


**MINUTES OF THE MEETING OF THE CENTRAL MEDICAL ADVISORY  
COMMITTEE HELD ON THURSDAY 1<sup>ST</sup> DECEMBER 2005 AT 2.00 PM IN  
CONFERENCE ROOM C3.18, CASTLE BUILDINGS.**

**Present**

Dr J G Jenkins (Chairman)  
Dr J S Bailie  
Dr B Farrell  
Professor R Hay  
Dr R F Houston  
Dr J P Porteous  
Dr I Orr  
Dr T McMurray  
Dr C J McClelland  
Dr T Trinick (Chairman EAMAC)  
Dr M P O'Neill (Chairman NAMAC)

**In Attendance**

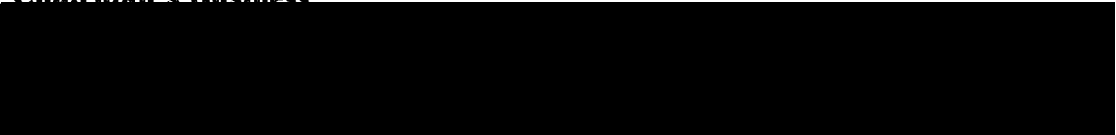
Dr M Briscoe  
Dr P Woods  
Mr D Sullivan  
Mr D McMahan  
Mrs D Taylor  
Mr D Reilly  
Mr J Nesbit



**1. Apologies**



**2. Chairman's Business**



**ACTION POINT: SECRETARIAT TO CONTACT CHAIR OF  
GMCS.**

**3. Minutes of Central Advisory Committees**



4. **Minutes of the last meeting held on 27<sup>th</sup> April 2005**

[REDACTED]

5. **Matters arising from the minutes.**

- **Nurse Prescribing**

Dr Jenkins informed members of the recent press release which highlighted the extension of nurses and pharmacists role. Patients will be able to get a quicker and more efficient access to medicines as a result of this.

- **Update on the Procurement of Locum Doctors**

[REDACTED]

- **Strategic Development of Out of Hours Services Paper 13/05 was tabled.**

At the last meeting of CMAC members highlighted a number of concerns, including the membership of the OOH Regional Group. Members requested that the membership of the Group should be examined and consideration given to a GP representative from a professional organisation. Members were advised that the membership of the Group was currently being reconstituted and members concerns would be addressed. Members felt it was important that bullet point 8 of paper 13/05 on linkages between accident and emergency, minor injury services and GMS out of hours services needed to be looked at in a wider context. Dr Jenkins referred members to the Scottish Report which had been published recently.

- **Update on Review of Public Health Functions in Northern Ireland. Members were asked to note paper 14/05**

6. **Minutes of the Hospital Services Sub-Committee and the General Medical Care Sub-Committee**

[REDACTED]

## **7. Modernisation and Service Reform**

- **Review of Public Administration**

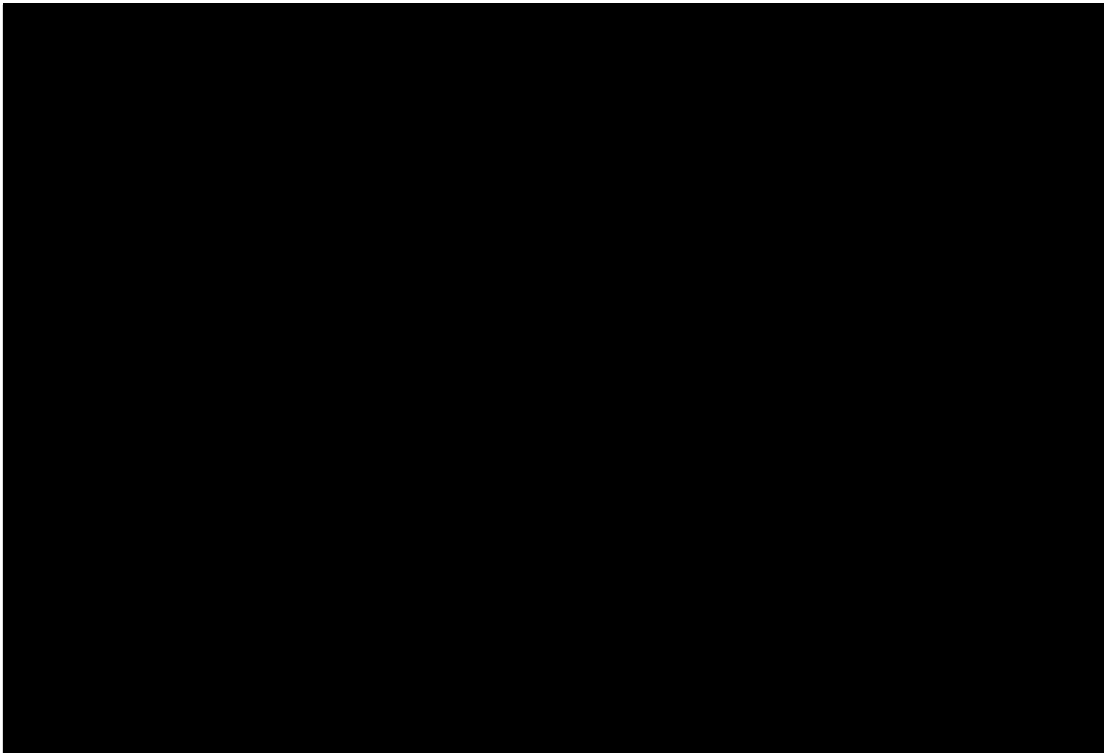
The Chairperson welcomed Mr Denis McMahon, Director of Modernisation. He updated members on the RPA process and the Principals of Reform. Members were given a presentation on the Reform of the Health and Social Services. A copy is attached at Appendix 1. Key items highlighted include:-

