CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting of the Central Medical Advisory Committee held on Wednesday 12 November 2003 at 2.00 pm in Conference Room D.2 Castle Buildings

Members Present:	Dr J G Jenkins (Chairman) Dr B G Patterson Prof R W Stout Dr J McAughey Dr P W B Colvin Dr R F Houston Dr I Orr Mr C J McClelland Dr G Riddell
Present by Invitation:	Dr T Trinick (Chairman EAMAC) Dr M P O'Neill (Chairman NHSSB) Dr P Beckett (Chairman SHSSB)
In Attendance:	Dr I Carson Dr M Briscoe Dr P Woods Dr D McMahon Dr D Michail Mr D Jordan Mr D Sullivan Mr I McMaster [redacted]

1. **APOLOGIES**

[redacted]

2. **CHAIRMAN'S BUSINESS**

[redacted]

2.1 Minutes of Central Advisory Committees

The Chairman drew attention to some topics, which had been discussed at meetings of Central Advisory Committees. These included:

Central Dental Committee meeting 14 May 2003 – On going concerns about funding and a debate about the viability of the dental school.

A common topic discussed at meetings of Central Advisory Committees was Nurse Prescribing. Members were informed that work is ongoing on extending independent nurse prescribing and supplementary prescribing by nurses and pharmacists within the HPSS. The first cohort of students will complete the training programme on the extension of independent nurse prescribing and supplementary prescribing in December 2003. DHSSPS had developed two proposed sets of implementation guidance. These are:

- Extending Independent Nurse Prescribing within the HPSS in N.I
- Supplementary Prescribing by Nurses and Pharmacists within the HPSS in N.I.

Both sets of guidance had been issued for comment. Copies were circulated to members. The closing date for comments is 14 November 2003, however, the Department's Nursing and Midwifery Group will be happy to accept any comments members wish to make.

The Chairman sought members' views and the following main points emerged:

- There was discussion regarding the roles and responsibility of independent nurse prescribers and supplementary prescribers. A number of concerns were expressed including: how this system will work; the importance of clarifying where responsibility for patient care in hospital lies, and how the interface between the extended independent nurse prescriber /supplementary prescriber, will be managed.

- Concerns that doctors will be held liable for any mishaps/actions of the extended nurse prescriber/supplementary prescriber. It was felt that clarity is required surrounding legal and clinical liability and accountability issues.

- Insufficient opportunities for nurses/pharmacists to become involved in independent/supplementary prescribing and under the current nurse prescribing scheme the volume of prescriptions generated is disappointing. Members enquired whether statistics are available. Members were advised that DHSSPS Nursing and Midwifery Group is aware of this issue.

- There is a need for better channels of communication and infrastructure between GPs and prescribers relating to prescribing record keeping.

- The question of independent/supplementary prescribers'access to patients medical records was raised. A member felt there is little public awareness about this issue and this debate needs to take place in the public domain. With regard to the protection of patient confidentiality, concerns were expressed that Northern Ireland has no clear guidelines on confidentiality of patient information. An important issue is transparency and that patients know who in the primary care team has access to patients records. Clearer information should be given to the public on sharing and access to health care information.

- Independent nurse prescribing and supplementary prescribing needs to take place within a framework of good clinical governance arrangements.

3. MINUTES OF THE LAST MEETING

[redacted]

4. MATTERS ARISING FROM THE MINUTES OF THE TWO SUB-COMMITTEES

Hospital Service Sub-Committee

[redacted]

General Medical Care Sub-Committee

[redacted]

5. MEDICAL STAFFING AND DEVELOPMENT

The Chairman had received a letter from Dr Beckett, Chair of the Southern Board's Area Medical Advisory Committee, regarding workforce planning issues. Dr Beckett explained that he wished to raise issues surrounding workforce planning which had been discussed at meetings of SAMAC. Concerns had been raised that recruitment and retention at all levels and specialities seems to be a problem and the Committee had sought information on posts currently filled per hospital; posts funded but not filled per hospital; proposed new posts and indications of numbers in training.

The Chairman welcomed Dr Woods and invited him to speak to this item. Members had received a number of papers provided by Dr Woods covering the information requested. Members were advised that the data provided on specialist registrar staffing reflects the timing of the request. The 2003 position will be completed by February 2004, when the paper summarising consultant numbers and SpR numbers in each speciality, projected consultant numbers and specialist training numbers needed to meet those projections will be updated. The advice of each SAC is sought in respect of consultant projections in each of the specialties at each of the 14 SAC meeting held in Autumn/New Year. Members had also received excerpts from the Department's publication "NI HPSS Workforce Census – September 2002".

