

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

Minutes of the meeting held on Wednesday 29 October 2003 at 2.15 pm in Lecture
Theatre D.2 Castle Buildings

Present: Dr R Houston (Chairman)
Dr I M Rea
Dr P Murphy
Dr I Orr
Dr G Gallagher
Dr K Moles
Dr I Hunter
Dr S J A Rankin
Dr M Shields
Dr T C M Morris
Dr C Cassidy
Dr B Devlin
Mr C J McClelland
Mr F J Mullan
Mr J Gray
Mr L Roche
Mr E J Mackle
Mr M McCann
Dr J R McCluggage
Dr W W McConnell
Mr K S Pansear
Dr A Mairs

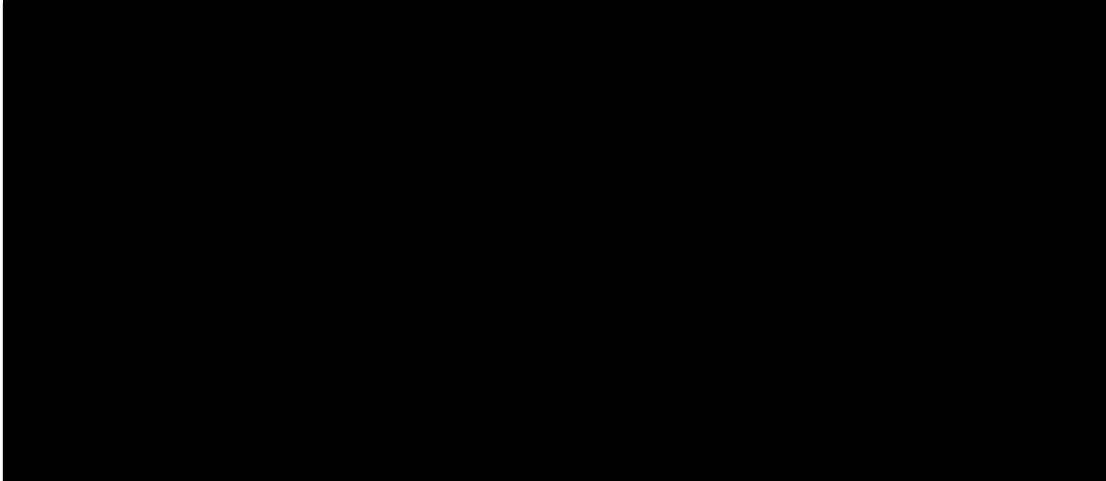
In Attendance: Dr H Campbell (CMO)
Dr I Carson
Dr P Woods
Mr D Sullivan

1. APOLOGIES

[REDACTED]

2. CHAIRMAN'S BUSINESS

[REDACTED]



3. MINUTES OF LAST MEETING



4. MATTERS ARISING

4.1 "Best Practice – Best Care"

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

- Clinical and Social Care Governance - The Department had issued guidance to HPSS organisations and special agencies about the content of baseline assessments. The assessments have been returned to the Department and are being analysed. Feedback will be given to organisations.
- It is envisaged that a Clinical and Social Care Governance Support Team will be in place in early 2004. It will facilitate and support the HPSS in the development of C&SCG.
- CHI was commissioned to carry out a demonstration of their methodologies in association with the UCHT. It is expected this will be completed by March .It will be evaluated and shared with the wider HPSS.
- Standards and Guidelines Unit – It is envisaged that this unit will commence operation in the New Year. Work is underway relating to the development of links with NICE and other standard setting bodies and the development of a programme for Service Development Frameworks.
- HPSSRIA - It is hoped to establish HPSSRIA in shadow form in the New Year. Its main functions will be to monitor

governance arrangements in the HPSS and register, inspect and regulate a wide range of services against specified standards. It is anticipated that advertisements for the Chair and Chief Executive posts will be placed in the New Year. It is expected that the first formal reviews of CSCG arrangements will commence from April 2005.

