Plastic Surgery Services

September 1991
Comhairle na n-Ospidéal
Report of the Committee on
PLASTIC SURGERY SERVICES

September 1991
Comhairle na n-Ospidéal

Report of the Committee on PLASTIC SURGERY SERVICES

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Section 2</td>
<td>Description of Existing Services</td>
<td>3</td>
</tr>
<tr>
<td>Section 3</td>
<td>Considerations for Future Development</td>
<td>6</td>
</tr>
<tr>
<td>Section 4</td>
<td>Recommendations for Future Development</td>
<td></td>
</tr>
<tr>
<td>Section 5</td>
<td>Concluding Remarks</td>
<td>19</td>
</tr>
</tbody>
</table>
SECTION 1 – Introduction

1.1. At the request of the Department of Health, the Comhairle, in May 1990, established a committee on plastic surgery services with the following terms of reference:

“...to examine the existing plastic surgery services throughout the State; and following consultation with the interests concerned, to make recommendations to the Minister on the future organisation of plastic surgery and associated services for maxillo-facial and burns cases. The recommendations should have due regard to the necessity for an effective service within the constraints of the current level of funding available for the health services in general”.

1.2. The following members of the Comhairle were appointed to serve on the committee:-

Mr. D. Doherty (Chairman)
Dr. G. Dorrian
Mr. T. Mooney
Dr. S. Ryan
Mr. M. Walsh
Mr. G.P. Martin (Chief Officer)

Mr. T. Martin, Administrator was Secretary to the committee and was assisted by Ms. C. Hickey, Executive Officer.

It is with great regret that we must record the death of Dr. G. Dorrian prior to the finalisation of this report.
1.3. In pursuance of its task, the committee decided to engage in a wide-ranging information-gathering and consultation programme. The committee invited each health board and public voluntary hospital to make a submission to it regarding the arrangements which currently exist for patients requiring plastic surgery and also their views concerning improvements for the future. The committee requested those hospital authorities, which have a consultant plastic surgeon, to provide comprehensive information on plastic surgery workload, staff and facilities and on the organisation of their plastic surgery services. Virtually all of the agencies concerned made written submissions to the committee and included the detailed information sought. The National Association of Consultant Plastic and Reconstructive Surgeons in Ireland was also requested to make a written submission to the committee which it did.

1.4. While simultaneously compiling information, the committee embarked upon an extensive consultation process. The committee met with the National Association of Consultant Plastic and Reconstructive Surgeons in Ireland on 19th September, 1990. Arising from that meeting, the Association subsequently made a written follow-up submission to the committee. A joint discussion was arranged with representatives of the Eastern Health Board and seven major general and paediatric hospitals in Dublin. The committee also met with representatives of the Southern Health Board. A meeting with representatives of the Western Health Board was arranged on a number of occasions but due to illness, bereavement and other unforeseen circumstances, they were unable to meet the committee.

1.5. The committee wishes to record its sincere appreciation to the many people and agencies who assisted in its task by providing information/views either in writing or through discussion. In particular, the committee is appreciative of the assistance it received from the National Association of Consultant Plastic and Reconstructive Surgeons in Ireland. The information and advice received from the Association, both written and oral, have been particularly helpful in reaching the conclusions set out in this report.
Section 2 – Description of Existing Services:

2.1. Consultant plastic surgery services in the state are located in the three cities with medical schools i.e. Dublin, Cork and Galway. There is a complement of eight posts of plastic surgeon to serve a population of 3.5 million people – five in Dublin (one of which is vacant); two in Cork and one in Galway.

Dublin:

