

**MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS.
MONDAY 7 OCTOBER 1996 AT 10.00AM IN DUNDONALD HOUSE.**

AGENDA	PAPER
1. Apologies	
2. Minutes of meeting held on 2 September	48/96
3. Matters Arising - GP Minor Surgery List - Training of MLSO Staff - Consultants Discretionary Points	49/96
4. Results of an Evaluation of the Northern Ireland Mobile Diabetic Retinopathy Screening Unit	50/96
5. Funding of Post Graduate Medical and Dental Education	51/96
6. National Confidential Inquiry into Homicides and Suicides by Mentally Ill People.	52/96
7. Public Health Expertise in Environmental Health	53/96
8. Cancer Publicity Campaign	54/96
9. Local Research Ethics Committee(s): The Way Forward	55/96
10. Any Other Business	
11. Next Meeting	

MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS
HELD ON MONDAY 7 OCTOBER 1996 AT 10.00 AM IN DUNDONALD HOUSE

Present

Department

Dr D Stewart
Dr AM Telford
Dr WW McConnell
Dr B Farrell (Item 4)
Dr L Doherty (Item 4)

Dr H Campbell
Dr CE Hall
Dr PG McClements
Dr JD Acton (Item 5)
Dr P Woods
Mrs L Edgar

1 APOLOGIES.

[REDACTED]

2 MINUTES OF THE MEETING HELD ON 02
SEPTEMBER 1996

[REDACTED]

3 MATTERS ARISING

i GP Minor Surgery List

[REDACTED]

ii Training of MLSO staff

[REDACTED]

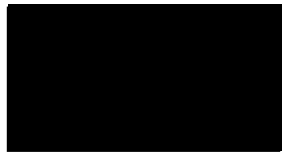
iii Consultants Discretionary Points

[REDACTED]

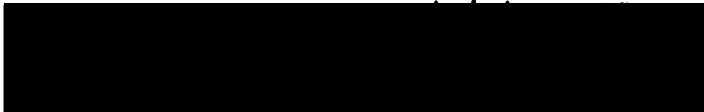
FURTHER ACTION



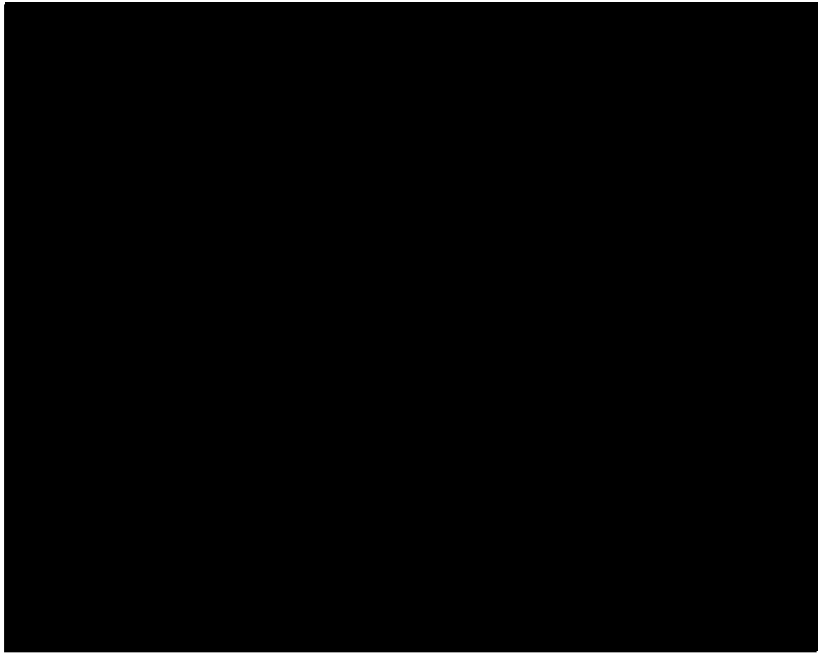
iv Contracting for in-patient services
for patients with HIV