Dr Woods explained that forecasting medical staffing requirements at any given point is a difficult exercise. Among the factors impacting on workforce planning include:

- policy developments that impact on workforce requirements;

- greater flexible working related to gender balance; length of training;
- how doctors view their future career;
- reforms to postgraduate training ;
- future role of the consultant in service delivery.

All of these factors are subject to change requiring regular review because of their inherent uncertainty.

Whilst in the past the aim was to match supply and demand, the policy now is to ensure the supply of doctors will at least meet future projections. It is recognised that medical staffing projections of 5-10 years ago have underestimated requirements and that region wide the supply of trained doctors falls short of demands and is not evenly distributed.

During discussion the following main points arose:

- Members said good workforce plans and structures to reach targets were being developed, however, there was a need for additional funding to increase the number of training posts. There are concerns that the right balance in the structure of the medical workforce will not be achieved because of funding difficulties.

- The issue of recognising the experience of overseas doctors who are not EU graduates. Members were advised that this issue is on the agenda of PMETB;

- The impact of 4 different national consultant contracts and the need to build this into workforce planning;

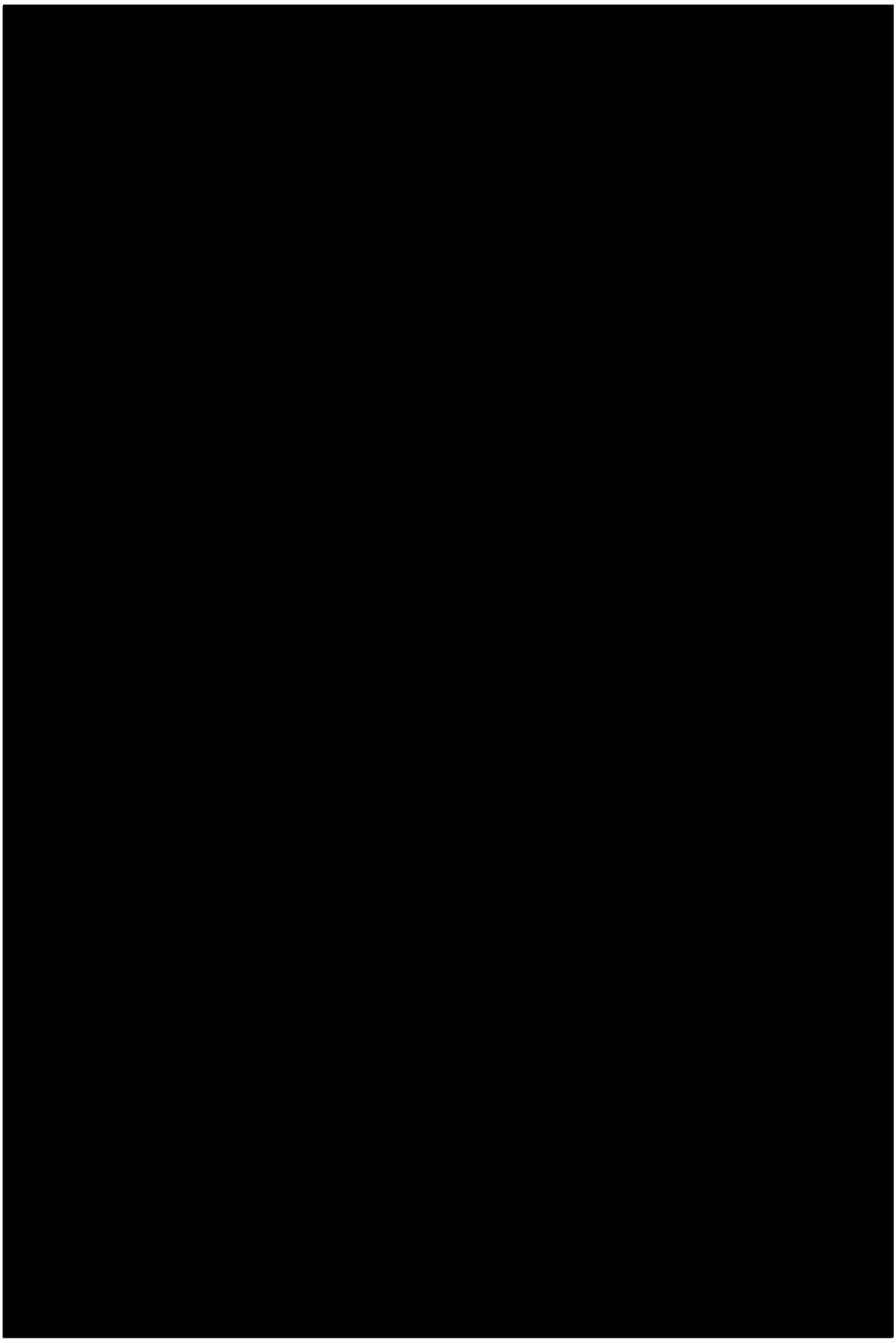
- Fewer applications for locum GP posts and difficulties in creating posts where specialties span Boards and there is a need for an expansion of a service.

