

## **CENTRAL MEDICAL ADVISORY COMMITTEE**

**The next meeting of the Central Medical Advisory Committee will be held on Wednesday 7 April 2004 at 2.00 pm in Lecture Theatre D.2 Castle Buildings**

### **AGENDA**

1. Apologies.
2. Chairman's Business.
3. Minutes of the Last Meeting.
4. Matters Arising from the Minutes.
  - Nurse Prescribing CMAC 2/04
  - Community Midwifery Unit
  - Research Governance –update CMAC 3/04
  - Primary Care Strategy
5. Minutes of the Hospital Services Sub-Committee and the General Medical Care Sub-Committee and any matters arising.
6. ICT Strategy Implementation
7. Implementation of New Medical Contracts – GP/ Consultant CMAC 4/04
8. Quality Agenda – an update CMAC 5/04  
Appraisal/Revalidation
9. Post Mortem Examinations – Good Practice in Consent and the Care of the Bereaved CMAC 6/04
10. Protecting Personal Information
11. Any other Business
12. Date of Next Meeting

### **Papers For Information**

Response of CMAC to Review of Public Administration in N.I. Consultation.  
Specialist Registrar Staffing 2004/2005  
Summary of Proposal for New Legislation on Human Organs and Tissue – to be tabled  
Decontamination of Reusable Surgical Instruments  
Picture Archiving Communication Systems

## CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting of the Central Medical Advisory Committee held on Wednesday  
7 April 2004 at 2.00 pm in Lecture Theatre D.2 Castle Buildings

**Present:**  
Dr J G Jenkins (Chairman)  
Dr B Farrell  
Mr C J McClelland  
Dr J Porteous (Chairman WMAC)  
Dr P Beckett (Chairman SAMAC)  
Dr M P O'Neill (Chairman NAMAC)

**In Attendance:**  
Dr I Carson  
Dr P Woods  
Mr G Gault  
Mr I McMaster  
Miss S Johnston  
Mr A Browne  
Mr P Conliffe  
Mr B Marsh

### 1. APOLOGIES

### 2. CHAIRMAN'S BUSINESS

The Chairman welcomed members. Membership of CMAC - The Chairman advised that the constitution of the Central Medical Advisory Committee includes the Chair of the NI Council for Postgraduate Medical and Dental Education as an ex-officio member. The NICPMDE has now been reconstituted as an HPSS Special Agency, the N.I. Medical and Dental Training Agency from April 2004. The new Chair of the Agency is a lay person. It was noted that there is no lay representation on Departmental Central Advisory Committees. The Chairman suggested that the Post Graduate Medical Dean of the Agency might be best placed to represent postgraduate medical education issues on CMAC. He sought members' views. CMAC agreed that the Postgraduate Medical Dean of the Agency should be invited to sit on CMAC. The Committee's view will be conveyed to the Department.

#### 2.1 Minutes of Central Advisory Committees

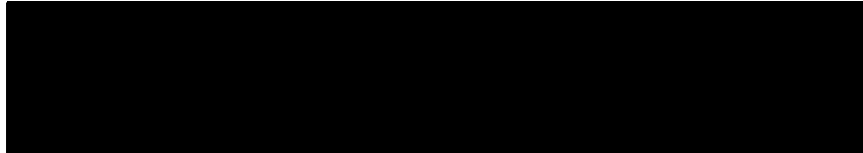
### 3. MINUTES OF THE LAST MEETING

### 4. MATTERS ARISING FROM THE MINUTES OF THE LAST MEETING

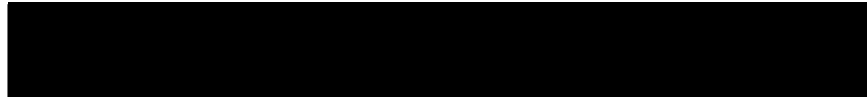
**4.1 Nurse Prescribing**

Members had received a paper from the Department's Nursing and Midwifery group providing an update on Nurse Prescribing. The Chairman said that the Committee would wish to keep this matter under review.

