

Code of practice for Surgeons (Draft)



Following the publication of the 8th edition of the "Guide to professional conduct and ethics for Medical Practitioners" by the Medical Council in 2016, Professor Freddie Wood invited each College to produce their own speciality specific guidance for professional behaviour. RCSI first produced the "Guide to Good Surgical practice" in 2004 but since then there have been many developments in practice and in professional thinking. RCSI have appointed a working group to consider all these developments and draft updated "Guidelines on professionalism for Surgeons" which will be published later in 2017.

Despite the changing context, we believe that the principles of making a diagnosis, helping patients choose the most appropriate treatment for them, performing the surgery competently, and providing good perioperative care have not fundamentally changed. Our updated guidelines will reflect both the new context and the familiar fundamentals of surgical practice. Rather than add to the compliance burden on surgeons, RCSI intends that these guidelines will pull all the key principles together in one easy to read document.

While still in draft form, the guidelines are at an advanced stage of development and we would welcome comments or suggestions from practicing surgeons before the final version is adopted by Council and published later this year.

We would welcome your feedback by completing a brief survey. If you have extensive comments or suggestions, you can markup the draft guidelines using the review function in Word (available on request from pcs@rcsi.ie) and submit this by email to pcs@rcsi.ie. All input will be considered by the working group and the surgeons who are members of the Professional Development Committee, the Committee for Surgical Affairs and the Council of RCSI before they are finalised.

To allow time for Professional Development Committee to consider all contributions, all comments must be submitted no later than **Friday May 19th 2017**

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Dean of Professional Development & Practice

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1 Good clinical care

1.1 Providing a good standard of surgical practice and care

In meeting standards, a surgeon must provide good clinical care by:

- ensuring that patients are treated according to the priority of their clinical need
- communicating compassionately and clearly with patients and (with the patient's consent) with their supporters and, in the case of children, with their parent(s)/responsible adult(s)
- carrying out surgical procedures in a timely, safe and competent manner
- providing elective care for patients with non-urgent conditions and carrying out procedures on them that lie within the range of your competence
- ensuring patients are cared for in an appropriate and safe environment that provides for any special needs they may have
- ensuring that adequate resources are available for safe patient care and postponing planned procedures where resources are inadequate
- ensure that you are aware when timely access to outpatient or inpatient care is compromised by lack of resources
- Where you feel the safety of patients may be compromised by a lack of resources (delaying access to care or compromising the quality of care), you should ensure that the appropriate clinical director, the Director of Safety and Risk and/or the Chief Executive are made aware of these concerns.
- appropriately and responsibly escalating your concerns if you do not believe they have been adequately addressed through local channels.
- when raising your concerns outside the clinical governance structure of the hospital such as in the national (or social) media, you should do so responsibly and ensure at all times that the privacy of individual patients is protected
- ensuring patients receive satisfactory postoperative care and that relevant information is promptly recorded and shared with the caring team, the patient and their supporter(s)
- ensuring that, on the discharge of a patient from hospital care, appropriate information is shared with the patient and/or their carer(s) and that a record is also sent to the patients General Practitioner
- ensuring that any instruction to withhold or withdraw treatment (for example, resuscitation, ventilation or dialysis) is;
 - taken in consultation with the patient or family
 - authorised by the appropriate senior clinician
 - appropriately recorded in the patient's clinical record as set out in the HSE National Consent policyⁱ
 - reviewed from time to time or when clinical circumstances change
- accepting patients on referral from General Practitioners, 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 the General Practitioner will normally receive a report
- consulting appropriately with other clinicians and transferring the care of the patient, when appropriate, to another colleague or unit where the required resources and skills are available.

- ensure that your care decisions are appropriately informed following discussion within a multidisciplinary team meeting where this is appropriate
- ensuring that you are aware of current clinical guidelines in your field of practice. You should explain to patients the reasons for not following such guidance if an alternative course of clinical management is followed
- discussing with patients and their supporters alternative forms of treatment, including non-operative care, and recording the reasons for your decisions
- when providing care to children
 - you should provide treatment only if you have appropriate training and experience and are competent to do so
 - ensure parent(s)/responsible adult(s) and the child (to the level of their understanding) are fully informed
 - protect the child's privacy.