- The development and implementation of the quality agenda is progressing. There is a need to ensure transparent quality arrangements are in place to provide a framework to deliver the quality agenda.

4.2 Postgraduate Medical Education and Training

o Postgraduate Medical Education and Training Board

Dr Woods advised that members of the newly established Postgraduate Medical Education and Training Board had been appointed, following the appointment of Professor Clive Morton as Chair.

The Board will be responsible for establishing, maintaining and monitoring standards relating to medical training throughout the UK. It will ensure a single unifying framework for PGME. Members had received a briefing paper outlining the functions and composition of the Board.

Two nominees representing Northern Ireland (a lay and a medical member) were appointed. Dr Jenkins is the medical member and Mrs Frances Gawn is the lay member. It was agreed that the full membership list of PMETB will be sent to members.

The Board had held its inaugural meeting. An interim Chief Executive had been appointed. There will be an important period of transition involving the two existing bodies, the STA and JCPTGP.

o Review of NI Council for Postgraduate Medical and Dental Education

Dr Woods gave members an update as follows:-

- A summary of the responses to the consultation process on the review of the Northern Ireland Council for Postgraduate Medical and Dental Education had been issued to members. The majority of respondents welcomed the review and the general thrust of its recommendations.
- NICPMDE will be reconstituted as a HPSS Special Agency, - the Northern Ireland Medical and Dental Training Agency, from April 2004. Its main responsibility will be to facilitate the

provision of high quality postgraduate and continuing medical and dental education. The Board of the Special Agency will consist of a non-executive Chair and 5 non-executive Directors.

- A copy of the advertisement for recruitment to the Chair of the new Agency had been issued to members.
- The role of the Postgraduate Medical Dean and Chief Executive will remain combined.
- A range of views had been received on the constitution of the Board. The Board will consist of a Chair and 5 non-executive directors. The Chair may emanate from any background. Of the non-executive directors, one will be sought from a medical background and one from dentistry.

The Postgraduate Medical Dean indicated that he was supportive of the composition of the Board of the Agency. He did not foresee any difficulties regarding the structure of the Board provided executive members are invited to Board meetings and can input. In response to a query about demands on the new Agency and any changes envisaged for users of services the Postgraduate Dean confirmed that all services currently provided by the NICPMDE will continue to be provided.

Members highlighted that decisions regarding priorities for postgraduate medical training need to be taken and the requirement for professional input on these matters.

Modernising Medical Careers

Members had received the document "Modernising Medical Careers" the response of the four UK Health Ministers to the consultation on the proposals for the reform of the Senior House Officer Grade.

Dr Woods summarised some of the key principles on which it is proposed to base a new framework of medical training arrangements in the UK. Key messages arising from consultation include; the SHO grade could not be examined in isolation; these proposals will impact on other aspects of medical staffing; there was widespread support for the concept of Foundation Programmes; there should be sufficient opportunities for flexibility e.g. the requirements to train a generalist as opposed to a specialist might require a different approach and movement towards a competency based assessment was supported.

There had been a number of developments since the publication of the policy statement. The first meeting of a UK wide steering group had been held. Foundation programmes will be put in place, however, the exact timing of this process is unclear. It is anticipated that graduates in 2005 are likely to enter foundation programmes.

There was concern that misconceptions had arisen regarding the proposed new medical training arrangements and a priority is better communication with the service to allay anxieties.

It was recognised there is a need for a new framework for SHO training. The Committee raised issues of concerns surrounding the co-ordination and delivery of the changes. These included: how the proposed reforms will be delivered in relation to the implementation of EWTD ; other medical workforce issues such as the expansion of the consultant workforce and the mismatch between SHO numbers and training opportunities have implications for the delivery of the changes.

It was suggested that feedback was required from the UK Committee implementing the proposals.

It was stated that more details will evolve about how the proposals will interface with workforce and training issues.

