

Most technical developments are simply minor improvements on an existing technique. Laparoscopic cholecystectomy, however, is an example of a technique that should have been treated in this way.

The Colleges do not believe that legislation is required to introduce such a system, provided that proper participation in CME is expected by all – the public and the employers – and new techniques are not introduced into general practice before the Colleges, Associations and the Department of Health's Research and Development Unit give their approval.

4. Audit

Quality is assured by constant audit of personal and group practice. The surgical fraternity has been the leader in this field and will continue to demand audit as a function of all surgeons who teach and train and as an element of continuing professional education.

One of the factors affecting quality is experience. A surgeon who performs a specific operation once or twice a year is unlikely to be as experienced, and therefore as competent, as a surgeon who performs the same procedure 30 times a year. The profession is in the process of producing guidelines that will indicate the degree of personal experience required by consultants to remain clinically competent and to ensure adequate clinical and nursing experience for their supporting team.

Personal and unit audit will reveal whether surgeons are getting the necessary degree of experience. The audit section of a surgeon's CME feedback will indicate whether or not it is right for that surgeon to continue performing certain procedures. The implication of this approach is that rare conditions and rare operations should only be seen and treated in specialist centres.

5. Facilities and Resources

Good surgery needs the correct facilities and adequate resources. The Colleges regularly inspect hospitals that train junior doctors and when necessary draw attention to any inadequacies that restrict or reduce the quality of training. We believe it is incumbent upon the management of all hospitals to supply the facilities required for training as well as the facilities needed (equipment, buildings, support services and manpower) for proper high quality surgical practice.