

A personal Tribute to a College Personality by Friends of Millbank
Colonel (retd) Peter Roberts CBE SM MS FRCS L/RAMC (1940 – 2017)
Emeritus Professor of Military Surgery¹



Colonel Peter Roberts L/RAMC, Emeritus Professor of Military Surgery

¹ **Chairman's note (25 May 2020):** My thanks to Colonel (retd) Jim Ryan L/RAMC, predecessor to Peter Roberts as Professor of Military Surgery, for his help with this Tribute and for supporting our College Personalities project.

Chairman's introduction

My first memory of Peter Roberts is from 1994, when he succeeded Jim Ryan to become the last single Service Joint Professor of Military Surgery at the Royal College of Surgeons of England and the Royal Army Medical College. I grew to admire and respect him greatly, and deeply appreciated his guiding spirit, his humour and his friendship. He faced unique challenges and played a seminal role in catalysing innovation and reform of the Defence Medical Services, driven by his passion to continually improve the standard of care of trauma victims worldwide. His legacy persists in the ethos of the organisations that he helped found and nurture in both military and civilian spheres.

The historical context

The late 1990s were tumultuous and challenging for the Defence Medical Services, their very existence under threat, yet this nadir was to prove the validity of Barry Posen's hypothesis in his seminal work on military innovation theory, how an organisation facing defeat can be spurred to innovate.²

At the end of the Cold War (1990) there were 14 British military hospitals still in existence, and the three Services had their own separate centres of academia and clinical excellence, not least the Royal Army Medical College at Millbank. The post-Cold War peace dividend cuts of the 1994 Defence Cost Studies, particularly DCS 15 (*Front Line First*) which direly affected the medical services, caused drastic restructuring. There was wholesale closure of military hospitals, with the sole survivor in the UK, the Royal Hospital Haslar, becoming tri-service. Military clinicians were dispersed into five small Ministry of Defence Hospital Units (MDHUs) within NHS hospitals. Unsurprisingly, many experienced personnel left and there was a huge drop in morale and corporate knowledge. By 1997, the House of Commons Defence Committee questioned whether the DMS could even continue to exist, and concluded that it would be unable to respond to the demands of a new conflict.³

Faced with this existential challenge, the DMS innovated, under the leadership of the remaining cadre of hospital consultants and academic professors. It was decided to partner military healthcare even closer with the NHS, to close Haslar, and to open a centre of academic military

² Posen, B. R. (1984). *The Sources of Military Doctrine: France, Britain and Germany between the Wars*. Ithaca NY: Cornell University Press, p. 47.

³ House of Commons Defence Committee. (1999). Seventh Report. The Strategic Defence Review: Defence Medical Services - Background. The Stationery Office: London.

medicine at a leading university hospital – this becoming the Royal Centre for Defence Medicine in Birmingham.⁴ Just in time for 9/11, and the casualty load from the conflicts in Iraq and Afghanistan.⁵

It was against this background that Peter Roberts came to the fore.



Peter Roberts on Operation TELIC, 2003

⁴ Jenkins, I. The changing world of military health care *J R Naval Medical Service*, 2004;90(3):153-158.

⁵ Vassallo, David 'A brief history of Operations TELIC and HERRICK' Available online at www.friendsofmillbank.org/the-defence-medical-services-in-war

A tribute by Jim Ryan,⁶ with added footnotes

Peter Roberts had a stellar career as a soldier, surgeon and scientist. He was a technical master as a general and vascular surgeon and operated with deftness of hand and great delicacy that few could match; he was also a superb teacher both in the operating theatre and at the bedside, and many younger surgical colleagues will remember him in awe and admiration and with gratitude.