- Local Government Decisions;
- Education Decisions;
- HPSS feedback from Consultation;
- HPSS Decisions which include the new structures and;
- Provisional Timeframes for Delivery

A discussion followed and members expressed concerns about the frustration of trying to keep the current structure functioning adequately until the new system is operational. Views were also expressed on the uncertainty. Mr McMahon reassured members that professionals will be involved in all of the stages of development.

### **Improving Elective Services**





**8. Update on Quality and Safety**

- **Links with National Standards Setting Bodies**

Dr Briscoe Senior Medical Officer, DHSSPS, reported that the Department was currently considering a local process to apply NICE guidance for the HPSS. Details will be published within the next few weeks. Progress has been made on the development of a Service Level Agreement with The National Patient Safety Agency. Guidance on the nature and arrangements for linkage with NPSA will be issued within the next few months.

The Chairperson, informed members that HPSSRIA have changed their name to Regulation and Quality Improvement Authority.

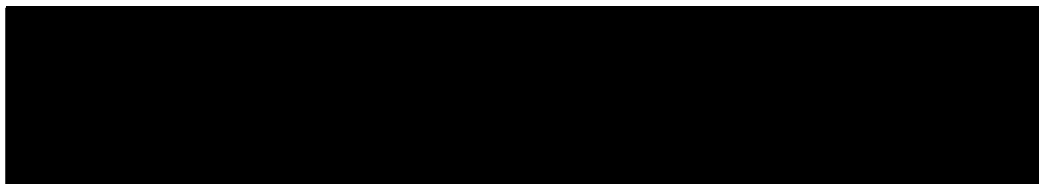
- **Northern Ireland Shipman Programme Board**

Dr Briscoe reported that two meetings had taken place to co-ordinate a local response. The DOH interim response to Shipman 5 should be published before December 8. The local response is expected to be sent out for consent in February 2006.

- **Appraisal and Re-Validation**

The Department had commissioned an evaluation of medical appraisal systems in Northern Ireland. The report was imminent.

- **Electronic Prescribing**



**9. Workforce Planning, Education and Training**

- **Workforce Planning Update – Medical Profession**

Dr Woods, Senior Medical Officer, DHSSPS, informed members that Deloitte Touche had been appointed to carry out a review of the Medical Workforce, and it is hoped that the final report will be completed in early 2006.

- **Expansion of Medical School at Queens University Belfast**  
Professor Hay, Queens University, reported on the expansion of Medical School at Queens University Belfast. From September 2005 the number of student places for Medicine at Queens University has risen by around a third to 250. He informed members that a new Medical School building will be provided on the Belfast City Hospital site. It is hoped by the end of 2006 the Medical School will provide medical students with more interactive learning.

At present recruitment of teaching staff is ongoing. Some problems recruiting suitable staff have been encountered. Professor Hay highlighted some of the other problems that the medical school was facing: - Belfast Trusts has reached their capacity to cope with Medical placements; additional placements in all organisations are dependant on additional SUMDE funding.

