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I have just returned from Penang in Malaysia, where a conferring ceremony was held for the 20 successful candidates sitting the most recent diet of the Membership Examination in Surgery.

The exam was held over 4 days in Penang Medical College (the Medical School run jointly by RCSI and UCD in Penang) and Penang General Hospital, a large 1100-bed public facility, and the largest hospital there. There was a joint Faculty of Examiners consisting of local surgeons, and International Faculty from Ireland and the US, including Basic Science Examiners from our Dublin Medical School, and surgeons Mr David Adams, Prof John Monson and Prof Martin Corbally.

There were 27 candidates from 9 different countries, mostly Malaysia and Singapore. They included a recent graduate of Penang Medical College. PMC graduated its first doctors in 2001, and it is gratifying to see local trainees progressing through the system, and ultimately joining the consultant and general practice ranks in their home country.

RCSI and Ireland occupy a special place in the sphere of medicine in Malaysia. Malaysians have been coming to medical schools in Ireland, particularly to RCSI, for over 50 years. Today, some of the Malaysian medical students here are sponsored by the Malaysian Government (as the country does not produce sufficient doctors from its own universities), and some come independently, often because a parent or relative preceded them here.

Some of the students complete their entire medical curriculum here, and some are part of a twinning programme with PMC, where they return to PMC for the final 2 ½ years of their course, having carried out the initial 2 ½ years in Dublin. There are also hundreds of RCSI Fellows, Associate Fellows and Members in Malaysia. Many have come to Ireland at some stage during their training, and sat their exams here. Another cohort have not been to Ireland, but have passed the exams held in Penang.

The result of this is that there is a very large population of doctors and surgeons in Malaysia, some of whom now occupy influential positions, who have a very close connection and affinity with this country, and with RCSI in particular. The Irish Ambassador to Malaysia, Mr Declan Kelly, held a reception at his residence in June to which all the local RCSI Alumni and Fellows were invited. We were not sure how many to expect, but it was astonishing to see the large numbers who attended, how eager they were to touch base with their alma mater, and their fondness for the College.

From our interaction with our Alumni and Fellows/Members in Malaysia and other countries, it is clear that although they may have developed their own specialty training and exam systems, there is still huge respect and recognition associated with our surgical exams, and a strong desire for us to continue to offer them abroad. We now have over 3000 overseas fellows/members in over 70 countries.
You might remember that in the December 2010 issue of News Scope, Mr Fintan Foy wrote about our overseas surgical exams, and how in addition to Malaysia, they are also held in Bahrain, Jordan, Cairo and in the near future, in Khartoum, Sudan. The Exams Office would be very happy to hear from any of you who would be interested in joining the Faculty of Examiners for these overseas exams.

In July, RCSI hosted the quarterly meetings of the 4 Royal Colleges of Surgeons. These meetings rotate annually on a 3-monthly basis between London, Dublin, Glasgow and Edinburgh. There are 2 main committees – the Joint Surgical Colleges Meeting, and the Surgical Forum of Great Britain and Ireland. While much of the agenda is taken up with issues which have little relevance for the Irish College, nonetheless by attending and partaking in this process, there is much to be gained.

The JSCM oversees the 3 main intercollegiate structures – the Joint Committee for Surgical Training (JCST), the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) and the Joint Committee for Intercollegiate Examinations (JCIE).

The latter is particularly important just now, because all 4 Colleges are discussing a proposal to carry out the Intercollegiate Fellowship exam overseas, in the same way as we currently carry out the Membership. The difference is that we still have an independent Irish Membership, but the Fellowship, being Intercollegiate, requires joint approval for any additional development.

We know from feedback from abroad that in the same way that there is a great attraction to the Membership diploma, there is a desire to have access to the Intercollegiate Fellowship without the need to travel to Ireland or Great Britain. These discussions are ongoing and I will update you on their status in the next edition of News Scope.

November 11th is the date of the annual Millin meeting, and the programme has just been finalised and will be mailed to you shortly.

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Ireland in recent years has suffered as a consequence of poor governance in diverse areas of public life. The medical profession in particular is frequently faulted for system failures and poor outcomes and surgery by its very nature of invasive intervention is readily targeted when standards fall. Despite various local initiatives, surgical governance in Ireland is poorly developed because of the fragmented nature of our surgical services, lack of comprehensive IT systems and other resource issues. This situation however is untenable as best practice dictates that clinical audit is mandatory in informing surgeons and patients alike regarding the quality of services provided. Clinical audit should form a key component in the governance structure of every surgical practice. Surgeons should also be mindful of the fact that Part II of the Medical Practitioners 2007 Act will mandate that all doctors partake in clinical audit as part of the Competence Assurance Process which will appraise each doctor’s practice over a five year cycle. Furthermore following on from the ‘Building a Culture of Patient Safety’ Report of the Commission on Patient Safety and Quality Assurance published by the Department of Health and Children in 2008, the Health Information and Quality Authority will launch a licensing system for the Irish hospitals in the coming years in which clinical audit systems will be required for licensing. Hence the time has come for surgeons to show leadership in promoting clinical audit to demonstrate public confidence in the quality of surgical care and clinical outcomes.