He was Emeritus Professor of Military Surgery, the Royal College of Surgeons of England. Formerly, he was consultant surgeon and Professor of Military Surgery, RAMC. He was the last single Service Joint Professor of Military Surgery at the Royal College of Surgeons of England and the Royal Army Medical College. He was also Consultant Advisor in Surgery to the Directors General, Army Medical Services and Advisor on war trauma research to the Surgeons General and DSTL, Porton Down. He was a founder member of Trauma Care (formerly Trauma Care UK) in 1996, the largest Trauma Charity in the United Kingdom, still going strong in 2020.⁷ He was a founder member of the Conflict and Catastrophe Faculty, Worshipful Society of Apothecaries, in 2004 and taught and examined for that Society's Diploma in The Medical Care of Catastrophes in the United Kingdom, The United States and the Netherlands for many years.⁸

He was a founding Convenor of the Definitive Surgical Trauma Skills (DSTS) course of the Royal College of Surgeons of England in the late 1990s and taught on that course until 2012. The DSTS is a unique international civil/military initiative taught in London with Faculty from the UK, USA, France, Germany and the Netherlands.⁹ He also taught and demonstrated on two related courses at RCS England. These were the Military Operational Surgical Training (MOST) Course, founded in 2009, which trains the complete surgical theatre team and prepares them for the

⁶ Ryan J. Obituary – Colonel (ret'd) Peter Roberts. *J Roy Army Med Corps* 2017;163(3):154

⁷ Trauma Care was founded to address the need for commonly agreed standards of best clinical practice in the management of trauma. It aims to improve the outcome of the trauma victim by establishing best practice throughout the *whole* chain of care, achieving this through education, research and publishing. Membership is open to all medical disciplines involved in care of trauma victims from the moment of injury, to the return to active life.
www.traumacare.org.uk

⁸ Diploma in the Medical Care of Catastrophes www.apothecaries.org/diploma-in-the-medical-care-of-catastrophes

⁹ Definitive Surgical Trauma Skills course www.rcseng.ac.uk/education-and-exams/courses/search/definitive-surgical-trauma-skills-dsts

battlefield environment,¹⁰ and the Surgical Trauma for the Austere Environment (STAE) Course, which prepares civilian surgeons for deployment in hostile and austere environments.¹¹

He was a Council Member on the Catastrophes and Conflict Forum at the Royal Society of Medicine. He has served on the Council, Association of Surgeons of Great Britain and Ireland (ASGBI) as the military representative. He was an Honorary Lecturer in Surgery, Uniformed Services University of The Health Sciences, Washington, USA. He has been President of The Military Surgical Society. He was External Examiner and Clinical Teacher for the Conflict and Catastrophe intercalated BSc module at St George's University of London.

His accolades included: McCombe Memorial Lecturer, Royal College of Surgeons of Edinburgh; Mitchiner Medallist, Royal College of Surgeons of England and Mitchiner Lecturer, Defence Medical Services. Internationally he was the recipient of the Michael E DeBakey International Military Surgeons Award from the USA, and the Southern Cross Medal by the President of the Republic of South Africa. He was appointed MBE in 1984 following service in the Falkland Islands, and CBE in 2003.

He wrote and edited military trauma manuals for, amongst others, Battlefield Advanced Trauma Life Support and field surgery; contributed to numerous pamphlets and book chapters on the subject of battlefield and related trauma, and has written extensively about doctrinal aspects of surgery in the field. He was the editor and principal contributor of The British Military Surgery Pocket book (British Army Publication, 2004 edition).

During his military career he undertook many operational deployments, variously as surgeon and Command Surgeon, to Northern Ireland, the Falkland Islands, Bosnia, Macedonia, Kosovo, Afghanistan and the Gulf in both 1991 and 2003.

Peter Roberts cared passionately about improving the quality of care available to the victims of trauma, especially torso trauma. He was even more passionate about improving further the already excellent standard of care given to soldiers injured on military operations. It was during his time as Professor of Military Surgery that he introduced QuikClot, a then unique haemostatic agent, to the UK to help reduce deaths from exsanguinating haemorrhage and directed the UK military's fledgling research into the haemostatic agents that today's field medics take for granted.

¹⁰ Woolley T, Round JA, Ingram M. Global lessons: developing military trauma care and lessons for civilian practice *Prehospital Care* 2017;119(Supplement 1):135-142 (This article describes the MOST course in detail) [www.bjanaesthesia.org.uk/article/S0007-0912\(17\)54124-0/fulltext](http://www.bjanaesthesia.org.uk/article/S0007-0912(17)54124-0/fulltext)

¹¹ Surgical Trauma for the Austere Environment course www.rcseng.ac.uk/education-and-exams/courses/search/surgical-training-for-austere-environments-stae

A great surgeon, a caring officer and a committed clinical scientist, he will always remain in our memory.