Choice and Opportunity – Modernising Medical Careers for Non-Consultant Grade Doctors

Dr Woods said “Modernising Medical Careers “acknowledged that a review of the Non Consultant Career Grade doctor grade was required. The NCCGs are seen as a professional cul de sac. Many doctors in these grades feel undervalued and overlooked in term of continuing professional development and career progression.

The consultative document “Choice and Opportunity – Modernising Medical Careers for Non – Consultant Career Grade Doctors” outlines the problems associated with these grades, sets out the key principles of reform and proposals to address the problems. The closing date for comments on this document is 31 October 2003. Members were advised that this deadline is not prescriptive and there is still an opportunity to submit comments.

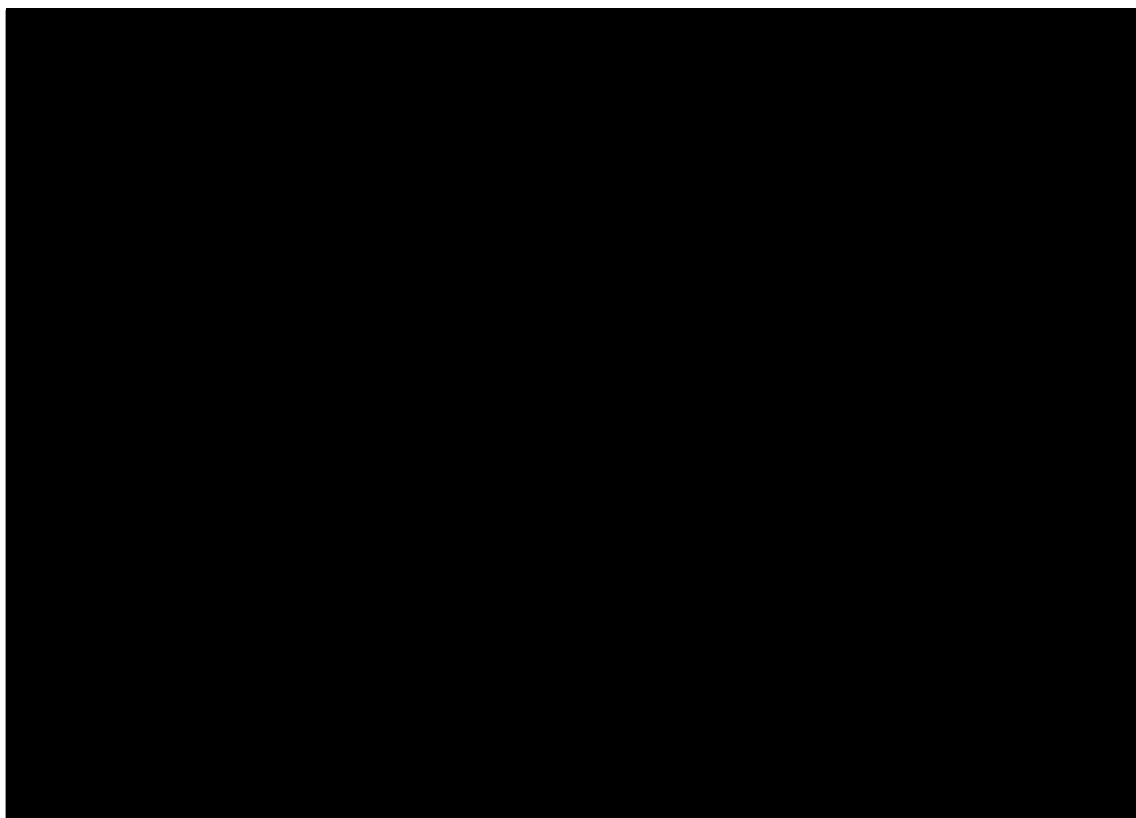
During discussion the following main points emerged:-

