

**HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL
ADVISORY COMMITTEE**

Minutes of the meeting held on Wednesday 4 June 2003 at 2.15pm in Lecture Theatre
D.2 Castle Buildings

Present: Dr J G Jenkins (Chairman)
Dr I M Rea
Dr M Madden
Dr I Orr
Ms C M Scally
Dr K Moles
Dr M Parker
Dr S J A Rankin
Dr M Shields
Dr T C M Morris
Dr B Devlin
Mr F J Mullan
Dr R F Houston
Mr L Roche
Mr E J Mackle
Mr M McCann
Mr K S Pansear
Mr B Craig

In Attendance: Dr H Campbell (CMO)
Dr P Woods
Dr D McMahon

1. APOLOGIES

[REDACTED]

2. CHAIRMAN'S BUSINESS

[REDACTED]

3. MINUTES OF LAST MEETING

[REDACTED]

4. MATTERS ARISING

4.1 Best Practice – Best Care

CMO gave members an update:-

- The necessary legislation the HPSS (Quality, Improvement Regulations) Order had received Royal Assent and had proceeded as an Order in Council.
- The Order will place a requirement to deliver quality services by placing a statutory duty of quality on HSS Boards, Trusts and some special agencies.
- Work is ongoing to set up the structures to support the establishment of the new independent Body the N.I Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA). Its functions will include monitoring, regulating and inspecting services and reporting on the quality of services.
- Work is underway to develop clear standards of care and treatment for the HPSS.
- Formal links and reciprocal arrangements are being negotiated with national established standard setting bodies such as NICE, SCIE and the bodies CHAI and CSCI.
- It is proposed to establish a clinical and social care governance support team to assist HSS bodies in the development of clinical and social care governance.

Discussion focussed on the development of formal links with national bodies such as NICE and CHAI to undertake functions on behalf of Northern Ireland. The requirement for more Northern Ireland representatives on these bodies was highlighted.

4.2 Developing Better Services – Modernising Hospitals and Reforming Structures

Members had received a press release and a copy of the Minister's speech announcing his decisions on the consultation document "Developing Better Services – Modernising Hospitals and Reforming Structures."

CMO said that following the Minister's announcement a significant start had been made to take forward the modernisation of the acute hospital service programme. She referred to the announcement of the large capital investment programme in acute hospitals.

In response to a query CMO said it was expected that a decision on the siting of the new central maternity hospital in Belfast would shortly be made.

The Chairman said the Committee had campaigned over a long period to see progress on the modernising of acute hospital services in Northern Ireland and welcomed this drive forward.

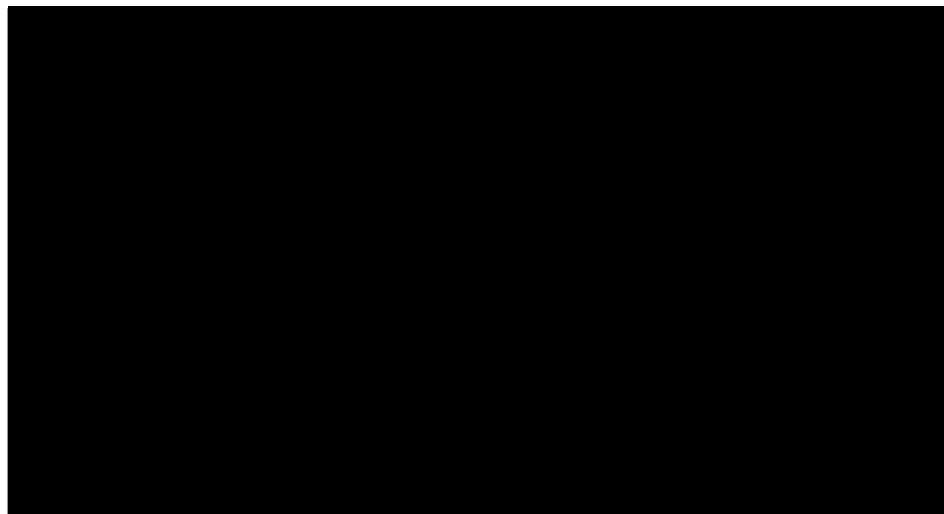
4.3 Postgraduate Medical Education and Training

Dr Woods gave members an update:-

- The Department of Health had published a policy statement on Postgraduate Medical Education and Training.
- Draft legislation with a view to establishing a new body, the Postgraduate Medical Education and Training Board was in progress through Parliament. It is anticipated that the Board will be established by October 2003.
- Advertisements for recruitment to the Board had taken place across the four countries of the UK. Two nominees (a lay and a medical member) representing Northern Ireland will sit on the Board.