2.2. In Dublin, the plastic surgery service is fragmented. There are five posts of consultant plastic surgeon including a post left vacant since the retirement of Mr. J. B. Prendiville some years ago. The latter post was a joint appointment between Dr. Steevens, St. Luke’s and Temple Street Hospitals. Of the four posts currently filled, one is shared between Our Lady’s Hospital for Sick Children, Crumlin/St. Anne’s Hospital/St. James’s Hospital. Another is a joint appointment between St. Vincent’s Hospital/The Children’s Hospital, Temple Street/Hume Street Hospital (dermatology centre) with one session monthly to the National Medical Rehabilitation Centre (N.M.R.C.). Another post is shared between St. James’s Hospital/Our Lady’s Hospital for Sick Children/ St. Anne’s Hospital (cancer centre). The final post is a joint appointment between St. James’s Hospital/James Connolly Memorial Hospital/Mater Hospital. In addition to the 5 posts of Plastic Surgeon in Dublin there is also a general surgeon who devotes about two sessions weekly to plastic surgery at Beaumont Hospital. The present number of consultant sessions per week (excluding the vacant post) in plastic surgery in each hospital is set out in the following table:-
<table>
<thead>
<tr>
<th>Hospital</th>
<th>No. of Weekly Sessions</th>
<th>No. of Consultants Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. James's</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Our Lady's Hospital for Sick Children</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>St. Vincent's</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>St. Anne's</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Temple St.</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>James Connolly Memorial</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Mater</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Beaumont</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hume St.</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9 Hospitals</td>
<td>46</td>
<td>5</td>
</tr>
<tr>
<td>N.M.R.C. (per month)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The Meath/Adelaide/National Children's Hospitals (M.A.N.C.H. Group) do not have any sessional commitment by a plastic surgeon. For the past ten years, an informal plastic surgery service amounting to about two sessions per month has been provided at Our Lady of Lourdes Hospital, Drogheda by a Dublin-based consultant.

2.3. The largest plastic surgery unit in Dublin is in St. James's Hospital. A 34 bed ward (including 6/8 children's beds) is shared by the plastic surgery and maxillo-facial departments. Generally speaking, the plastic surgeons have access to up to 20 of the adult beds and share access to the children's area. There is also a 3-bed burns unit. The plastic surgeons share a twin operating theatre suite with maxillo-facial and thoracic surgeons and have eight operating sessions per week. They have access to a 4-bed intensive care unit which is shared with other specialties. The plastic surgery department transferred to St. James's Hospital, on the closure of Dr. Steevens' Hospital, into temporary facilities which are accepted by all as being inadequate. Because of the circumstances in which it is functioning, St. James's Hospital has indicated that it is not possible for the unit to provide a full and comprehensive service to its total catchment area. It is understood that the completed phase IC of the St. James's re-development scheme will be opened by the end of 1991. The commissioning of a new burns unit which will contain 20 beds and a self-contained operating theatre facility is currently at an
advanced stage. It is hoped that the opening of Phase 1C in 1991 will enable the plastic surgery unit to transfer from the temporary facilities and have beds and all other facilities in what will then be the acute St. James’s Hospital.

2.4. N.C.H.D. staff in plastic surgery at St. James’s Hospital consists of two registrars (who also provide cover to Our Lady’s Hospital for Sick Children, Crumlin), one senior house officer and one intern. These are the only specialist plastic surgery N.C.H.D. staff in Dublin. However, none of these posts are recognised for training in plastic surgery.

Cork:

2.5. The plastic surgery unit is based in Cork Regional Hospital/St. Mary’s Orthopaedic Hospital and is staffed by two consultant plastic surgeons who are also in charge of the A/E department at Cork Regional Hospital. This dual role results in a close working relationship between the A/E department and the plastic surgery service. While the official complement for plastic surgery is about 12 beds, there are, in fact, between 30 and 40 beds consistently occupied by plastic surgery patients. There is also a 5 bed burns unit. This bed capacity is augmented by a 13 bed ward in St. Mary’s Orthopaedic Hospital which is used for the convalescence of relatively long stay patients from Cork Regional Hospital as well as for a weekly operative list carried out at St. Mary’s Hospital by one of the plastic surgeons. Each consultant holds one out-patient clinic monthly in Tralee General Hospital. N.C.H.D. staff consists of one senior registrar, two registrars and a senior house officer all of whom work exclusively in plastic surgery plus one intern from the A/E rota. This is, at present, the only plastic surgery unit in the Republic of Ireland which is formally recognised for training at either registrar or senior registrar level. The recognition is currently limited to a two-year training programme due to insufficient microsurgical training facilities.

Galway:

2.6. The plastic surgery unit (12 beds) is based at University College Hospital, Galway. It was established in September, 1989. The plastic surgery team consists of one consultant and one registrar plus one S.H.O. and one intern on rotation.
Section 3 – Considerations for future Development.

3.1. Before making recommendations for the future development of plastic surgery services in the Republic of Ireland, the committee believes that the considerations which should underlie the organisation of the services should be clarified.

