

**MINUTES OF THE SPECIALTY ADVISORY COMMITTEE
GENERAL SURGERY
10 DECEMBER 2002
2.15 PM – 5.00 PM
ROOM C3.18, CASTLE BUILDINGS**

PRESENT:

Mr P G Bateson
Mr C Bell
Mr B G Best
Mr I G Brown
Mr B Craig
Prof. C Campbell
Mr B Cranley
Mr T Diamond
Mr L J Fon
Mr D Gilroy
Mr R Hannon
Mr J Hood
Mr R Johnston
Mr A Leonard
Prof. D Marsh
Mr G Marshall
Mr F J Mullan
Mr J McClelland

DEPARTMENT

Dr H Campbell (Chairman)
Dr I Carson
Dr E Mitchell
Dr P Woods



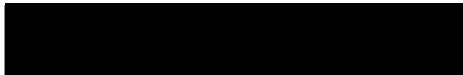
DsPH/Representatives

Dr D Corrigan
Dr C Hamilton
Dr J Little

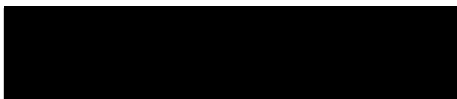
1. WELCOME/APOLOGIES



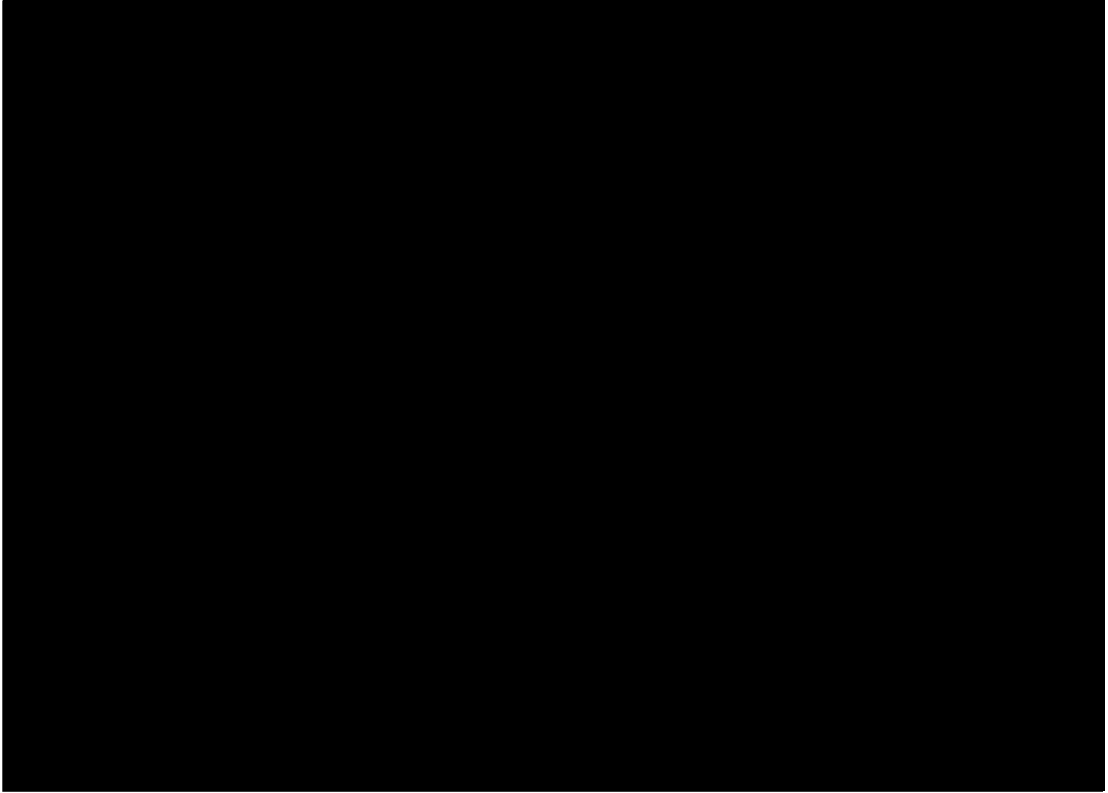
2. MINUTES OF THE PREVIOUS MEETING



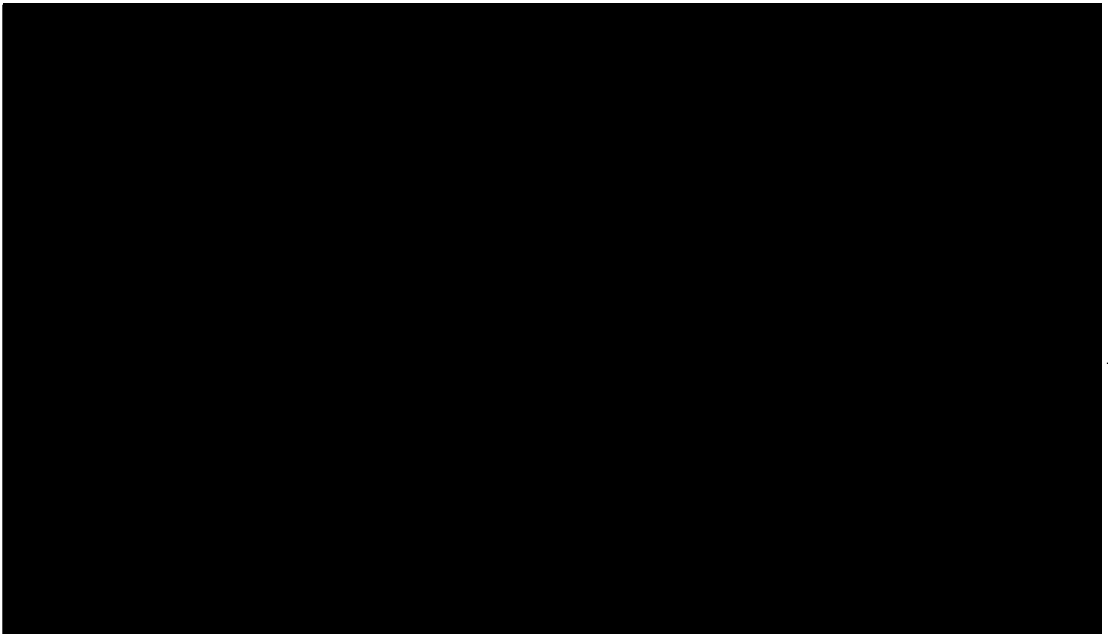
