ACPGBI Chapter Update

Date: October 2015

Chapter: Republic of Ireland

Chapter Representative: Paul McCormick

General update

National meeting of the Irish Association of Coloproctology held in St.James’ in Dublin.

Well-received meeting.

Our previous President Mr John Moorehead ended his term and thanks was extended for all of his efforts on behalf of the organisation. To unanimous approval Ms. Anne Brannigan was appointed as our next President for a two year term. Anne is a Consultant in the Mater Misericordiae Hospital in Dublin and has a specialist interest in Pelvic Floor Surgery

The two invited lectures were given by:

1. Michael Duff from Edinburgh on extended resection and recurrent rectal cancer resections. This is an area of significant interest in Ireland as we do not have a centralised approach to these conditions at present. Many units refer to Michaels unit in Edinburgh. Based on the Scottish figures the Irish volume would justify a single unit which should be established and supported.

2. David Gallagher. David is a dual qualified medical oncologist and Medical Geneticist and the newly appointed National lead on Cancer Genetics. He gave an excellent talk on the establishment of clinical networks in colorectal genetics. The lecture stimulated lots of discussion, particularly in relation to duty of care in relation to family of affected patients.

- The business meeting of the group threw up a number of very important points:
  1. Ongoing centralisation of rectal cancer in the Republic
  2. Centralisation of colon cancer surgery. This was not centralised in the original National Cancer Control programme but there has been on-going debate as to whether this should be the next step the NCCP undertakes. There was debate at the meeting with both pro and con arguments put forward, particularly regarding the association between colon cancer surgery and emergency surgery provision. In the course of the next few months it is intended to survey members in order for the IACP to formulate a consensus opinion.
  3. Evolving General Surgical call situation. Increasingly breast and vascular services are withdrawing from on call rotas. This has led to concerns
particularly with the increasingly centralisation of upper GI and hepatobiliary surgery in Ireland that colorectal surgeons will find themselves carrying the on call services in many hospitals. Emergency and/or General Surgeons have not been traditional or common appointments in Ireland but there may be a necessity for the introduction. Again the intention of the IACP is to survey its members as to how we will address the challenge of emergency surgery provision.

- All newly appointed colorectal surgeons in Ireland are invited to join the IACP/ACPGBI Chapter. The most recent appointees are Mr John Burke and Mr Rory Kennelly

- The major issues affecting the IACP at present are:
  
  1. Colon cancer surgery as above

  2. Emergency surgery centralisation and political approach to same. While recruitment of both consultants and NCHDs is continuing to be difficult increasing numbers of hospitals are finding it difficult to maintain their on call rotas. This will inevitably lead to the need to amalgamate units and potentially close some hospitals acute services. This is politically unattractive but is a problem that will have to be dealt with in the very near future.

  3. Establishment of new hospital groups:

  Ireland is moving from a single health service with all activity centrally controlled to one of six Hospital Groups, each containing two major hospitals and a variable number of smaller hospitals and each group aligned with one university. Each group will have a single board and CEO, with provision of care within the group now controlled “locally”. It is not yet clear how this system will work?, will patients be transferred easily from hospital to hospital?, will clinicians have their work practices changed?, will traditional referral patterns be changed if they are to units outside the group?, will “voluntary” hospitals ie those previously outside the direct control of the HSE lose their autonomy? There is a lot of unease and uncertainty regarding this process.

  4. Establishment and commencement of run through training. After many years of traditional 2/3 years SHO grade, followed by 2-3 years of middle grade Reg training (usually containing an MD/MCh research period) and then 5 years of an SpR training programme, surgical training has now moved to a run-through system. This has been extensively studied, planned and resourced by the RCSI, particularly Oscar Traynor however, concern still exists that trainees on
completion will not be appropriately trained. This is felt to be a real worry in the setting of increased need for units to be EWTD compliant.

Upcoming/ future plans

- The next meeting of the IACP is to be held in May 2016 at the Mater Misericordiae Hospital in Dublin hosted by the President Ms Brannigan. We are delighted that this will be a joint meeting with the Coloproctology branch of the Royal Society of Medicine under the presidency of Mr Brndan Moran.

- It is intended that a TA/TME course will be held in the next six months to assess interest in developing the technique in Ireland. It is likely that this will be held in Dublin

- As discussed above it is the intention of the IACP to survey its members regarding the key issues which challenge us at the present time in order to develop consensus opinions on a number of these issues. This will be key in allowing us to present firm views to the politicians.

Date of next meeting: 19-21/05/2016