Detail, from painting of BATLS & BARTS Specialist Training Team,¹² October 1997

(By Richard Coleman, www.caricature.co.uk/group-caricatures)

Further tribute by Colonel David Rew L/RAMC

(Extract from: Lives of Fellows of the Royal College of Surgeons of England)¹³

The bald facts of Peter Roberts' career do not do justice to the extent of his avuncular influence and leadership of the specialist cohort of UK general surgeons in regular and reserve military service of his era. These surgeons and their anaesthetic and nursing colleagues collectively made a profound contribution to the modernisation of military surgical trauma care and to the evolution of the modern NHS trauma service from lessons learned through operations in the Gulf, Bosnia, Iraq and Afghanistan. Peter was often to be unexpectedly found in officers' messes and in less comfortable surroundings around the globe, dispensing wisdom, operational experience and anecdotes to his junior colleagues

He died on 11 March 2017 of metastatic lung cancer. He was 76. Peter's funeral and celebration of his life was held at the Royal Garrison Church of All Saints, Aldershot, with his extended family and many friends and former colleagues from his five decades of military medical service.

¹² BATLS: Battlefield Advanced Trauma Life Support; BARTS: Battlefield Advanced Resuscitation Techniques and Skills

¹³ Lives of Fellows of the Royal College of Surgeons of England – Peter Roberts
https://livesonline.rcseng.ac.uk/client/en_GB/lives/search/results?qu=Peter+roberts&te=ASSET

Select Memories of a life well spent

The Old Man: The Early Years

Peter Roberts was born at the height of the Manchester blitz on 20 December 1940. His parents were George and Edith Roberts. Edith Roberts died when Peter was 9 months old. George re-married, and Peter was brought up by his uncle and aunt, Bob and Annie Roberts along with their daughter Joyce. They recognised his potential and encouraged him to pursue his dreams. Peter always affectionately referred to them as his mother, father and sister. He attended Manchester Central Grammar School where he was noted for being very studious and was head boy in his final year. During that time Peter was a member of the Boys' Brigade, sang in the choir of Christ Church, where he was also the crucifer. His ambition at this point was to be a pilot in the RAF. However, he was unable to pursue this but gained good 'A' levels and a place at the London Hospital to read Medicine. On 6 May 1965 he qualified as a doctor and progressed up the medical ladder, setting his sights on surgery. He completed his surgical training at Whipps Cross Hospital, London and in 1969, joined the Royal Army Medical Corp. He left the army soon after a tour in Malaya, with one son at home, the draw of the family was too great. After a decade in the NHS, he returned to the military and never looked back.

A tribute from Peter's sons

PROFESSORS OF MILITARY SURGERY			
SIR T. LONGMORE	1860 - 1891	P.R.WHEATLEY	1959-1960
C.HY. GODWIN	1891 - 1892	J.C.WATTS	1960-1964
W.F.STEVENSON	1892 - 1905	J.M.MATHESON	1964-1967
C.G.SPENCE	1905 - 1910	S.H.JANIKOUN	1967-1969
E.W.PILCHER	1910 - 1920	LM.CRAN	1969-1970
J.W.WEST	1920 - 1924	W.C.MOFFAT	1970-1975
G.DE LA COUR	1924 - 1927	M.S.OWEN SMITH	1975 - 1981
J.M.WEDDELL	1928 - 1932	R.SCOTT	1981-1985
J.W.WEST	1932 - 1935	LR.HAYWOOD	1985-1990
J.M.WEDDELL	1935 - 1939	J.M.RYAN	1990-1994
B.BIGGAR	1939 - 1940	P.ROBERTS	1994
D.C.MONRO	1940		
J.M.WEDDELL	1940-1943		
D.C.MONRO	1943 - 1945		
D.FETTES	1945 - 1948		
A.G.D.WHYTE	1956 - 1959		

Professor of Military Surgery, 1994



Definitive Surgical Trauma Skills course (The years between)



The Dining out of Peter Roberts

Select Bibliography

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2. Roberts, P. Classic Papers – Treatment of Wounds from Fire Trench to Field Ambulance. Commentary. J Roy Army Med Corps 2001;147:229-235.
3. HOSPEX: A historical view and the need for change. Cox C, Roberts P. JRAMC 2008;