The concept of a National Office of Clinical Audit in Surgery (NOCAS) has followed on from the collaboration between the HSE DQCC and RCSI in developing national elective and acute surgical programmes. The overarching aims of these programmes will be to improve patient outcomes through more clearly defined care pathways with monitored clinical analysis. A key component of these programmes will be outcome analysis allowing surgeons examine their own individual outcomes in the context of benchmarking against national and international norms. The proposed NOCAS office will examine two broad areas. The first will provide outcome analysis of a ‘basket of cases’ agreed with each surgical specialty. This information will be derived from the AvLOS (average length of stay) data set recorded in the elective surgery programme. This minimal data set includes day case rate, length of stay for inpatients, age, sex, ASA score and mortality for approximately 10 to 15 operative procedures within each specialty. As data will be generated from HIPE coding, all surgeons will be encouraged to engage with their respective HIPE coders to ensure a complete data set and alleviate fears regarding the accuracy and quality of activity recorded. This process should allow surgeons and surgical departments compile a more accurate picture of their surgical activity and outcomes which will have increasing relevance with future HSE hospital funding commitments to ‘money following the patient’. Over time, the process may evolve with the possible addition or loss of various procedures/codes and with progressive morbidity analysis.

The second area NOCAS will examine will be a confidential national surgical mortality survey referred to as the Irish Audit of Surgical Mortality (IASM). IASM will mirror the Scottish Audit of Surgical Mortality (SASM) and will examine all deaths that occur in surgical departments. Deaths following elective and emergency admission and deaths occurring in patients with or without surgery will be examined. Experience would suggest that the majority of deaths in surgical units require little comment as they occur in a palliative or terminal care setting or follow major trauma or sepsis. The Scottish experience indicates however that approximately 20% of deaths may have areas of concern...
The time has come for surgeons to show leadership in promoting clinical audit to demonstrate public confidence in the quality of surgical care and clinical outcomes.

reflecting management issues which are often indicative of a systems failure. These cases will undergo an in-depth peer review with feedback to the appropriate clinicians. Over the last twenty years considerable individual and institutional change has resulted from SASM reporting in Scotland leading to improvements in patient care.

NOCAS management and governance will be supported by a central office to be housed in RCSI benefiting from RCSI management and IT expertise. The governance board however will be fully independent of both RCSI and the HSE and will be chaired by a senior surgeon at the level of President or Past President of RCSI. The board will include representation from RCSI, the surgical specialties, the College of Anaesthetists of Ireland, the HSE, Dept. of Health and Children and public representation. The board will oversee annual and specialty reports and individualised and anonymized reporting to individual surgeons and clinical directors in each respective institution. While the AvLOS data base will be HIPE based the governance structure should be flexible enough to also allow ‘buy in’ from surgeons working in the private healthcare system satisfying their professional assurance requirements for the Medical Council. The governance structures provided by NOCAS will also be available for other surgical audit projects such as the Joint Register being developed by the Irish Institute of Trauma and Orthopaedic Surgery. One would hope that with time other specialty interests within areas such as vascular and hernia surgery and possibly critical care could be accommodated within this structure.

Clearly considerable work is required to bring this project to fruition. However much has already been achieved. Professor Frank Keane and Kiernan Tangney, Associate Director of the Dept. of Surgical Affairs in conjunction with the ERSI and the Casemix unit of the HSE had developed the template for collection of the AvLOS data set. A project manager Fiona Cahill has been appointed to develop the NOCAS management office and an outline of the IT support for the electronic platform required to run IASM has been developed. Contacts have also been made with SASM and ANZASM (Australian and New Zealand Audit of Surgical Mortality) who have been generous in their support for this initiative and look forward to collaborating in developing international comparisons between our respective countries.

Irish surgeons participating in these initiatives can be confident that they will be placed at the forefront of international best practice in surgical governance. In developing these programmes, RCSI is committed to supporting a robust peer review clinical audit process which will allow surgeons reflect on their practice in the context of national and international norms, satisfying Medical Council competency assurance requirements and demonstrating to the public our commitment to providing the highest possible standard of surgical care.

Mr Ken Mealy
General Surgeon, Wexford General Hospital and Chair of the Committee for Surgical Affairs
There’s a lot going on in RCSI. There are a lot of faculties and departments and busy people with many demands on their time. And yet, all across RCSI, from many different areas, people have been generously pitching in to help with a project benefitting some of the world’s poorest countries. A bit of perspective doesn’t hurt, and we can’t forget those with much greater problems than ours. In this respect the many RCSI staff and faculty who have helped and continue to help the RCSI / College of Surgeons of East, Central and Southern Africa (COSECSA) collaboration programme can hold their heads high. They have done great work and this has been done quietly without desire for recognition. That modesty is admirable, however at some stage credit should be given where it is due.