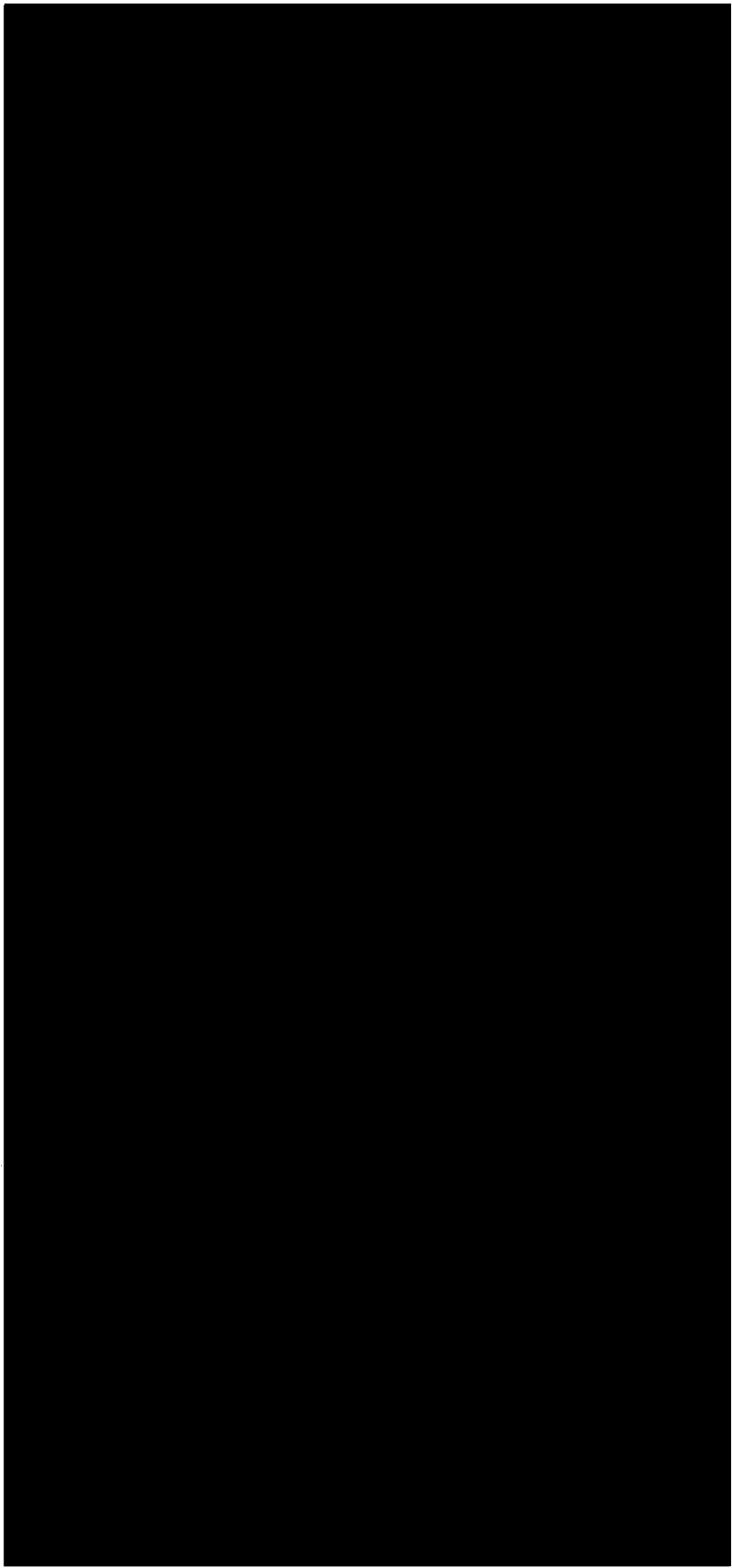


v Update on Cancer Services Report



4 RESULTS OF AN EVALUATION OF THE NORTHERN
IRELAND MOBILE DIABETIC RETINOPATHY
SCREENING UNIT





5 FUNDING OF POST GRADUATE MEDICAL AND DENTAL EDUCATION

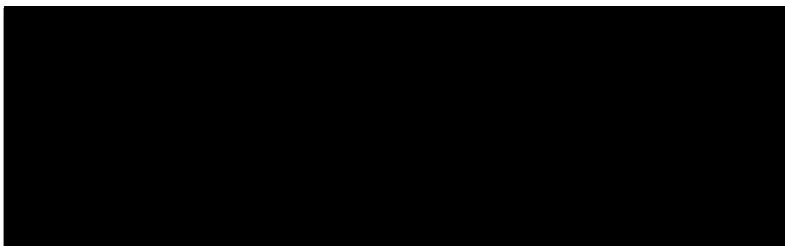
Dr Acton introduced this item by referring to a report recently published by the NHSE. The report had arisen as the result of a commitment to review the system of funding following the introduction of the mechanism whereby the post graduate dean (PGD) was responsible for 50% of the salary of doctors in training.

There were some problems with the system that had been in place in Northern Ireland since 1994. Information on the initial number of posts had been inaccurate but never updated. There was no mechanism for funding newly created posts and the PGD had no leverage to influence the quality of training. The major recommendation of the report was that the PGD would hold 100% of PRHOs' salary, an arrangement which would emphasise the PRHO year as an extension of undergraduate education. DsPH supported this principle. Dr McConnell commented that the PGD needs to produce guidance for trusts on what was required of them. In reply, Dr Acton said guidelines had been produced by the GMC but trusts appeared unaware of these. Dr McConnell went on to say that any funding mechanism needed to impact equally on all purchasers, including GP fundholders. Dr Acton undertook to examine this. He felt it may be necessary to delay the changes in Northern Ireland until April 1998.

