MEETING OF THE GENERAL MEDICAL CARE SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE ON 26TH APRIL 2004

Present:	Dr JM McAughey (Chair) Dr A McKnight Dr JG Jenkins Dr J Porteous Dr HO Greaves Dr S Adair Dr R Thompson Dr D Boyd
Observer:	Dr M Donnelly (SHSSB)
In Attendance:	Dr I Carson Dr N Chada Mr R Kirkwood Mrs K Oldham
Guest Speakers:	Dr M Briscoe Ms Siobhan Rooney Mr Ivan McMaster Mrs Beatrice Major

1. INTRODUCTION AND APOLOGIES

[redacted]

2. MATTERS ARISING

Minutes of the last meeting

[redacted]

2.2 Dr McAughey referred to the fact that Child Health had been deferred to this meeting but as Dr Boyle was unable to attend would be deferred until the next meeting. She also pointed out that the minutes referred to concerns that GPs had not been trained to carry out such screening and asked that this be amended to take account of the fact that such requirements had been imposed without consultation.

ACTION POINT 2: Mrs Oldham to amend minutes and add to next agenda.

2.3 Dr McAughey updated the Committee on discussions at the most recent Central Medical Advisory Committee (CMAC) meeting in relation to Nurse Prescribing. Training Programmes had been developed and prescribing advisers appointed in all Boards. Supplementary and independent prescribing was now underway. She urged GPs to be aware of their vicarious liability as employers.

2.6 In relation to clinical governance, Dr Carson updated the Committee on appointments to the HPSS Regulation and Improvements Authority. Interviews for the Chair post had been held the previous week and the Chief Executive would be appointed shortly. A Standards and Guidelines Unit was established and discussions were taking place in relation to its precise functions. Dr Carson emphasised that this body would be unable to replicate the functions of NICE and the relationship between it and other standard setting bodies had yet to be established. He added that Ann O'Brien had been appointed as Director of the Clinical and Social Care Governance Support Team and interviews for other posts were taking place. The Committee agreed that Best Practice/Best Care should be added to the agenda for the next meeting

ACTION POINT 3: Mrs Oldham to add Best Practice/Best Care to agenda for the next meeting.

3. GPS WITH A SPECIAL INTEREST

[redacted]

4. UPDATE ON NEW GMS CONTRACT

[redacted]

[redacted]

5. CPD/GP APPRAISAL

5.1 Dr Briscoe tabled a flowchart relating to clinical governance, appraisal and revalidation processes. She referred to paper 5/01 (draft of A framework to Link Continuing Professional Development With GP Appraisal in Northern Ireland) and explained that nine responses had been received to date on the draft framework. The responses were generally favourable. The GPC (NI) had opposed the accreditation of providers by the Northern Ireland Medical and Dental Training Agency. She added that the Department had envisaged the role of the Agency as being to facilitate CPD development, recognising that commissioning /provision of CPD may be undertaken by many providers. She added that the content of the document may not have made this clear. She welcomed GMCSC's comments.

5.2 Dr McAughey stated that discussions she had witnessed so far had been positive and broadly the document had been welcomed. She added that the coordinating role of the Agency had been widely accepted. Dr McKnight added that the role of the Agency might have been misinterpreted by the GPC. She added that since the GMC want quality assured appraisal processes, an accreditation process was necessary. Dr McKnight also emphasised that accreditation from the Agency would not be compulsory. She clarified that both courses and providers could be accredited depending on the circumstances. Dr Briscoe agreed to reword part of the document to clarify the role of the Northern Ireland Medical and Dental Training Agency.

ACTION POINT 5: Dr Briscoe to reword draft framework to clarify role of Northern Ireland Medical and Dental Training Agency

5.3 Dr Briscoe referred to paper 5/02, a discussion paper in respect of quality assurance of appraisal documentation and appraisal processes. She explained that there had been some concerns expressed about confidentiality of appraisees and appraisal documents. Two options had been put forward-

- To screen all forms and refer any concerns to a Regional Panel to examine in depth; or
- To anonymise form 4, and make any contact through the appraiser. There would need to be a local serial number added to identify forms. Any concerns would be referred to a Regional Panel

Dr Briscoe added that Option 1 was considered by the Regional Appraisal Group and HSS Boards to be the best, as it was transparent and facilitated the HSS Board in ensuring all GPs participated in quality assurance of appraisal. This would be beneficial for individuals at the time of revalidation. Option 2, whilst meeting the requirements in part, could potentially go wrong as GPs may be wrongly identified and it may be difficult to identify those who have not participated. She added that a decision was needed quickly. Dr McAughey added that from a Royal College perspective, option one seemed to be preferable. GPC had previously expressed concern. Dr Briscoe stated that she would feed back that Option 1 was the preferred option of GMCSC.

