, declare the interest formally and be prepared to exclude yourself from decision making.

4.3. Specific considerations of work in the private sector

1. 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.

2. 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 CPD.

3. Ensure that you are a member of a medical defence organisation or that you have other appropriate indemnity and insurance cover for the whole of your practice.

4. If you work both in the NHS and the private sector, you should:

    - not allow your private commitments to interfere with the fulfilment 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.

4.4. Honesty and objectivity when dealing with colleagues

1. Demonstrate honesty and objectivity in your dealings with others, including when providing references for colleagues and team members, or when acting as an expert witness, and when providing evidence to courts and tribunals.

Further reading and additional resources

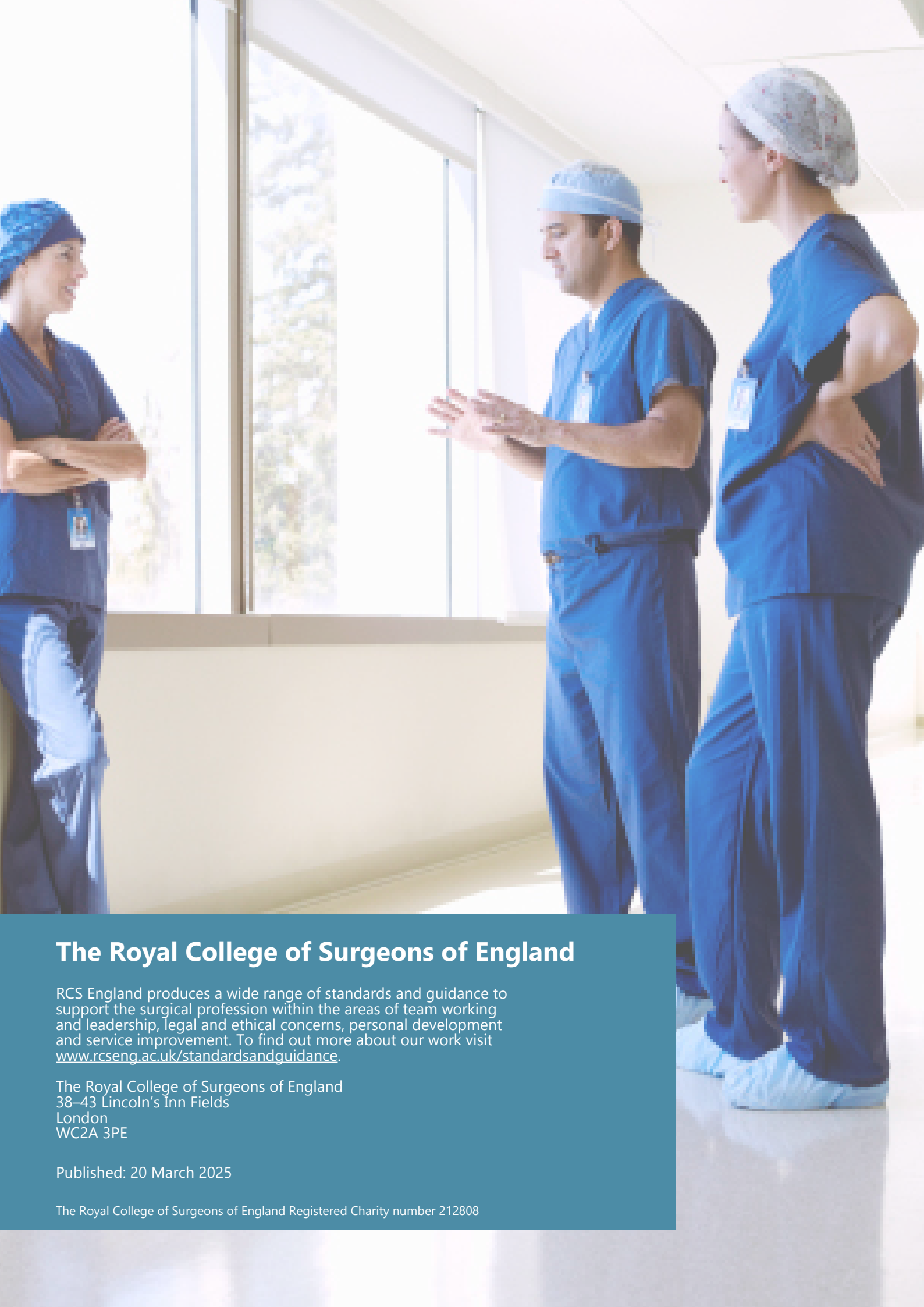
More information can be found at:

www.rcseng.ac.uk/standards-and-research/good-surgical-practice

www.rcseng.ac.uk/standardsandguidance

Surgical Colleges and Surgical Specialty Associations

ENT UK
The Association of Surgeons of Great Britain and Ireland
The British Association of Oral and Maxillofacial 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 Royal College of Surgeons of England
The Society for Cardiothoracic Surgery in Great Britain and Ireland
The Society of British Neurological Surgeons
The Vascular Society of Great Britain and Ireland



The Royal College of Surgeons of England

RCS England produces a wide range of standards and guidance to support the surgical profession within the areas of team working and leadership, legal and ethical concerns, personal development and service improvement. To find out more about our work visit www.rcseng.ac.uk/standardsandguidance.

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