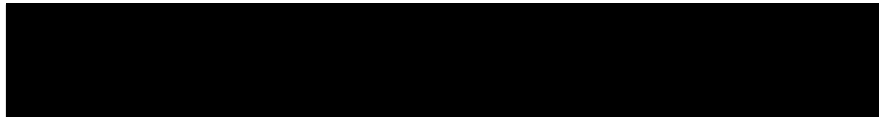
**4.2 Community Midwifery Units**



**4.3 Regional Strategy for Health and Personal Social Services**



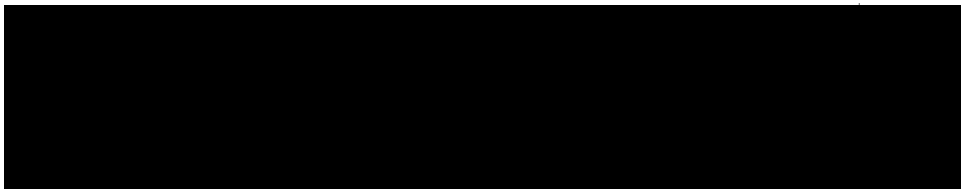
**4.4 Primary Care Strategy**



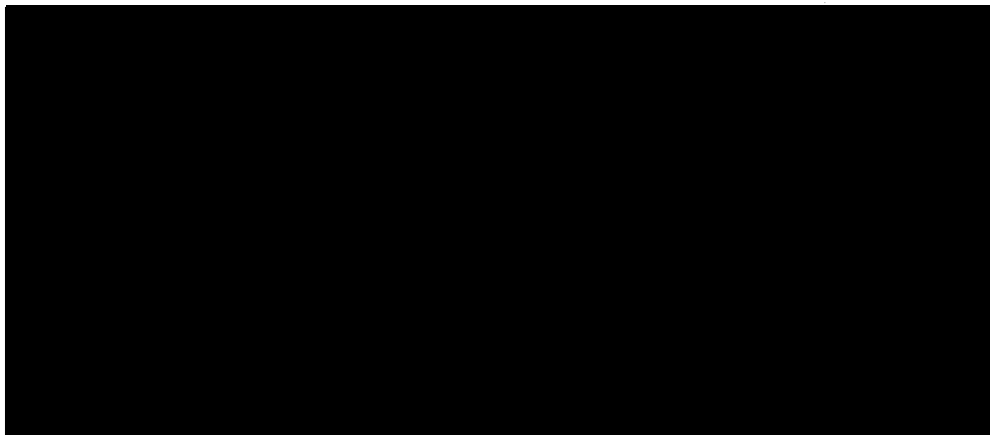
**4.5 Research Governance - update**

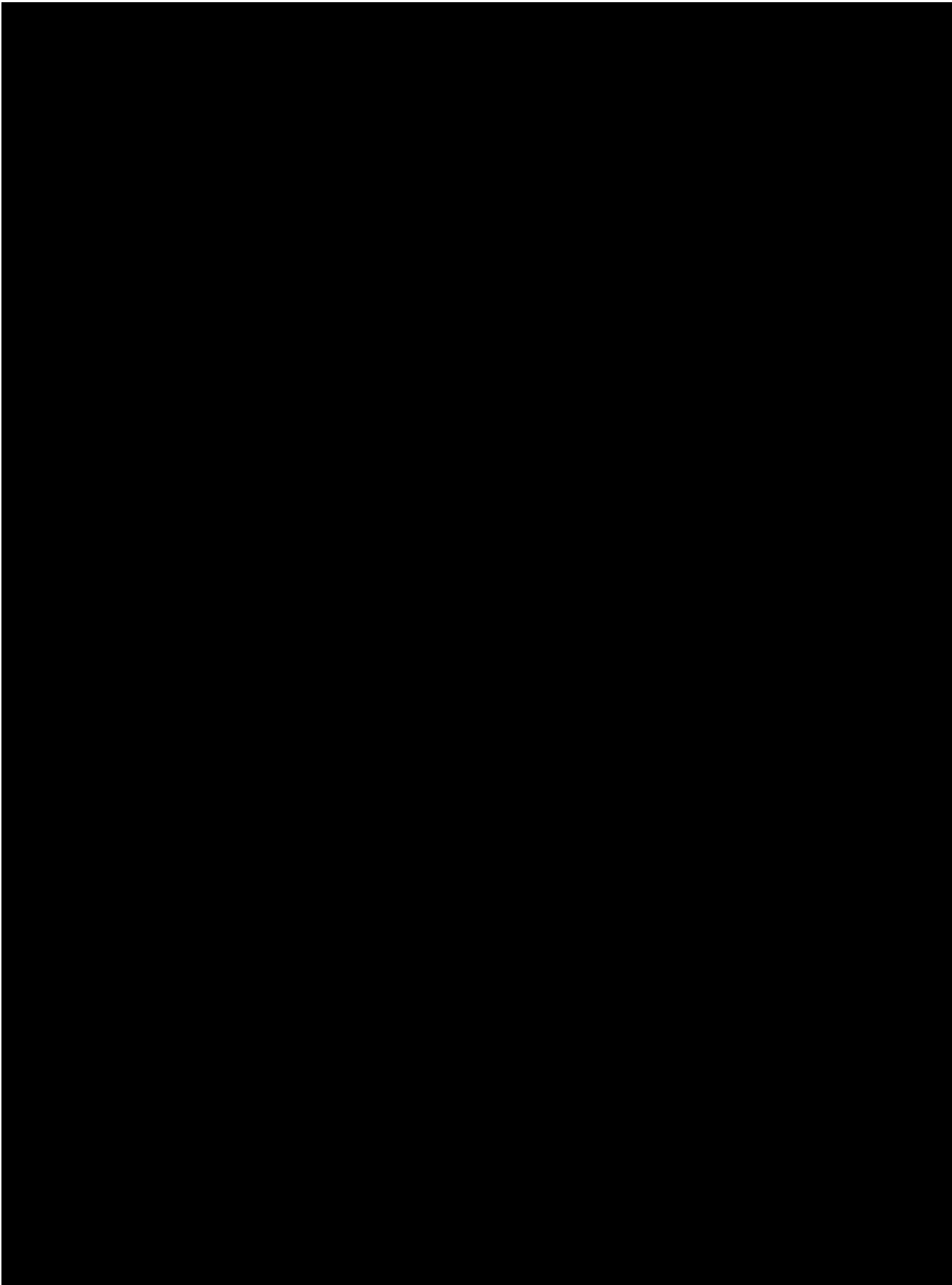
Members had received a press release on the appointment of members to the HPSS Research Ethics Committees.