5.4 In relation to clinical and social care governance (CSCG) training, Dr Briscoe advised that Anne O'Brien should be consulted before organising training for CSCG leads. Dr Carson added that the whole area of clinical and social care governance was not yet well developed However, the CSCG Support Team would be taking forward some development work in primary care.

6. CONSULTATION ON SEXUAL HEALTH PROMOTION

[redacted]

7. PRIORITIES FOR ACTION

[redacted]

8. UPDATE ON THE PRIMARY CARE STRATEGY

8.1 Dr McAughey drew members' attention to the written update and the impending launch of the consultation document in May. She suggested that members respond individually if GMCSC did not have another meeting before the close of consultation.

9. OCCUPATIONAL HEALTH SERVICES FOR GPs

[redacted]

10. REVIEW OF PUBLIC ADMINISTRATION

10.1 Dr McAughey explained that due to the tight timescales for response she had formulated a response to the consultation on behalf of GMCSC. She expressed regret at being unable to discuss this as a meeting of the Committee.

11. THE REVIEW OF COMMUNITY NURSING SERVICES

11.1 Ms Rooney attended the meeting and explained that her remit was to project manage the review of community nursing looking at the future roles and working of community nursing. A position paper outlining the proposed strategic direction for community nursing was produced in November 2003. She added that as part of the review 8 pilots will be funded, 2 per Board area to be undertaken within the next 12 months. She explained that the review would look at three core areas:

- 1st contact care
- Continuing Care and Chronic Disease Management
- Public Health

Successful pilot requests will be identified in May 2004. Ms Rooney informed the group that a number of the pilots have been developed in consultation with General Practice colleagues. Dr McKnight added that pilots should be taking account of the current situation and suggesting change for the better. She added that a GP should be invited to sit on the project board panel as this would impact on their roles. Dr Thompson stated that a pilot relating to out of hours work would be very useful.

ACTION POINT 8: Ms Rooney to feed back the suggestion for a GP member on the panel to the Chief Nursing Officer.

12. NOMINATIONS for GMCSC MEMBER TO CMAC

[redacted]

13. ANY OTHER BUSINESS

NI Court Service Review of Coroners Service:

13.1 Dr Carson tabled a paper entitled 'The Coroners Service of Northern Ireland Proposals for Administrative Redesign' and informed the Committee that coroner services were the responsibility of the NI Court Service. He summarised the history of the proposals and added that the proposed administrative changes to the coroners service would not require changes to primary legislation, but changes to death certification would.

13.2 Dr Carson explained that the formal consultation had not initially included medical bodies eg. BMA (NI) or Medical Royal Colleges, so the Department's response would take account of the views of Boards and Trusts. CMAC had provided comments and the views of GMCSC were also welcome, particularly in relation to 'Death Certification' (page 16 of the document). He added that the Home Office had produced a position paper relating to death certification which outlined the proposed future arrangements such as:

- The fact of death could be verified by an appropriately trained practitioner such as a paramedic or nurse
- 1st certification level would be carried out by a GP

- 2nd level certification would be carried out by a medical examiner (a newly created post working for the Coroner who's role was a quality and assurance one)

Dr Carson explained that audit processes could be improved by the implementation of these proposals. He explained that there had been much criticism in England of the systems for notifying coroners so it was likely that the reporting mechanisms would need to be tightened. The intention was that the proposals in the Home Office document would be examined and costed over the next 6-9 months. Dr Carson asked for any comments to be forwarded ASAP. Dr Carson agreed to keep the Committee informed of developments.

ACTION POINT 10: Dr Carson to prepare an update on death certification for the next meeting.

Date of Next Meeting:

[redacted]

Resignation of Chair:

[redacted]