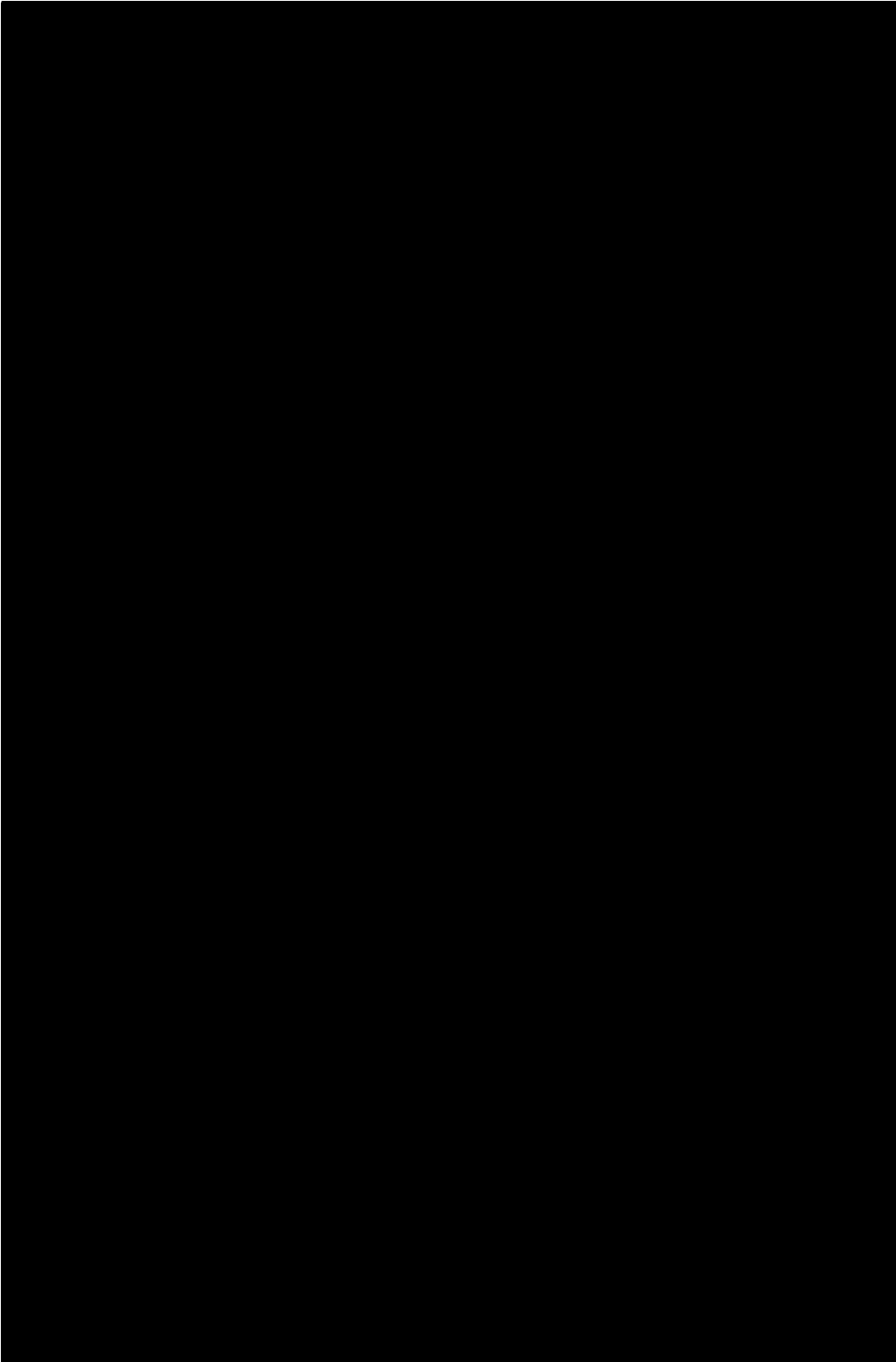
- The Committee was supportive of the findings of the document. Members stated that non-consultant career grade staff are highly valued within the service.
- It was suggested that the title Staff and Associate Specialist Grades should be used to describe Non-Consultant Career Grade Doctors .
- It was hoped the consultation would address the issues of non-registered and non-standard posts.