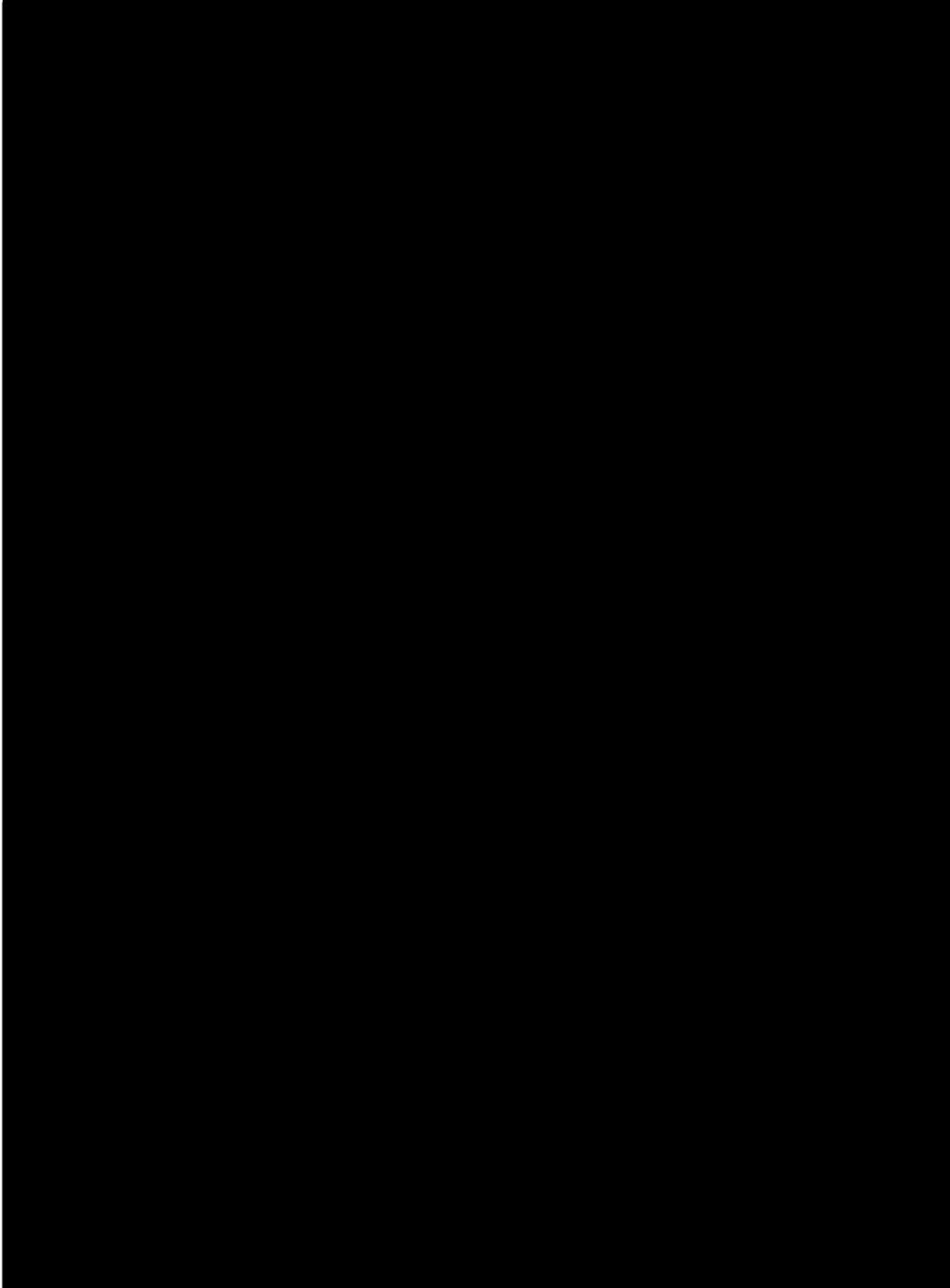
Members suggested other methods of trawling for these posts should be used to attract more applicants who may not see the advertisement in the press for example communicating this information by way of a page on the CMO's website and inclusion in CMO's Update. It was stated there was a need to increase N.I representation on national committees.

