

**MEETING OF THE SPECIALTY ADVISORY COMMITTEE
ANAESTHETICS
TUESDAY 1 OCTOBER 2002
2.15PM - 5.00PM
ROOM C3.18, CASTLE BUILDINGS**

AGENDA	PAPERS
1. Welcome/Apologies	
2. Minutes of the last meeting	1/02
3. Workforce Planning	2/02
• SHO Modernisation	
4. Best Practice Best Care (filed at back)	3/02
5. Future arrangements for CESDI and CEMD	4/02
6. Developing Better Services (filed at back)	5/02
7. Consent to Examination or Treatment	6/02
8. Audit of Special Advisory Committee	7/02
9. Paediatric Surgery	
10. Membership of Hospital Services Sub-Committee	8/02
11. Any Other Business	
Items for Information	
• Human Organs Inquiry	9/02
• Review of Trauma	10/02
• Children's Attendance at a Minor Injury/Illness Service (MIS)	11/02
• Membership of SAC Anaesthetics	12/02

**MEETING OF THE SPECIAL ADVISORY COMMITTEE ANAESTHETICS
TUESDAY 1 OCTOBER 2002 AT 2.15 - 5.00 PM
ROOM C3.18, CASTLE BUILDINGS, STORMONT**

PRESENT:

Dr P Elliott
Dr I Orr
Dr D M McAuley
Dr C McAllister
Dr C McLoughlin
Dr C Watters

DEPARTMENT

Dr I Carson (Chairman)
Dr M Boyle
Dr P Woods

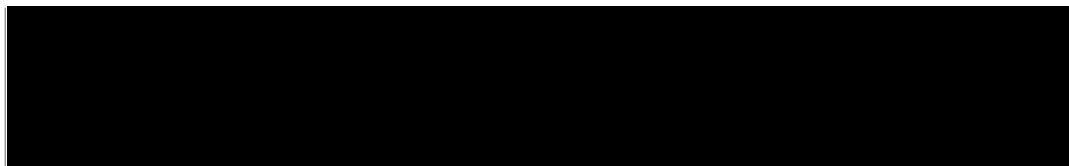
DsPH /REPRESENTATIVES

Dr D Corrigan
Dr C Hamilton
Dr A Mairs
Dr D Stewart

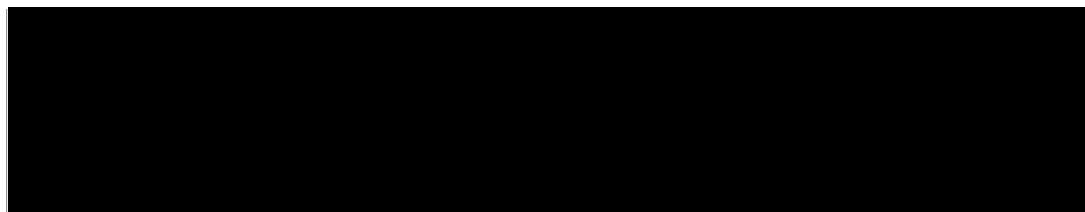
IN ATTENDANCE

Mr D Finegan

1. WELCOME/APOLOGIES



2. MINUTES OF THE LAST MEETING – PAPER 1/02



3. MEDICAL STAFFING AND DEVELOPMENT- PAPER 2/02

• SHO Modernisation

Dr Woods introduced this item by reminding members that the committee had recommended there should be an additional 10 specialist registrar and 12 SHO

posts established in 2002. In the event, resources have been sufficient to establish 5 additional SHO posts, taking account of the committee's view that increasing the numbers in this grade should be given priority. He reported that there were now 162 consultants in post an increase of 9 from the previous year but there remained 8 vacant posts. Specialist registrars numbered 46 and there were 34 SHOs. Taking account of retirement at 60 and a target consultant body of 200 he estimated a specialist registrar requirement of 69 and an SHO complement of 35. He concluded by seeking the committee's advice on the proposal that at least 4 additional specialist registrar posts are established in the incoming year.

In response members raised the following points:

- an additional 4 posts were wholly inadequate, a figure of 15 would be more appropriate;
- there was a need to differentiate between anaesthetics and intensive care consultants, although not in a position to provide this breakdown at present it was felt they could provide some advice prior to the HSSC meeting in January;
- other sub specialist areas such as paediatric anaesthetics needed to be considered;
- current vacancies always represented an under estimate; and
- the female workforce in this speciality was increasing markedly and allowance had to be made for part time working and maternity leave.

