HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting held on Tuesday 26 October 2004 at 2.15 pm in Conference Room C3.18 Castle Buildings

Present:
Dr R F Houston (Chairman)
Dr I M Rea
Dr P Murphy
Dr M Madden
Dr T C M Morris
Dr C Cassidy
Mr C J McClelland
Dr I Orr
Dr I Hunter

In Attendance:
Dr I Carson
Dr P Woods
Mr G Collins
Mrs H Brownlee

1. APOLOGIES

2. CHAIRMAN'S BUSINESS

3. MINUTES OF LAST MEETING

4. MATTERS ARISING

New GMS Contract - Update

Consent

At the last meeting of HSSC, concerns were raised about the impact of the new consent process for examination or treatment on the delivery of services. There was concern about the loss of information to the Cancer Register and for audit and public health functions. It was noted that legislation in N.I. differs from GB where certain data can be transferred without anonymisation or explicit consent.

Members were informed about changes to the regional consent forms to ensure that the wording is compatible with the requirements of the Human Tissue Act which will come into force in 2005. The Bill will establish the Human Tissue Authority as a new regulatory body. A letter from the Department's Deputy Chief Medical Officer to the HPSS advising about changes to the consent forms was tabled. In keeping with the amendments to the Human Tissue Bill, the patient's statement giving consent to their samples being used for education, audit, research and monitoring public health will now be removed from all four consent forms.

It was recognised that there are broader issues which need to be resolved regarding the use of personal information. Members were informed that the College of Pathology and Dr Gavin, Cancer Register, had written to CMO outlining problems surrounding the provision of personal data for the Cancer Register. Members expressed concerns about the loss of personal information to the Cancer Register. It was felt that a legal opinion and clear guidelines were required to resolve this issue. CMO will be apprised of the concerns expressed by members.

Members referred to the impact of the research governance process on small clinical research projects e.g. student projects. This arises from the time lag in obtaining ethical approval for research. It was felt that mechanisms should be developed to address this issue. The research governance process is a matter for the HPSS Research and Development Office and it was suggested these issues should be raised with them. Members were informed that nationally responsibility for research ethics has moved from NICE to the National Patients Safety Agency.

5. BEST PRACTICE – BEST CARE

Draft Standards for Independent Hospitals

Members had received a copy of the introduction and list of standards covered in the pre consultation document Independent Health Care Registration and Inspection Standards which sets out standards for independent health care. These standards are applicable to independent hospitals, hospices and independent clinics. The consultation document will be issued for publication shortly and members will have an opportunity to respond.

The Chairman welcomed Mr Gerard Collins, Standards and Guidelines Unit and Hilary Brownlee, Standards and Development Task Group. Mr Collins outlined key elements of the Department's Quality Agenda which included:-

- The development of minimum standards for a range of services to be regulated under the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 and the establishment of the HPSS Regulation and Improvement Authority (HPSSRIA) from April 2005 to inspect and report on the quality of services against these (and other) standards.

- The first series of draft standards had been issued for public consultation in October and the remaining standards were scheduled for public consultation in November and December 2004. It was anticipated that the final standards for all regulated services would be in place for 1 April 2005 in tandem with the establishment of the HPSSRIA.

- The Independent Health Care Standards have been developed with input from a wide range of stakeholders, including people who provide and use the services, and in a format that was consistent with standards for other regulated services. It was anticipated that the Independent Health Care Standards would be published for public consultation on 5 November 2005, initially, on the Department's website. Following public consultation, the Standards will be revised and referred to the Department's Boards for formal approval.

- The consultation document details service specific standards for independent hospitals and clinics. Areas covered include: Pathway of care; Staffing; Risk Management; Paediatric Services and Palliative care.

Mr Collins invited comments from members. Main issues raised by members are summarised below:-

- Members flagged up concerns about the qualification requirements relating to resuscitation training to Advanced Life Support level and implications for the HPSS sector. Some medical staff in the acute sector who provide on call cover do not have this qualification and concerns were expressed that standards of care would be applied to the independent sector which the HPSS sector would find difficulty in meeting.

- It was noted that there was a statutory "duty of quality" on the HPSS – to be underpinned by a system of clinical and social care governance – to provide high quality services. This statutory "duty of quality" did not apply to the independent sector and it was therefore important for this sector to have explicit standards.

- Members expressed concern that whilst service specific standards were being developed for the independent sector it was unlikely these could be sustained unless the public sector met similar rigorous standards. There was concern that we should not prematurely develop standards that could not be met.

- In response to queries, members were informed that the standards formulated for independent hospitals did not include Psychiatric services as there are no independent Psychiatric Hospitals in Northern Ireland. It was recognised it might be necessary to address this area in the future.

