

**MEETING OF THE SPECIALIST ADVISORY COMMITTEE
ANAESTHETICS**

**TUESDAY 12 OCTOBER 2004
2:15 PM – 5:00 PM
C3.18, CASTLE BUILDINGS, BELFAST**

PRESENT

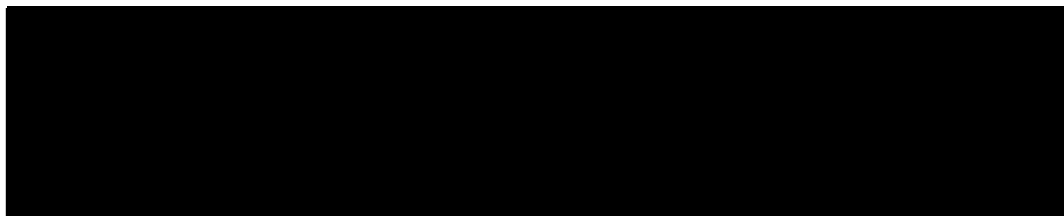
Dr P McSorley
Dr I Orr
Dr C Scott
Dr D Stewart

DEPARTMENT

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



1. WELCOME/APOLOGIES

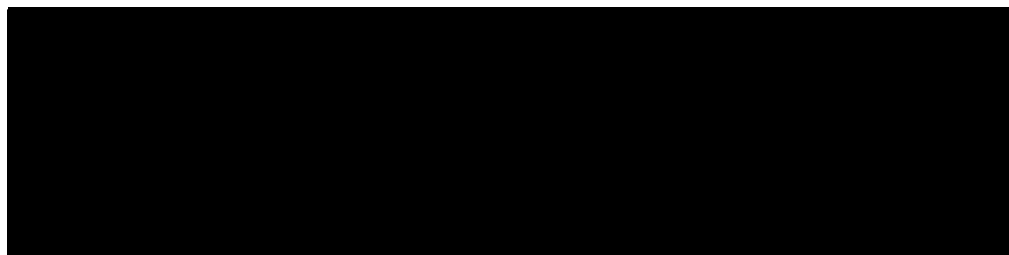


2. MINUTES OF THE MEETING HELD 14 OCTOBER 2003

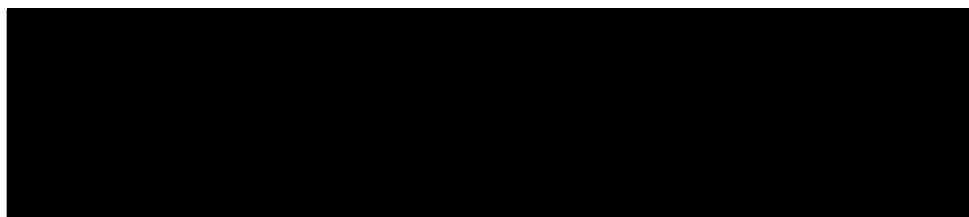


3. MATTERS ARISING

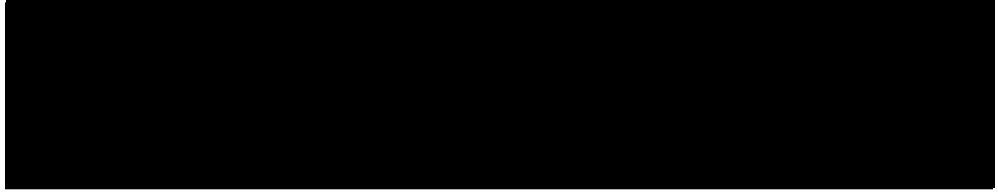
3.1 Chronic Pain Management



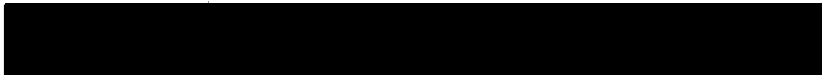
3.2 Community Midwifery Unit



3.3 Review of Renal Services



4. NEW REGIONAL STRATEGY FOR HEALTH AND WELLBEING



5. MEDICAL STAFFING AND DEVELOPMENT

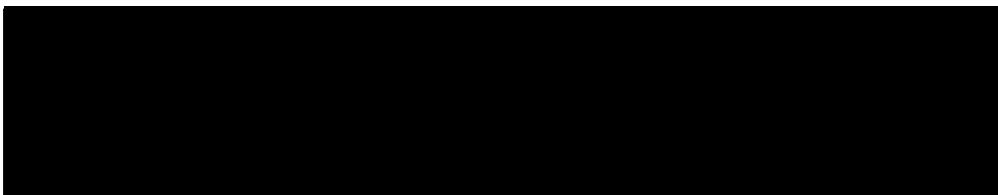
5.1 Consultant Medical Staffing

Consultant Staffing

Dr Woods reported that there were 170 consultants in post with 14 vacant consultant posts. There were 68 specialist registrars and 43 SHOs in post. Over the past year, 8 additional specialist registrar posts had been established. Based on a projection of 225 consultants providing 200 Whole Time Equivalents he had calculated a specialist registrar requirement of 81 and an SHO requirement of 45.