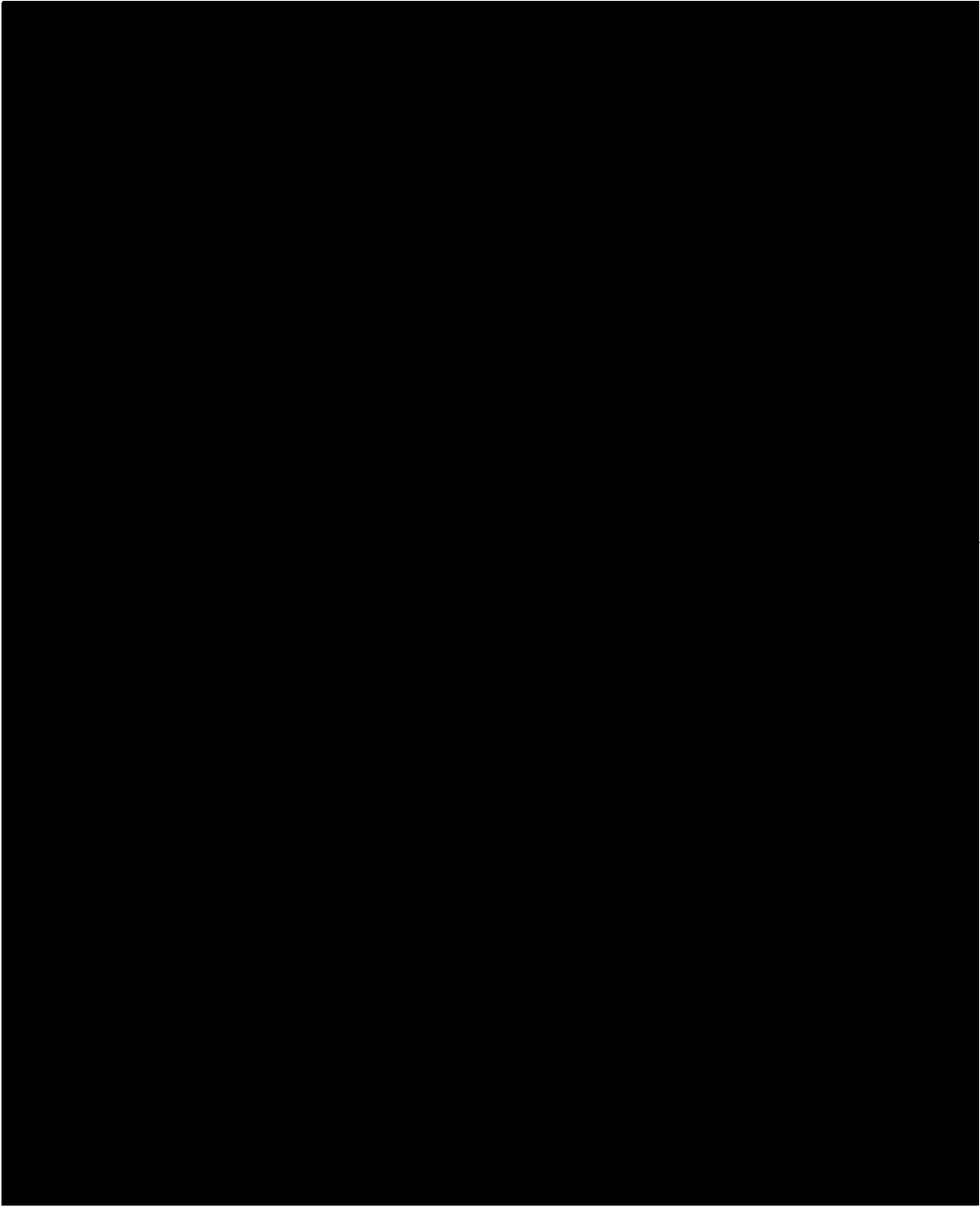
4.4 Staff Grade Posts -Anaesthetics Causeway Hospital





