

Dear Member,

I writing to you on behalf of the Federation of Surgical Specialty Associations (FSSA), which has representation from each of the 10 GMC recognised surgical sub-specialities. The FSSA was founded in 1990 and has representation from the Presidents each of the 10 individual Surgical Specialty Associations (SSA) (Table 1), with meetings approximately once a month, either individually or in association with the four Royal College of Surgeons.

As President of the FSSA, I am keen to increase awareness of the role of the FSSA and the support it provides the individual SSAs and their members.

So why does the FSSA exist?

1. The objectives of the FSSA are:

- a. Represent and co-ordinate the views, aims and policies of surgeons practising in UK and Ireland.
- b. Provide a forum to debate issues pertinent to members.
- c. Advance, promote and protect the highest standards of practice of surgery in the best interest of patients by working with relevant authorities.
- d. Provide specialist advice to all four Surgical Royal Colleges.
- e. Provide a unique source of unbiased specialist advise on surgical matters to the Health Departments of UK and Ireland, and to health departments around the world.

2. In practice, what does this actually mean. I believe that:

- a. The Surgical Forum is now a well-established meeting and recently have covered topics ranging from training issues to diversity, bullying and harassment that, unfortunately, still persist in our area of work. The Surgical Forum is a meeting co-hosted by FSSA and one of the Royal Colleges, with representation from the SSAs (President & trainee representatives), Royal Colleges (President, Vice-President and CEO), ASiT and chairs of the Intercollegiate Committee for Basic Surgical Examinations, Joint Committee on Intercollegiate Examinations and Joint Committee for Surgical Training.
- b. As we are separate to all the Surgical Colleges, we can voice opinions that are independent. I am pleased to say that our relationship with the Colleges are excellent and, as shown above, we meet with them regularly, but also I, as President, attend RCSEng Council, have recently started to attend some of the RCSEd Council meetings and have been invited by RCPSPG and RCSI to attend part of theirs.



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- c. This means there are occasions when the FSSA are approached by the Colleges to help. The most recent example was during the recent pandemic, when the FSSA was tasked with drawing up a way to prioritise patients waiting for surgery.
- d. We can, and do, provide specialist advice on request. As I am sure you are all aware, there is major discussions going on about the role of PA's and the EST. To help with this, the FSSA have been approached to ask each member SSA provide thoughts from each association.
- e. At present, the FSSA with support from each College, is performing a large piece of work called "Improving Working Lives of Surgeons" (IWOLS). I think everyone reading this is aware of the difficulties of being a surgeon in the present NHS and this piece of work, we hope, will help a surgeon plan their lives during the various stages of their career. To this end, the past FSSA President (Professor Duncan Summerton) and I have held meetings with NHSE and have the next one planned in May, this time with the Presidents of Royal Colleges of England, Edinburgh and Glasgow. We are looking at working practice not only within the NHS but industries outside to see what we can learn. I look forward to this piece of work being released and I will ask all SSA leads to make sure their members have direct access to it.
- f. There are others areas where, by meeting other SSA's, we can support each other. These include:
  - i. Bringing areas of good practice within one SSA to see if other SSA's can adapt rather than reinventing the wheel.
  - ii. Bringing up concerns within each SSA to see if other SSA's can advise, either because they've been through them or have already discussed them.
  - iii. Ask members to attend/support meetings in their own association.
- g. We can release statements on behalf of all surgeons. An example of this happened just last week when, after the Health Secretary and CEO of NHSE proposed a change in mental health support for NHS workers in secondary care settings. Within forty-eight hours, with agreement of all SSA's, the FSSA sent a letter to Victoria Atkins and Amanda Pritchard which voiced our strong objection to this change. As you may be aware, the proposed change has been 'postponed' for at least twelve months, and I received a letter from Amanda Pritchard last Friday night accepting our (and others) concerns.

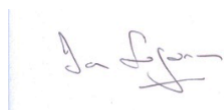
I hope, by reading this document, you get a feel for what the FSSA is about, and my hope is to contact you all every few months, via your SSA's, to keep you up-to-date with issues we are all facing and how the FSSA is responding to these. Please feel free to contact me



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directly if you believe there are matters that the FSSA should be dealing with and how we can best support surgeons moving forward.

With best wishes.



Ian Sugarman

President, Federation of Surgical Specialty Associations (FSSA)

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Table 1. FSSA Members

<b>Surgical Specialty Associations (SSA)</b>		
Association of Surgeons of Great Britain and Ireland	ASGBI	Professor Gill Tierney
British Association of Oral and Maxillofacial Surgeons	BAOMS	Professor Peter Brennan
British Association of Paediatric Surgeons	BAPS	Mr Sean Marven
British Association of Plastic, Reconstructive and Aesthetic Surgeons	BAPRAS	Mr Mani Ragbir
British Association of Urological Surgeons	BAUS	Ms Jo Cresswell
British Orthopaedic Association	BOA	Mr Mark Bowditch
Ear Nose and Throat UK	ENT-UK	Ms Helen Cocks
Society for Cardiothoracic Surgery in Great Britain and Ireland	SCTS	Mr Narain Moorjani (FSSA Vice President)
Society of British Neurological Surgeons	SBNS	Professor Peter Whitfield.
Vascular Society of Great Britain and Ireland	VSGBI	Mr Andrew Garnham
<b>Non-voting invited members</b>		
UK Ministry of Defence Surgeons	MoD	Colonel Professor Linda Orr
Association of Anaesthetists	AoA	Dr Matthew Davies