- It was suggested that the Chairman should write to the Department outlining the concerns expressed by the Committee regarding the need for an expansion of training grades and career grades numbers.

- The Chair of SAMAC suggested it would be helpful to have the medical workforce figures made available to CMAC each year.

6. COMMUNITY MIDWIFERY UNITS

[redacted]



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7. **REGIONAL STRATEGY FOR HEALTH AND PERSONAL SOCIAL SERVICES 2002-2022**

8. **PRIMARY CARE STRATEGY**

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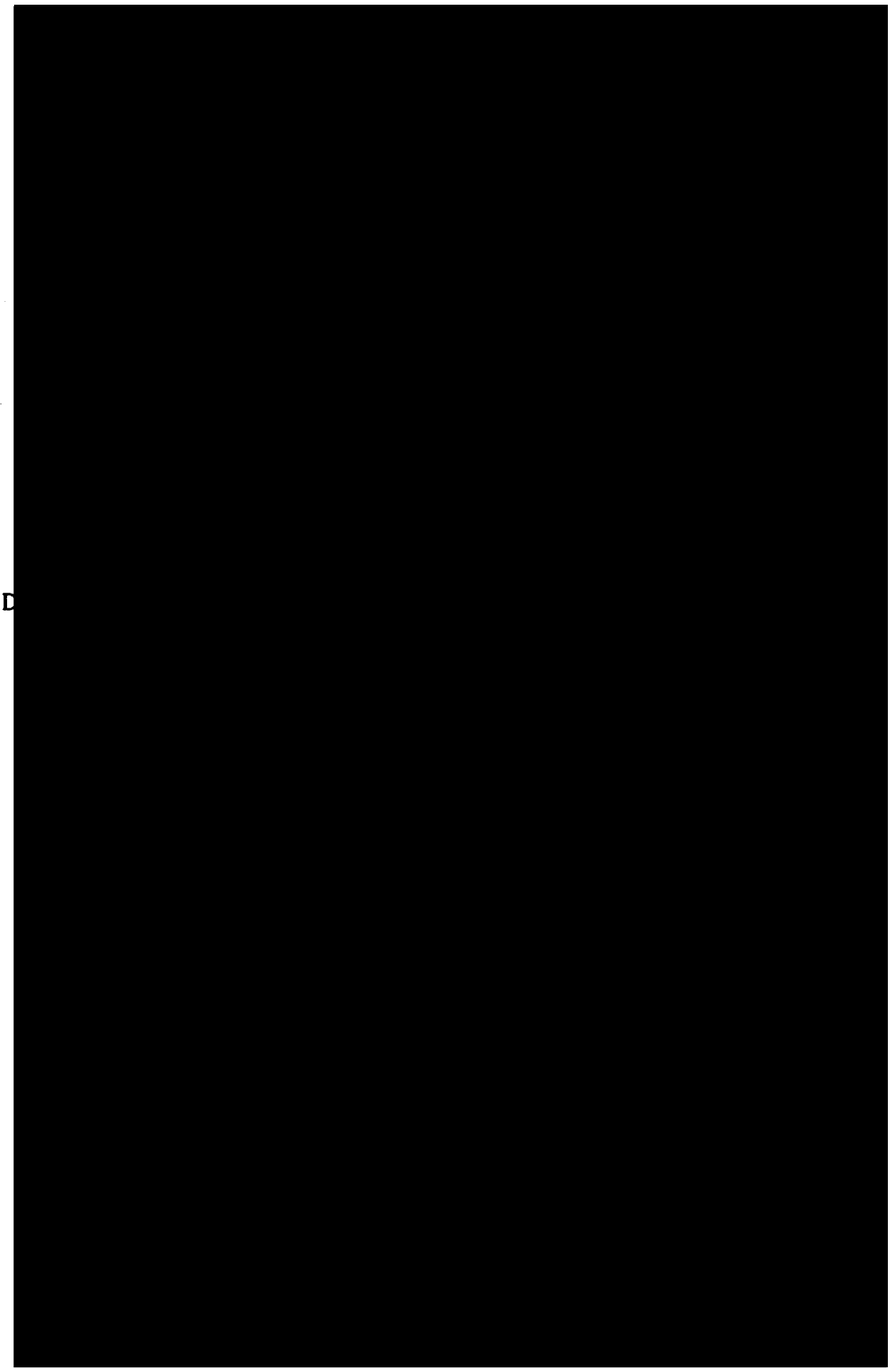
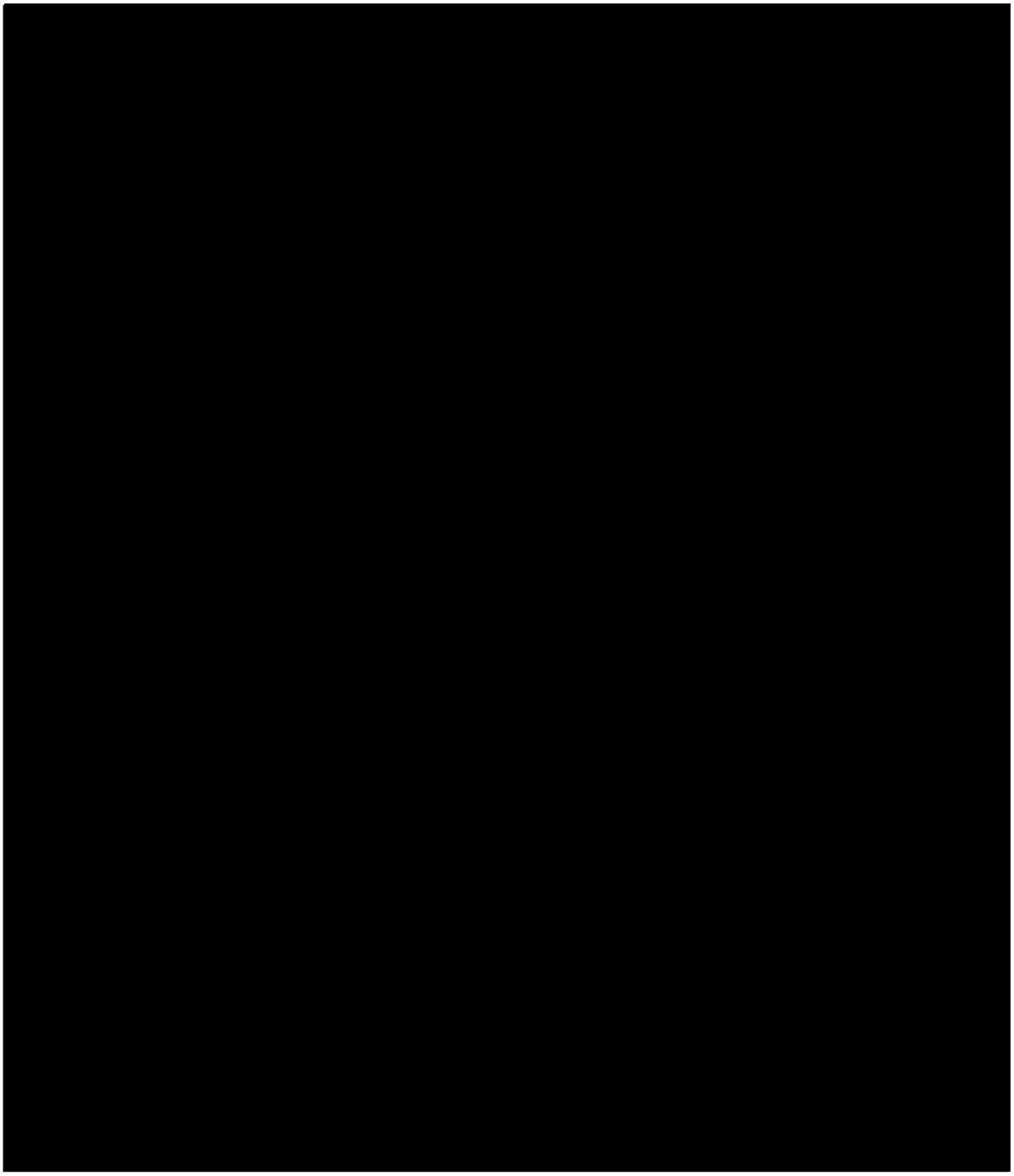
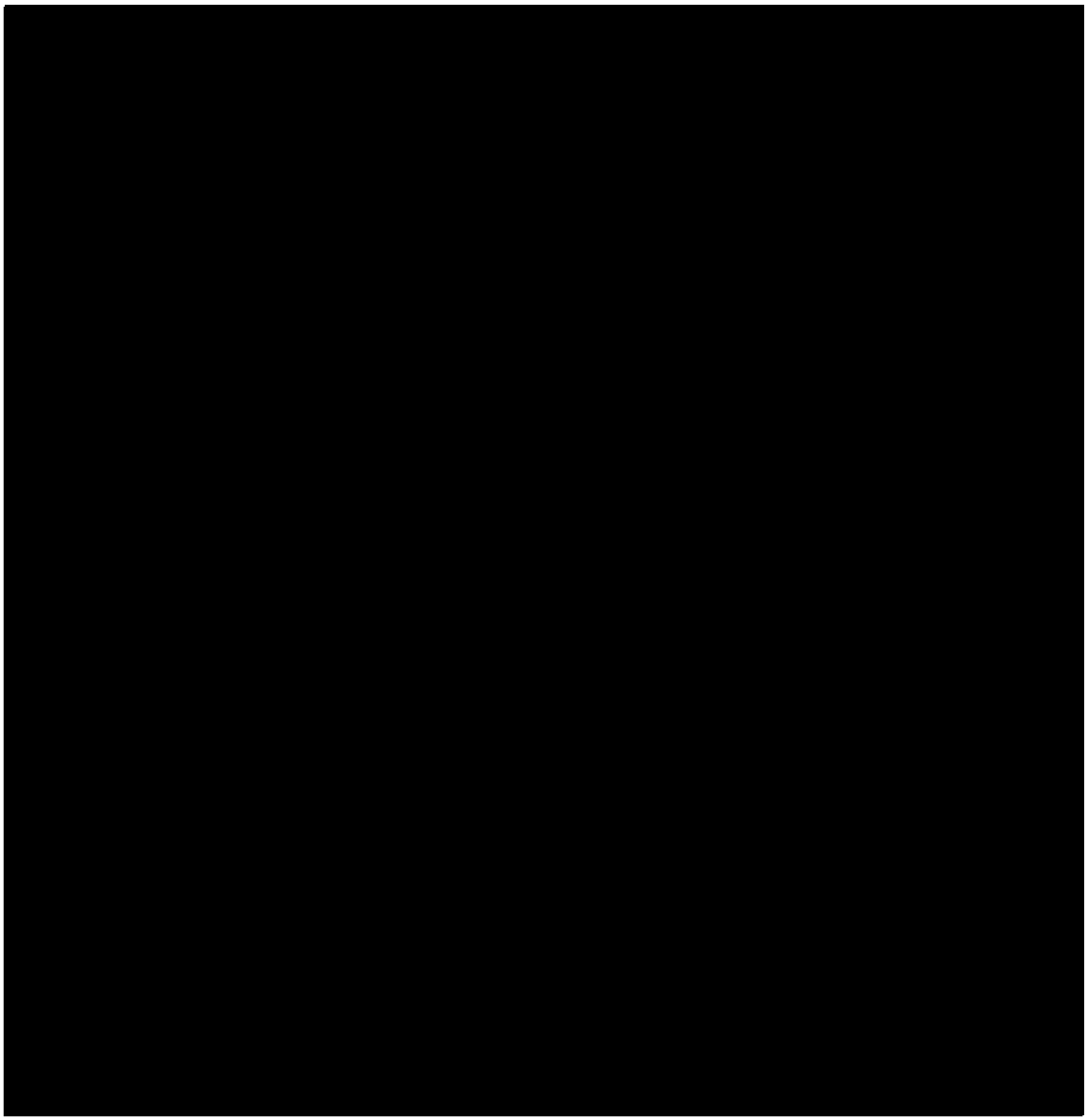
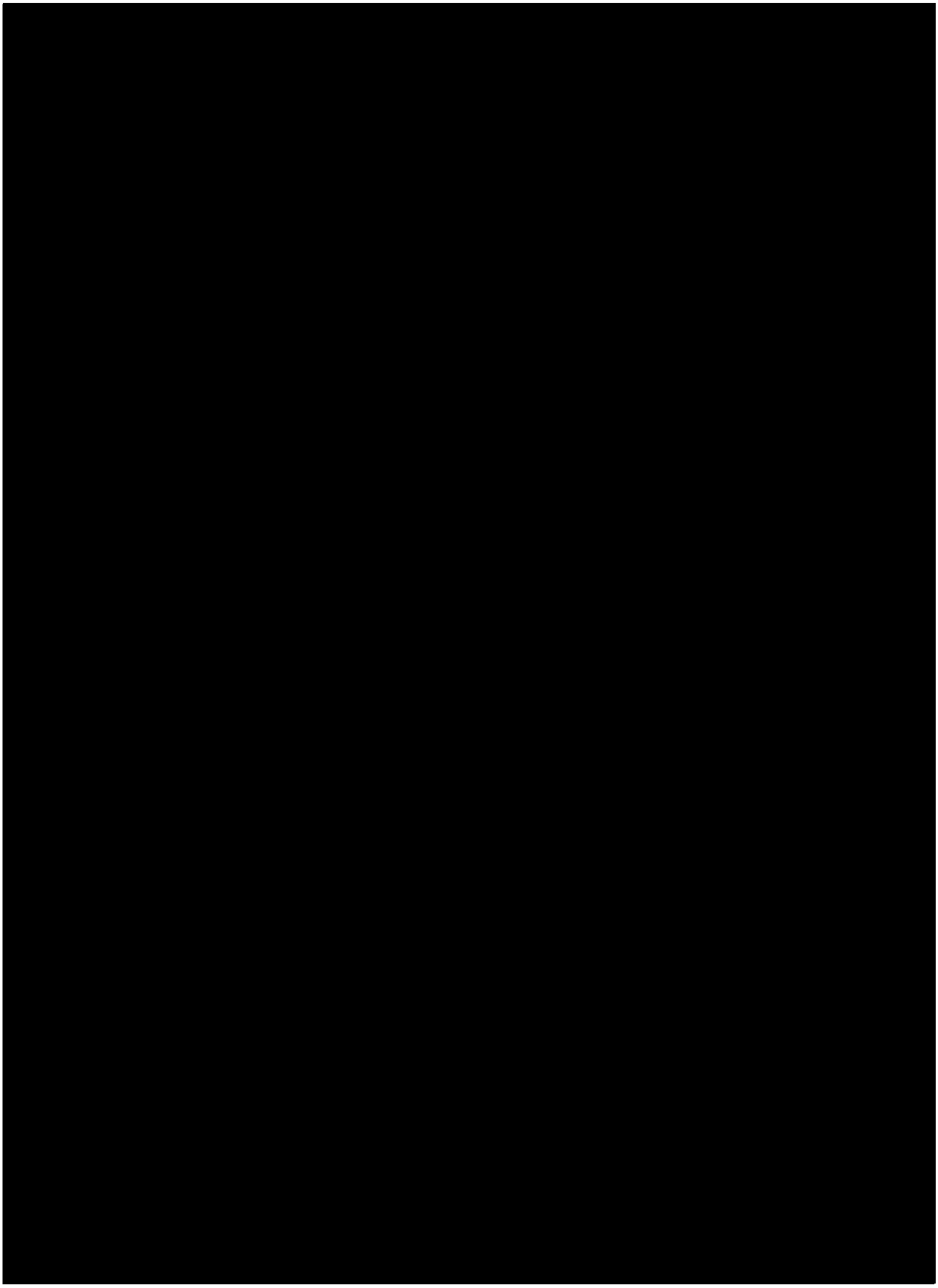