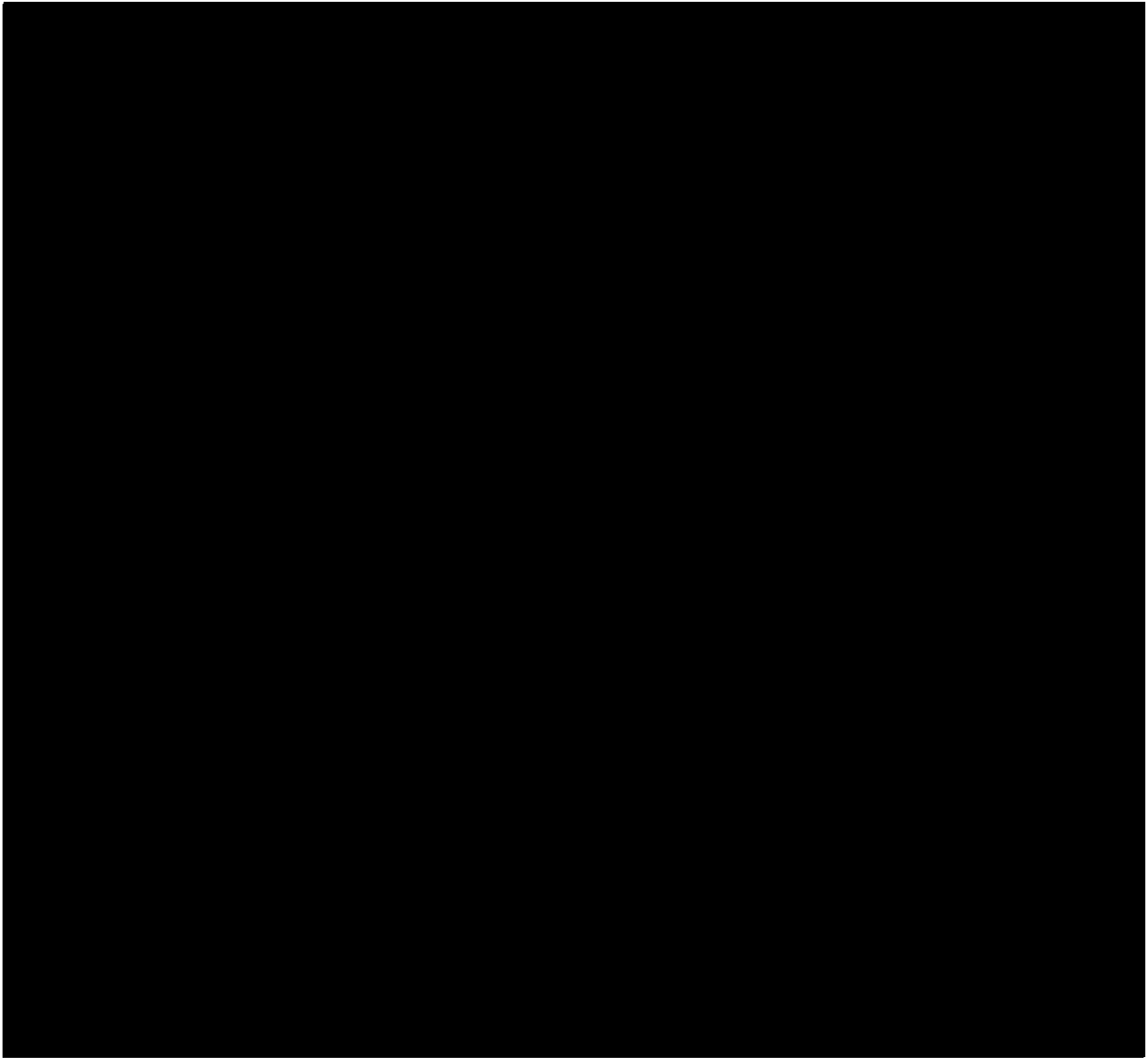
**5. MATTERS ARISING FROM THE MINUTES OF THE TWO SUB-COMMITTEES**



**6. HPSS ICT Strategy Implementation**

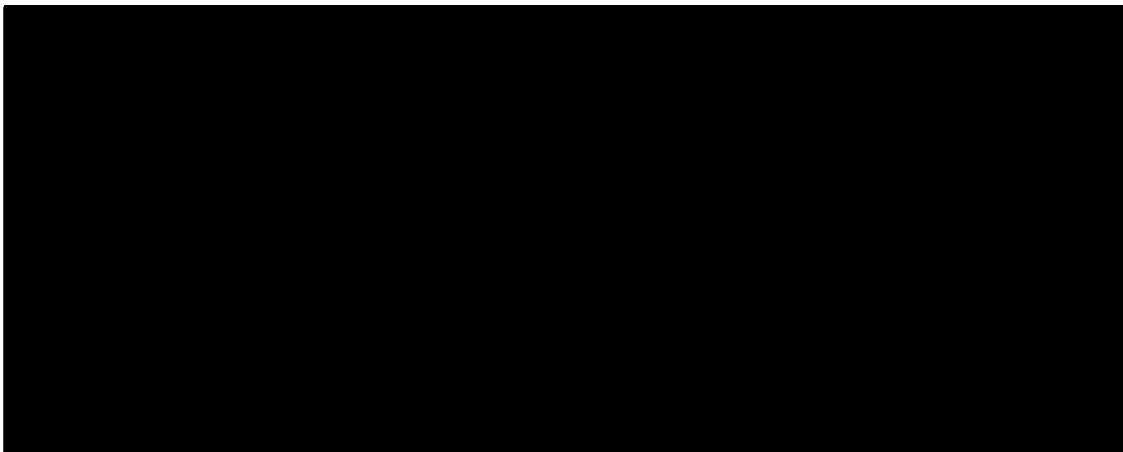