COSECSA is a regional surgical training college operating in nine countries. It is a “college without walls” offering a common surgical training programme undertaken in designated training institutions all across the region, with a common examination and the awarding of an internationally recognized surgical qualification. In 2007 RCSI, COSECSA and Irish Aid signed a memorandum of understanding to work together to expand and improve COSECSA training. Some of RCSI’s work with COSECSA has been in examination and curriculum support, the installation of ICT labs, joint creation and administration of an e-learning platform, fund-raising, marketing, regional research, governance, monitoring and evaluation, training of trainer courses, establishment of a basic science faculty and coordination of international surgical training groups.

Some recent activities include the roll out of the Train the Trainer programme in three countries in July, delivering training in teaching methodology to 67 surgeons. August saw the second Basic Science faculty course for the region and in September the first COSECSA Orthopaedics fellowship seminar will take place as well as an examination methodology visit to Dublin by the COSECSA exams committee.

There are plenty of problems. In Malawi, for example, a country of 13.6 million, there are only 22 surgeons. That same ratio of surgeons to population would give the Republic of Ireland 7 surgeons. On the other hand there is plenty of good news. There are different ways to measure progress, but the bottom line is as simple as this: last year COSECSA had 21 surgical exam candidates, this year there will be 69 candidates. Small numbers when compared to a western country but consider this for example: in Zambia 12 COSECSA trainee surgeons will sit their exit exams in December. There are 58 surgeons in the country in the moment. When they all to pass, then that’s a 20% increase in surgical capacity. That really makes a difference.

The ways in which RCSI faculty and staff contribute varies. Senior members of the college sit on the RCSI / COSECSA steering committee. Members of the Institute of Leadership regularly travel to the region to deliver training courses. Other members of faculty travel to work as external examiners. The contribution of others comes from Ireland. The Communications and IT department have helped with the organisation of a major conference and e-learning respectively. Media Services generously help with the creation of training material. The Examinations department work with visiting members of the COSECSA examinations and credentials committee and RCSI front desk staff always give our COSECSA visitors great assistance. The Finance department and RCSI Travel help with logistics. The support of the Department of Surgical Affairs and the Office of the President has been invaluable on many occasions. It’s a long, long road ahead and the challenges are immense. The possibilities ahead dwarf the achievements behind. Sometimes, however, it’s worth turning around and seeing how far has been travelled by the RCSI / COSECSA collaboration programme and all those who contributed.

Mr Eric O’Flynn,
Assistant Programme Director,
RCSI/COSECSA Collaboration Programme
Basic Specialty Training

Surgical Training is divided into two distinct phases – Basic Surgical Training, which lasts for three years, and Higher Surgical Training which lasts for six years. Basic Surgical Training (BST) is in turn divided into two stages – basic core training (two years) and Basic Specialty Training (one year). Although surgical training is divided into two phases, it is nevertheless a continuum of training and BST is essentially a preparatory ground for entry to Higher Surgical Training (HST).

Significant changes in the organisation of surgical training in Ireland were introduced during 2009. These changes were introduced primarily to streamline (i.e. shorten) surgical training by eliminating the “gap years” which have been a feature of surgical training in most specialties for many years. Surgical training now consists of two phases:

1. Basic Surgical Training - which normally lasts for 3 years.
2. Higher Surgical Training - which normally lasts for 6 years.

In theory, it should now be possible for a high performing trainee to complete surgical training in 9 years (i.e. 10 years after graduation from medical school).

Basic Surgical Training now lasts 3 years instead of 2 years. The first 2 years are “core training” years and consist of 4 rotations of 6 months each which are designed to give trainees a broad training in the principles of surgery in general. Ideally, the trainees will have:

- 6 months General Surgery,
- 6 months in either Trauma & Orthopaedic Surgery or Emergency Medicine,
- 2 rotations of 6 months each through other specialties.

One of the 6 month specialty rotations could be a sub-specialty of either General Surgery or Trauma & Orthopaedic Surgery but the other 6 month specialty rotation must be a separate specialty. Trainees must be exposed to at least 3 Specialist Advisory Committee (SAC) defined surgical specialties during their “core” training years.

The third year of Basic Surgical Training is Basic Specialty Training. This is intended to give trainees an introduction to the specialty in which they ultimately intend to practice. It is also intended to give the specialty an opportunity to evaluate the trainee within their own specialty before finally selecting them into Higher Surgical Training. The Basic Specialty year could consist of one rotation of 12 months, or 2 rotations of 6 months each. The posts will usually be at a “Junior Registrar” level although, in some specialties, certain “Senior SHO” posts may be suitable. In many specialties, the posts have been drawn from the cohort of posts previously in the Irish Surgical Residency Programme. The training content of the Basic Specialty Training year will be mapped to the appropriate year of the Intercollegiate Surgical Curriculum Programme.

The Basic Specialty Programme appointed 82 trainees in July 2011, broken down into the following specialties:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>35</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>23</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>10</td>
</tr>
<tr>
<td>Urology</td>
<td>5</td>
</tr>
<tr>
<td>ENT</td>
<td>5</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>3</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1</td>
</tr>
</tbody>
</table>

At the end of Basic Specialty Training it is expected that most surgical trainees will move directly into Higher Surgical Training. The precise criteria for selection into Higher Surgical Training have been finalised and are available on the RCSI website. www.rcsi.ie The process will be based on:

- Performance (during Basic Surgical Training)
- Acquisition of competencies
- General suitability

In this context, the performance during Basic Surgical Training (both “core” training and “specialty” training) will play a major part in selection for Higher Surgical Training.

