

*General Medical Care Sub-Committee of the Central Medical Advisory
Committee*

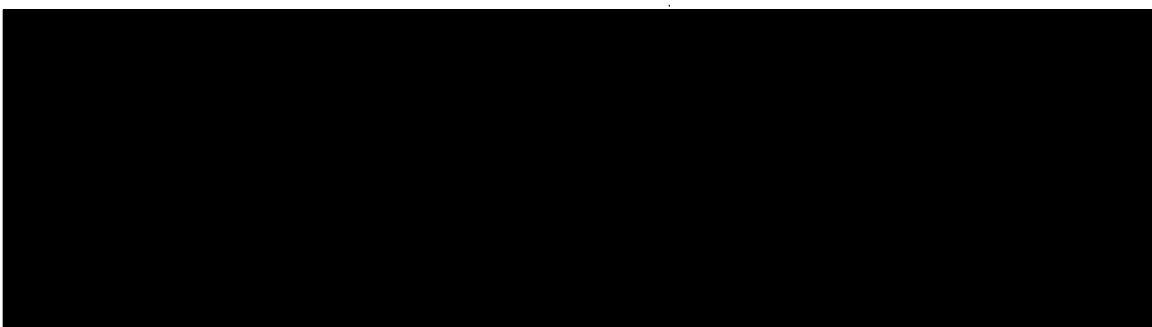
Friday 5th November 2004, Castle Buildings, 2pm

Present: Dr Henrietta Campbell
Dr John Porteous (Chair)
Dr Jim Livingstone
DR Heather Greaves
Professor Reilly
Dr JG Jenkins
Dr Jeni McAughey
Dr C. Sean Wilson
Dr Hubert Curran
Dr PWB Colvin
Dr Terry McMurray
DR JE Donnelly
Dr Anna Gavin
DR Ifran Hassan
Dr DJ Johnston
Dr Robert Thompson – In place of Dr Telford