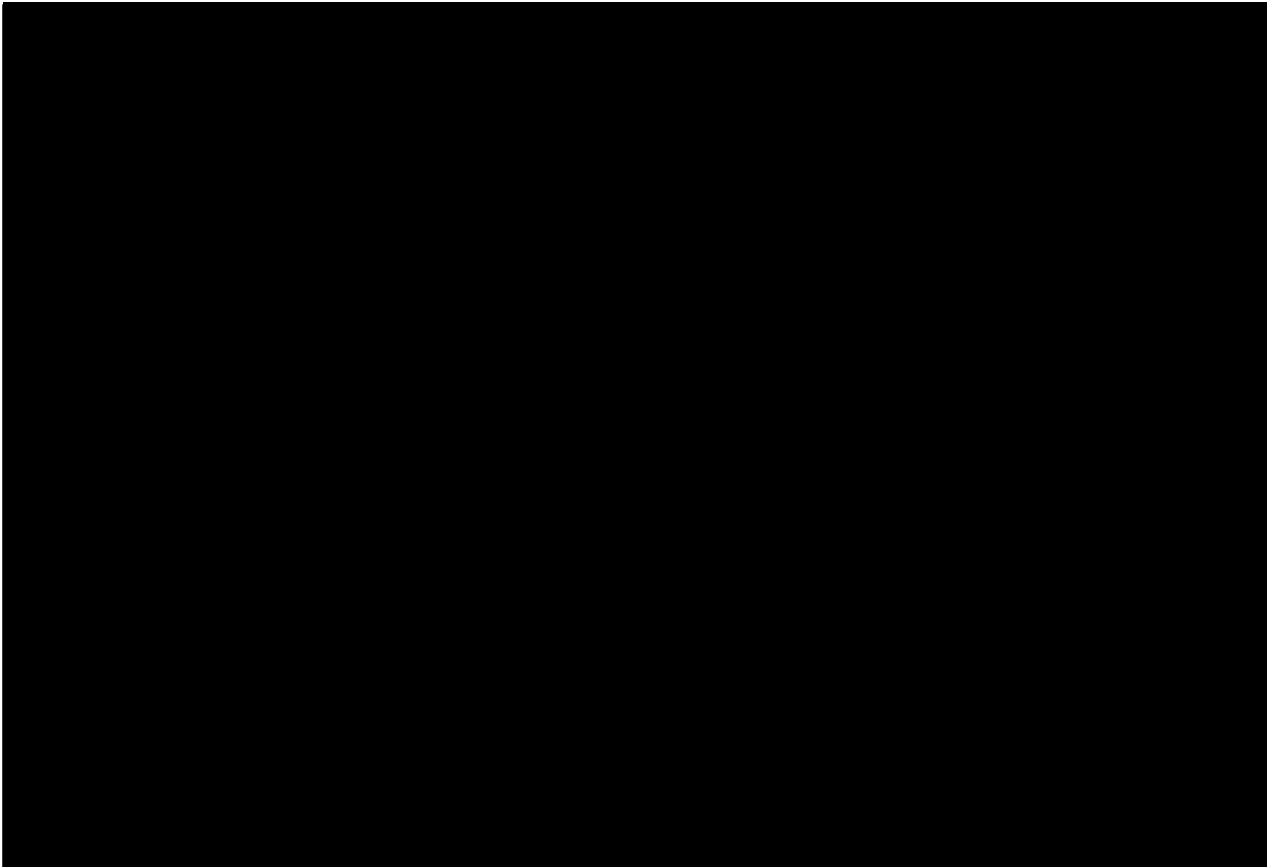




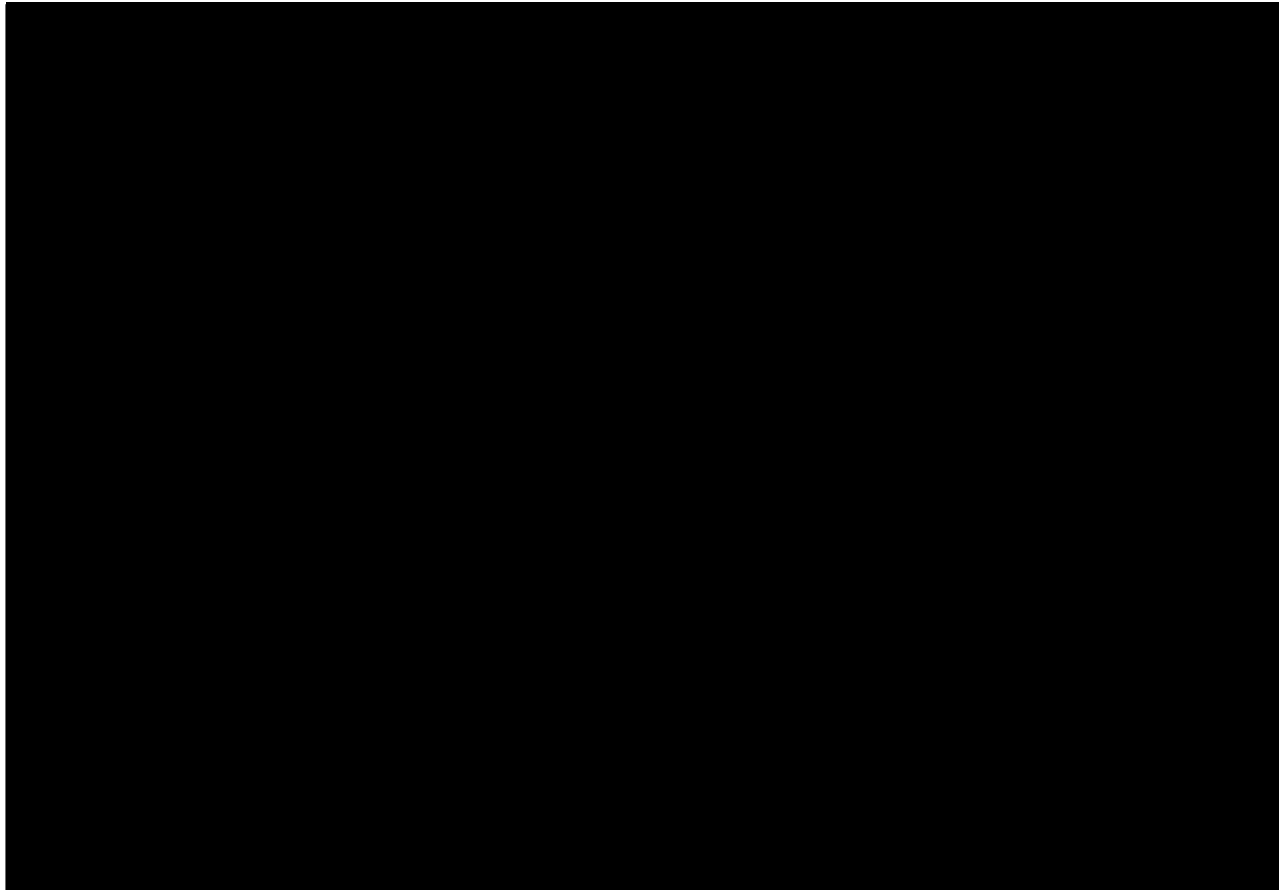
**7. IMPLEMENTATION OF NEW MEDICAL CONTRACTS –  
GP/CONSULTANT**

