Royal College of Surgeons of England
ADVANCING SURGICAL CARE

Dr Julian Morris
Senior Coroner, London Inner South
London Inner South
Southwark Coroners Court
1 Tennis Street
London SE1 1YD

By email: [redacted]

12 December 2024

Dear Dr Morris,

Thank you for providing us with your Prevention of Future Deaths Report following the tragic death of Lacey Brookman. We are deeply saddened to read about the circumstances of her passing and extend our deepest condolences to her family at this difficult time.

The senior Officers of the Royal College of Surgeons of England have carefully considered your report, alongside those senior surgeons and staff involved in setting the surgical curricula, and our education and policy departments. Our belief is that early formal clinical examination and adjunctive investigations of abdominal ultrasound +/- abdominal CT scan, in cases of doubt, would have aided early diagnosis of this problem, as noted in your report.

As you highlight, retrocaecal appendicitis is not a rare presentation. Within the postgraduate Intercollegiate Surgical Curriculum Programme, its diagnosis and management are addressed through the Core Surgery, Paediatric Surgery and General Surgery curricula, as part of the focus on acute appendicitis and acute abdominal conditions. The condition therefore forms part of the syllabus of the Intercollegiate MRCS and FRCS (Gen Surg) & (Paed Surg) examinations. While we believe current curricula coverage is adequate, we recognise the importance of continually reviewing our curricula and we have shared your report with our Specialty Advisory Committee Chairs for their consideration during upcoming curricula reviews.

The curriculum refers to that followed by surgeons in training, with a national training number to acquire a Certificate of Completion of Training (CCT), and those on the specialist register via the CESR / portfolio pathways. It should be noted that not all surgical doctors are on training pathways or following a specific curriculum, and that not all Consultants employed as such by the NHS are currently on the specialist register, and therefore will have variable experience and

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training, not formally assessed by the Royal Surgical Colleges' Joint Committee for Surgical Training (JCST). For these doctors the local employers would be responsible for ensuring their employees have the knowledge, skills and behaviour required to practice surgery at their grade/level of employment.

The out of hours provision of paediatric radiology services, particularly ultrasound, is a service availability and quality matter, determined by local Trusts/ICB's. It is not provided by surgeons in any point of their training or curriculum, and advice from the Royal College of Radiologists might be sought. An NCEPOD review may also help determine the current risks and requirements for a safe paediatric radiology service going forwards.

Our education team has also reviewed your report and they are now exploring whether we can explicitly refer to retrocaecal appendicitis. Specifically, we are reviewing the content of the Care of the Critically Ill Surgical Patient (CCRISP) and the Clinical Skills in Emergency Surgery courses. The updated version of CCRISP is scheduled for launch in 2025, while the Clinical Skills in Emergency Surgery course is in the early stages of redevelopment.

This case has been forwarded to the Programme Director of the Confidential Reporting System for Surgery (CORESS) and will be published as an anonymised educational Surgical Safety vignette in the Annals of the Royal College of Surgeons of England, and in Surgeons' News, the Journal of the Royal College of Surgeons of Edinburgh, ensuring its dispersal to a wide surgical audience. The case will also be discussed with the Surgical Safety Lead of NHSE.

We hope our organisation's response demonstrates our commitment to learning from this case and improving surgical training and education to support patient care. We would be happy to discuss our response further or provide additional information if required.

Yours sincerely,

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Chief Executive

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