

**MINUTES OF THE SPECIALTY ADVISORY COMMITTEE  
GENERAL SURGERY  
9 DECEMBER 2003  
2.15-5.00PM  
ROOM C3.18, CASTLE BUILDINGS**

**PRESENT:**

**DEPARMENT**

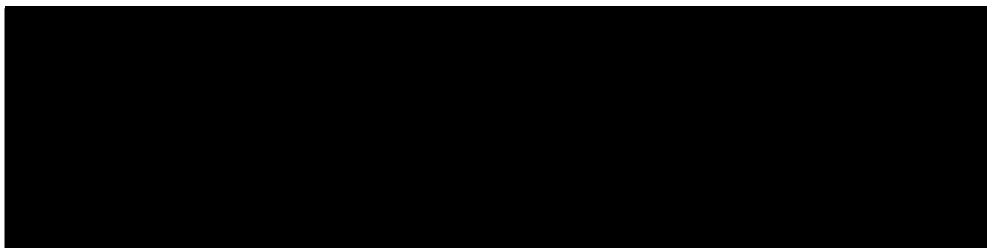
Mr A Bailie  
Mr J C Bell  
Mr B G Best  
Mr I G Brown  
Prof C Campbell  
Mr B Craig  
Mr B Cranley  
Mr T Diamond  
Mr D Gilroy  
Mr D Gordon  
Mr R Hannon  
Mr J Hood  
Dr M Jenkins  
Mr R Kernohan  
Mr E Mackle  
Prof D Marsh  
Mr G Marshall  
Mr J McClelland  
Mr F J Mullan  
Mr A R Wray