1.2 The treatment of emergencies

Emergency care is a major component of surgical practice, When on-call, you must:

- accept responsibility for the assessment and continuing care of every emergency patient admitted under your name unless, or until, they are formally transferred to the care of another doctor
- be available, either within the hospital or within a reasonable distance of the hospital, to give advice throughout the duty period
- ensure you can respond promptly to a call to attend an emergency patient
- ensure arrangements are made for the safe transfer to another unit of emergency patients when the complexity of the patient's condition is beyond your experience or the resources available for their proper care
- delegate assessment or emergency surgical operations only when you are sure of the competence of those trainees and non-consultant hospital doctors to whom the patient's operative care will be delegated
- ensure that on-call rotas are published in advance and that any alternative cover arrangements are explicit and clearly understood; and
- ensure the formal handover of patients to an appropriate colleague following periods on duty.

In an emergency, unfamiliar operative procedures should be performed only if there is no clinical alternative, if there is no more experienced colleague available or if transfer to a specialist unit is considered a greater risk.

1.3 Organ and tissue transplantation

Surgeons undertaking organ or tissue transplantation must:

- comply with current laws and ethical rules relating to the use of human tissue
- ensure recipients are chosen solely based on medical suitability
- fully inform recipients of hazards and likely outcome when ensuring informed consent
- fully inform living donors of risks and outcome to themselves and of the benefits and risks for the recipient. Living organ donation must never be acquired by coercion or for profit
- when using cadaver donors or other tissue, conform to current regulations regarding, for example, prior agreement, assent of relatives and certification of brain death.

1.5 Record keeping

As a surgeon, you must:

- ensure all medical records are legible, complete and contemporaneous and have the patient's identification details on them
- ensure that when members of the surgical team make case-note entries they are dated and legibly signed (and timed where the clinical condition is changing rapidly)
- ensure that the record includes the name of the most senior surgeon seeing the patient at each visit
- ensure that a record is made by a member of the surgical team of important events and communications with the patient or supporter (for example, prognosis or potential complication). Any change in the treatment plan should be recorded.
- ensure that there are legible operative notes (typed if possible) for every operative procedure. The notes should accompany the patient into recovery and to the ward and should be in sufficient detail to enable continuity of care by another doctor. The notes should include:
 - date and time
 - elective/emergency procedure
 - the names of the operating surgeon(s) and assistant(s)
 - the operative procedure carried out
 - the incision
 - the operative diagnosis
 - the 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
 - postoperative care instructions
 - a signature
- ensure that follow-up notes are sufficiently detailed to allow another doctor to assess the care of the patient at any time
- ensure that the records you keep meet the requirements of the Data Protection Act (1988), that you are appropriately registered with the Data Protection Commissioner to hold records, particularly those relating to private patients, and that such records are securely stored in compliance with the provisions of the Act.
- Patient confidentiality must be maintained at all times and patient records, including photography, can only be provided to third parties, who are not involved in the patient's clinical care, with the patient's written consent.
- The use of personal mobile devices to share confidential patient data, including photographs and other images, between members of surgical teams, must adhere to Medical Council Guidelines and Data Protection legislation. The devices used and the data exchanged must be encrypted.

2 Maintaining competence

As a surgeon, you must ensure that you maintain your competence in all areas of practice. You should demonstrate this by:

- enrolling in a Professional Competence Scheme. You can access the RCSI guidance on Maintaining Professional Competence on our website (<http://www.rcsi.ie/pcs>). If you are working in another jurisdiction, you must enrol in any mandatory scheme to ensure professional competence or required for revalidation.
- assessing your own professional development needs and identify activities to address any deficits and to ensure that you maintain your knowledge and skills
- participating in relevant courses, conferences and other professional activities relevant to your scope of practice and the professional development needs you have determined
- leading the development of, and participating in, quality improvement activities in your practice including multidisciplinary team meetings
- participating in any national audit of clinical practice relevant to your scope of practice, examining your own outcomes and the outcomes of your unit compared to other similar surgeons and best practice elsewhere, identifying quality improvement opportunities and advocating responsibly for the implementation of these improvements
- identifying other areas of your clinical activity that should be audited and advocating for the resources to establish reliable audit on a permanent basis
- establishing and maintaining an up-to-date and valid professional portfolio as provided within your professional competence scheme or elsewhere
- producing evidence that you are maintaining your competence when required to do so
- seeking guidance from the Professional Competence Office in RCSI if you have difficulty understanding what you should do to maintain your own professional competence
- discussing the issue with your clinical director or, if you are an NCHD, with your consultant supervisor if you have difficulty meeting your professional competence obligations

2.2 Open disclosure

Surgeons should be open with patients and their supporters when adverse events occur during their care, report the event to the appropriate office in the Hospital and, if appropriate, ensure that the incident is adequately investigated. The National Policy on Open Disclosureⁱⁱ provides clear guidance in these circumstances.