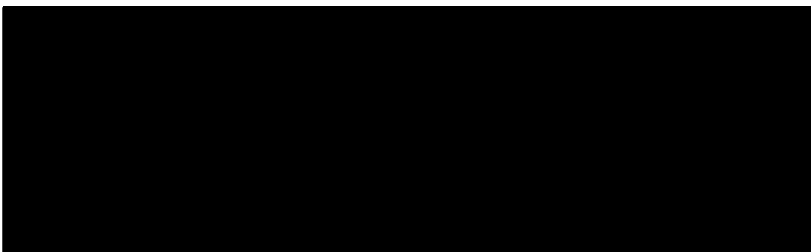
Other related areas covered were the need to improve data on numbers of junior doctors and remove duplication between the roles of PGD and HSSE. There was a need to inform the service of the role of the PGD. To this end a seminar was arranged for later in the year, aimed primarily at Human Resource staff. The internal management of PGMDE was being examined by HSSE project board. Dr Acton sought the views of the DsPH on how to involve purchasers in PGMDE. Dr Stewart felt the PGD should be considered as another purchaser, who bought education from the service. This was analagous to the Universities, who meet Boards to discuss their purchasing intentions.

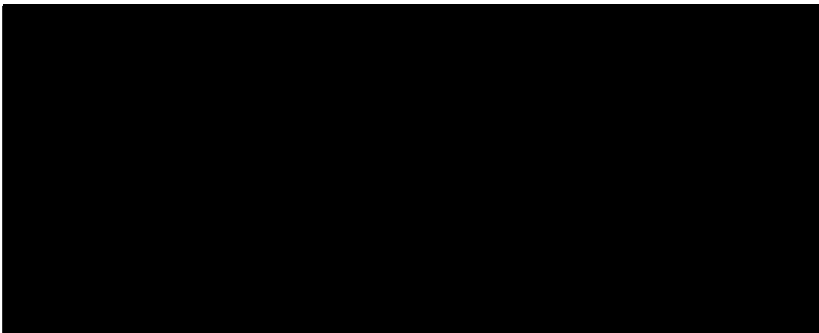
Finally, Dr Acton highlighted some other issues in this area. Not all junior doctor posts were the responsibility of the PGD. A small number were financed through the Regional Task Force and others through STAR monies. Changes in GP vocational training would impact on hospital service provision. He felt there was a need to address the suppression of training grade posts to encourage career grade expansion. This issue would be situation specific and would require the consideration of the HSSE, PGD and purchasers.

**6 NATIONAL CONFIDENTIAL ENQUIRY INTO
HOMICIDES AND SUICIDES BY MENTALLY ILL
PEOPLE**

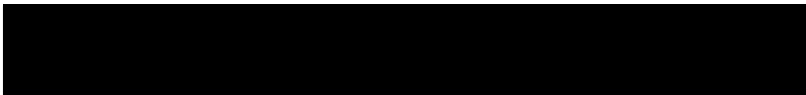


**7 PUBLIC HEALTH EXPERTISE IN ENVIRONMENTAL
HEALTH**

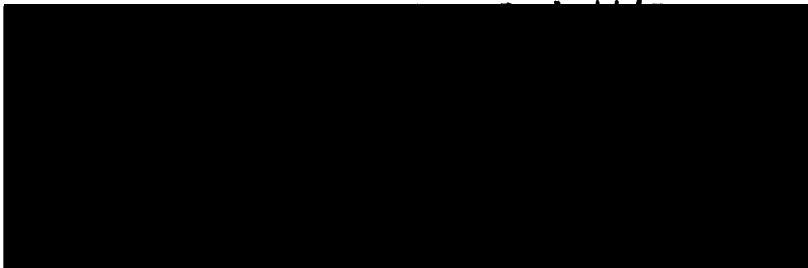




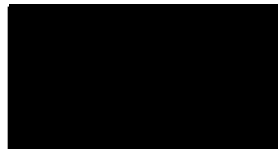
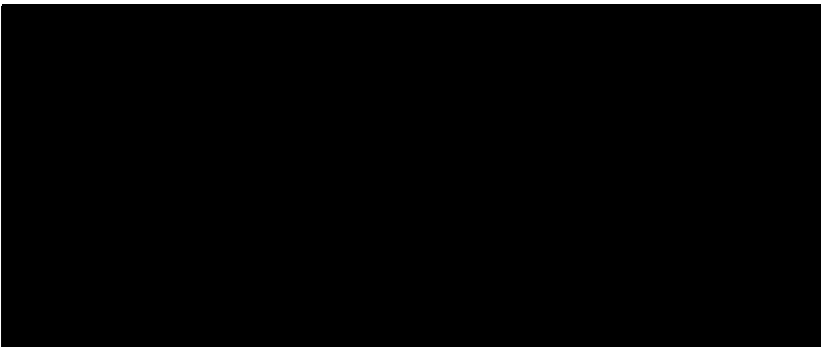
8 CANCER PUBLICITY CAMPAIGN



9 LOCAL RESEARCH ETHICS COMMITTEES: THE WAY FORWARD



10 ANY OTHER BUSINESS



11 NEXT MEETING