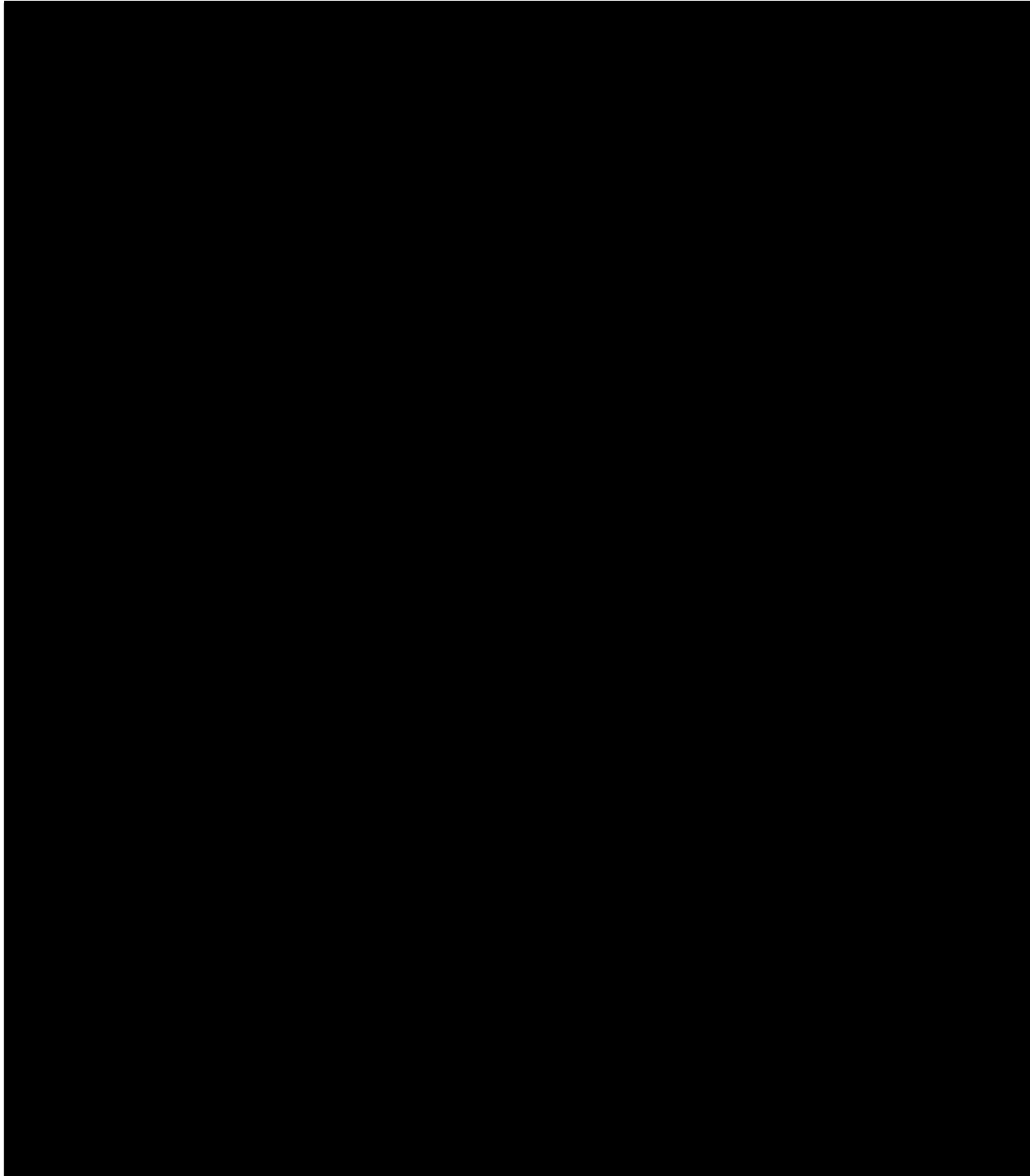
**GMS Contract**





**Consultant's Contract**





**8. QUALITY AGENDA – AN UPDATE**

Members had received a copy of the GMC fact sheet providing an update on revalidation. Dr Carson gave members an update on key areas of the quality agenda as follows:-

- Guidance has been issued to all professional groups and systems for appraisal and revalidation should now be in place. The Department will meet

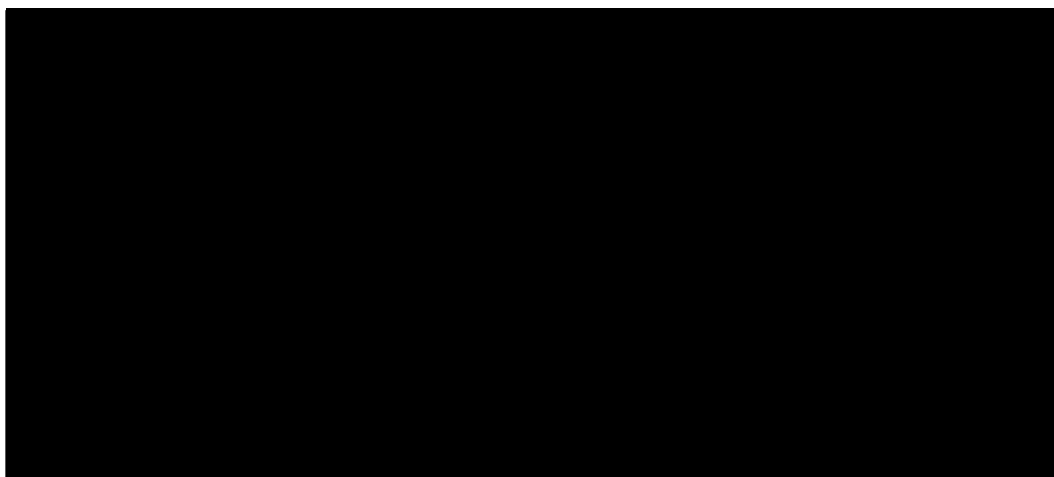
with GMC and give assurances that the appraisal procedures are compliant with clinical governance requirements.

- HPSSRIA – the recruitment process was underway for the Chair, Chief Executive and Directors posts.
- An important element is the establishment of formal links and relationships between NI bodies and national established standard setting bodies such as NICE and the Health Care Commission. Discussions are ongoing in this area.

Members were advised that from 1 January 2005 every doctor would need a licence to practice medicine; licences will have to be revalidated by the GMC periodically.

#### **9. POST MORTEM EXAMINATIONS – GOOD PRACTICE IN CONSENT AND THE CARE OF THE BEREAVED**

Members had received a copy of the consultation document “Post Mortem Examinations: Good Practice in Consent and the Care of the Bereaved.



Mr Browne highlighted the following:-

- Following the publication of the Human Organs Inquiry report in 2002 the Department had accepted all of the 20 recommendations. Recommendations included: An Enquiry Line; Human Tissues Act; Consent forms; Bereavement Care and Public information. A steering group in the Department has been taking forward their implementation.
- The Human Tissue Bill currently before Parliament will extend to Northern Ireland and will provide a consistent framework for issues relating to the taking and storage of human organs and tissue. This will be underpinned by the fundamental principle of consent and there will be stricter regulation.