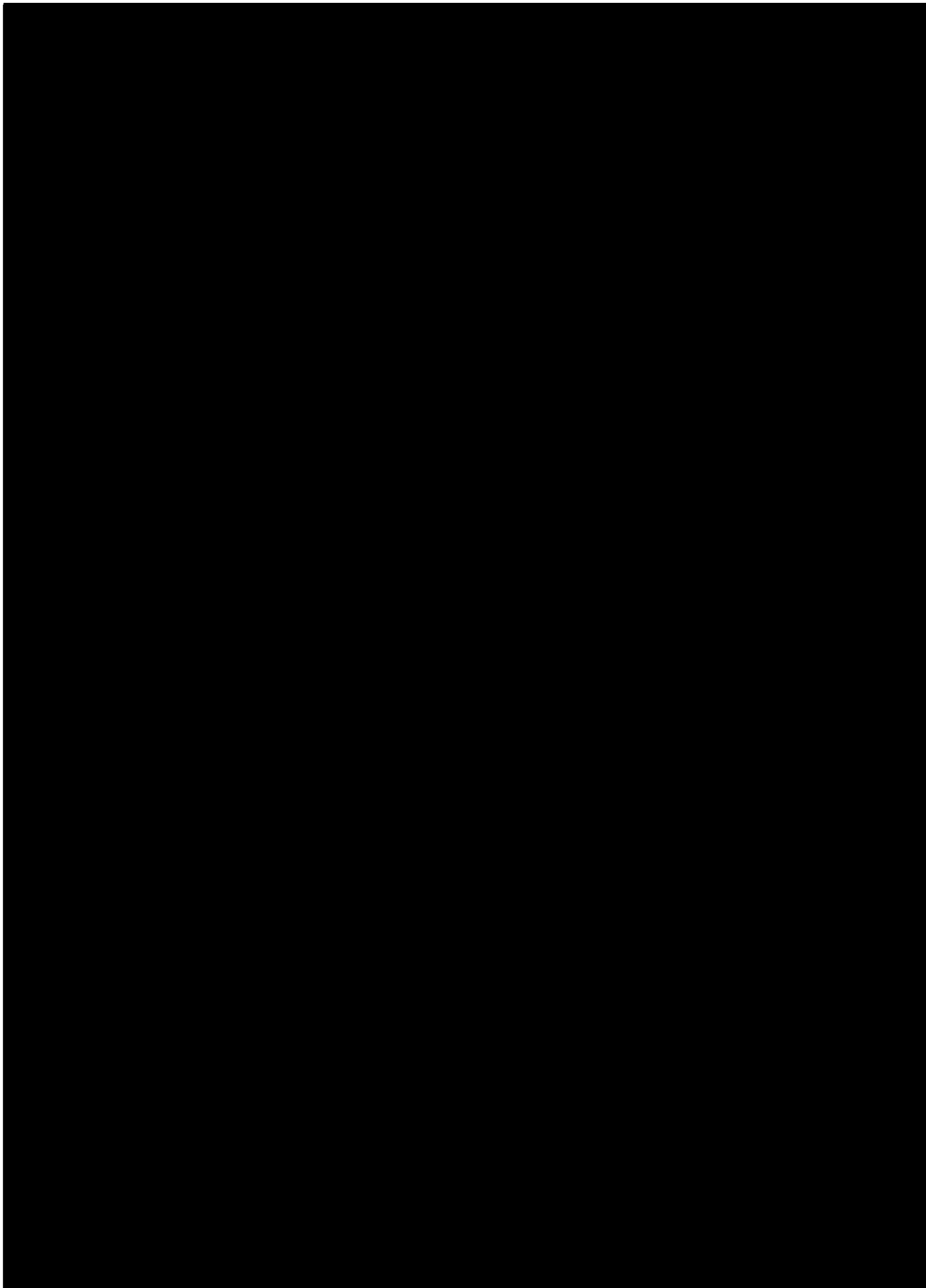
**5. SPECIALIST REGISTRAR STAFFING - ALLOCATIONS FOR
2003/04**

