

other professional organisation) has failed to deal with the matter.

During my period of employment in the DoH, I worked from October 1991 until March 1995 in the Health Care Division, within the 'policy' part of the DoH. (The DH was broadly separated during that time into the Management Executive and Policy.) I provided policy advice on a variety of medical specialties, ie all surgical specialties [except ENT and Neurosurgery], Anaesthetics, and other areas such as medical audit and clinicians in management.

In April 1994, responsibility for advice on Cardiac services passed from me to Dr Peter Doyle.

I became aware of Dr Bolsin through my liaison and audit work with the Royal College of Anaesthetists. On taking over interests in Anaesthetics and medical audit, I learnt of an on-going study, funded by the DoH, being carried out under the aegis of the Royal College of Anaesthetists and the Association of Cardio-Thoracic Anaesthetists [ACTA] by Dr Steve Bolsin and colleagues, based at Bristol Royal Infirmary. This study was set up to identify a small number of risk factors identifiable pre-operatively that would enable clinicians to predict likely death within one year of coronary artery bypass surgery (a surgical treatment of ischaemic heart disease). I judged this to be potentially a useful piece of work and after seeing papers from the study and hearing discussions at the Royal College committee that was supervising it, I visited Bristol Royal Infirmary to hear Steve Bolsin present the study to his anaesthetist