- The Department wishes to ensure that good quality information and guidance on post mortem examinations is available to relatives and staff in the health services. It is therefore developing new information and guidance for relatives and professionals. The consultation document on post mortems includes new post mortem examination consent forms, information booklets; a code of good practice, new standards for professionals and a new care plan



for women who experience a miscarriage, stillbirth or neonatal death. These have been prepared in response to the recommendations of the Human Organ Inquiry. The consultation period ends on 27 April 2004.

Mr Browne invited comments from members. The following main points emerged:-

- The document states that consent for post mortem examination will only be taken by a specialist registrar or hospital consultant. Members were concerned that this was too prescriptive. It was suggested this should be a doctor of sufficient seniority who is best placed to communicate with patients and relatives.
- Members highlighted significant training implications for HPSS staff and the need for linkages with relevant training programmes.
- Attention was drawn to concerns about the resource implications of the consent process and the increased workload for medical professionals. It was noted the report indicated it was desirable that there would be an identified member of staff in Trusts who would be a point of contact for relatives, and would co-ordinate communication between clinical staff and relatives. Members were advised that further discussions are continuing on this matter.
- Members noted that there was no reference in the consultative document to Confidential Enquiries (eg CESD1) and questioned how the Inquiry's recommendations would fit into the new arrangements.