- It was agreed that the consultation document would be issued to the Royal College of Pathologists for comment. Members were advised to contact Ms Brownlee or Mr Collins if they wish other individuals or organisations to be

included in the database to receive the Independent Health Care Registration and Inspection Standards. The Chairman thanked Mr Collins and Ms Brownlee for their attendance at the meeting.

Members were informed that the new Chief Executive of HPSSRIA, Ms Stella Burnside will take up her post in December 2004.

Services Level Agreement with National Clinical Assessment Authority

Dr Carson gave members an update as follows:-

- The National Clinical Assessment Authority was created in response to public concern in England and Wales about underperforming doctors. It has a role in the area of the supervision of doctors including the provision of advice and support to individual doctors. A service level agreement between the HPSS and the NCAA had recently been agreed. The NCAA will provide services to both doctors and their employers in Northern Ireland.

- Members were informed that a joint working plan has been developed between DHSSPS and the National Patient Safety Agency. Work is ongoing to formalise relationships between the HPSS and other national standard setting bodies to promote high quality health care.

- The Secretary of State in England plans to review and reduce the number of "Arms Length Bodies".

6. REVALIDATION - DETAILED GUIDANCE FOR DOCTORS

Members had received a copy of the GMC letter of 29 September and an excerpt from the GMC draft Detailed Guidance for Doctors placed on the website on 29 September. The full document is available at www.gmc.uk.org/revalidation/index.htm.

GMC is in the process of reforming the system of registering medical practitioners in the UK. The draft Licencing to Practice and Revalidation Regulations and accompanying guidance are at the stage of formal consultation. Dr Woods highlighted key issues. These include:-

- Although the central tenet of revalidation has always been that doctors would compile folders of evidence derived from their practice, it is no longer envisaged assessment of this evidence being carried out by GMC appointed revalidation groups, instead where effective clinical governance arrangements are in place, the scrutiny of the folders will be undertaken at local level.

- The regulations set out the duties and power of the Registrar in relation to licensing and revalidation. The regulations are supplemented by the guidance, which explains in greater detail the processes for licensing and revalidation. The guidance will be amended as further work is undertaken to develop these processes.

The closing date for comments on this consultation is 26 November 2004. Dr Woods sought members' views. Main issues raised by members are summarised below:-

- Concerns were raised about the resource consequences of implementing the revalidation process. Members were advised that with the introduction of appraisal and clinical governance arrangements within the NHS most doctors practice in environments where these systems are in place. For doctors, who practice in environments not subject to effective clinical governance, the certification of the evidence of their practice will be different and the guidance details their revalidation process.

- The importance of raising the awareness of doctors regarding the revalidation process was emphasised. The document specifies the submission years in which a licensed practitioner shall be required to undergo revalidation. Doctors will make revalidation submissions via the internet to the GMC.

- Members sought clarification about local certification procedures. Members were informed that local certification would confirm that the doctor had been appraised and that there were no unresolved local concerns about the doctor's fitness to practice. This certification will be provided by an authorized person within the organisation which most recently employed the doctor.

- Appraisal system - Members voiced concern that the onus would be on the appraiser in relation to a doctor's fitness to practice. In an era of litigation if a doctor's fitness to practice was called into question an appraiser might be held responsible. The importance of ensuring that appraisers are adequately trained and supported was highlighted. Members sought clarification about appraisal systems for doctors who retire early and continue to practice in the private sector. There was concern that an appraisal system for these doctors does not exist.

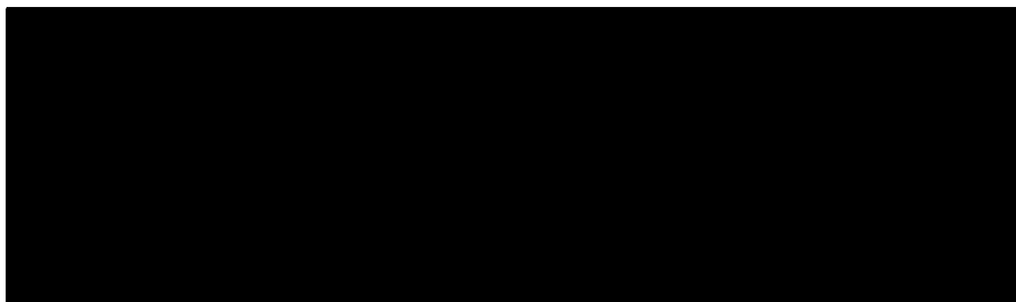
- Concerns were expressed that there was a lack of emphasis in the document on the appraisal and assessment process.