Professor Oscar Traynor,
Professor of Surgical Education, RCSI
The College of Surgeons of East, Central and Southern Africa (COSECSA) supported by Irish Aid and RCSI hosted a one day conference entitled “Surgical Training in East, Central and Southern Africa - A Regional Approach” in the Royal Society of Medicine in London on 6th May. Delegates from across Africa, North America, Europe the UK and Ireland attended the conference.

The conference, which was the first of its kind, was attended by a diverse range of organisations with an interest in surgical training in the region including representatives from all surgical specialties, colleges and associations of surgeons and anaesthetists, international development specialists, NGOs, international donors and medical professionals.

The keynote address was delivered by The Lord Ribeiro, Kt, CBE, President, Royal College of Surgeons of England 2005-2008, who spoke about the importance of exchanges and collaborations, how COSECSA could promote itself with reference to the Millennium Development Goals and proposed areas where COSECSA could expand its role.

Mr Yusuf Kodawwala, Executive Member of COSECSA, highlighted in his address the need for increased funding for surgical training in the region which has only one thousand surgeons for a population of a quarter of a billion people - less than ten percent of the ratio recommended by the World Health Organisation.

Professor O'Sullivan is responsible for establishing links between RCSI and COSECSA which resulted in the signing of a Memorandum of Understanding between the two Colleges in 2007 with the objective of enhancing surgical training and standards in the East, Central and Southern African region.

Reading the Citation for Professor O'Sullivan, Professor Krikor Erzingatsian, CEO/ Registrar of COSECSA said: ‘The honour which COSECSA is bestowing on Professor O'Sullivan is a fitting tribute coming from the surgical fraternity in East Central and Southern Africa, who think it essential to express their gratitude and respect to an outstanding representative of Irish surgery.'

Professor O'Sullivan completed his Higher Surgical Training in 1979, following which he spent time in the Middle East and North America before returning to Ireland. Since then he has devoted his life to cancer work in Ireland and became Director of the Cancer Research Centre in Cork. Professor O'Sullivan has a remarkable curriculum vitae with 229 publications to his name; 9 postgraduate qualifications; 37 awards, achievements and titles; 44 memberships of learned societies and committees; 29 keynote invited lectures; 7 patents, and has developed 11 new surgical techniques, mainly in gastrointestinal oncology.
16th – 17th May 2011
Institute of Leadership Delivers “Train the Trainer” programme in Cairo

A team from the Institute of Leadership led by Mr. Dermot O’Flynn and including Professor Ciaran O’Boyle and Mr. Brendan Colclough delivered two two-day ‘Train The Trainer’ courses for surgical trainers in Cairo, Egypt on the 16th-17th and 19th-20th of May. Over 80 surgical trainers from centres throughout Egypt participated in the courses which were delivered in the Nasser Institute Hospital in Cairo. The courses were delivered in the context of an ongoing agreement between RCSI and the Egyptian High Committee of Medical Specialties and the Ministry of Health.

30th May 2011
President McAleese awarded first Honorary Doctorate of RCSI

Her Excellency, President Mary McAleese was awarded the first Honorary Degree of Doctor of Science from RCSI. It was the first Honorary Degree RCSI has awarded in its 227 year history due to the granting of independent degree awarding status by the State to RCSI in 2010.

16th June 2011
Launch of the Perdana University - RCSI School of Medicine

The Ambassador of Ireland, H.E. Declan Kelly, and the CEO of the Royal College of Surgeons in Ireland (RCSI), Professor Cathal Kelly, hosted a reception to celebrate the launch of the Perdana University - RCSI School of Medicine at the Ambassador’s Residence, Kuala Lumpur (KL) on Thursday, 16 June 2011.

In September 2011, the new Perdana University - RCSI School of Medicine will accept its first 100 undergraduate medical students. Its five year degree will be based on the programme offered by the 227-year-old RCSI medical school in Dublin. Professor Anthony Cunningham will be the Foundation Dean of the programme at Perdana University-RCSI School of Medicine. The Perdana University Initiative is part of the Kuala Lumpur Academic Medical Centre (AMC) which is a proposed development for a centre of excellence for medicine in Malaysia. The AMC will be a custom built medical campus primarily composed of a 600-bed private hospital, a research centre, and Perdana University - incorporating an undergraduate medical programme run by RCSI and a graduate entry programme run by Johns Hopkins Medicine, Baltimore, US. AMC is an important Public Private Partnership with the Government of Malaysia and was launched under the patronage of Datuk Seri Najib Tun Razak, the Prime Minister of Malaysia, in November 2010.
Approximately 100 healthcare professionals were conferred with postgraduate awards at the July postgraduate conferring ceremony. These included Fellowships of RCSI in Cardiothoracic Surgery; General Surgery; Neurosurgery; Ophthalmology/Ophthalmic Surgery; Otolaryngology; Plastic Surgery; and Trauma and Orthopaedic Surgery.