The Chairman undertook to formulate a response to this document on behalf of CMAC. He thanked Mr Browne for his attendance at the meeting.

#### **The Coroners Service of Northern Ireland Proposals for Administrative Redesign**

A copy of the consultation document "Coroners Services of Northern Ireland - Proposals for Administrative Redesign" was circulated to members. Dr Carson outlined the background to this document. He referred to previous relevant reviews including: the Review of Coronial and Death Certification systems in England Wales and Northern Ireland by Tom Luce published June 2003 and the Shipman Inquiry - the third report covers death and cremation certification and the coronial system. Both reports contain a broadly common analysis of the defects of the present system; however, there are some points of divergence, mainly concerning the scope of the death certification process.

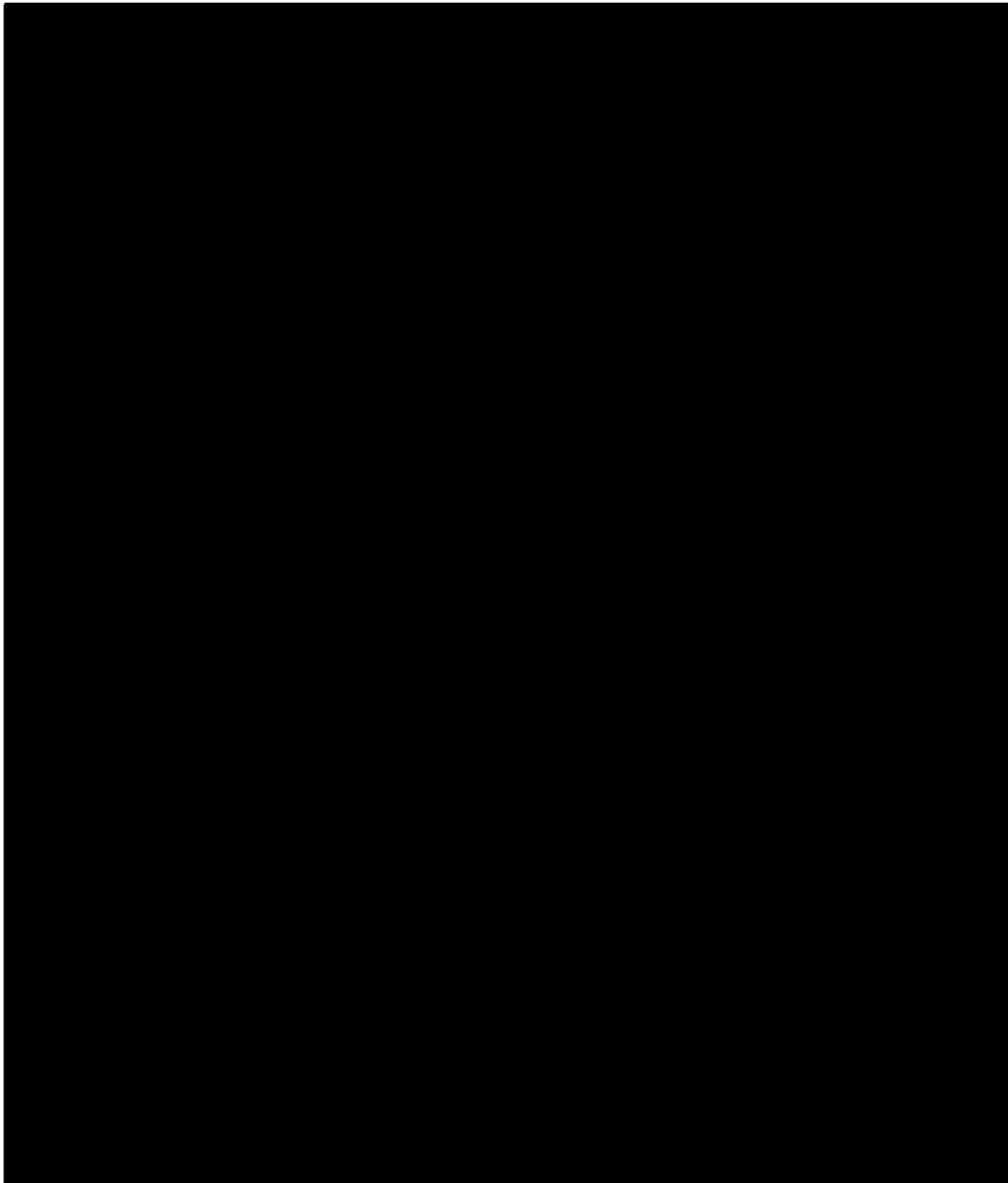
A Home Office position paper on reforming the coroner and death certification service was issued in March 2003. An N.I. Inter Departmental working group had been established to consider the details of the implementation and there will be further discussions with relevant professionals on the proposals in the position paper.