2.3 New surgical techniques

New techniques include:

- a new or personally developed operation
- any major modifications to an established procedure
- the introduction of a procedure not previously performed by you or in the Hospital
- the use of a new medical device

When a new technique is to be used, the patient's interests should be considered paramount. Therefore, you must:

- ensure that you have completed the training necessary (including certification where available) to undertake the procedure safely and that the all necessary clinical facilities are available
- discuss the technique with colleagues who have relevant specialist experience and/or the relevant specialist association if appropriate
- discuss the technique with the Clinical Director and follow local protocols with regard to ethics committee approval or other clinical governance procedures
- ensure that patients and their supporters know when a technique is new when obtaining their consent and that all the established alternatives are fully explained prior to obtaining their consent to proceed
- be open and transparent regarding the sources of funding for the development of any new technique especially where you have any financial interest in a technique or device
- establish a process to audit outcomes and review this audit with a peer group
- ensure that any new device complies with European standards and is certified by the competent body (for example, the Health Products Regulatory Authority in Ireland www.hpra.ie).

3 Teaching, training and supervising

3.1 Medical students

Surgeons should:

- explain to patients that they have the right to refuse to participate in student teaching and reassure patients that such a refusal will not prejudice their treatment in any way
- ensure that students are introduced to patients
- ensure that privacy and confidentiality are maintained and that students understand and respect this requirement
- ensure that when a student is involved in specific examinations or procedures on patients under general anaesthesia, consent has been obtained giving the full extent of the student's involvement
- communicate respectfully with students and refrain from dismissive or intimidating behaviour and inappropriate, offensive or pejorative language
- not discriminate against, bully, or sexually harass a student under your supervision

3.2 Surgical trainees

Consultant surgeons must accept overall responsibility for any duties that are delegated to trainees or other doctor working under their supervision. You must be satisfied that any doctors working under your supervision are registered appropriately with the Medical Council.

A surgeon should:

- participate in the education of students, trainees and other healthcare professionals
- delegate duties and responsibilities only to those other doctors whom you know to be competent in the relevant area of practice (including obtaining informed consent from patients before surgery or other procedures)
- provide guidance to trainees when more senior advice and assistance should be sought
- be present throughout an operation until you are satisfied that the trainee is competent to carry out the procedure without immediate supervision
- when on duty, be available to advise/assist the trainee at all times unless specific arrangements have been made for someone else to deputise
- ensure that the trainee maintains an up-to-date portfolio that complies with the Data Protection Act that is accurate, legible and frequently updated
- ensure that you are competent to train, assess and mentor trainees by attending appropriate training courses provided by RCSI or other appropriate agency
- demonstrate that you are a competent trainer by keeping appropriate records of your training activities in your Professional Competence Portfolio
- take reasonable steps to ensure that the trainee is fit to undertake their responsibilities particularly with reference to fatigue, ill health or the influence of alcohol or drugs
- ensure that assessment of trainees is carried out regularly, thoroughly, honestly, openly and with courtesy. A satisfactory assessment should only be provided when it is justified
- communicate respectfully with trainees and refrain from dismissive or intimidating behaviour and inappropriate, offensive or pejorative language

- not discriminate against, bully, or sexually harass a trainee or other doctor under your supervision or any other healthcare professional

3.3 Locum/temporary surgeons

Consultant surgeons involved in the selection of locum or temporary consultant surgeons must ensure that the locum is:

- fully conversant with the routines and practices of the surgical team
- familiar with, and takes part in, the audit processes of the unit
- does not become isolated and knows from whom to seek advice on clinical or managerial matters; and
- not required or expected to work outside their field of expertise.

Surgeons should not act as (or be appointed as) a locum/temporary Consultant Surgeon unless they are competent to do so and are on the Specialist Division of the Medical Register.

Locum/temporary surgeons must perform to the standards detailed in this document.

