

**MINUTES OF THE MEETING
SPECIALTY ADVISORY COMMITTEE
GENERAL SURGERY
14 DECEMBER 2004
2.15PM - 5.00PM
ROOM C3.18, CASTLE BUILDINGS**

PRESENT

Mr A Baillie
Mr P Bateson
Mr C Bell
Professor C Campbell
Mr J Campbell
Mr B Craig
Mr B Cranley
Mr D Gilroy
Dr T Glakin
Dr B Johnston
Mr B Lee
Mr G Marshall
Mr J Moorehead
Mr J McClelland
Mr J McGuigan
Mr F J Mullan
Mr A R Wray

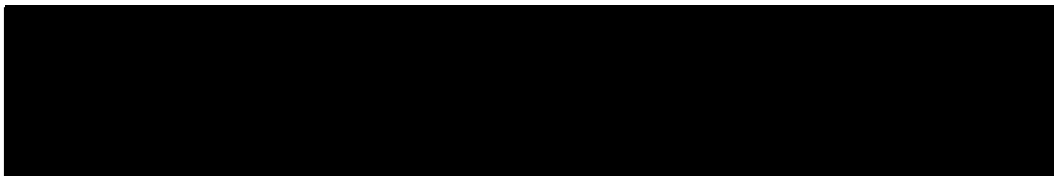
DsPH / Representatives

Dr D Corrigan
Dr J Little
Dr A Mairs

DEPARTMENT

Dr H Campbell, CMO
Dr E Mitchell
Dr P Woods
Dr M Boyle
Mr P Deazley
Mrs I Wilkinson

1 WELCOME / APOLOGIES



2 MINUTES OF THE PREVIOUS MEETING – PAPER 1/04



3 MATTERS ARISING

3.1 Human Organ Inquiry - Paper 2/04

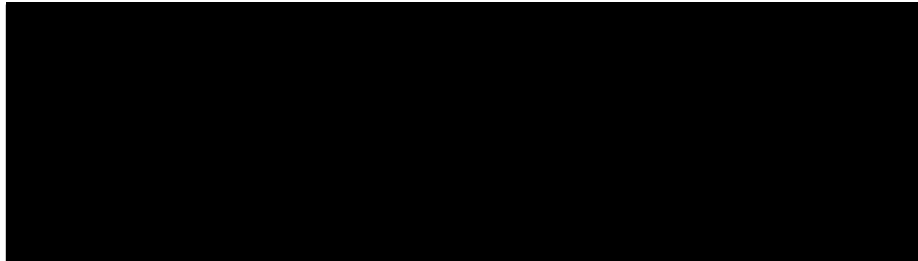


3.2 General Surgery of Childhood at a District General Hospital - Paper 3/04

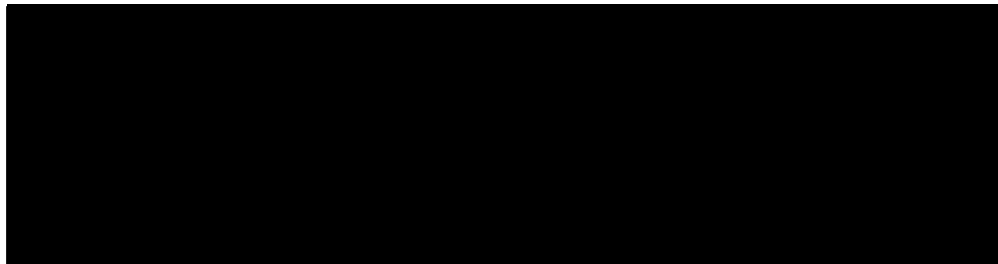
Members were advised of difficulties on the way forward for the training of the future workforce to deliver General Surgery of Childhood at a General Hospital. As there are similar difficulties in England, the Senate of the Surgical Colleges has set up a committee to find solutions to the problem. Mr Victor Boston, currently President of British Association of Paediatric Surgeons, is on the national committee and will inform members of progress.

3.3 Screening – Update - Paper 4/04

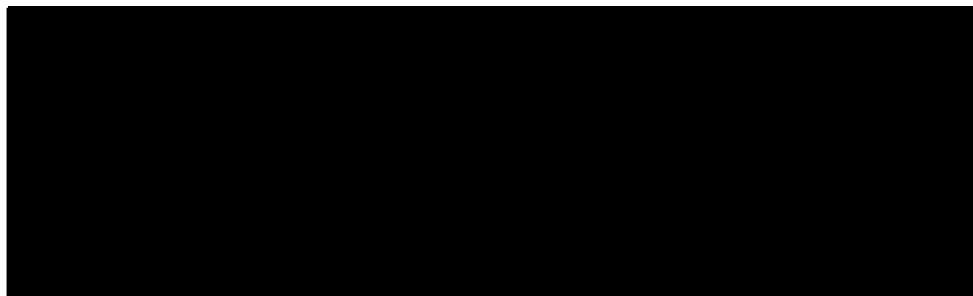
- Breast – extended age



- Bowel



- Abdominal Aortic Aneurysm





3.4 Transfer of Radiological Images – PACS Update - Paper 5/04



4 Medical Staffing and Development

4.1 Consultant Medical Staffing – Paper 6/04

Introducing this item Dr Woods reported that there were now 73 general surgeons in post in comparison with 71 the year previously. The number of specialist registrars stood at 26. Consultant projections were based on a total number of 83 and assumed retirement at 60 years of age. This suggested a need for some 39 specialist registrars.