3.2. The interests of patients are of the greatest importance and should always come first. The committee’s objective is to recommend the best possible service at reasonable cost. At the same time, it is necessary to develop minimum standards of care and provision of services.

3.3. There should be a reasonable spread of plastic surgery services throughout the state and patients requiring plastic surgery should have reasonable access to consultant plastic surgeons. The desirable infrastructure for plastic surgeons must also be taken into account e.g. the proposed system must avoid professional isolation of plastic surgeons and provide opportunities for research and teaching.

3.4. Plastic surgery is, to a large extent, a consultant-based service as distinct from a consultant-led service. A high proportion of plastic surgery work is undertaken directly by consultant plastic surgeons rather than delegated to N.C.H.D.’s. There is a growing trend towards day surgery replacing some plastic surgery currently provided on an in-patient basis. There is a growing demand for the services of specialist plastic surgeons. There is presently a degree of overlap between some surgery done by plastic surgeons vis-a-vis that performed by general and orthopaedic surgeons. At this stage in the development of plastic surgery, it is not clear where or when the boundaries between it and other surgical specialties will be drawn. Moreover, in the absence of sufficient plastic surgeons in Ireland, some essential plastic surgery is being undertaken by general surgeons and by
orthopaedic surgeons. It is difficult to predict with certainty what effect, and within what time-scale, additional plastic surgeons will have on current surgical work patterns in Ireland.

3.5. Plastic surgery has expanded its boundaries and possibilities greatly in the last ten years or so. Advances such as microsurgery and tissue expansion have enabled plastic surgeons to provide treatment considered impossible in the past. Trauma management has benefited particularly from these techniques. To date, sub-specialties within plastic surgery have not been formally recognised. However, sub-specialisation into craniofacial surgery (which involves operating on the cranium and face simultaneously) – cleft lip and palate management, other congenital abnormalities, neck cancer reconstruction and replantation surgery – has been a large part of the overall expansion of the specialty. Reconstructive surgery following breast cancer and aesthetic (cosmetic) surgery are other important elements of plastic surgery. There are some areas of treatment that are obviously provided by the specialty of plastic surgery and are referred to plastic surgeons initially. However, a major part of the referral pattern is formed by inter-specialty cross-referral within a general hospital framework from disciplines such as A/E, orthopaedics, dermatology, E.N.T. surgery, oral surgery, general medicine and general surgery. Thus the plastic surgeon’s role involves providing a broad-based inter-specialty service.

3.6. The scope of plastic and reconstructive surgery can be considered under the following broad headings:-

(1) Congenital Abnormalities
   - Facial e.g. cleft lip and palate
   - Limb
   - Genital
   Craniofacial surgery has an important role to play in relation to abnormalities of the face and skull

(2) Trauma
   - Facial injuries
   - Hand injuries
   - Skin loss problem
   - Replantation
(3) Burns
The early treatment of burns cases is considered essential. It is in this area of early treatment that the most major advances have occurred. Early surgery results in a fall in morbidity, hospitalisation time and mortality.

(4) Hand surgery
By tradition in Ireland, much of hand surgery has been the responsibility of the plastic surgeon. Major hand mutilation, tendon and nerve repairs tend to be referred to plastic surgeons. Congenital hand deformities and degenerative hand diseases follow the same pattern.

(5) Skin Cancer
This involves the surgical management of skin cancer where reconstruction is required.

(6) Head and Neck Surgery
The treatment of major facial deformities either congenital or post traumatic has been the responsibility of plastic surgeons. Microsurgery and tissue expansion techniques have radically changed the methods of reconstruction used to treat patients who have undergone surgery for cancer of the head and neck. The treatment often involves close co-operation between a number of surgical disciplines.

(7) Microsurgery
This is now an integral part of modern training in plastic and reconstructive surgery. It is relevant to replantations, nerve repairs, tissue transfer in major limb and facial reconstruction etc. It requires technical expertise, microsurgical accessories, and increased theatre time.

(8) Facial and other areas of reconstruction
- Post Traumatic
- Post Tumour Resection
- Residual Congenital Deformities
- Aesthetic (cosmetic)
A blend of craniofacial and microsurgical techniques and the advent of tissue expansion have facilitated the advances in these areas.
(9) Breast Reconstruction
- Congenital Aplasia
- Congenital Asymmetry
- Virginal and mature Hypertrophy
- Post Mastectomy Breast Reconstruction.