In Attendance: Dr Naresh Chada
Dr Kathryn Booth
Miss Katrina McCrory

Speakers: Dr Margaret Boyle
Ms Catherine Donnelly
Dr Paddy Woods

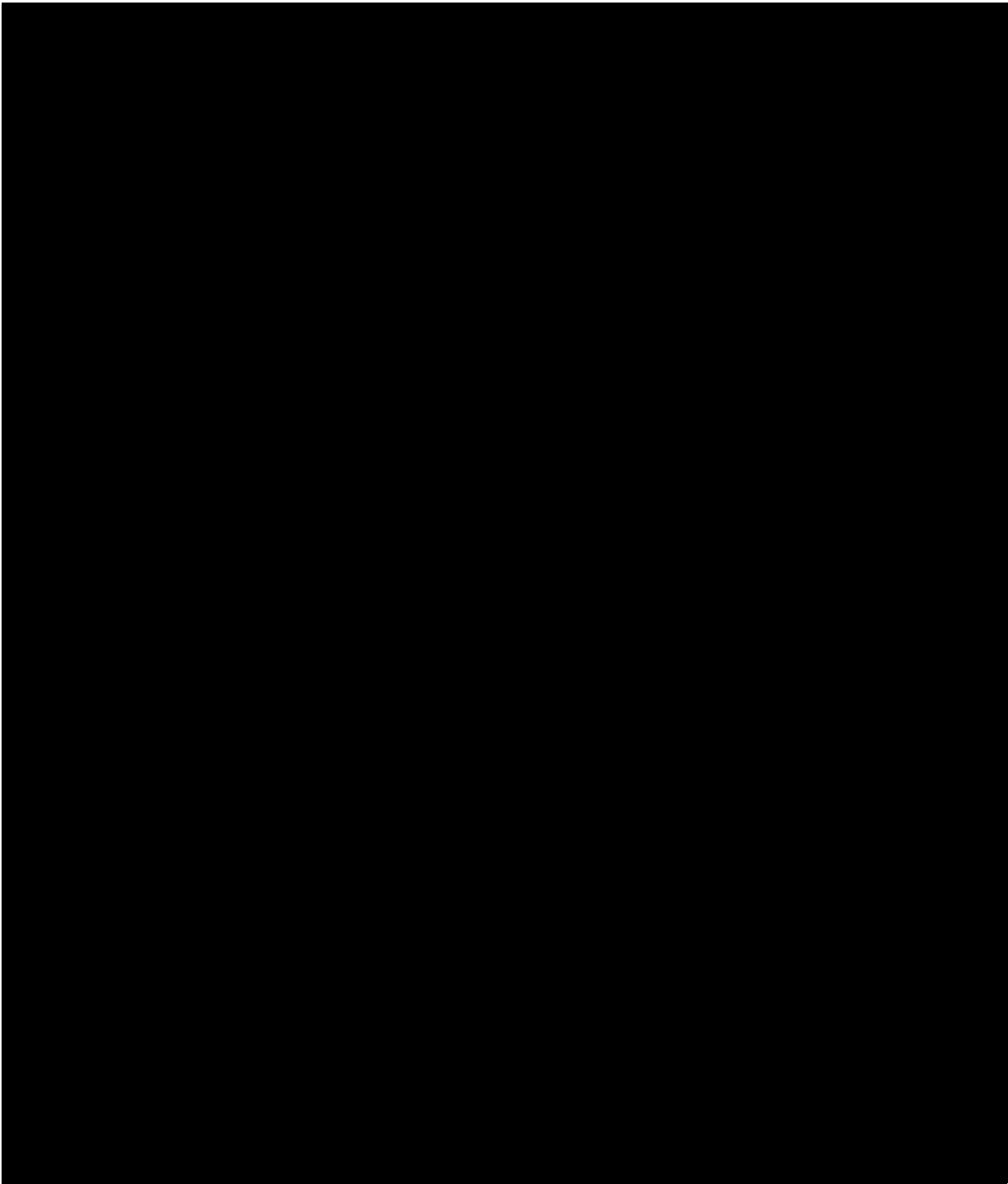
1. Welcome and Apologies



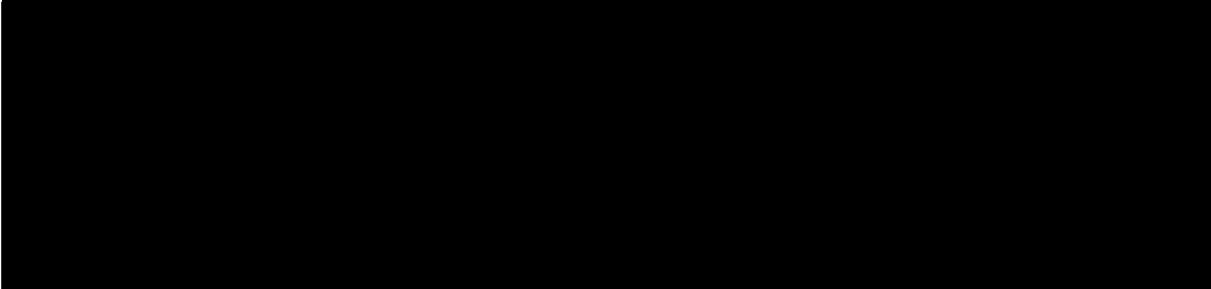
2. Matters Arising

(Minutes of the meeting on 26th April 2004)