Memberships as well as Fellowships and Memberships of the Faculty of Dentistry and Memberships of the Faculty of Sports and Exercise Medicine were also awarded.

Special Election were awarded to Professor Ravi Kant and Professor Bina Ravi.

RCSI Surgical Travel Grants were awarded to Mr Jürgen Mulsow, Mr James O’Riordan and Ms Eimear Phelan. Mr Brian Donncha Barry was awarded with an RCSI Surgical Travelling Fellowship.

Fellowships of RCSI Ad Eundem were awarded to Professor Chin tamani and Mr. Maqsood Manzoor Elahi and Fellowships of RCSI by Special Election were awarded to Professor Ravi Kant and Professor Bina Ravi.

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A specialist training programme in medical device innovation, modelled on Stanford University’s prestigious Biodesign Programme, was officially launched at NUI Galway on 2nd August.

The new programme aims to hot-house, in the space of 10 months, talented individuals with experience in the biomedical sector. The overall aim of the programme is to train graduates to support the creation of new, cost-effective medical devices that improve patient care. This will be brought about through a collaborative approach that focuses on the needs of patients, physicians and the health care industry as a whole.

Programme participants will experience an intensive clinical immersion in teaching hospitals to help identify potential medical device development opportunities. Throughout the 10-month period, they will avail of the expert advice, direction and guidance from dedicated industrial mentors and serial entrepreneurs.

The BioInnovate Ireland Fellowship Programme has been jointly developed and delivered by a consortium of five Higher Education Institutions. These include NUI Galway, University of Limerick, Royal College of Surgeons in Ireland - Centre of Innovation in Surgical Technology (RCSI-CIST), DCU and UCC.

This initiative has received funding from Enterprise Ireland and several corporate sponsors including: Medtronic, Creganna-Tactx Medical, Lake Region Medical Ltd and Steripack, Ltd. It is envisaged that the BioInnovate Ireland Fellowship Programme will act as a catalyst for the generation of further product development research and spin-out companies in collaboration with partnering companies.
Advances in Neurosurgery

Though neurosurgeons continue to sub-specialise in ever-narrowing arenas of clinical interest, which in itself might lead to dispute over the relative importance of developments in recent years, I think it’s reasonable to summarise advances in neurosurgery as follows.

**The Move to More Radical Excision of Low Grade Astrocytomas**

Advances in neurosurgical and neurimaging techniques allow safer, more radical and quantifiable resection of low grade tumours and the path is now set to more accurately explore the extent to which aggressive removal of low grade tumours improves their prognosis. Functional MRI (fMRI), a technique whereby local perfusion-related changes are noted in the brain, while specific cognitive tasks are being performed by the patient, is now widely used to assist in the pre-operative localisation of cortical areas controlling verbal and motor function. When used in conjunction with cortical and subcortical mapping (Awake Craniotomy) the capacity to radically remove tumour is significantly increased with far less risk of permanent neurological deficit.

Intra-operative imaging has demonstrated the advantage of obtaining continually updated images that reflect intra-operative anatomical changes due to brain shift. In Beaumont Hospital in Dublin we are currently using real time ultrasound integrated with computed navigation systems (The ‘Sonowand’), but unquestionably the major interest internationally is in intra-operative MRI. Black and his colleagues have observed that in over a third of cases, the surgeon’s opinion on the extent of gross tumour removal was deemed incorrect by intra-operative MRI prompting further tumour resection. It has also been found that the use of intra-operative MRI resulted in a significantly higher rate of gross tumour removal. How important is this? So far the literature has provided only modest evidence that surgery improves outcomes in low grade glioma by reducing tumour burden - Claus and co-workers have found that patients with low grade astrocytomas who underwent resection with intra-operative MRI guidance had better 1,2-year and 5-year survival rates in the Central Brain Tumour Registry of the United States (CBTRUS), but there remains a lack of class 1 evidence.

**Neuroimodulation**

The therapeutic alteration of activity in the central and peripheral nervous systems pharmacologically or with implanted stimulators is not new, though it has been slow to develop in Ireland. Improved imaging and navigation techniques have led to major developments in the management of Parkinson's disease and other movement disorders, epilepsy, pain and major depression. In cases of Parkinson’s disease where the disease cannot be adequately controlled by medication or where the medication causes severe side effects, notably dyskinesia, deep brain stimulation is now the treatment of choice offering considerable reduction in symptoms and allowing a significant reduction in medication.

**Neuroendoscopy**

With the advent of improved endoscopic equipment and high definition (HD) three-chip cameras, the use of neuroendoscopy has extended beyond the treatment of hydrocephalus with third ventriculostomy to endoscopic assisted microvascular decompression for trigeminal neuralgia, endoscope-assisted removal of acoustic neuromas and endo-nasal pituitary surgery. There is now considerable interest in combining neuro-endoscopy with other diagnostic and therapeutic modalities such as ultrasonic microprobes and endovascular coiling of aneurysms and arterio-venous malformations.