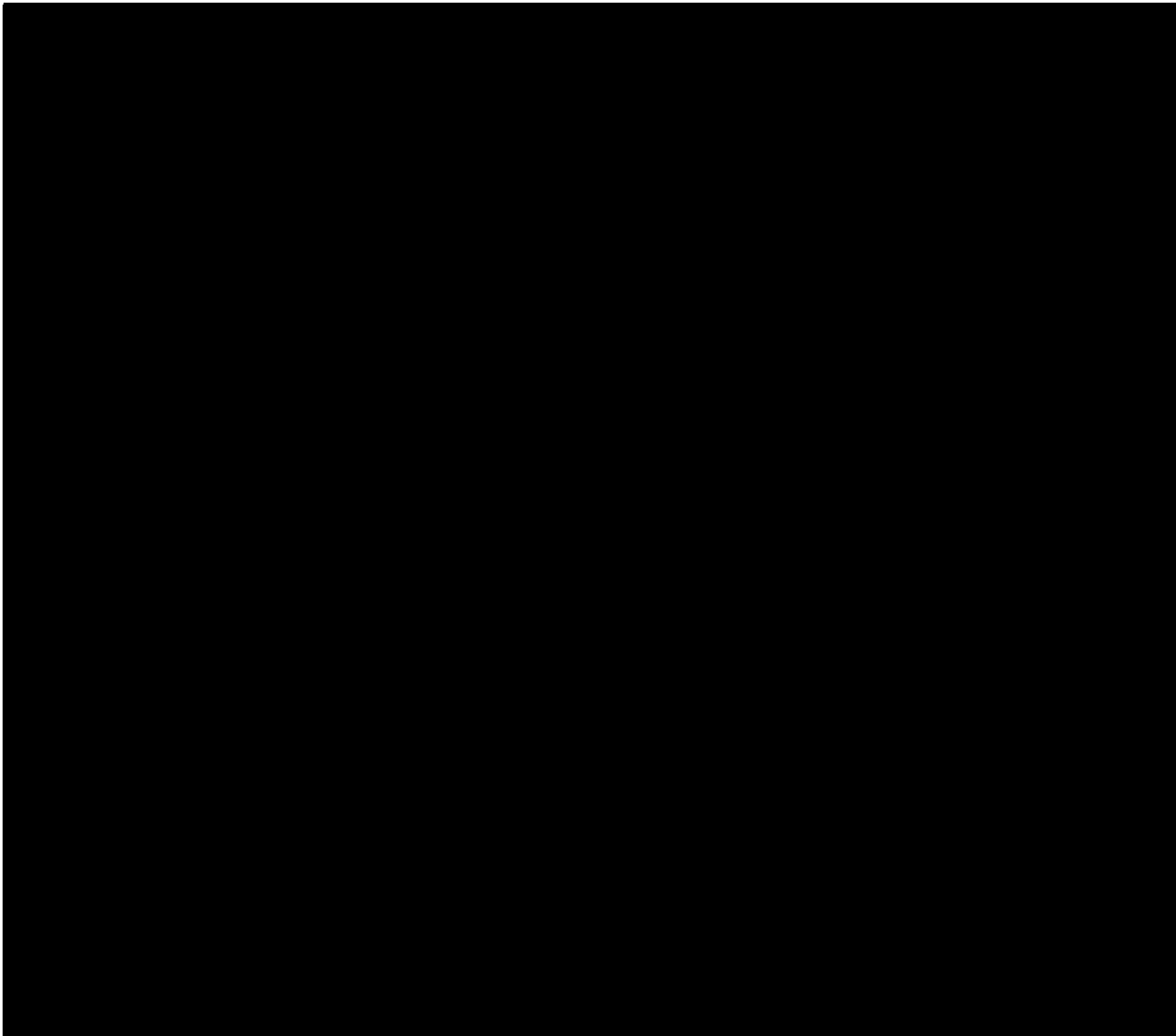




**6. NEW REGIONAL STRATEGY FOR HEALTH AND WELLBEING
2002-2022**







7. REVIEW OF NORTHERN IRELAND COUNCIL FOR POSTGRADUATE MEDICAL AND DENTAL EDUCATION

Dr Woods advised that the consultation period on the review of the Northern Ireland Council for Postgraduate Medical and Dental Education had ended on 7 March 2003. It had examined the current role, structure and performance of the NICPME. Responses to the consultation had been collated and final proposals on the future shape of the Council will be determined. It is expected proposals will be published before the summer break.

8. REFORM OF THE SENIOR HOUSE OFFICER -UK WIDE POLICY STATEMENT

Members had received the document "Modernising Medical Careers" the response of the four Health Ministers to the consultation on the report "Unfinished Business - Proposals for the Reform of the Senior House Officer

Grade" which was published in Northern Ireland in August 2002. A summary of the local responses to the consultation exercise has been issued to members.

Dr Woods said that local responses to the consultation document had indicated that it was generally accepted there was a need to reform the medical career structure. Dr Woods summarised key points. These included:

- In general, the principles underlying the proposed changes were welcomed. However, there were a number of reservations about their practical implications and implementation. There were concerns about the shorter CCST programmes and run-through programmes of training which it was recognised go beyond proposals to reform the SHO grade. Others accepted it was not possible to reform the SHO grade in isolation and the "whole system approach" was correct.
- There was a clear message from consultants locally and UK wide about the resource implications of the proposals at all levels of the education infrastructure, in certain specialities and to compensate for the loss of services from trainees and the greater commitment of consultants to organise and deliver training.
- It is anticipated that the two year foundation programme of general training will be in place by 2005. There will be a transition period for the new structure. Along with other regions in the UK, local pilot schemes would be set up to examine the implications of the proposals. Work in other areas is ongoing; for example developing the new curricula for the programmes and examining the potential for the creation of a run- through training grade.
- Proposals relating to implications for the non-consultant career grades and how they will fit into the medical career structure will issue shortly. Dr Woods invited comments from members. The following main points arose:-