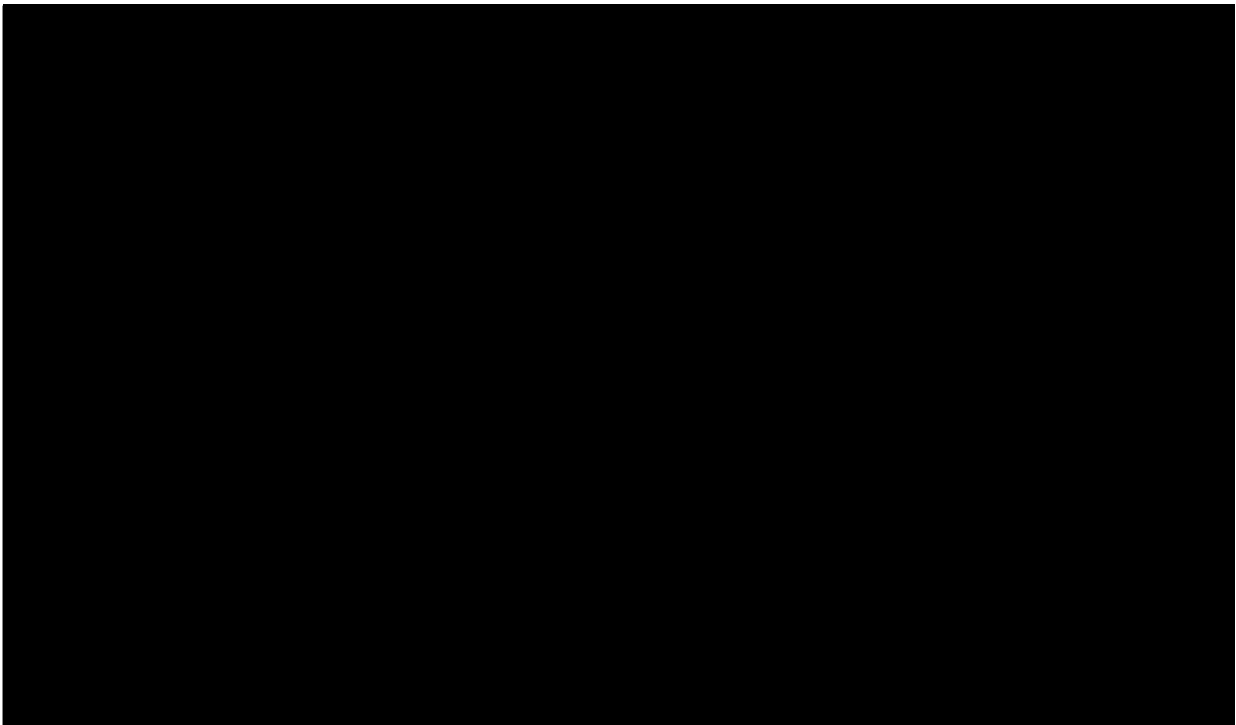
3. Developments in Screening



4. Occupational Health



5. Medical Staffing and Development



6. Modernising Medical Careers

In relation to Modernising Medical Careers, Dr Woods advised members that this initiative involved a total reform to medical training from graduation to completion of training. The initial element of the reform programme was the introduction of two year Foundation Programmes from August 2005. The first year would build on current PRHO programmes. The second year, whilst relying largely on current first year SHO posts would see more innovative developments. In reply to a specific question on the subject, Dr Woods stated that it was the Department's intention to develop GP placements as part of the second year of foundation Programmes. How widespread these placements would be was entirely dependent on resource availability from August 2006 onwards.