**Minimally Invasive Spinal Surgery**

The trend towards more minimal approaches to degenerative and other spinal pathologies continues with e.g. targeted percutaneous placement of pedicle screws, allowing more rapid post-operative recoveries and reduced hospital stay. There is increasing interest in prosthetic discs, especially in the cervical spine, which by retaining some mobility at the segment may help to reduce the risk of future osteoarthritic change at adjacent segments. Technology in spinal surgery instrumentation seems to be moving at an accelerated pace with e.g. the continued development of
disc space cages, and instruments designed to improve lateral and anterior approach to the spine.

**Stereotactic Radiosurgery**

Though not strictly a neurosurgical development, it is likely we will see expansion of radiosurgery beyond the traditional indications of small arterio-venous malformations and acoustic neuromas to metastatic brain tumours, as an adjunct to surgical treatment of complex skull base tumours and the treatment of trigeminal neurology and epilepsy.

Mr. Steven Young,  
Consultant Neurosurgeon,  
Beaumont Hospital, Dublin

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**Standardised endoscopy training for Specialist Registrars launched**

Educational experts, together with physicians and surgeons working and teaching in the relevant specialties from RCSI and RCPI, have developed a joint endoscopy training programme for Specialist Registrars (SpRs).

Under the new programme SpRs will receive competence-based training, ensuring a high-quality endoscopy service to patients. A detailed curriculum, aimed at trainers as well as trainees, highlights the importance of cognitive and interpretive skills, in addition to technical skills. Trainees will be regularly assessed throughout the programme and will be required to satisfactorily perform a wide range of technical procedures. New trainees will develop their technical skills using simulators in RCSI. The programme which began in July, is aimed at SpRs in Gastroenterology and Gastrointestinal/General Surgery, although SpRs in other specialties may also attend.

Speaking on behalf of the Irish Society of Gastroenterology (ISG), the President Professor John Hyland, Consultant Colorectal Surgeon, said, ‘The launch of the new standardised, integrated gastrointestinal endoscopic programme emphasises the commitment of RCSI, RCPI and the ISG to improve services for all patients. This programme allows for strict training guidelines, underpinned by good governance and quality assurance.’

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**Human factors training course for surgical trainees launched**

The first MSc/ Postgraduate Diploma in Human Factors and Patient Safety course to accompany the surgical training programme at RCSI across Basic Surgical Training (BST) and Higher Surgical Training (HST) has been launched. RCSI is the only surgical training college in the world to offer this comprehensive human factors training integrated into the surgical curriculum.

The programme aims to facilitate surgical trainees to explore areas of professional development in an effort to develop their interpersonal skills in order to enhance the performance of the surgeon and contribute to the reduction of error and risk during surgical procedures.

Professor Oscar Traynor, Consultant Surgeon and Director of the National Surgical Training Centre, RCSI said “Whilst some individuals are born with personal skills such as decision making, communication and team work, for many others, these skills can be developed and improved by formal education and training. This course was developed in order to enhance the performance of surgeons and contribute to the reduction of error and risk so as to improve patient safety.”

The Postgraduate Diploma consists of one taught module each BST year for three years with one practical work experience module during BST. The MSc Degree has two additional modules - one taught and one research with a submission of a 15,000 word dissertation to be completed over one year during HST.

The programme is aimed at surgeons in training interested in exploring the challenges and opportunities specific to the surgical profession in the wider context of healthcare and the medical community.

The first programme will commence in September 2011. It will be delivered by Professor Oscar Traynor, Director of the National Surgical Training Centre, Dr Eva Doherty, Director of Human Factors and Patient Safety and Dara O’Keeffe, Special Lecturer in Surgical Education.
The Elective Surgery Programme

The Elective Surgery Programme (ESP) is part of the overall Surgery Programme that sets out to address how elective surgery can best be delivered by surgeons, anaesthetists and other health workers in partnership with their patients so that it is safe, efficient and cost effective. This will be delivered through a set of high quality and reproducible processes. This work is being carried out as one of the joint programmes between the HSE, the College of Surgeons and the College of Anaesthetists and is being led by Prof. Frank Keane, Ken Mealy and Dr Jeanne Moriarty. Sinead O’Brien has commenced in post and will take over from Kieran Tangney to Programme Manage the overall Elective Surgery Programme.

The Elective Surgery Programme has four sub-programmes. They are as follows:

- **Average Length-of-Stay or AvLOS sub-programme**

Targets for elective ‘day’ and ‘stay’ procedures have been agreed with 14 surgical specialties. These targets will save bed days and reduce surgical waiting lists. Based on 2009 activity potential savings are in the order of 41,500 bed days and a reduction in waiting times for patients. The incentive for participation by surgeons, therefore, will be the provision of protected beds.