Dr I Carson (Chairman)  
Dr P Woods

**DPH Representatives**

Dr D Corrigan  
Dr J McCaul

**1. WELCOME/APOLOGIES**



**2. MINUTES OF THE PREVIOUS MEETING**



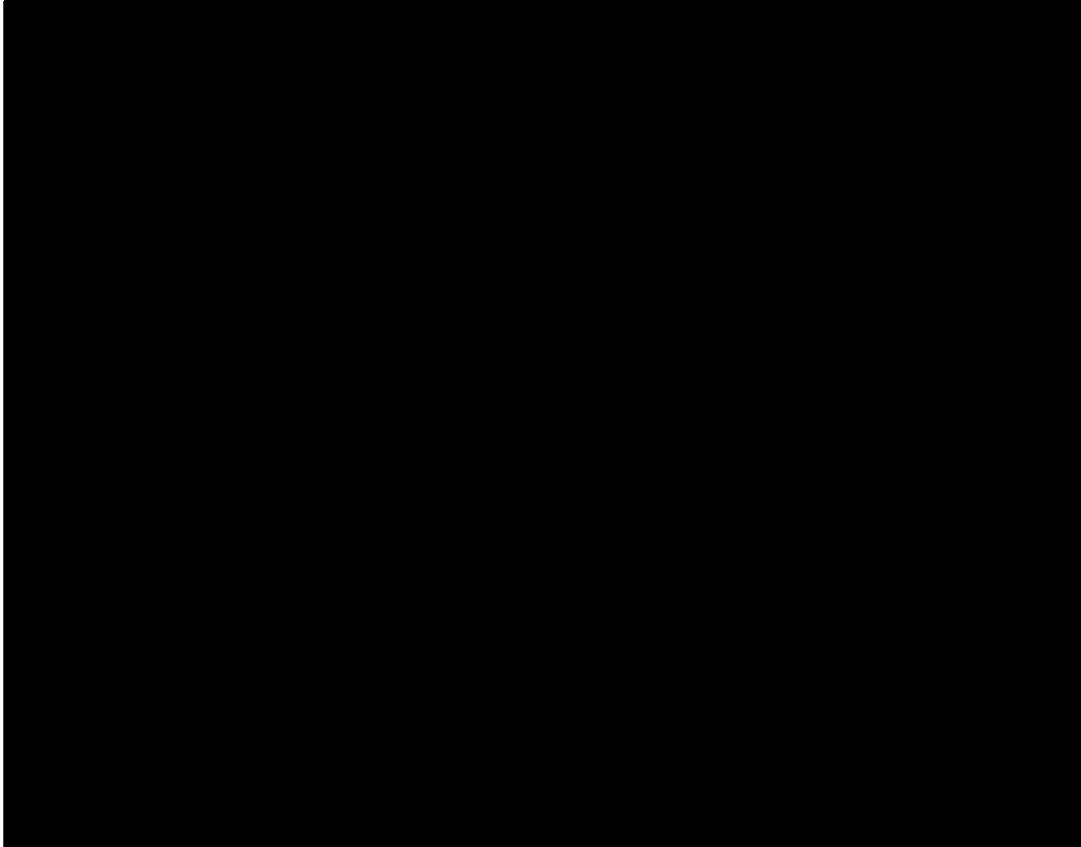
**3. MATTERS ARISING**



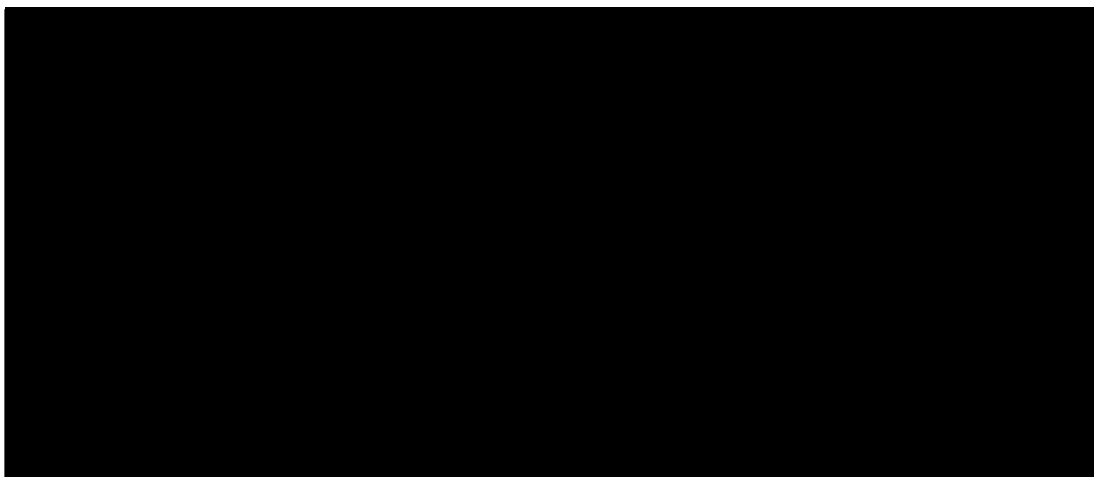
**4. WORKFORCE – MEDICAL STAFFING AND DEVELOPMENT**