(10) Aesthetic (cosmetic) surgery
- Rhinoplasty
- Facelift and Blepharoplasty
- Abdominoplasty
- Breast surgery (Augmentation and Reduction)
- Liposuction etc.

3.7. The current practice of plastic surgery is different in Dublin compared to Cork and Galway, particularly in relation to the treatment of soft-tissue trauma. At present the A. & E. Department of Cork Regional Hospital is under the direction of the two Consultant Plastic Surgeons. Almost one-third of all operative procedures in Cork Regional Hospital are carried out by the plastic surgery team. The plastic surgery team look after all soft tissue trauma which, in 1989, amounted to two-thirds of their surgical workload vis-a-vis one third elective cases. Similarly, in Galway, about two-thirds of the plastic surgeon’s workload was trauma, the vast proportion of which related to hand injuries and to facial injuries. Moreover, about 60% of all trauma in University College Hospital, Galway, was dealt with by the plastic surgery team. The situation in Dublin is very different with most emergency work being dealt with by the general surgeons. The general experience of plastic surgeons in Dublin is that the number of referrals from A/E to plastic surgery is very low. The view was expressed by some Dublin plastic surgeons that their lack of involvement in trauma was due to insufficient facilities, theatre time and the structuring of their posts which involve commitments to a multiplicity of hospitals.

Consultant Manpower

3.8. The main issue which led to the establishment of the committee and which subsequently dominated the committee’s consultations with the interests concerned, was the current undermanning at consultant level in Ireland. In general, the Association of Plastic and Reconstructive Surgeons has contended
that plastic surgery services are fragmented and inadequate in Dublin, overburdened with soft-tissue trauma in Cork and under-developed in Galway. In their view, the common problem is understaffing in all three areas at both consultant and N.C.H.D. levels. The committee concurs with this overview of the general state of the specialty as it stands at present.

3.9. As already indicated, there are eight posts of consultant plastic surgeon (including one vacant post) in the Republic which is one consultant per 440,000 population approximately. The Association of Plastic and Reconstructive Surgeons in its submission has recommended a ratio of one consultant plastic surgeon per 250,000 population. This ratio is based upon the target agreed for the United Kingdom by the Department of Health and the British Association of Plastic Surgeons (B.A.P.S.). The British Association of Plastic Surgeons (B.A.P.S.) has very recently proposed that the ratio should be changed to 1/150,000 population – this has not yet been accepted by the Department of Health. The actual ratio in the U.K. as a whole is one consultant per 430,000 population. In Northern Ireland, there are five consultant plastic surgeons serving a population of 1.5 million (i.e. 1/300,000). The general thrust of the advice received by the committee from plastic surgeons and hospital authorities in the course of its consultations was that a ratio of the order of one consultant per 250,000 population would be a realistic option for the committee to work towards. The committee accepts this advice. This would involve increasing, over a period of time as circumstances permit, the current establishment of consultant posts from eight to fourteen. The committee is satisfied that the plastic surgery services in this state are seriously undermanned at consultant level and that there is an urgent need to increase the number of consultants to about fourteen. At present, some plastic surgery work is, of necessity, being done by general and orthopaedic surgeons.

3.10. As the specialty develops over time and as resources, both personnel and financial, become available, a further improvement in the ratio recommended above should be considered. If the number of plastic surgeons was increased to meet the suggested ratio of one consultant per 150,000
population, this would have significant implications for the workload of general surgeons in particular, and to a lesser extent, orthopaedic surgeons.

Training

3.11. The only recognised training posts in plastic surgery in the state are one post each of registrar and senior registrar in Cork. Serious concern has been expressed by the Association of Plastic and Reconstructive Surgeons and also by many hospital authorities at the absence of recognised training posts in Dublin. The urgent need to remedy this situation has been stressed. It has been suggested that improvements to the major unit at St. James’s Hospital, including additional consultant staff with expertise in microsurgery, would facilitate obtaining formal recognition from the Joint Committee on Higher Surgical Training (J.C.H.S.T.) for higher specialist training leading to accreditation in plastic surgery. The point has been made that registrars in plastic surgery are an essential element in the provision of good-quality plastic surgery services. Moreover, an adequate number of trainees is essential to produce suitable competition for consultant posts in the specialty. The committee concurs with the advice it has received that formal recognition for postgraduate training in plastic surgery up to senior registrar level in Dublin is vital for the development of plastic surgery in Ireland. Continued improvements in the Cork unit, particularly in relation to microsurgery; are also necessary to ensure that the current recognition accorded to that unit is maintained and extended.