3. MATTERS ARISING



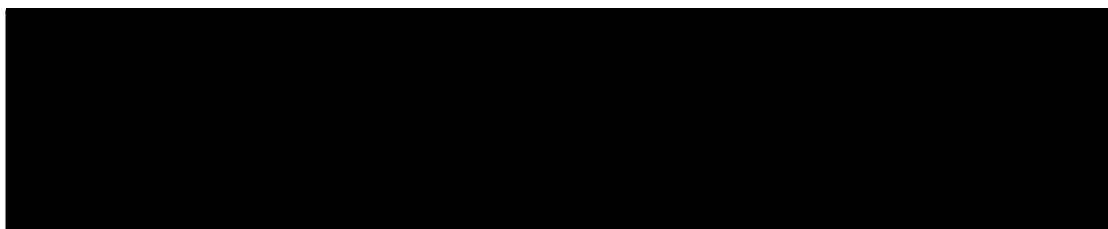
4. **WORKFORCE PLANNING**



UROLOGY



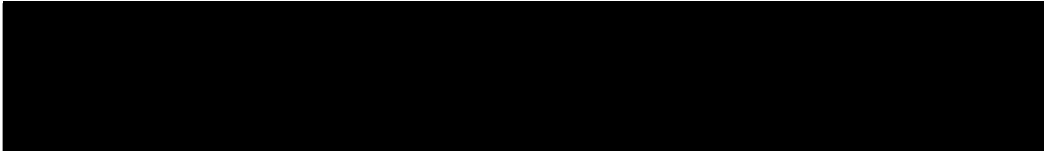
PLASTIC SURGERY



CARDIOTHORACIC SURGERY



NEUROSURGERY

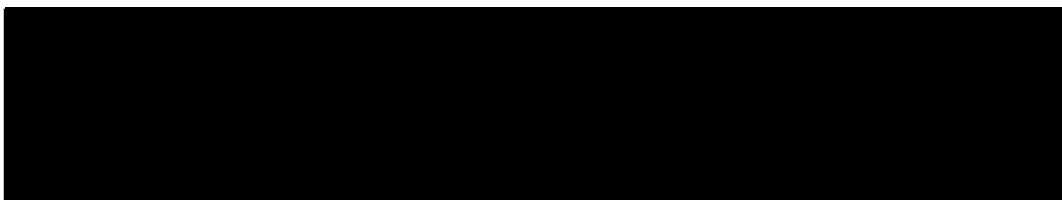


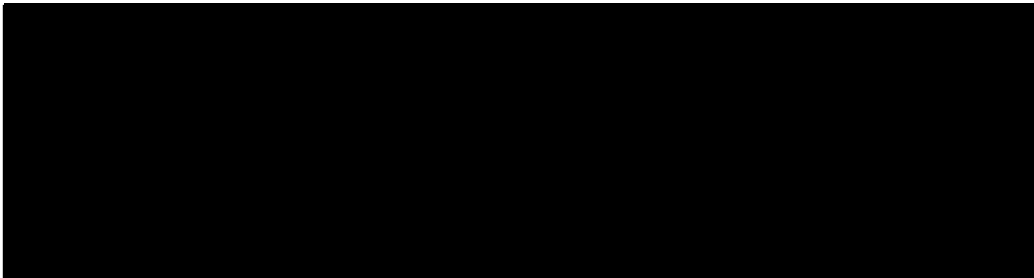
PAEDIATRIC SURGERY

There were 4 consultants in post, with reasonable indication of an increase to 5. To ensure the meeting of this increase and projected retirements would require an increase of numbers in training from 2 to 3. Such an additional post may avail general surgical trainees an opportunity to gain experience in paediatric surgery and subsequently become eligible for paediatric practice as consultant general surgeons.