**4.1 Consultant Medical Staffing**

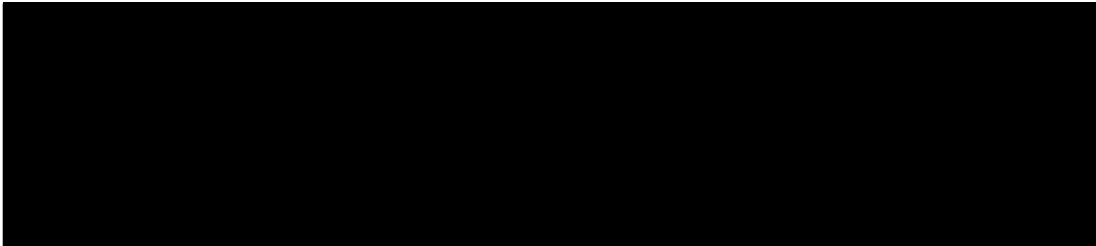
**General Surgery**



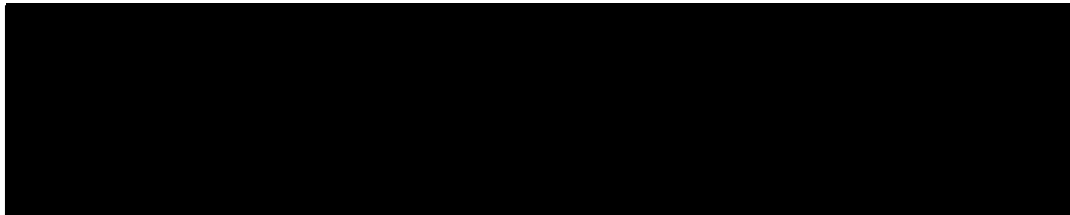
**Urology**



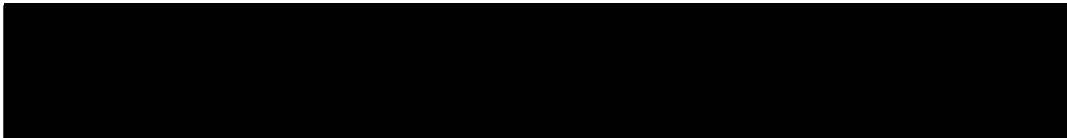
### **Plastic Surgery**



### **Cardiothoracic Surgery**



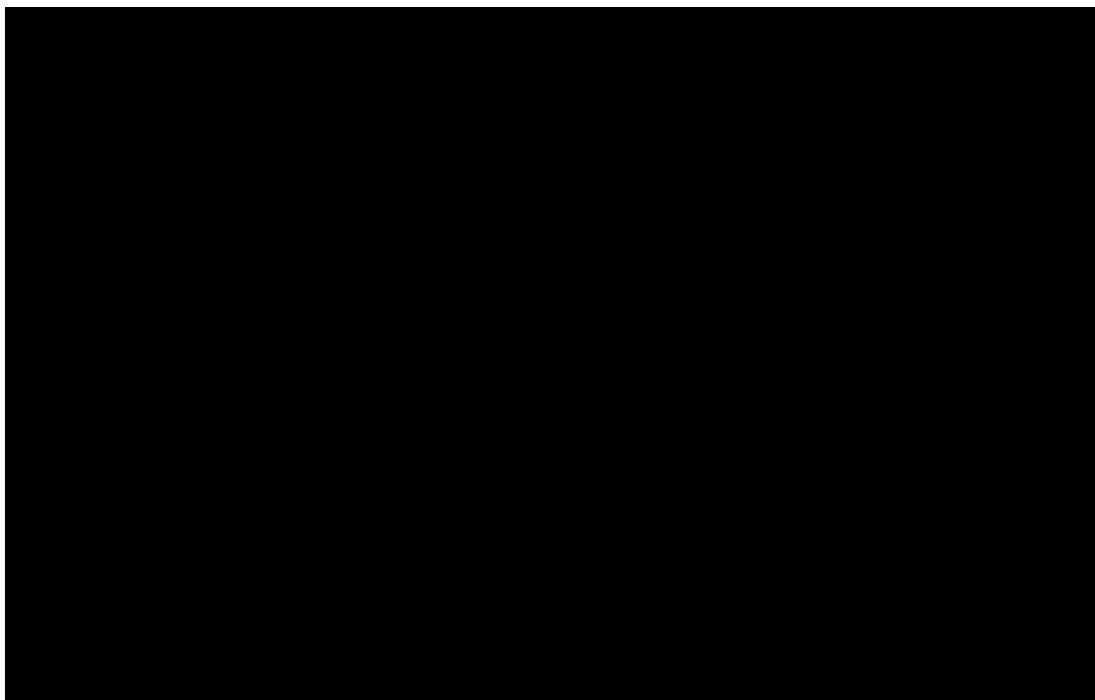
### **Neurosurgery**



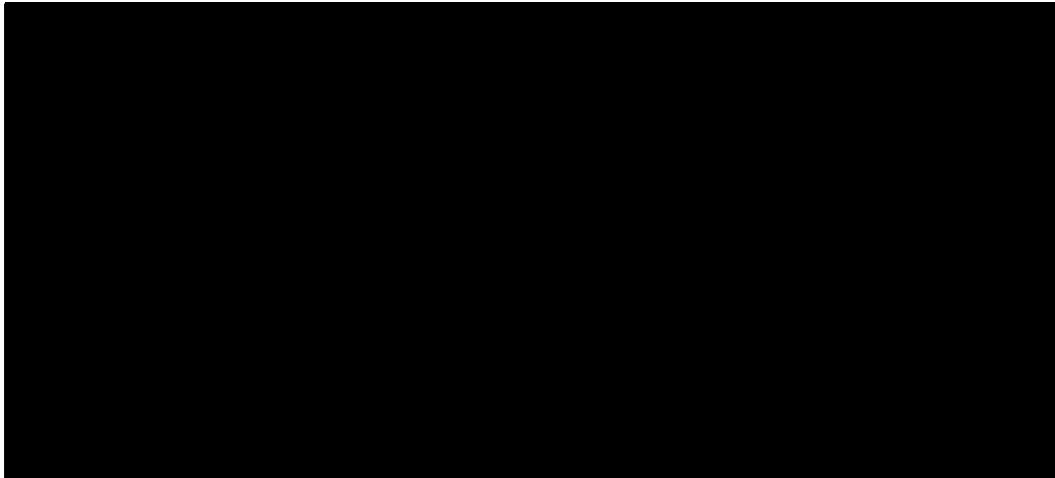
### **Paediatric Surgery**

There remained 4 consultants in post, and a third specialist registrar post had been established in the previous year. Based on a projection of 5 consultants, 3 specialist registrars were required. Members agreed the maintenance of the current number.

### **Orthopaedics**



## A&E Medicine



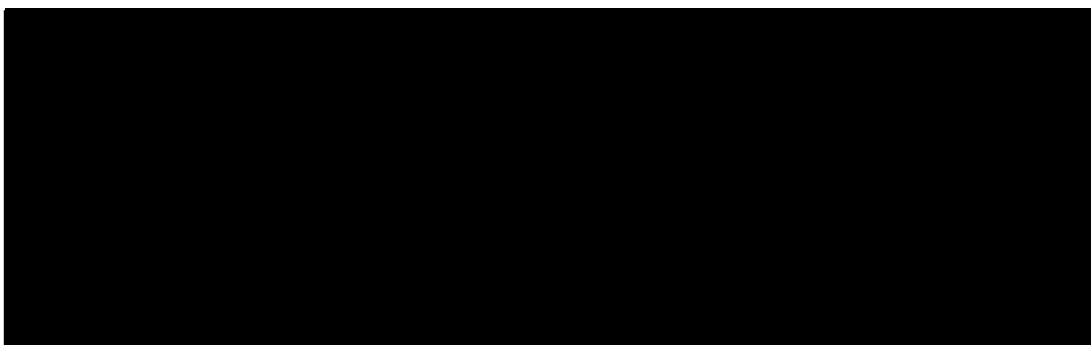
### 4.2. Modernising Medical Careers – *Choice and Opportunity*

#### **Modernising Medical Careers for the Non-Consultant Career Grade**

Introducing this item, Dr Woods updated members on progress on *Modernising Medical Careers*. He reminded members that the Policy Statement by the 4 UK Health Departments following consultation on *Unfinished Business* had set out the general policy direction. In general the proposals in *Unfinished Business* were supported. There was widespread consensus on the introduction of foundation programmes and this was likely to be the first element of the reforms. The commitment within the Policy Statement to examine non-consultant career grades had resulted in the publication of the Consultation Document '*Choice and Opportunity*' in July 2003. In general, it applied the principles of reform to non-consultant career grades with a view to better integration with the recognised training streams, and aimed to remove the stigmatisation associated with the grade. Competency based assessment in line with those envisaged for training programmes would allow for greater flexibility.