- Members were informed that that the NI Staff Grades and Associate Specialists Committee , BMA, will respond to the consultation. The BMA recognise these grades are a valid career for a group of doctors but better support for these doctors and new arrangements to ensure that career progress is available are required.
- Members expressed concern about the ability to integrate and deliver action to implement the changes and suggested that guidance on taking forward the recommendations in the "Choice and Opportunity " should be issued by the Department. Dr McCluggage informed members that NICPMDE had established a group to take forward Modernising Medical Careers. That group had proposed a sub-group to progress the issues in Choice and Opportunity.

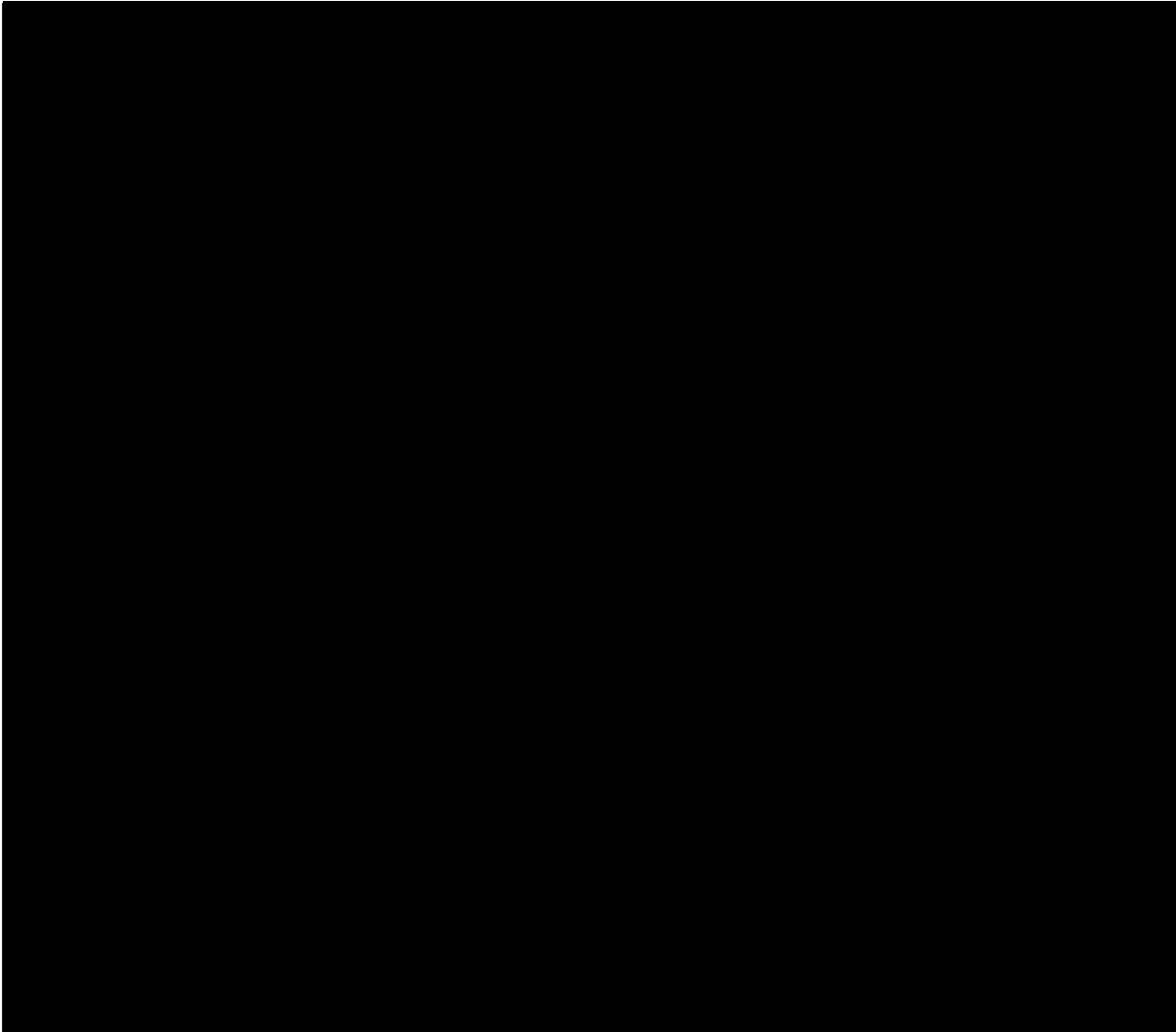
The Chairman said the Committee found Modernising Medical Careers for Non- Consultant Grade Doctors a positive document which addresses many of the problems associated with these grades and expressed general support for the spirit of the proposals. Concerns had been expressed about the ability to co-ordinate and deliver action on the changes. The Committee welcomed the proposal for wider discussion on these issues.