- **Model of Care sub-programme**

There are a number of ways these targets for length-of-stay can be achieved. The “Elective Surgery Model of Care” which is to be published imminently, outlines an agreed set of guidelines for pre-admission assessment clinics, day surgery, day-of-surgery admissions and discharge planning, each of which has the potential to reduce average length-of-stay. The document is designed to help develop local care pathways and it aims to help all hospital staff including management, doctors, nurses and ancillary staff.

- **Audit sub-programme**

The third element of the Elective Surgery Programme is Audit. Simply shortening hospital stay as a goal on its own is not appropriate without knowing the outcomes of the care provided. This will require the establishment of a National Office of Clinical Audit in Surgery. NOCAS will measure outcomes of process such as length-of-stay as well as re-admission rates and other simple clinical outcomes. In addition, RCSI, together with the HSE, is planning to introduce a National Audit of Surgical Mortality which will examine all deaths occurring during surgical care. Mr Ken Mealy has taken the role as clinical lead to deliver the audit element of the programme, he will be supported by Fiona Cahill who will project manage the establishment of NOCAS and in particular the national surgical audit of mortality.

- **Theatre Journey sub-programme**

The final element of the Elective Surgery Programme plans to introduce and implement the Productive Theatre Programme, also known as ‘TPOT’. The operating theatre is a common pathway for most surgical patients. For reasons of safety, efficiency and cost containment it is important that this resource is used effectively. The TPOT programme is a comprehensive package designed by NHS Innovation. It improves the patient experience as well as outcomes by increasing the safety and reliability of care, improving team performance, adding value and improving efficiency. The TPOT course has already been adopted in five hospitals with a further roll out to another group of hospitals shortly and nationwide in the near future. Michael Prenderville has been appointed and will project manage the extended rollout of the TPOT programme.

In summary, the Elective Surgery Programme aims to improve the patient journey along the elective surgical pathway by delivering on access, quality and cost. The planning stage has been completed but implementation, the hard bit, is yet to come. It will require very close cooperation between the Colleges and the HSE, and regional and hospital management, clinical directors and, most importantly, surgeons, anaesthetists, nursing and ancillary staff. At this stage we are assured of the full support of the Minister and the Special Delivery Unit. While Elective Surgery is just one part of the surgical equation, so too is Acute or Emergency Surgery, the programme for which is currently under development.

**Professor Frank Keane**,  
*Clinical Lead, Elective Surgery Programme*
Interview with Professor Edward Guiney – Retired Paediatric Surgeon

It was around this time that Prof Guiney decided to move into paediatric surgery. From 1965 to 1966 he worked as a senior surgical registrar in the Alder Hey Children’s Hospital in Liverpool before returning to Dublin as a consultant paediatric surgeon in Our Lady’s Hospital for Sick Children and Temple Street Hospital (1966 – 97), the National Children’s Hospital, Harcourt Street (1970 – 1986) and AMNCH Hospital Tallaght (1986 – 97), often working a one-on-one rota in his three hospital appointments.

Throughout his entire career, Eddie was actively involved in research, culminating in his appointment as Director of Research at the Children’s Research Centre in 1976. While in St. Thomas’s he was involved in work on the lymphatic system and at Massachusetts General, he was involved in transplantation biology. In Dublin, he was concerned with liver surgery and transplantation. He led an experimental liver transplant surgery at the UCD Research Centre, which resulted in the survival of a number of pigs, one of which gave birth to fourteen piglets. As you can no doubt imagine, in 1972 this was a world first and led to his involvement in the national liver transplant programme at St. Vincent’s Hospital, Dublin. His other clinical interest during his career was in the management of children with Spina Bifida and Hydrocephalus.

When asked to reflect on his career, Prof Guiney recalls Joe McMullen as having a large influence on his career progression. ‘I had a lot of respect and admiration for him and he is probably the one surgeon that really stands out for me,’ Prof Guiney said. Working as a surgeon, he said ‘was a great career, very satisfying and I feel very privileged with what comes from such a career.’

Prof Guiney is firm believer in the importance of post-operative care and communication. ‘Aside from obviously the technical aspect of being a surgeon, post operative care and communication are essential, especially when it comes to working with children. Communication with parents is essential. When you have a child as a patient, you actually have three patients; the mother, the father and the child itself. When asked whether it was hard to work with children, Prof Guiney said that it is a question he gets asked a lot but ‘it’s not hard, as long as you’re properly trained. Children have their own way of communicating and you just have to learn this.’

Prof Guiney was elected as President of the British Association of Paediatric Surgeons. His election as President against a strong London candidate was a tremendous personal achievement for Eddie and it mirrored the esteem in which he was held. He also served as President of the Society for Research in Spina Bifida and Hydrocephalus and of the Irish Paediatric Association.

Unfortunately in 2006 Eddie’s wife Sheila passed away. They had three children, Eddie, Michael and Carina. Eddie is an award-winning film producer. He recently produced the Irish movie ‘The Guard’. Michael is a Consultant Radiologist in St James’s Hospital and the Beacon Hospital and Carina lives in Belfast and has two children. Nowadays Eddie is involved with RCSI in a part-time capacity working as a surgeon-prosector. He is an avid reader and a keen sports spectator.