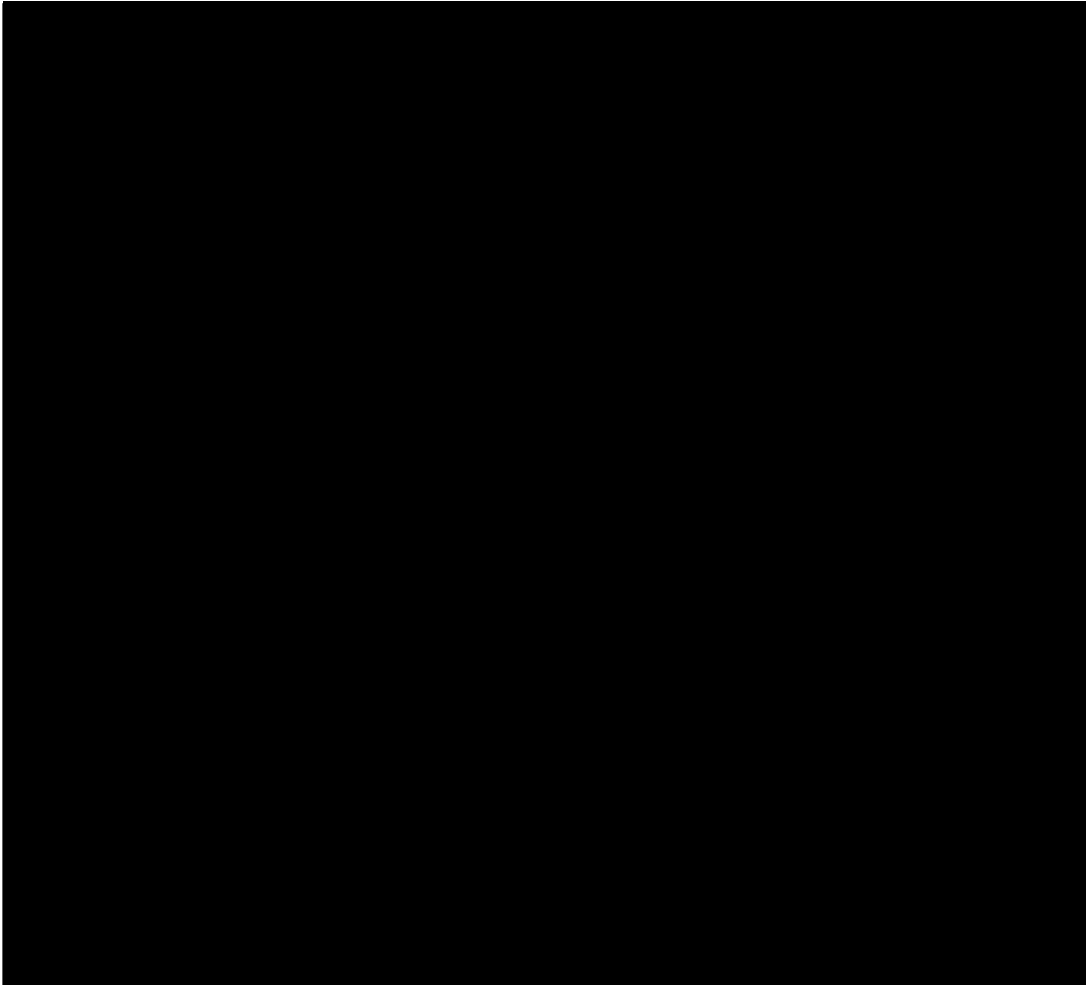
Members were generally supportive of the thrust of the document.