Commenting, members highlighted the need to take account of clinical academics, the impact of the new consultant contract and the need for clarity about the future of smaller hospitals to ensure that future surgeons would consider them attractive opportunities.

Members advised that it was likely that training for vascular surgeons would become separate from general surgical training in the near future. At present there were 5 such specialist registrar posts in the general surgical training programme. With a separate vascular surgery programme there would be a marked difference in training.

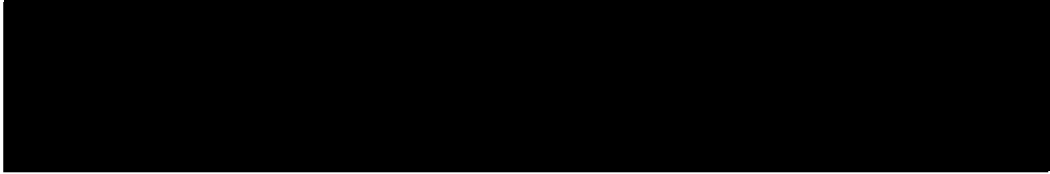
Urology



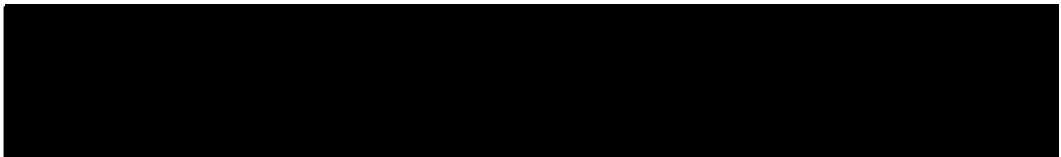
Plastic Surgery



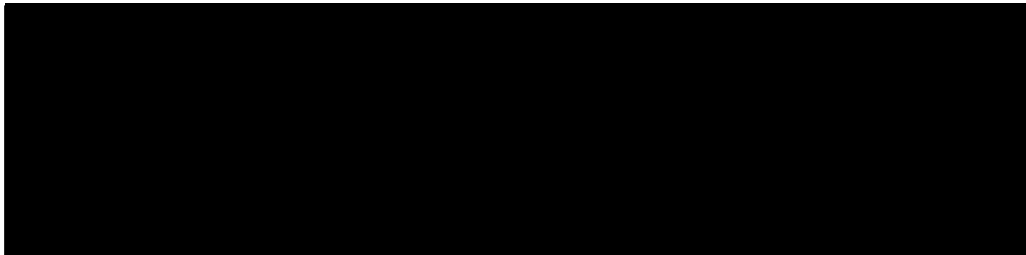
Cardiothoracic Surgery



Paediatric Surgery



Orthopaedic Surgery



4.2 Modernising Medical Careers – Paper 7/04

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 postgraduate 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.

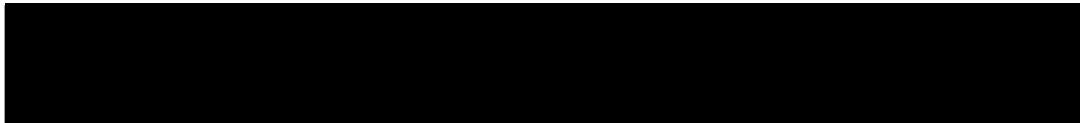
Members highlighted that the surgical colleges were proposing a postgraduate year 3 as a preliminary to specialist training in

surgery. They also felt that the new system would create difficulties for surgical training programmes recruiting from foundation programmes.

5 LICENSING AND REVALIDATION. FORMAL GUIDANCE FOR DOCTORS - PAPER 8/04

Members were advised that consultation period had now closed and that the General Medical Council were working towards finalising the guidance.

6 NEW REGIONAL STRATEGY FOR HEALTH AND WELLBEING – PAPER 9/04

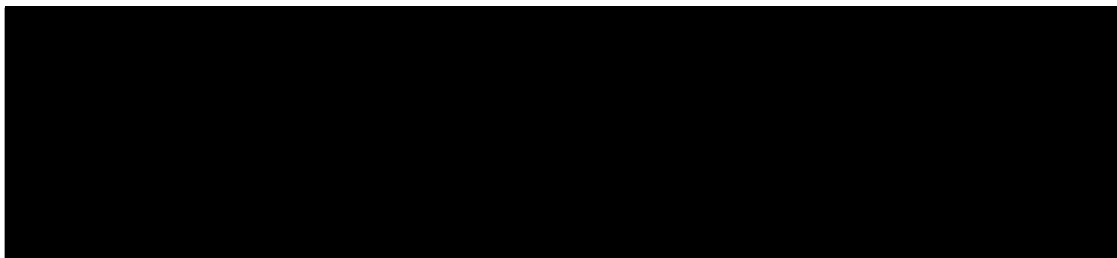


7 DEVELOPING BETTER SERVICES – IMPLEMENTATION – PAPER 10/04

Mr Deazley provided members with a verbal update. Members were informed that implementation structures had been established. The benefits of Managed Clinical Networks were discussed. Concerns were expressed regarding the sustainability of certain services whilst Developing Better Services is being implemented. Mr Deazley assured members that Boards were actively examining all aspects of sustaining services and that this forms an integral part of Developing Better Services planning at local and regional level. He agreed to advise the Department of the concerns of General Surgeons.

ACTION: Mr Deazley

8 ANY OTHER BUSINESS



JUNE 2005

**SAC GENERAL SURGERY
14 DECEMBER 2004
ACTION POINTS**

ITEM	ACTION	LEAD
7 Developing Better Services	Advise Department of the concerns of General Surgeons	Mr Peter Deazley