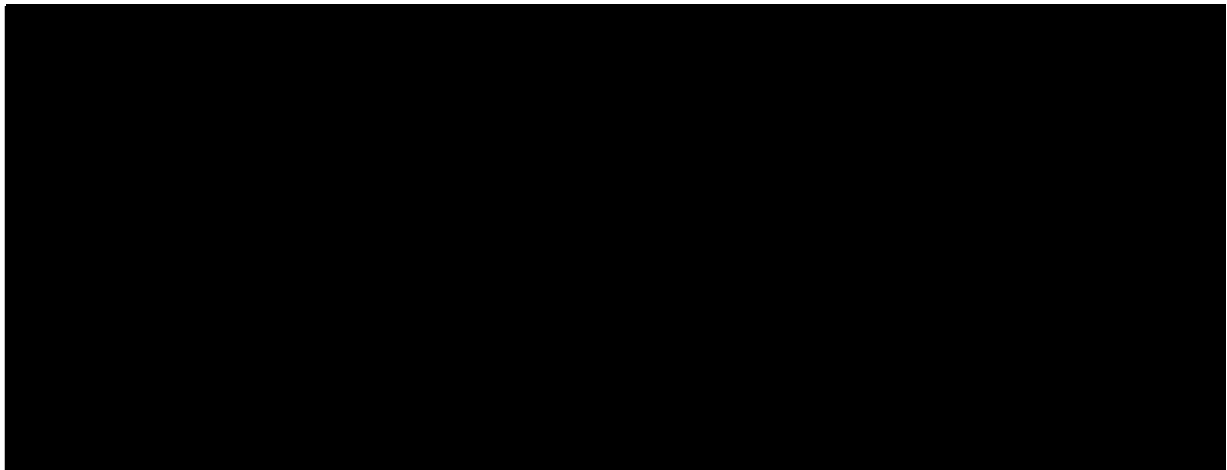
7. Revalidation

Dr Woods advised members of the developments in the GMC's proposals for revalidation, which had been evolving rapidly over the previous weeks. He drew their

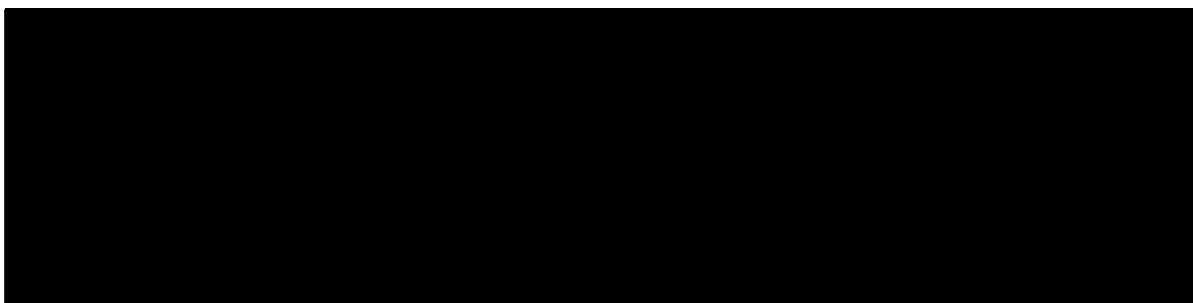
attention to the GMC's Draft Formal guidance for Doctors on Licensing and Revalidation which had been placed on the Council's website at the end of September for consultation. This was the first opportunity to see the details of what the GMC envisaged and was radically different from their initial proposals. The only constant element was the requirement on all doctors to maintain a folder of evidence covering all areas of their practice. How that evidence would be verified had changed. Whereas initially the GMC had envisaged setting up their own panels to validate folders of evidence their thinking had subsequently changed. The latest proposals rely on local verification tied to organisations' clinical governance arrangements.

Such arrangements raised particular issues locally where clinical and social care governance was less well developed.

8. Primary Care Strategy



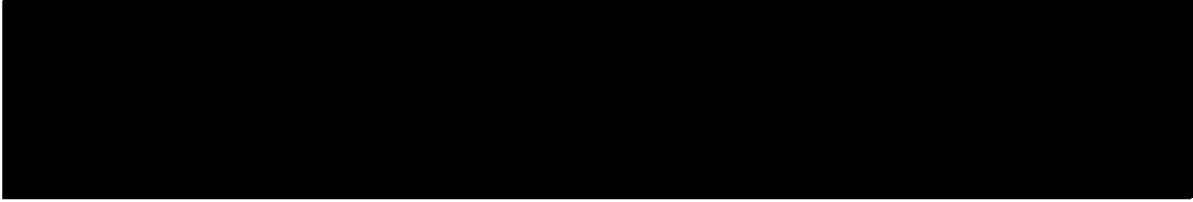
9. Respiratory Services Steering Group



10. Functioning of the committee, frequency of meetings and setting dates for the future

It was agreed that the committee should meet 3 times per year and that the meetings should be aligned in advance of CMAC meetings. It was also agreed that all meetings should be arranged for the whole year in advance, as this would give all members plenty of notice to organise locum cover.

11. Nomination from GMCSC to participate in strategy for pharmacy in the community



12. Nomination from GMCSC to CMAC (to replace Dr Leggett)



13. Any Other Business