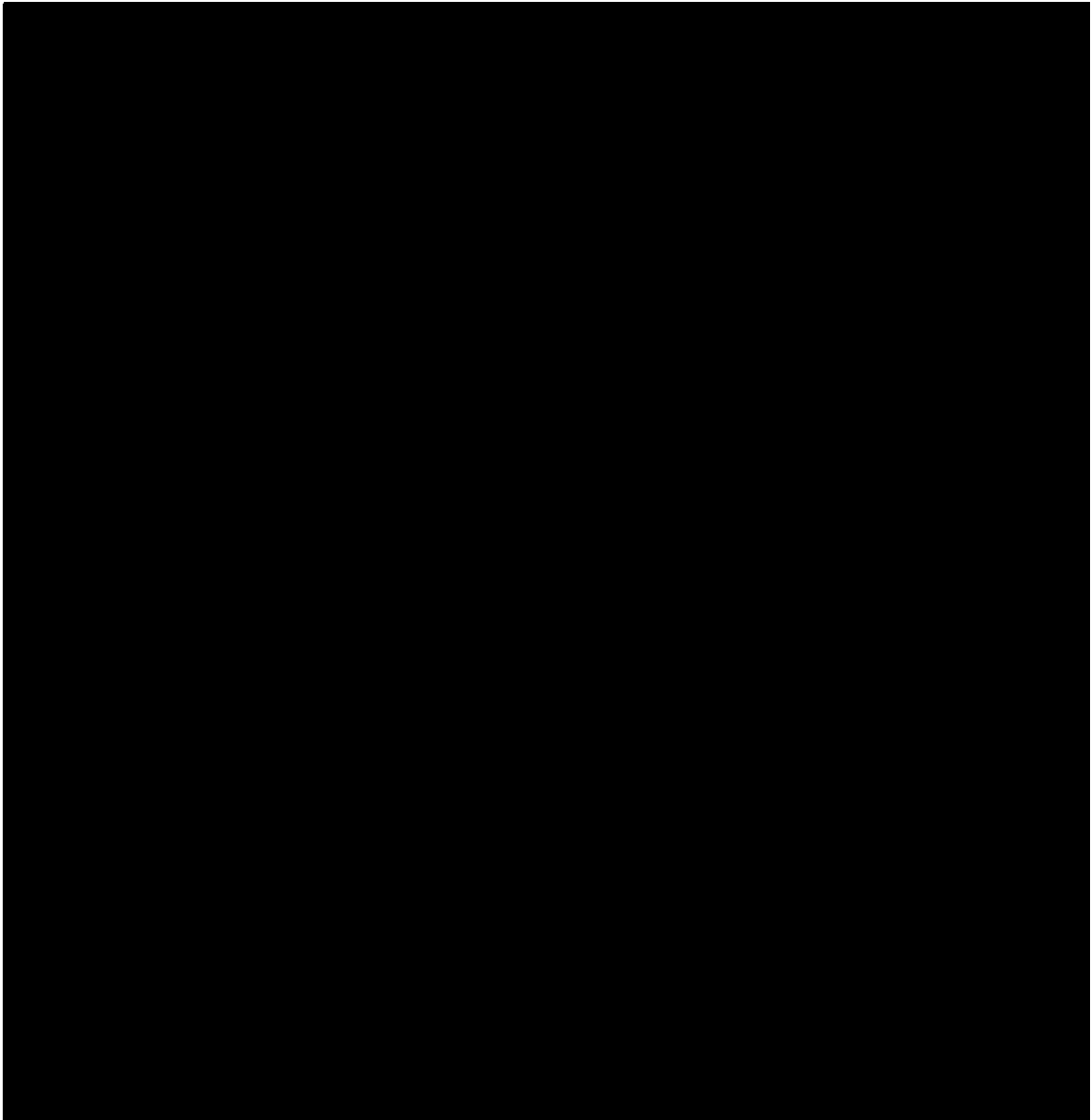
The NI Court Service invites comments on a range of proposals aimed at improving the service provided for bereaved families and users of the service. Proposals include: Creating a single NI coroners jurisdiction; Revising the judicial structure; establishing protocols with other agencies; death investigation; improving management information; coroners services inspectorate and planning future policy on the reform of the coroner services. The consultation period ends on 30 April 2004.

It was noted there are references in the document to new arrangements for the verification of death. These had implications for the training of doctors and it was felt there was a need to review training requirements at undergraduate and postgraduate levels. Members referred to need to clarify the proposed role of the Medical Examiner, their professional's relationships and the training requirements for this role. Also there was a need to consider the resource implications as a result of these proposals.

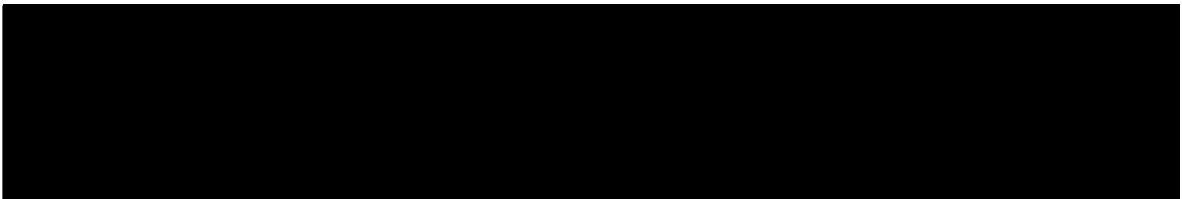
Dr Carson asked member to send any comments they wished to make on the consultation document to him by 14 April 2004. He undertook to keep members informed of progress on new proposals for death certification.

**10. PROTECTING PERSONAL INFORMATION**





**11. ANY OTHER BUSINESS**



**12. DATE OF NEXT MEETING**