5. COMMUNITY MIDWIFERY UNITS

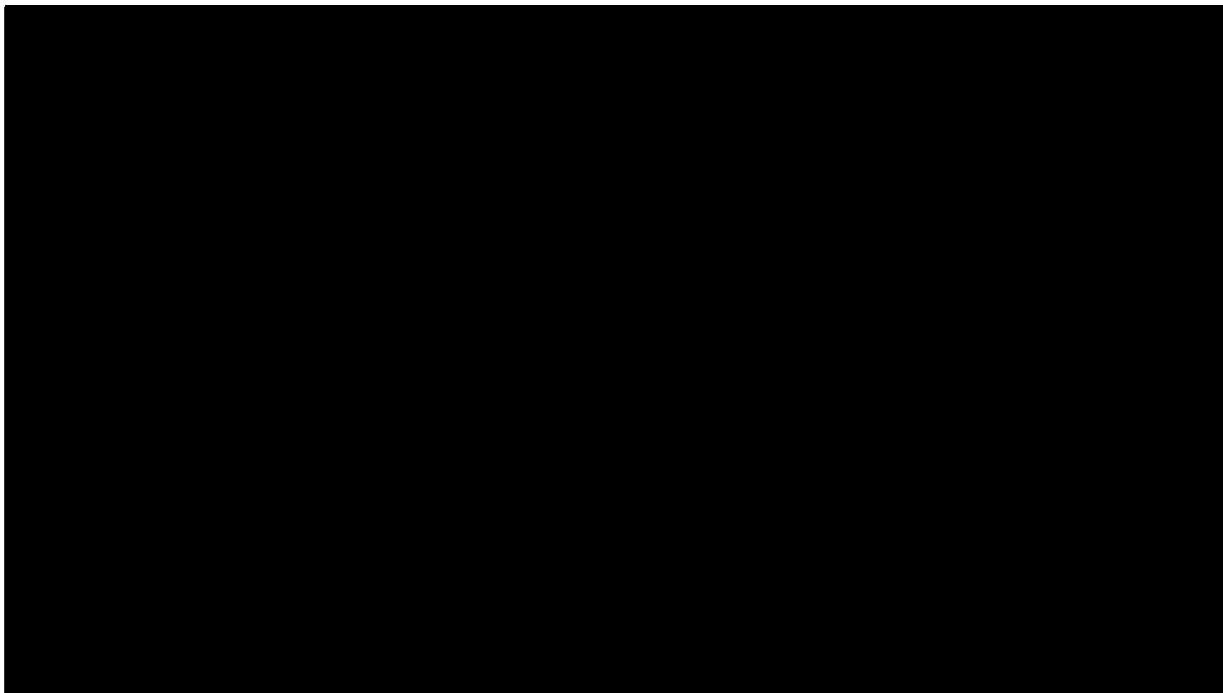




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6. **ISG – THE IMPROVING JUNIOR DOCTORS’ WORKING LIVES
IMPLEMENTATIONSUPPORT GROUP- ANNUAL REPORT 2002 -
2003**