### 4.3. Additional specialist registrar at Daisy Hill Hospital

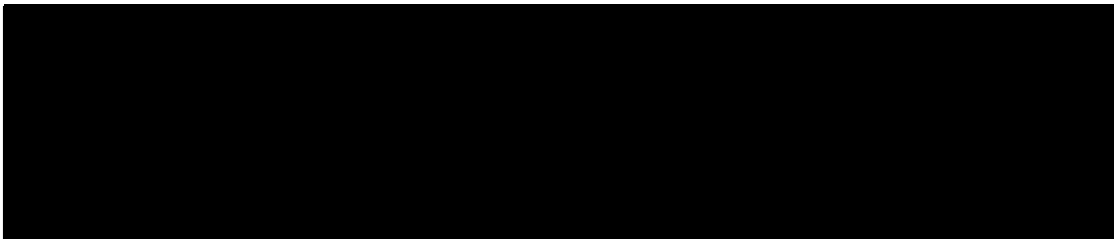




5. **REVIEW OF TRAUMA**



6. **REPORT ON ENDOCRINE CANCER**



7. **GENERAL SURGERY OF CHILDHOOD AT DISTRICT GENERAL HOSPITAL**

Dr Willis informed members of the outcome of a workshop held earlier in the year and subsequent developments. A survey of current specialist registrars had demonstrated a significant degree of interest in training for childhood surgery. At the recent Surgical Training Committee it was proposed that a module of training in general surgery in childhood could be delivered to trainees based at District General Hospitals. They could avail of two sessions per week at the Children's Hospital or the Ulster Hospital. This arrangement could accommodate two trainees in any 6 month period. Other issues highlighted were the need for CPD for existing surgeons providing this service. There had been a pilot of the outreach scheme where a Consultant Paediatric Surgeon provided education at a peripheral site.

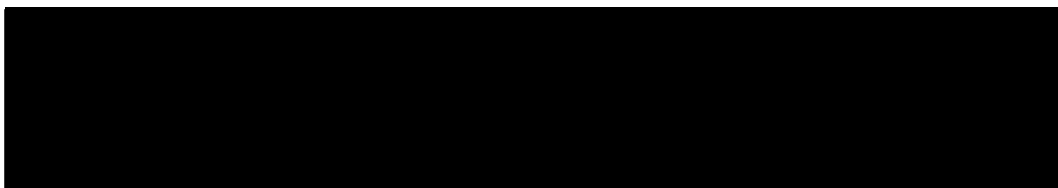
Members commended this model and considered it applicable to other areas of practice. Much of this would be dependent on the views of the relevant SAC of the JCHST who were visiting in January.

8. **UPDATE ON THE QUALITY AGENDA**

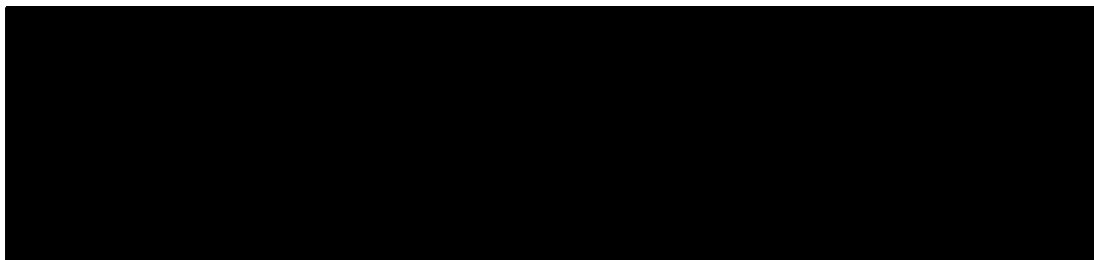
Referring to the paper on the Quality Agenda, Dr Carson informed members of recent developments including the work of the NHS Clinical Governance Support Team for a limited period of time and a pilot CHI assessment at the Ulster Hospital Community Trust.

9. **SCREENING**

**Breast Screening**



**Colorectal Screening**



## Abdominal Aortic Aneurysm



### 10. SARS



### 11. ANY OTHER BUSINESS

#### Hospital at Night

Dr Carson drew members attention to excerpts from a presentation on the *Hospital At Night* project. He informed members that the Department was considering initiating a similar exercise at a local site.

#### NCEPOD Report

He also drew the attention of members to the summary and recommendations of the most recent NCEPOD Report, *Who Operates Where II*. He said that Northern Ireland would continue to contribute to this and the other confidence enquiries. The National Confidential Enquiry would be changing its name to that on Patient Outcomes and Death.

#### Transfer of Radiological Images



JANUARY 2004