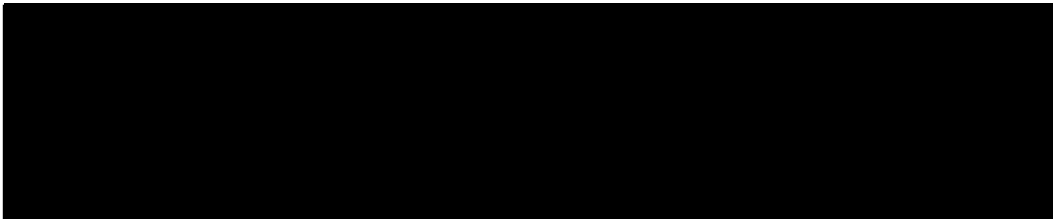
Commenting, members raised the point that the experience gained in a tertiary centre was of little value to those undertaking general surgery in children. They further advised that in light of an upcoming Coroner's case there was the potential that all general surgeons would withdraw from the surgical management of children.

ORTHOPAEDICS

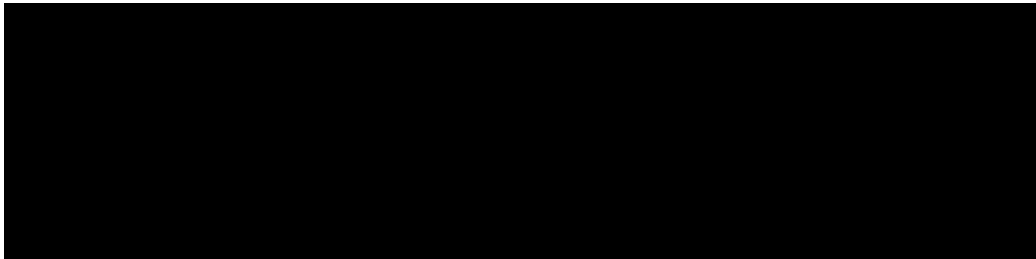




ACCIDENT AND EMERGENCY MEDICINE



- **COMMENTS ON THE REFORM OF THE SHO GRADE**



5. PAEDIATRIC GENERAL SURGICAL SERVICE

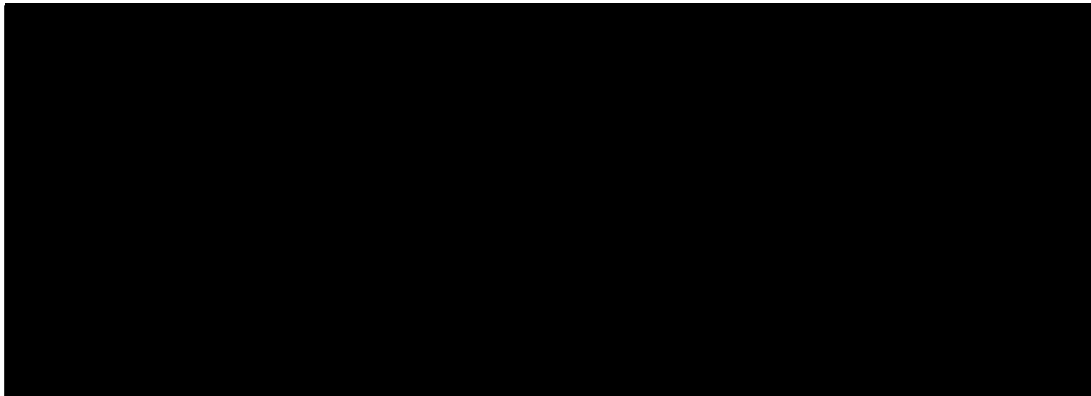
In the absence of Mr A Bailie the discussion was deferred until the JCHST Documents on training in the General Surgery of Childhood were published. It was hoped that a workshop would be organised to discuss the capacity of "DGH" type hospitals to meet the current guidance of Paediatric surgery.

Members discussed the survey of Paediatric surgery in Scotland and it was suggested that a similar survey should be carried out in Northern Ireland.

6. REVIEW OF TRAUMA



7. PLASTIC SURGERY AND BURNS SERVICE



8. CONSENT TO EXAMINATION OR TREATMENT

Dr Mitchell informed members that the consultation exercise on “Guidance on Consent to Examination or Treatment” had ended on 30th September 2002. It was intended to issue guidance to the HPSS in February and to hold a conference in March.

9. DEVELOPING BETTER SERVICES

CMO said that the new minister, Mr Des Browne was keen to move forward with decision-making on Acute Hospitals. It is hoped that decisions will be made by the end of January 2003

10. BEST PRACTICE BEST CARE

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. The Department has commenced work on standards and guidelines and it is planned the hold workshops in January/February 2003 at various locations around the province.

11. MEMBERSHIP OF HOSPITAL SERVICES SUB-COMMITTEE

Mr J McClelland and Mr B Craig were re-nominated for another term. Mr F J Mullan and Mr B G Best were nominated as a member and an alternate to replace Mr Stirling and Mr Lee. They accepted this role.

12. AUDIT OF SPECIAL ADVISORY COMMITTEES

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.

13. ANY OTHER BUSINESS