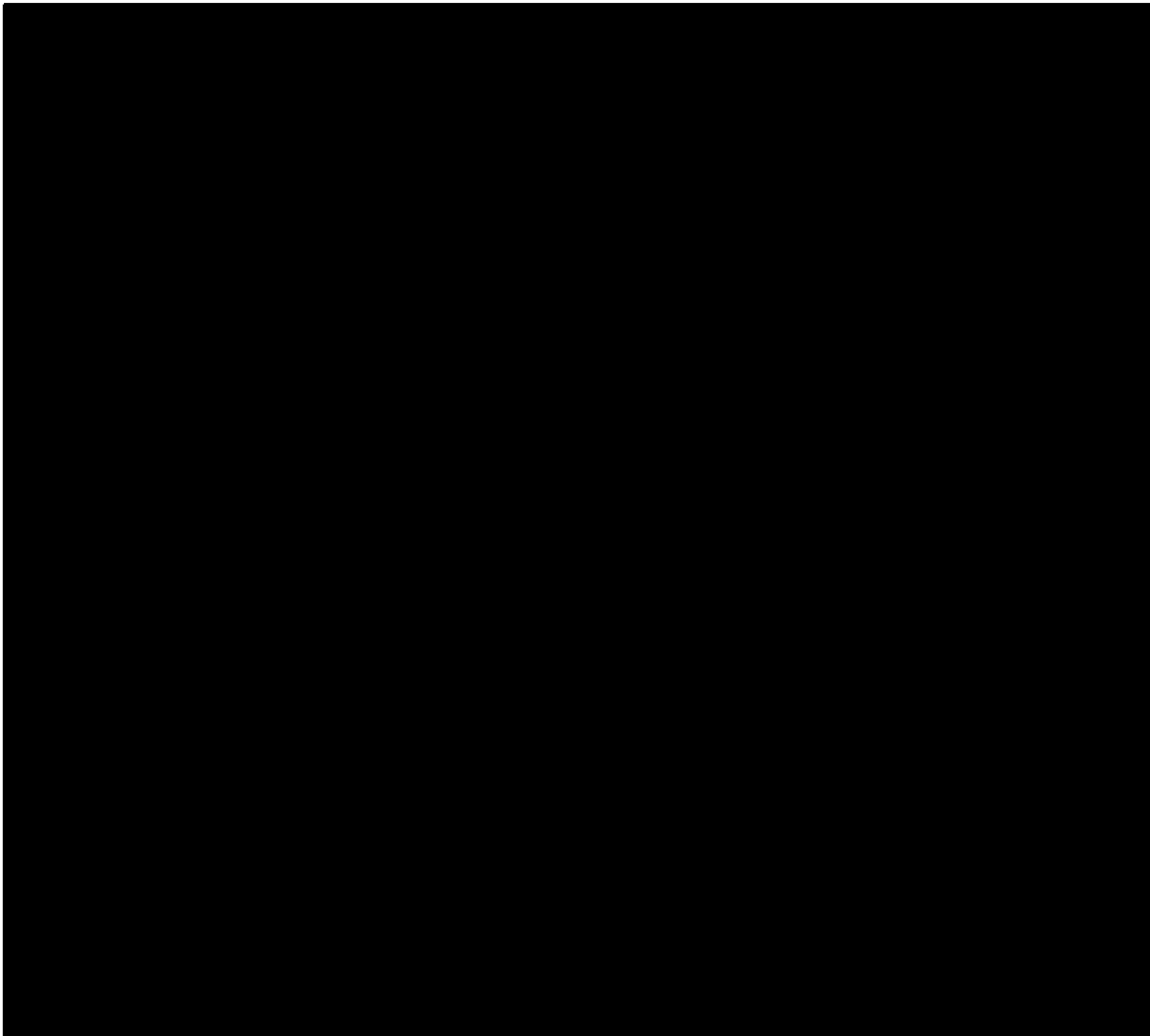
- Whether the revalidation process would be achievable within the time span set out in the document.

- In collecting information about relationships with colleagues where applicable, GMC recommends that doctors should use colleague and patient questionnaires to obtain direct feedback from their colleagues and patients. Members expressed concern that there is no mechanism to take this forward in an effective way.

The Committee was advised that the Department would welcome comments to help inform its response to the consultation document. It was agreed that members would forward any comments they wished to make to Dr Woods who undertook to formulate a response on behalf of the Committee.

7. **SPECIALIST REGISTRAR STAFFING – ALLOCATIONS FOR 2004/05**





8. MODERNISING MEDICAL CAREERS – THE NEXT STEPS

At its last meeting the Committee had been apprised of the most recent publication on the policy of reforms to medical training – "Modernising Medical Careers – The Next Steps". The document sets out in detail the next stages in implementation of the policy on Modernising Careers launched in February 2003. It focused on the standards for Foundation programmes and the relationships between foundation programmes and specialist and general practice training. Dr Woods summarised key developments since the last meeting of HSSC. These include:

- The production of a curriculum for the Foundation Programme Pilots. Members had received an extract of this document. A version for consultation will be published later this year, with the aim of having the definitive curriculum in place by April 2005.