Photo credit: Irish Surgeons and Surgery in the Twentieth Century, B O’Donnell)
## Calendar of Events 2011-2012

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Further Information</th>
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<tbody>
<tr>
<td><strong>2011</strong></td>
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<tr>
<td>15th October</td>
<td>21st Waterford Surgical Club Meeting</td>
<td>Waterford Regional Hospital</td>
<td><a href="mailto:Jennie.oleary@hse.ie">Jennie.oleary@hse.ie</a></td>
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<td>23rd - 27th October</td>
<td>American College of Surgeons 97th Annual Meeting</td>
<td>San Francisco, CA</td>
<td><a href="http://www.facs.org">www.facs.org</a></td>
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<td>24th October</td>
<td>Chapter of Fellows Meeting</td>
<td>Hilton Hotel San Francisco Union Square</td>
<td><a href="http://www.rcsi.ie/chapterfellows2011">www.rcsi.ie/chapterfellows2011</a></td>
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<td>10th November</td>
<td>ASGBI Green Conference</td>
<td>RCSI</td>
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<td>11th November</td>
<td>Millin Meeting</td>
<td>RCSI</td>
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<td>12th December</td>
<td>Postgraduate Conferring Ceremony</td>
<td>RCSI</td>
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<td><strong>2012</strong></td>
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<tr>
<td>2nd February</td>
<td>Annual Video Surgery Meeting</td>
<td>RCSI</td>
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<td>3rd &amp; 4th February</td>
<td>Charter Day</td>
<td>RCSI</td>
<td><a href="mailto:communications@rcsi.ie">communications@rcsi.ie</a></td>
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<tr>
<td>4th February</td>
<td>Charter Day Dinner</td>
<td>RCSI</td>
<td><a href="mailto:communications@rcsi.ie">communications@rcsi.ie</a></td>
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RCSI SURGICAL TRAVELLING FELLOWSHIP 2012

Applications are invited for the RCSI Surgical Travelling Fellowship commencing 1st July 2012. The object of the award is to promote the acquisition of additional surgical skills and knowledge that will contribute to the advancement of surgical science and practice in Ireland.

The Fellowship is open to Fellows and Members of the College who are in, or have completed within the previous two years, a higher surgical training programme in Ireland.

The Fellowship, which must be full-time, is tenable for one year abroad and includes a stipend and travel allowance.

Closing date:  Friday 13th January 2012

Application forms and further particulars are available from:

Ms G Conroy  
Office of the Managing Director of Surgical Affairs  
121, St. Stephen's Green, Dublin 2.  
Tel: 01- 402 2187               e-mail: gconroy@rcsi.ie  
www.rcsi.ie

RCSI-Anthony Walsh/Ipsen Travelling Fellowship in Urology 2012

The Royal College of Surgeons in Ireland in conjunction with Ipsen Pharmaceuticals Limited have made available a Urology Travelling Fellowship to enable a trainee to attend a meeting or to visit a centre of urological excellence in the year 2012. The value of the award is €6,000.

Applications for the Fellowship are invited from Fellows and Members of the Royal College of Surgeons in Ireland who are Higher Surgical Trainees in Urology within the Republic of Ireland or Northern Ireland.

Closing date:  Friday 6th January 2012.

Application form and further particulars are available from:  
Ms G Conroy  
Office of the Managing Director of Surgical Affairs  
121, St. Stephen's Green, Dublin 2.  
Tel: 01- 402 2187               e-mail: gconroy@rcsi.ie  
www.rcsi.ie
APPLICATIONS INVITED FOR THE
2012 ETHICON TRAVEL GRANTS

The Royal College of Surgeons in Ireland (RCSI) would like to invite applications for the prestigious Ethicon Foundation travel grants 2012.

For 2012, Ethicon will offer two types of travel grants:

(1) **The Ethicon Foundation Travel Grants** which, for 2012 will range in value up to €1,200 each are available to Fellows and Members of the Royal College of Surgeons in Ireland who are at an advanced stage of Higher Surgical Training or who have taken up a consultant post within the past year. This award is aimed at individuals who demonstrate a strong commitment to obtaining unique experience abroad not usually available to them through routine secondment or overseas exchange. The Fund is not designed to finance those wishing to attend conferences or scientific meetings. Rather, it provides a significant contribution towards the overall cost of travel for those committed to actively furthering their education through overseas training or research.

(2) **Ethicon Foundation Short Term Clinical Visits Travel Grants** are available to trainees at an advanced stage of Higher Surgical Training and to consultant surgeons wishing to visit another department. These grants are intended primarily to allow senior doctors to visit centres of excellence for a period of up to three weeks to enhance/refresh clinical skills, for example, prior to the introduction of a new procedure within their own institution. The grants are up to the value of €400 each, and are intended to be a contribution to the applicant's travel costs.

For more information on how to apply, please visit the RCSI website: www.rcsi.ie or contact Ms Ger Conroy,
Office of the Managing Director of Surgical Affairs,
121 St Stephen's Green, Dublin 2, Ireland.
Tel: +353 1 4022187
E-mail: gconroy@rcsi.ie