 - Members highlighted a number of concerns including: the resource implications of the reforms; the impact of the proposals on the number of SHOs in the system; a shortfall of SHOs and the training reforms would mean less service delivery by SHOs; and the implications for the educational infrastructure.
 - Discussion focussed on the second year foundation programme. The Chairman highlighted the importance of the foundation training programme providing doctors with a range of exposure to a number of different specialties. He emphasised the importance of specialty groups making their views known on this matter. It was suggested that Trusts should examine how rotations might be adjusted to match requirements.

- A large number of the SHOs in the foundation programme will be general practice trainees and the proposals do not address concerns about the SHO element of the training programme arrangements, the service contribution that these SHOs would make and service shortfalls.
- Members referred to the proposals for seamless training and questioned whether 100% of trainees would progress to higher specialist training or how many would move in or out of training. The need for flexibility to enable doctors to move out of or back into training was highlighted.
- It was felt there was a need to take a common sense approach to training and service needs and that appropriate service contribution is a key part of a young doctor's training. It was felt that the document had not focused on the links between service and training.
- There was little detail in the document about career opportunities and pathways for non-consultant career grade doctors. Members highlighted the need to take account of these doctors' training and service experience.
- With regard to the proposals for shorter training programmes leading to the award of an earlier CCST members expressed the view that it takes longer to train a generalist than a specialist. Also Northern Ireland has smaller hospitals and needs doctors with a broader experience.
- The Committee expressed reservations about the many practical difficulties surrounding the implementation of the proposals including the need for additional resources, and felt these should be addressed properly and there should be an honest assessment of the implications of these proposals on services provision.

9. JUNIOR DOCTORS HOURS

Members had received a written update detailing the current position in terms of compliance with the New Deal across all specialties and grades.