Location

3.12. It is the view of the Association of Plastic and Reconstructive Surgeons that priority should be given to the expansion of plastic surgery services in the three existing centres i.e. Dublin, Cork and Galway. The establishment of units outside these cities at this stage would, in the opinion of the Association, detract from the viability of the main centres. The Association’s belief is that the concentration of expertise in a small number of centres will lead to a better quality service for patients and will provide greater opportunities for sub-specialisation, research and teaching. Having considered the matter, the committee has
come to the conclusion that in-patient plastic surgery services should be developed on a phased basis and should be confined initially to the three existing centres of Dublin, Cork and Galway. Subsequent development would include the provision of plastic surgery services at the regional centre in each of the five other health board areas.

**Minimum Viability**

3.13. As a matter of policy, the Comhairle does not favour the concept of single-handed consultant appointments in any of the medical or surgical specialities. The views of the Association of Plastic and Reconstructive Surgeons concur with this policy in relation to plastic surgeons. The Association also suggests that a consultant plastic surgeon should not have a major commitment to more than two hospitals. Based on these considerations, the committee does not, therefore, favour the appointment of single-handed consultant plastic surgeons in situations where further appointments would not be justified. The committee is also opposed to the concept of multi-hospital appointments which result in a fragmented service.

3.14. There was a general consensus that plastic surgery units should be based only in large multi-disciplinary general hospitals. Plastic surgeons should be grouped into viable units and they should radiate out from these to provide services to the other hospitals in the catchment area served by such units. The alternative of having a plastic surgeon(s) in each A/E hospital and/or special hospitals (e.g. cancer) would not be desirable since, for the most part, these would have to be single-handed. Such an approach would not be logistically feasible given the number of A/E hospitals vis-a-vis the recommended number of plastic surgeons.

**Day Care**

3.15. During the consultation process, the committee was given to understand that a high percentage of the surgery performed by plastic surgeons could be done on a day basis. The committee strongly recommends that, in the development of the specialty, strong emphasis should be put on day surgery
and that the provision of appropriate facilities to achieve this aim should be given a high priority.

**Out-Patient/Peripheral Clinics**

3.16. The committee recommends that there should be a considerable emphasis on out-patient clinics in the future development of plastic surgery services. The committee is of the view that a network of peripheral out-patient clinics would result in a reduction in the demand currently manifesting itself at the three main centres. They would also help to meet the suppressed demand which is a feature of the services especially outside of these centres. It is essential that clinics at the periphery should be properly planned and organised so that the correct balance is struck between the frequency of clinics and the number of locations to be covered vis-a-vis commitments to the base hospital(s). The proposed increase in the number of plastic surgeons is intended to facilitate this development.

3.17. Burns
The committee concurs with the almost unanimous view expressed to it that there should be one major burns unit in Dublin with smaller units in Cork and Galway.

3.18. National Plastic Surgery Centre
Based on the advice given to it, the committee has come to the conclusion that, ideally one of the plastic surgery centres should be designated as a national centre. A national centre would be a focal point for the development of the specialty, it would facilitate sub-specialisation, research and teaching. The national plastic surgery centre would incorporate the major burns unit. Only one unit specialising in cranio-facial surgery is required in Ireland. This unit should preferably, though not necessarily, be part of the national plastic surgery centre.
Section 4 – Recommendations for Future Development

4.1. In accordance with the considerations set out in Section 3 of this report, the committee recommends that plastic surgery services should be developed in two phases as circumstances permit. Phase one of this development would focus on developing plastic surgery services in the three main centres of Dublin, Cork and Galway. Depending on how the specialty of plastic surgery develops vis-a-vis other surgical specialties (especially general surgery) and depending on the availability of resources, phase two of the development plan could be put in place. Phase two would involve establishing plastic surgery units in hospitals outside the three main centres, initially at Limerick and Waterford Regional Hospitals. Units at Sligo, Tullamore and Drogheda would also be envisaged as being a later part of phase two.