3.4 Responsibilities of surgical trainees or other doctors involved in surgical care

In addition to the requirements of all surgeons set out in this document, trainees must

- ensure continuity of care for patients for whom you are responsible by formally handing over the patient's care to a responsible colleague at the end of their period of duty
- be aware of the circumstances in which you are expected to seek advice and assistance from a more senior member of the team, understand the importance of seeking advice from someone with more experience, and know which consultant is on-call and seek advice or assistance when appropriate
- be available according to a rota published in advance, provide reasonable notice of planned absences (leave, training courses, examinations) and ensure rosters are appropriately amended in advance
- maintain all records relating to your training including an accurate contemporaneous logbook of all the procedures you undertake
- maintain legible and up-to-date clinical records (including operation notes as described earlier in this document)
- support and assist your colleagues, especially more junior trainees
- be prepared to share concerns about possible shortcomings in professional performance that you perceive in those with whom you work, whether senior or junior to you
- inform the responsible consultant before a patient is taken to theatre for a major surgical procedure
- recognise when you are unfit to work through fatigue, illness or the influence of alcohol or drugs and excuse yourself from duty in those circumstances

4 Relationships with patients

4.1 Consent

Obtaining consent involves a supportive dialogue between surgeon and patient which culminates in the signing of the consent form.

In addition, a surgeon should:

- establish whether a patient has a close supporter whom they would like to be involved in the consent process as early as possible in the relationship and record this clearly on their notes
- ensure that patients, including children, are given information about the treatment proposed, any alternatives and the main risks, side effects and complications prior to a final decision to operate. You should also explain the nature of and expected outcome from non-operative alternative treatments
- provide time for patients and their supporter(s) to discuss the proposed procedure and provide an opportunity for the patient to make a fully informed and unhurried decision to agree to the treatment proposed and to indicate, where possible, by signing a consent form that they are willing to proceed. It may be helpful to provide written or online material to help patients and their supporters understand the condition and the proposed treatment, and record that this was provided
- carefully consider any 'advance statement' (living will) that the patient may have written and, particularly where provided for in legislation, follow the patient's expressed wishes
- give the patient the opportunity to indicate any procedure they do not wish to be carried out and ensure that those wishes are respected
- make sure that the patient understands, and agrees to, the participation of students and other professionals in their operation
- gain written agreement from the patient if video, photographic or audio records are to be made for purposes other than the patient's records (for example, teaching, research or public transmission)
- follow appropriate guidance for the retention of tissue
- ensure the operative site is clearly marked with the patient's agreement while they are awake and prior to pre-medication
- verify the operation to be undertaken by checking the consent form and, where possible, confirming this with the patient rather than relying solely on the printed operating list for the procedure being performed
- ensure that written consent and the notes include, when appropriate, the side to be operated on using the words 'left' or 'right' in full where appropriate
- ensure that digits on the hand or foot are named and/or numbered and similarly marked with the patient's agreement while they are awake and prior to pre-medication
- record all discussions about consent in the patient's records
- where a patient is unable to consent to a procedure, particularly if they have not indicated their wishes in advance, you should consult with the next of kin and explain the proposed treatment to them and seek their assent. A second opinion may be useful where there is a difference of opinion between you and the next of kin.

You should not participate in live broadcasts of surgical procedures outside the operating theatre suite for educational purposes as part of scientific meetings, as part of the education of medical or other students, or for the general public. However, surgical procedures may be recorded and/or edited and subsequently used for these purposes, with the patient's consent.

You should familiarise yourself with the National Consent Policy and ensure that your practice complies with the provisions of that policy.

While the law currently does not provide for a third party to give consent for a surgical procedure even if they hold an enduring Power of Attorney, the Assisted Decision-Making (Capacity) Act 2015 (Ireland) provides a range of supports for decision-making by adults who have difficulty in making decisions without help. The Act also provides a legal basis for Advance Healthcare Directives. The Act was signed into law on 30 December 2015 but has not yet been commenced to bring it into effect. Further guidance on the application of this legislation will be produced by RCSI in due course.

In complex cases, it may be useful to seek advice from professional colleagues, and/or your hospital's legal representatives before proceeding with invasive procedures.

4.2 Consent for transfusion

Surgeons must establish the views of their patients regarding their position in relation to transfusion as certain forms of transfusion may be unacceptable to the patient. You should respect those views and help patients avoid treatment which is inconsistent with their beliefs. This may include seeking advice from colleagues, or referring patients where special arrangements (auto-transfusion, use of stored blood or cell saver equipment) is available.