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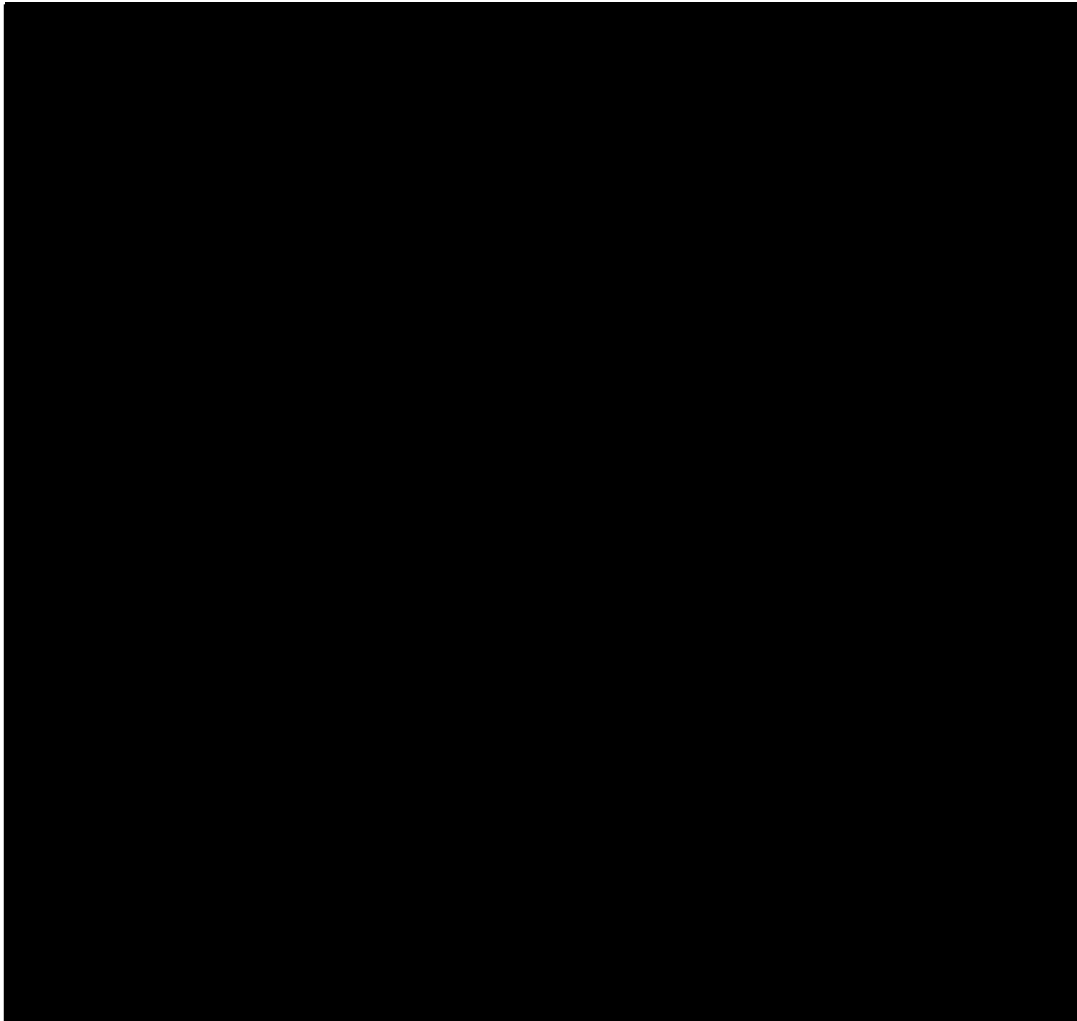
7. SARS CONTINGENCY PLANNING





9. PAPERS FOR INFORMATION

**GP Contract – Proposal for a Draft Primary Medical Services (NI) Order
in Council**



10. DATE OF NEXT MEETING