4.2. As indicated in paragraph 3.18, the committee recommends that there should be a National Plastic Surgery Centre. It should be located in Dublin. The National Centre should be based at St. James’s Hospital/Our Lady’s Hospital for Sick Children, Crumlin. It should function as an integrated unit spanning the two hospitals. Every plastic surgeon based in Dublin should be linked by way of a sessional commitment – minimum of one session – to the National Centre. The committee envisages that the extent of the commitment of each post to the National Centre will vary depending on local circumstances and the sub-specialty interest of the incumbent.

4.3. As stated in paragraph 3.5, the committee regards an establishment of 14 plastic surgeons as a reasonable target to be aimed at. The achievement of this target will depend on the availability of resources and competing priorities at hospital level. In the following paragraphs, the committee recommends how it envisages these posts being deployed and structured.

Dublin:

4.4. The Department of Health’s overall policy, enunciated in 1980, on the allocation of specialist units between the six major general hospitals in Dublin, envisaged one major plastic surgery/burns/maxillo-facial unit in Dublin to be based
at St. James's Hospital. Smaller in-patient units for plastic surgery, which would operate as an integral part of the major unit, were envisaged at St. Vincent's Hospital and at James Connolly Memorial Hospital. Out-patient plastic surgery services (including minor procedures), to be conducted by the consultants based at the in-patient units indicated, were envisaged at the Mater Hospital, Beaumont Hospital and the M.A.N.C.H. Group – the latter would ultimately transfer to a new Tallaght Hospital. The committee has come to the conclusion that the details of this policy in relation to plastic surgery need to be altered to meet changed circumstances.

4.5. The catchment area to be served from Dublin for plastic surgery includes the administrative areas of the Eastern, the Midland, the North-Eastern Health Boards; more than half of the South Eastern Health Board and part of the North-Western Health Board – over 2 million. As indicated in paragraph 4.2, the committee recommends that the St. James’s Hospital/Our Lady’s Hospital for Sick Children be designated as the location for the National Plastic Surgery Centre. There should be nine consultant plastic surgeons serving the Dublin regional catchment area (including the post which is vacant). This will mean an increase of five on the number of plastic surgeons currently in practice in Dublin.

South Dublin

4.6. The committee considers that five of the nine recommended posts should be based in South Dublin hospitals. It is essential that, as quickly as possible, a post of plastic surgeon with a major commitment to the National Centre should be created which will, in part, be a replacement of the existing vacancy referred to in paragraph 2.2. The following structure is recommended:-

Post A – St. James Hospital/Our Lady’s Hospital for Sick Children (National Centre) 11 sessions per week including a commitment to provide a regular out-patient service at Tullamore General Hospital amounting to the equivalent of one session per week.
There should be two posts shared between the National Centre and St. Vincent’s Hospital as follows:-

Post (B) – National Centre (6 sessions)/St. Vincent’s (5 sessions) and
Post (C) – National Centre (5 sessions)/St. Vincent’s (6 sessions).

There should also be two posts shared between the National Centre and the M.A.N.C.H. Group as follows:-

Post (D) – National Centre (6 sessions)/M.A.N.C.H. Group (5 sessions) and
Post (E) – National Centre (5 sessions)/M.A.N.C.H. Group (6 sessions).

4.7. To implement these recommendations, two new posts incorporating the South Dublin element of the vacant post (referred to in paragraph 2.2,) will be required. It will also be necessary to restructure the three existing posts. This will be a matter for consideration by the relevant hospital authorities and the consultants in post. In line with the policy set out in paragraph 3.14, the committee is firmly of the view that in-patient plastic surgery should cease in St. Anne’s and Hume Street Hospitals. Consequently it recommends, subject to the agreement of all parties concerned, that the commitments of the three consultant plastic surgeons concerned be reduced to one out-patient clinic per week at these hospitals and that their remaining sessions be transferred to the National Centre.

North Dublin

4.8. The committee recommends that there should be four posts of plastic surgeon shared between hospitals in North Dublin.

4.9. There should be two consultant plastic surgeons based in the Mater Hospital/Children’s Hospital, Temple Street, both of whom should have a structured sessional commitment to the National Centre as outlined in paragraph 4.2. To implement this recommendation, it will be necessary to restructure the existing
post – subject to the agreement of all parties concerned including the incumbent – and to utilise the Temple Street element of the vacant post (referred to in paragraph 2.2) in the creation of a new post structured as indicated above.