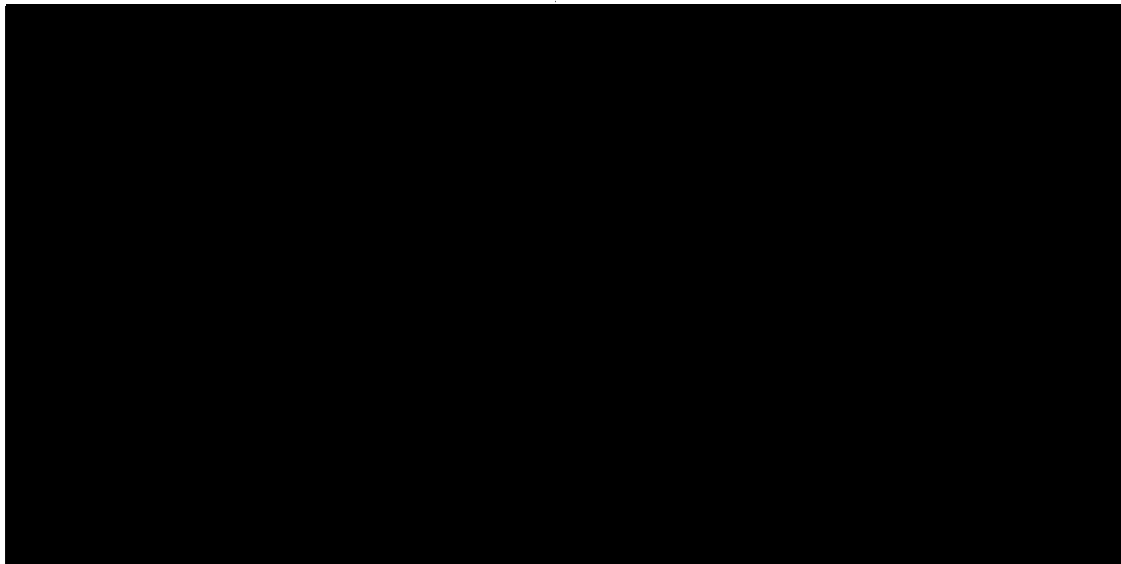
- **Review of SUMDE (Supplement for Undergraduate Medical & Dental Education)**  
**Paper 24/05 tabled**  
Ms Diane Taylor, Human Resources Directorate provided members with an update on the work which is ongoing to manage the 'new SUMDE'. A Departmental Group has been established to manage the increased number of medical students and to consider the costs associated with teaching. 'Old SUMDE dealt with 154 medical students and 'new SUMDE will look at 96.
- **Impact on new medical contracts on Education and Training and reorganisation of Queens University, Belfast**

It was felt that the pressure on costs arising from implementation of the new consultant contract had slowed down progress on agreement of job plans, (about 75% had been agreed). Concern was expressed about the impact of potential shortfall of allocation of the number of PAs (programmed activities) would have on education and training. On average there were 11 PAs per consultant. However, the split between "patient care" and "professional activities" was determined on an individual basis.

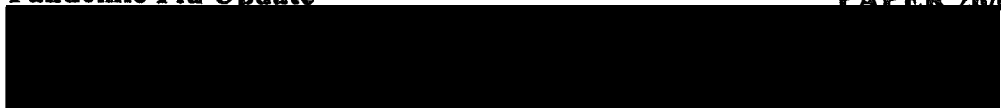
For clinical academics, two Trusts have agreed the number of PAs. However, it was noted that there was variability across the UK. In Scotland all clinical academics got an extra PA but in England it varied. It was noted that there was potential for conflict between the university contract and the consultant contract.

More resources had been given to NIMDTA for implementation of Foundation 1 and 2 programmes. From 2007 there would be "run through" training; further work was required on this model and the funding of it. In general, members felt that the combination of recent changes arising from local implementation of the new consultant contract and Modernising Medical Career had the potential to have a negative impact on education and training.

**10. Proposals for Protecting Personal Information**



**11. Pandemic Flu Update** **PAPER 26/05**



**12. Reform of Special Advisory Committee Structures** **PAPER 27/05**

[REDACTED]

**13. Any Other Business**

[REDACTED]

**14. Date of Next Meeting**

[REDACTED]

**ACTION POINT: SECRETARIAT**