I have just read the information about the role of the Commission.

As I am retired (formerly an orthopaedic surgeon), I do not feel qualified to comment on some of the detailed points they will consider; but I would like to make the following comments about 'surgeons in the future' relevant to the 'role' of the surgeon. So maybe they might come under the heading of 'training':

1. The role of the surgeon is, and I think will always be, to **treat individual patients** (who all have individual needs). It is **not** to treat 'diagnoses' according to protocols. They must not be allowed to become 'technicians'; but must remain 'clinicians' – able to make 'judgements' relevant to the particular circumstances of the individual patient before them.
2. It is important that **all** trainees should have a grounding in 'surgery in general' – particularly in the care of 'emergencies' – **before** training in any particular specialty. (If they treat 'emergencies' (particularly trauma cases), patients do not come 'through the front door' with a 'label' – and may not be able to give a history if unconscious. Also, if they work abroad in poorer countries with less well-developed health care systems, they will need to be able to adapt to deal with **all types** of surgical cases).
3. In spite of the advances in 'technology' (including all varieties of 'scans'), there will still be a need to take a good 'history' (which should identify that individual's circumstances and 'needs'). And there will always be a need for proper **clinical examination** Including the ability to detect small variations in muscle tone – or 'spasm' – which may not 'show up' on scans.

In summary, although robots are becoming increasingly 'clever' in what they can do, they must not be allowed to 'take over' from the 'human touch' of the surgeon and the 'human needs' of the patient!

I hope you can put my thoughts before the Commission.

Best wishes
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