4.10. Two new consultant posts in plastic surgery should be based at Beaumont Hospital and between them should provide a plastic surgery service to James Connolly Memorial Hospital and to Our Lady of Lourdes Hospital, Drogheda. It is envisaged that the commitment to James Connolly Memorial Hospital will be for ward consultation, day surgery and out-patient clinics and that the frequency of the sessions should be determined by the demand for the service. It is envisaged that a regular out-patient service to Our Lady of Lourdes Hospital, Drogheda amounting to the equivalent of one session per week should be provided. Both of these consultants should have a structured sessional commitment to the National Centre as outlined in paragraph 4.2. These recommendations will involve the creation of two new posts which will ultimately incorporate the sessional in-put to plastic surgery by the existing general surgeon at Beaumont Hospital who has a special interest in plastic surgery.

4.11. The committee believes that the proposed grouping of nine consultant plastic surgeons in Dublin, all attached to the National Centre at St. James’s/Crumlin, presents a unique opportunity for the development of a team approach to the provision of plastic surgery services, with the opportunities for sub-specialisation, research and teaching being fully exploited while at the same time providing a substantial consultant in-put of about one wholetime equivalent to each of the major teaching hospitals.

Cork

4.12. The catchment area to be served by the Cork plastic surgery unit, which is located in Cork Regional Hospital and St. Mary’s Orthopaedic Hospital, includes the administrative areas of the Southern and Mid-Western Health Boards and part of the South-Eastern Health Board – about one million population. There should be at least three consultant plastic surgeons serving the region. This will mean an early increase of one on the current
number of plastic surgeons. The committee has noted that a wholetime A/E consultant at Cork Regional Hospital is regarded as a priority by the representatives of the Southern Health Board. It is recognised that such an appointment would reduce the administrative burden on the plastic surgeons emanating from their current responsibility for the A/E service.

4.13. In line with its overall policy for the development of plastic surgery services, the committee is firmly of the view that Cork Regional Hospital should remain as the major base for the plastic surgery service. Ideally all three plastic surgeons should be based in Cork Regional Hospital and provide services to the two voluntary hospitals in Cork City, as appropriate. However, as space in Cork Regional Hospital is at a premium, the committee suggests that a formal joint department of plastic surgery between Cork Regional Hospital, the Mercy Hospital and the South Infirmary/Victoria Hospital be established with all the plastic surgeons having identical joint wholetime appointments spanning the three hospitals.

4.14. In accordance with the recommended development of a network of peripheral out-patient clinics (see paragraph 3.16), the committee recommends that the Cork based team of three consultant plastic surgeons should, in addition to the service already available at Tralee, conduct a regular out-patient service amounting to the equivalent of one session per week – at Limerick and Waterford Regional Hospitals.

Galway

4.15. The catchment area to be served for plastic surgery by the unit based in Galway includes the administrative areas of the Western and part of the North-Western Health Board – about a half million population. The plastic surgery unit is presently staffed by a single-handed plastic surgeon based in University College Hospital, Galway. The committee recommends the early appointment of a second plastic surgeon to University College Hospital, Galway. A regular out-patient service – amounting to the equivalent of one out-patient session per week – should be provided at Sligo by the Galway-based consultants.
Section 5 – Concluding Remarks

5.1. In formulating the foregoing specific recommendations for the development of plastic surgery services, the committee has endeavoured to be pragmatic in recognising the services which are already there and using them as the basis for future development, in accordance with the principles which it has clarified. The committee recommends that plastic surgery services should be developed in two phases as outlined in paragraph 4.1. The committee is convinced that the recommendations set out in the previous section are in the best interests of patients who are entitled to see, in the planning of services, attempts to achieve the best service that modern hospital medicine has to offer, judged by international standards.

5.2. The committee feels that implementation of the above recommendations will go a long way towards eliminating the current low level of plastic surgery services which, to a large extent, is due to undermanning at consultant level. It hopes that the increased number of consultants and the recommended organisational framework will facilitate the provision of an enhanced plastic surgery service. The committee believes that the increase in the number of consultant posts recommended in this Report should be feasible to fund and implement in the short to medium term.