4.3 Maintaining trust

A surgeon should:

- ensure your working arrangements allow adequate time to listen and properly communicate with patients and their supporter(s). Where the safety of patients is compromised by a lack of resources, you should ensure that clinical director, the Director of Safety and Risk and/or the Chief Executive or other appropriate person are aware of this situation
- fully inform patients and their supporters of the plans and procedures for their treatment, the risks and anticipated outcomes and any untoward developments as they occur, or as soon as possible afterwards
- support any request for a second opinion and give assistance in making the appropriate arrangements including the timely supply of written or electronic records
- obtain the patient's verbal consent before carrying out any clinical examination
- support a request by a patient for a third person to be present while they are undergoing a clinical examination
- explain the purpose and nature of any intimate examination and observe local policies and guidelines relating to the conduct of such intimate examinations
- be aware of cultural differences and sensitivities and respect them
- contribute to patient surveys and respond to their findings

4.4 Communication

All surgeons should:

- listen to and respect the views of patients and their supporters
- listen to and respect the views of other members of the team involved in the patient's care

- recognise and respect the varying needs of patients for information and explanation
- insist that time be made available for a detailed explanation of the clinical problem and the treatment options
- encourage patients to discuss the proposed treatment with their supporter(s)
- fully inform the patient and their supporter of progress during treatment
- explain any complications of treatment as they occur and explain the possible solutions
- act immediately when patients have suffered harm, openly disclose what has happened and apologise when appropriate.

5 Working with colleagues

Apart from exceptional circumstances, surgeons must always make formal arrangements for cover where they will be absent from practice. However, in such exceptional circumstances, surgeons must take responsibility for patients under the care of an absent colleague even if formal arrangements have not been put in place.

Ineffective team working must not be allowed to compromise patient care.

A Surgeon should:

- work effectively and amicably with colleagues in multi-disciplinary teams, participate in multi-disciplinary team meetings, share decision making, develop common management protocols where possible and discuss patients' problems with colleagues.
- continue to participate in the care of, and decisions concerning, your patients when they are in the intensive care unit or the high dependency unit
- always respond to calls for help from trainees and others in the operating theatre and elsewhere as a matter of priority
- ensure there is a formal handover of continuing care of patients to another colleague at the commencement of leave
- ensure that, when acting as manager or director, your practice is subject to the same scrutiny as the practice of others
- ensure they do not denigrate another doctor to the patient

6 Probity in professional practice

Surgeons should adhere to all the principles set out in the Guide to Professional Conduct and Ethics for Registered Medical Practitionerⁱⁱⁱ. In particular, when providing information to patients, a surgeon must:

- avoid any material that is designed to promote your own expertise, either in general or in relation to a specific treatment or procedure
- declare any commercial involvement that might cause a conflict of interest
- not seek to enhance your own practice by actively denigrating or inhibiting the practice of another surgeon
- not criticise a colleague in an untruthful, misleading or deceptive manner
- ensure that the literature and any promotional material provided by the institution where you work does not make unreasonable claims
- be careful in any interview in the media or on social media to avoid promoting your expertise or the performance of the institution
- demonstrate honesty and objectivity when providing references for colleagues and team members
- if providing medico-legal reports, you should remember your duty is to the Court, and you should follow the advice given in the Medical Council's Guidelines

6.1 Private practice

A surgeon working in private practice must:

- make arrangements for the continuity of care of any inpatients when you will not be available
- maintain the standard of record keeping (as listed elsewhere) and audit your surgical activity and outcomes
- be honest in financial and commercial matters relating to work and, in particular,
 - ensure that patients are made aware of the fees for their services and cost of any treatment by quoting, where possible, your professional fees in advance
 - inform patients if any part of the fee goes to any other doctor
 - not allow commercial incentives to influence treatment given to a patient
- make clear to patients the limits of care available in the hospital where they will be treated (for example, the level of critical care provision provided and the level of resident medical cover)
- if working solely in private practice, ensure that you undertake meaningful assessment of your surgical activities which is peer reviewed
- not commit to your private practice in a way that prevents you meeting your public ethical and contractual obligations
- not use public staff or resources to aid your private practice unless specific arrangements have been agreed in advance.
- Ensure that claims made to insurers, the HSE and other providers are legal, honest and appropriate to the service provided

6.2 Research

Surgeons who undertake research should:

- submit full protocols of proposed research to an appropriate research ethics committee before commencing the research and comply with all relevant legislation in this regard.
- treat patients participating in research as partners
- ensure that their research complies with the provisions of the World Medical Association Declaration of Helsinki (www.wma.net)
- fully inform research participants about aims, intentions, values, relevance, methods, hazards and discomforts and record this in their notes
- fully inform patients in randomised trials about the procedures/treatments being compared and their risks and benefits and record this in their notes
- should not offer incentives to patients, either financial or other, in such a way that they may influence a patient's decision to participate in the research
- inform participants how their confidentiality will be respected and protected
- accept that a patient may refuse to participate or withdraw during the programme, in which case their treatment must not be adversely influenced
- seek guidance from a research ethics committee concerning the need for consent for the use of tissue removed during an operation for research purposes in addition to routine histopathology
- seek permission to remove tissue beyond that excised diagnostically or therapeutically
- acquire specific permission to use any removed tissue for commercial purposes, for example, to grow cell lines or for genetic research
- fulfil the strict regulations of the appropriate legislation when obtaining permission to carry out research on animals
- discourage the publication of research findings in non-scientific media before reporting them in reputable scientific journals or at meetings
- disclose any financial interest in, for example, pharmaceutical companies or medical device manufacturers
- ensure that anything regarding the project that may be published on the internet or elsewhere follows ethical principles
- report any fraud that is detected or suspected to the local research ethics committee.

6.3. Advertising

Informing the public about medical procedures is important. There is a difference between information and advertising. The Medical Council Ethical Guidelines state what advertisement is permitted. In addition, surgeons should

- ensure that all advertising of their services complies with Advertising Standards Authority of Ireland and IMC Guidelines. Information must be evidence based, factually accurate and not misleading.
- ensure that unrealistic claims about surgical outcomes are avoided and information provided must be true and verifiable, does not make false claims and does not have the potential to raise unrealistic expectations.
- not make false claims regarding their qualifications, experience and membership of professional bodies.

- Be personally responsible for the nature and content of all advertising relating to your services, including any advertising undertaken by a 3rd party using their name.

The above includes all verbal and written statements on websites, electronic and other media

7 Health

As a surgeon, you must not compromise the safety of patients or other healthcare professional because of your ill health, fatigue or the effects of drugs or alcohol on your performance.

Surgical procedures place surgeons at particular risk of acquiring and transmitting blood-borne viruses which can cause serious communicable diseases such as hepatitis and HIV. You must take appropriate precautions and follow established guidelines when operating on high-risk patients.

All surgeons have a duty of care to their patients and you must seek advice from an appropriately qualified doctor if you believe they have a serious communicable disease. Surgeons also have a duty of care to inform the appropriate authority if you know of a colleague who may have a serious communicable disease or any illness which is liable to put patients at risk.

8 Surgical care in special settings

8.1 Armed conflict

- Ideally, only operate at the request of the patient. If the patient is incapable of giving consent, then you must act only in the patient's best interests
- You must not discriminate between the protagonists and should treat on the basis of clinical need alone
- Within the limitations of the circumstances, you should maintain the highest professional standards
- Take personal precautions consistent with providing the highest level of care.

8.2 Low income countries

Surgeons seeking to participate in healthcare provision in low income countries through the provision of surgical services should do so responsibly. You should do so with the intention of providing high quality care to individual patients.

In undertaking work of this nature, a surgeon should:

- identify appropriate placements that match your skill set using existing programmes or agencies with experience in this area.
- ensure that the service you can provide is responsive to local needs and that you do not undermine existing local surgical services. Ideally, repeat visits over years designed to support the local healthcare providers will ensure sustainability.
- should avoid using complex technology in rural settings to ensure sustainability
- ensure that time is set aside to train these local healthcare providers. You should consider including other healthcare professionals in your group to facilitate this process.
- Ensure that surgical trainees accompanying such trips should be able to teach and train and be adequately supervised. The training of local health providers should take priority.
- Ensure that the outcomes following surgery are monitored.
- consider the financial impact on the host institution and ensure the reduction of this burden, in order to maintain sustainability
- ensure that surgical initiatives work in conjunction with and in support of local and regional training programmes
- ensure that you comply with all local legal requirements including those relating to registration and indemnity
- never participate in mutilating operations
- any related research is undertaken to a high ethical standard, with the full awareness and agreement of the local and national communities and health agencies, and with local faculty involvement

Further guidance is available in Guidelines for Surgeons on Establishing Projects in Low-Income Countries (Grimes et al) which is endorsed by RCSI^{iv}

8.3 Prisons

The duty of care remains the same when treating prisoners. Surgeons should not condone or contribute to inflicting physical or mental suffering whether deliberately, systematically or wantonly. Surgeons should report evidence of abuse and deliberate injuries to the appropriate authority.

