

**The Royal College of Surgeons of England response to the
statement of the British Paediatric Cardiac Association**

Continuing Medical Education

With reference to the comments on CME on page 3 of the statement, it should be noted that in November 1995 the Senate of Surgery published a document outlining the Surgical Royal Colleges plans to move to a structured system of CME in which all practising surgeons were expected to participate as a professional obligation from 1st January 1996. All surgeons, other than those in training, are required to complete a minimum of 50 hours CME activity per annum. The split between internal CME, which includes hospital based activities, independent study and clinical audit, and external CME is 25 hours each. However, beyond that individual surgeons are able to decide the activities in which they wish to participate. Individual programmes are not subject to prospective approval.

External CME activities, which includes external meetings and courses and distance learning programmes, require prospective approval from one of the Royal Colleges or another recognised approving body. For the Surgical Royal Colleges the only approving bodies recognised are the SAC defined specialist associations, which are listed in appendix 2 of the current CME handbook already forwarded to the Inquiry. The Surgical Royal Colleges have not devolved approval for surgical events to the British Paediatric Cardiac Association.

Defining and maintaining professional and quality standards

In essence, the first sentence on page 7 of the statement from the British Paediatric Cardiac Association to the Bristol Inquiry broadly outlines the position in that no Royal College or comparable professional body had statutory powers to impose professional and quality standards on hospitals or individual

consultants. However, the wording may imply that this situation was unique to paediatric cardiac surgery. In reality no such regulation was, or indeed is, possible in any field of medical practice in the absence of formal statutory powers to impose and monitor such professional standards. The Royal College of Surgeons of England wishes to be given such powers to enable it to maintain standards of clinical practice in a similar way to its existing statutory role in maintaining standards of surgical training.