Dr Woods summarised some of the key areas :-

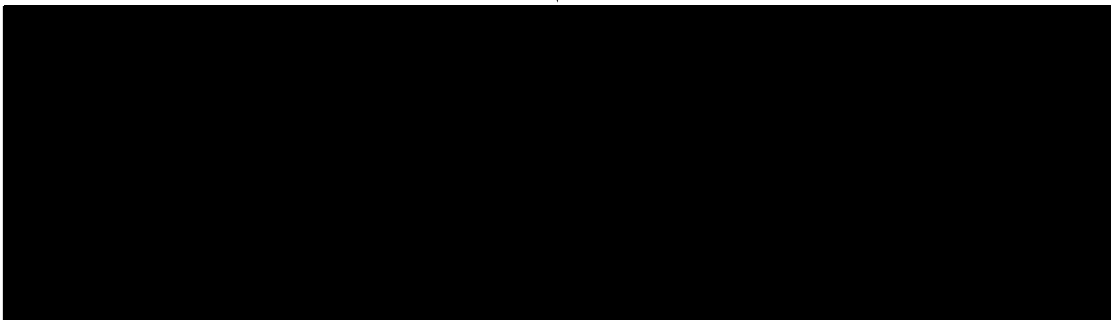
In the past year progress had been made in overall compliance figures. The paper detailed compliance rates in the PRHO, SHO and SpR grades. Significant progress had been made in the PRHO grade. Members sought clarification about the differences in banding in some specialties in the SHO grade. It was felt that working arrangements in some specialties were more amenable to shift type working pattern.

Members raised a number of concerns including

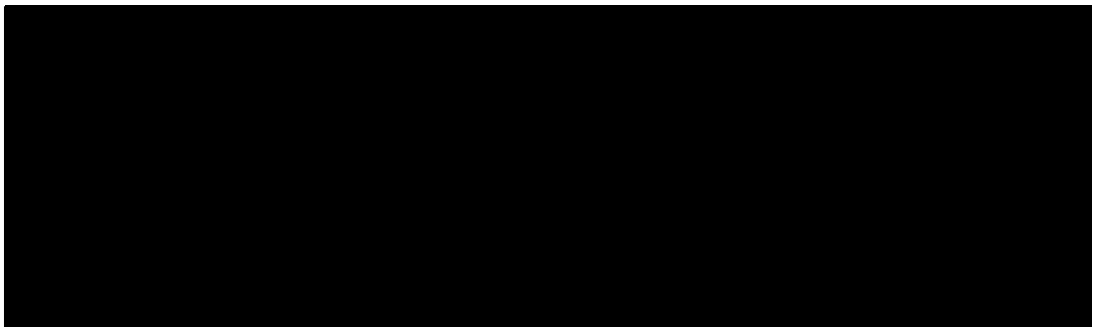
- There was a two tier system in "training" posts and some SHO posts are not recognised in relation to compliance with the New Deal. Dr Woods explained that if a post is not a training post it is not governed by the Junior Doctors Hours New Deal.
- Shortage of SHOs and difficulties in filling vacant SHO posts in some specialties.
- Concerns about the recording of hours worked and standards in monitoring the completion of return forms. Some doctors are not taking natural breaks which are part of the New Deal contractual obligation. Members were advised that ISG will examine this matter.
- The changing of banding relates to a significant decrease in salary and the need to ensure bandings are the same between different hospitals. It was stated there should be structures to ensure differentials throughout hospitals in NI are kept to a minimum.

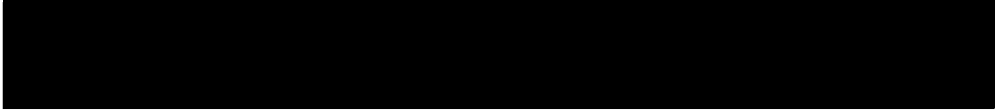
The Chairman referred to the development of a financial strategy in relation to the new contractual arrangements and financial targets set for Trusts and specialities to continue the drive towards compliance. ISG is aware that perverse incentives will apply for some years and is continuing to drive forward compliance as best it can.

10. ASSOCIATE SPECIALISTS REGRADINGS



11 ANY OTHER BUSINESS





12. DATE OF NEXT MEETING