PRIMARY CARE STRATEGY



9. NEW CONTRACT FOR GENERAL PRACTITIONERS





10. QUALITY AGENDA – UPDATE

Members had received a briefing paper providing an update on progress on the implementation of "Best Practice, Best Care" and on other quality developments. Dr Carson highlighted some key areas as follows:

- The Health and Personal Social Services (Quality , Improvement and Regulation (NI) Order) had received Royal Assent.

- Clinical and Social Care Governance – the Department had issued guidance to HPSS organisations and special agencies about the content of baseline assessments. The assessments had been returned to the Department and are being analysed. Feedback will be given to organisations.

- CHI was commissioned to carry out a demonstration of their methodologies in association with UCHT. It is expected this will be completed by March. It will be evaluated and shared with the wider HPSS.

- It is hoped to establish the new HPSS Regulation and Improvements Authority in the New Year. Advertisements for the Chair and Chief Executive post for the HPSSRIA will be placed in the New Year. It is anticipated that the first formal reviews of clinical and social care governance arrangements by HPSSRIA will commence from April 2005.

- The development and implementation of the quality agenda continues to progress.

11. RESEARCH GOVERNANCE – AN UPDATE

- **New Research Ethics Committee System**
- **European Clinical Trial Directive**

Professor Stout, Director of Research and Development for HPSS, R&D Office gave members a presentation on Research Governance, the new Research Ethics Committee system and the EU Directive on Clinical Trials covering the following areas:-

- Drivers of Change
- Research Governance
    - Purpose
    - What will it mean
    - Standards
    - Responsibilities
- Sponsor
- The Medicines for Human Use (Clinical Trial) Regulations 2003
    - Background European Directive 2001/20 EC – Aims and Scope
- UK Regulations Overview
- Research Ethics Committees
    - Structures

- Issues
- Baseline Survey N.I. Ethical Review
- HPSS REC membership- Appointment process / Timetable

A copy of the overhead used in the presentation are attached at Appendix II of the minutes.

Professor Stout highlighted some key areas including:-

- The drivers for change are the Research Governance Framework for Health and Social Care which sets out a framework for the governance of research conducted by or on behalf of the HPSS and the EU Directive on Clinical Trials (2001/20/EC). The Medicine for Human Use (Clinical Trial) Regulations 2003 comes into operation on 1 April 2004. It aims to simplify and harmonise administrative provisions governing clinical trials.

- The Research Governance framework will apply to all research in the HPSS.

- Research Ethics Committees – The DHSSPS is seeking to establish three HPSS RECs by March 2004. Two third of REC membership will comprise of expert members and one third of lay members. RECs are independent committees which will consider the ethics of biomedical or social care research projects. From April 2004 researchers must have research ethics committee approval. The R&D Office will provide support for RECs by the establishment of the office for RECs. The DHSSPS is seeking expressions of interest in serving on these committees from health or social care professionals, including statisticians with experience in clinical research and from lay individuals. The closing date for applications is 21 November 2003. It is hoped that people from a wide range of backgrounds will apply.

During discussion the following main points arose:-

- In response to a query, Professor Stout confirmed that the three HPSS REC committees will consider all applications for HPSS research projects.

- Members sought clarification about the term principle investigator. Professor Stout explained that this is a descriptive term for the lead researcher who will take responsibility for the conduct of the research.

- Discussion focused on the question of indemnity and the roles and responsibilities of the employing organisations. There was concern that there was a degree of uncertainty about responsibility for indemnity. Members questioned whether Units/Trusts would provide indemnity. It was stated that much of the responsibility would fall on the employers of staff engaged in research.

- A number of concerns were raised including: the need to clarify roles and responsibilities of sponsors; issues surrounding how the research governance

framework would be applied to primary care and the liability of primary care organisations approving research; the impact of the proposals on student research.

- Concerns were expressed that smaller Trusts might see this as a large responsibility and might not wish to sign up to research. It was hoped that collaborative arrangements would be set up with larger Trusts.

- The discussion flagged up issues surrounding the future of audit and its relationship to research. There will still be demands for health care professions to demonstrate their involvement with audit and further work needs to be undertaken in this area.

The Committee welcomed the new research governance process and felt this would continue the move to improve the quality of research in the HPSS. However, there were still unresolved concerns regarding the possibility of negative impacts on clinical research which is an essential part of improving the quality of care for patients. The Chairman thanked Professor Stout for his presentation and it was agreed that the Committee would be provided with a further update on progress in due course.

12. ANY OTHER BUSINESS

Independent Review of Access to Yellow Card Data

[redacted]

Role of the Central Medical Advisory Committee

[redacted]

13. DATE OF NEXT MEETING

[redacted]

[redacted]