Members welcomed the increase in specialist registrars over the past year and advised of the need for a significant increase in the number of SHOs.

Intensive Care Medicine



5.2 Modernising Medical Careers

Dr Woods informed members that the most recent publication as part of the Modernising Medical Careers Agenda, *The Next Steps* set out in more detail the developments entailed in the Modernising Medical Careers Agenda. Specifically, the document set out the timing for the establishment of foundation programmes with UK medical graduates in 2005 entering these programmes which would be of 2 years duration. Foundation programmes would build largely on the current pre-registration house officer year with full registration after 1 year and the second foundation year would build on the current 1st year of SHO training. He stressed that this was but one of a series of developments

covering the totality of post-graduate medical training. All Royal Colleges were at present revising their specialist training programmes in line with the new arrangements and with a view to introducing 'run-through' programmes.

Dr Woods advised that, unlike many other specialties, there was not an excess of SHO posts in this specialty to contribute to possible F2 posts.

6. THE POLICY FRAMEWORK FOR REVALIDATION: A POSITION PAPER

Members were informed that *The Policy Framework for Revalidation: A Position Paper* (Paper 5/04) had been followed by two more papers available on the GMC website (www.gmc-uk.org). The most important document is the *Draft Consultation Document on Revalidation Process*. Members noted that the GMCs revalidation outlook has changed over the past few years. It has moved from being the responsibility of the GMC to that of the employer via a clinical and social care governance framework. The timetable and process for revalidation is now mapped out. Members were informed that the Department has close liaison with the GMC and that a series of meetings have been held. A GMC Roadshow is to be held shortly in Northern Ireland to which all doctors will be invited.

Members noted that the Department has put appraisal processes in place as required by the GMC. There is however no quality assurance of appraisal arrangements as Northern Ireland will have no external independent quality scrutiny of clinical and local governance until 2006. The Chairman recommended the e-bulletin facility on the GMC website (www.gmc-uk.org) as a useful information tool to be kept up to date on this and other issues.

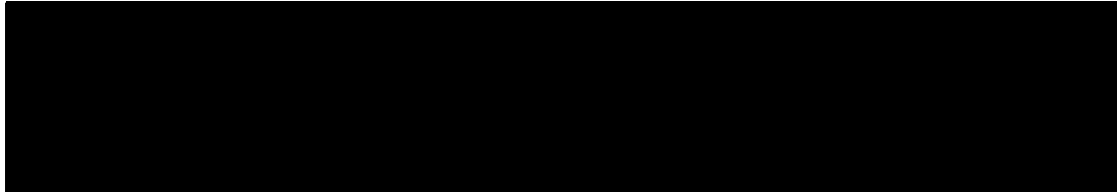
7. DEVELOPING BETTER SERVICES - IMPLEMENTATION

Mr Dean Sullivan provided members with a verbal update. Members were informed that implementation structures had been established at Board level. Progress has been made in Downpatrick with managed clinical networks being developed. Capital development has been funded and should be completed by December 2004 or January 2005. Members noted that facilitating change on the ground is difficult due to budget constraints as there are no funds for more personnel and existing personnel are getting busier.

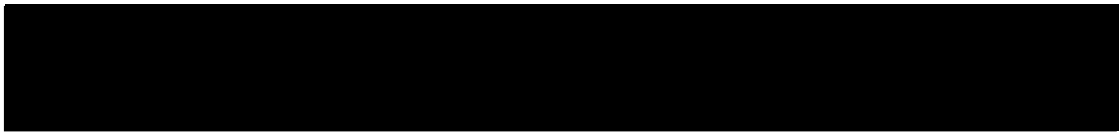
Mr Sullivan said there was a need to look at the long term provision of anaesthetic services as they are crucial to the implementation. Members were informed that DBS is looking at a standardised level of service for similar sized hospitals in Northern Ireland as currently they differ across the province. It was noted that services have to be at a level that can be sustained safely.

Members noted that new builds will not go ahead unless there are new ways of working to underpin if the staff required are available. In the past the limiting factor was the availability of capital. Members were informed that the publication of the Review of Public Administration is imminent.

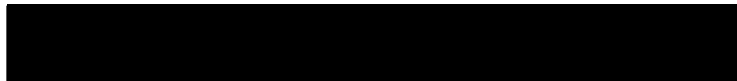
8. PACS PROJECT



9. PANDEMIC FLU



10. ITEMS FOR INFORMATION



11. ON GOING REVIEWS



12. ANY OTHER BUSINESS

