

**E-mail Message**

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**To:** [Conlon, Bernie \(IHRD\) \[EX:/O=NIGOV/OU=EXCHANGE ADMINISTRATIVE GROUP \(FYDIBOHF23SPDLT\)/CN=RECIPIENTS/CN=1318908\]](mailto:Conlon.Bernie@NIGOV)  
**Cc:**  
**Sent:** 29/05/2012 at 16:41  
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**Subject:** Working Party on Neonatal and Paediatric Transport (Special Advisory Committee)

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Dear Bernie

I refer to letter dated 3 May 2012 from Anne Dillon to DLS regarding the Working Party on Neonatal and Paediatric Transport (Special Advisory Committee). The Department response to the queries raised therein is as follows: -

1. The Specialty Advisory Committee (SAC) paediatrics was one of a number of SACs designed to provide professional advice to the Chief Medical officer
2. The remit for all SACs, as agreed in 1992, is attached.
3. Its function is as described in the attached remit.
4. It is likely that SAC paediatrics was established in 1983. We have not been able to identify files relating to the establishment of SAC paediatrics. A report in 1981 entitled "Medical participation and advice in the management of the Health and Personal Social Services in Northern Ireland" recommended the establishment of SAC Paediatrics.
5. The SACs were established by the Department to advise the CMO. SACs in a number of specialities were established in the 1970s. Following the report in 1981 new SACs were introduced, including the one for paediatrics.
6. The SACs were established by the Department.
7. The SACs provided advice to the CMO.
8. The Committee had consultant hospital paediatricians, community paediatricians, a junior doctor (in training), representatives from the Directors of Public health in each of the 4 Boards, a representative from Queens University and one from the Post graduate Training organisation (Initially NI Council for Postgraduate Medical Education, then NI Medical and Dental Training Agency).
9. The Committee was chaired by the CMO, or a member of the CMO team of

medical officers on behalf of CMO.

10. The SACs provided advice to the CMO.

11. The available files indicate that the SAC meetings included agenda items on the following dates -

21 October 1993

- Inclusion of a child psychiatrist to SAC paediatrics
- Regional infectious disease workload
- Outline case for adult cystic fibrosis unit
- Transfer of care from paediatric to adult services
- A report by a subgroup on Child health services
- Paediatric medical manpower
- Paediatric neurology service
- Funding for paediatric laparoscopic surgery
- Regional neonatal intensive care audit group
- Confidential Enquiry into Sudden Death in Infancy
- Junior Doctors hours
- Hepatitis B and healthcare workers
- Confidentiality
- Regional Supplies Organisation

8 November 1994

- Inclusion of a child psychiatrist to SAC paediatrics
- Adult cystic fibrosis unit
- A report by a subgroup on Child health services
- Paediatric nephrology Service
- Funding for paediatric laparoscopic surgery
- Regional neonatal intensive care audit group
- Paediatric Intensive Care
- Reporting of Equipment Defects
- Central Medical Advisory Structure

- Recent Technological Advances in the Specialty
- Expert Advisory Group on cancer
- Manpower in Paediatrics
- Covert Video Surveillance
- Disability and Perinatal Care: measurement of child health status at two years
- Purchasing Function and Structures
- Child Protection
- Consideration of age limit for transfer from paediatric to adult services

12. SACs provided an opportunity for collective professional advice to the CMO rather than the formal decisions on most policies or procedures. Decisions were recorded about training for doctors

21 October 1993

- Paediatric medical manpower - recommended that in 1994 there should be 16 Specialist Registrar and Registrars, plus 2 in medical genetics

8 November 1994

- Manpower in Paediatrics - proposed numbers of Specialist Registrar and Registrars should increase to 18, with not more than 6 recruited in each year and 3 allocated to part-time training. Training numbers in Medical genetics should stay at 2.

13. Members were invited to contribute agenda items, and others were included by the CMO.

14. SACs provided an opportunity for collective professional advice to the CMO. Items were discussed and decisions about further work or advice were made at the meeting.

15. Minutes of the meeting were distributed to each attendee.

16. There were a number of SACs. All SACs were regional not hospital based.

17. The SAC paediatrics last met in 2009. Following a review of advisory structures it was agreed that SACs would no longer meet.

If you require any further clarification or details, please do not hesitate to contact me.

Yours sincerely

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SPECIALTY ADVISORY COMMITTEES

TERMS OF REFERENCE

(Agreed 1992)

1. To advise the Department through the Chief Medical Officer (CMO) on strategic policy and planning issues

2. To comment on the quality of service provision with specific reference to agreed quality standards.

3. To review the balance between local and regional service provision

4. To advise on specialty manpower issues on a regional basis and to attain commitment to agreed change in training grade numbers and ratios.

5. To advise on the implications for the Health Service of impending medical, technological and scientific advances.