- Royal Colleges are continuing to develop their curricula for specialist training following completion of foundation programmes.

- Local Developments
    - The closing dates for applications to Foundation Programmes locally closed at the end of September

- o Postgraduate Dean's visits to local Trusts continues
- o Awareness raising programmes and training in assessment and appraisal are scheduled for the end of the year.

There was discussion and the following main points emerged:-

- Members referred to a letter issued by the Postgraduate Dean which suggested that the consultant contract should include 1 PA for teaching and training. Members raised a number of issues of concern namely: the necessity for clarity surrounding education and training issues, the importance of the role of the consultant and the need to ensure arrangements for the delivery of training. Members indicated that teaching is a fundamental role of consultants and within the framework of the new contract there should be an opportunity to recognise and make explicit these aspects and build them into the consultant's job plan.

- Dr Woods informed members that work is underway to develop a memorandum of understanding in relation to setting aside time to undertake these activities.

- In response to queries about the resource consequences. Members were informed that additional funding had not been secured for the Modernising Medical Careers agenda at this stage.

9. JUNIOR DOCTORS' HOURS

Dr Woods informed members that the Annual Report of the Improving Junior Doctors' Working Lives Implementation Support Group (ISG) for 2003- 2004 which details the activities of the ISG and provides a summary of New Deal compliance in Northern Ireland is close to completion. Dr Woods highlighted some key areas:-

- The overall message is positive and significant progress has been achieved. 75% of junior doctor posts in Northern Ireland are now compliant with the New Deal. Figures show 100% of PRHO posts and 70% of SpRs posts are in compliance with New Deal requirements.

- Further progress is expected before the end of the year and this will inform investment decision for the next financial year. There is a need to maintain and sustain work towards compliance.

Members indicated that whilst the initiative was achieving compliance there was concern that in some areas the initiative compromised quality of patient care, continuity of care, doctors' training and teamwork. Attention was drawn to the impact of the changes in the pattern of working for doctors including concerns surrounding some SHO rotas, more day time patient care and day time workload for junior doctors. Other concerns raised include: the impact of rotas on the delivery of training and education, quality of handovers and junior doctor's attitudes relating to working relationships. Members emphasised that this situation needs to be addressed and quality of care and continuity of care maintained.

Dr Woods said it was recognised that there were no one size fits all solutions and the delivery of quality services should be a guiding principle. This initiative does not exist in isolation and there is a need to consider wider issues and find ways of working to ensure quality and continuity of care.

10. SURVEY OF NON-CONSULTANT CAREER GRADE DOCTORS IN NORTHERN IRELAND

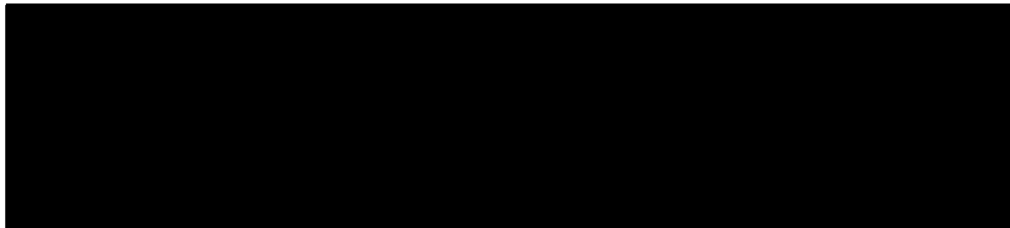
Dr Woods informed members that work is progressing in the area of modernising medical careers for Non Consultant career grade doctors. "Modernising Medical Careers" acknowledged that a review of the Non- Consultant career grade was required and that doctors in these grades are highly valued in the service. The MMC agenda seeks to facilitate their continuing professional development and career progression. The consultation document "Choice and Opportunity "had outlined proposal for the way forward on non-consultant Career Grades, and aligning the reform of these grades with the new training structures.

A survey of these doctors was underway and some interim results were available. In terms of background of doctors in these grades, 70% are local graduates and there is a 50:50 gender split.

There was discussion about the need for a system to provide an opportunity for these grades to re -enter the training system. It was felt that the role of these grades within the delivery of services was not understood. Members suggested that further surveys should look at these doctors professional qualification, competencies, careers aspiration and valuable contribution to the service.

Members highlighted the need to provide opportunities and pathways for doctors in the Associate Specialists Grades who wish to progress into consultant posts. It was suggested this issue should be progressed by the Postgraduate Medical Education and Training Board.

11. REGRADING FROM STAFF GRADE TO ASSOCIATE SPECIALIST



12. DATE OF NEXT MEETING