Unfinished Business: - The Report on Reform of the SHO Grade

Introducing this Item, Dr Woods outlined the proposals within the Report which were based on five principles;

- Training in the SHO Grade should be programmed based;
- That it should be broadly based initially;
- That it should be time limited;
- There should be some allowance for individual circumstances;
- There should be facilitation of movement out of and between training programmes.

In broad terms, he considered that many of the proposals could be considered best practice in training. However, there were some more radical proposals namely:

- A two-year Foundation Programme which would incorporate the current PRHO Year;
- A basic Specialist Training Programme of two to three years duration;
- Additional responsibilities for Post-Graduate Deans;
- Proposals that have wider ramifications including “run-through programmes”;
- A shorter CCST Programme and implications for non-consultant career grades.

Responding members commented that what was proposed in the documents mimic largely what happened in the anaesthetics programme currently organised. They cautioned against a “run through” grade as experience pointed towards the value of having a competitive hurdle at some point in the training programme. They felt that what was envisaged in the document was similar to practice in any European countries where any practitioners worked under supervision rather than the UK basis where fully trained practitioners were capable of independent practice.

4. BEST PRACTICE BEST CARE – PAPER 3/02

Dr Carson outlined the core elements of the report, “*Best Practice – Best Care*”

He said that the HPSS Quality, and Improvement Regulation Bill had been cleared by the Executive and had passed through the first and second reading stages. It was anticipated that implementation of the arrangements arising from “Best Practice- Best Care” would be in place by April 2003.

5. FUTURE ARRANGEMENT FOR CESDI AND CEMD – PAPER 4/02

Dr Boyle introduced the items saying that all of the confidential enquiries are now within the remit of NICE. Also, from 1 April 2003 CESDI and CEMD will merge to form the Confidential Enquiry into Maternal and Child Health (CEMACH). The new Chief Executive appointed to run this joint enquiry has visited Northern Ireland to see how we might relate to CEMACH. Discussions are ongoing regarding the formal arrangements between Northern Ireland and NICE. In the meantime current reporting mechanisms will continue as before.

Dr Boyle asked if those involved in completing maternal death enquiry forms could do so promptly as it was taking up to two years to have a completed form returned to the Department.

6. DEVELOPING BETTER SERVICES – PAPER 5/02

Mr Finegan outlined the background to, and summarised the content of, the consultation paper, "Developing Better Services - Modernising Hospitals and Reforming Structures". The Executive had agreed the paper should issue as a basis for consultation. The consultation will end on 31 October 2002.

The responses to the consultation will be considered by the Minister who will then put her final proposals to the Executive for consideration. It is hoped that final decisions on modernising hospital services will be reached before the end of the year. Further consultation will be required before decisions are taken on any changes to HPSS administrative structures.

7. CONSENT TO EXAMINATION ON TREATMENT – PAPER 6/02

Dr Mark advised members that the Department is developing new guidance on consent. It is based on work developed in England for the NHS but will be adapted to reflect our integrated health and social care. The consultation exercise on "Guidance on Consent to Examination on Treatment" was launched by Minister on 25 June 2002. The consultation period ended 30 September. It is intended that the guidance will be issued to the HPSS early next year. A series of workshops for HPSS are also planned in February or March 2003.

8. AUDIT OF SPECIAL ADVISORY COMMITTEE – PAPER 7/02

The Department is conducting an audit on SAC's. Members were asked to complete the audit form and return to the Secretariat at the end of the meeting for evaluation.

9. PAEDIATRIC SURGERY

A letter from Mr Bateson, Surgeon in Altnagelvin, to the CMO, was tabled. In it he indicated that the volume of paediatric surgery going through the hospital does not allow each of the general surgeons to maintain their elective paediatric general surgical skills. Members were asked if maintenance of skills posed any problems for the anaesthetists.

In the Belfast City and Musgrave Park Hospitals children are admitted for OHN and orthopaedic surgery even though there is no on site medical paediatric cover. Dr Stewart said that these issues would be addressed in phase II of the RBHSC. In Craigavon Area Hospital up to 100 children require an anaesthetic each week thus providing adequate opportunity for maintenance of skills. In the Ulster Hospital some anaesthetists do not anaesthetise children, for example, those working in a specialist area such as pain relief.

10. MEMBERSHIP OF HOSPITAL SERVICES SUB-COMMITTEE – PAPER 8/02

Dr I Orr and Dr D McAuley were renominated for another term.

11. ANY OTHER BUSINESS

- **Disclosure of information**

Dr Carson said that this item had been included for information.

- **Review of corenors**

Dr Carson said that this item had been included for information.

There being no other business Dr Carson thanked everyone for their participation and closed the meeting.

NOVEMBER 2002