

**DEPARTMENT OF HEALTH,
SOCIAL SERVICES AND PUBLIC
SAFETY**

PUBLIC APPOINTMENTS

**CENTRAL MEDICAL ADVISORY
COMMITTEE**

CENTRAL MEDICAL ADVISORY COMMITTEE (CMAC)

BACKGROUND

The Central Medical Advisory Committee is a statutory Advisory Body established in 1974 under Article 24 of the Health and Personal Social Services (Northern Ireland) Order 1972. Its function is to advise the Department, including the Health and Social Services Executive (HSSE) on the provision of medical services in Northern Ireland. The Committee is supported by 2 standing sub-committees, one for General Medical Care and one for Hospital Services.

The remit of the Committee includes:

- to advise in relation to policy formulation and strategic planning;
- to advise on priorities in the light of epidemiological trends;
- to integrate advice from its 2 sub-committees and to advise on the balance between preventative and therapeutic services, between the community and hospital services and between the components of the hospital services;
- to review the principles and methods governing medical manpower regulation including the under-graduate intake; and

- to keep under review and provide direction to the supporting components of the medical advisory structure.

MEMBERSHIP

The Chairman and members of the Committee are appointed by the Department of Health, Social Services and Public Safety. The Committee consisted of 14 members, inclusive of the Chairman. The Committee's membership is representative of the 2 standing sub-committees and the leading medical interests. Membership includes seven ex-officio members:-

- Dean of the Faculty of Medicine, Queen's University Belfast;
- Chief Executive of the Health Promotion Agency;
- Chief Executive/ Postgraduate Dean of the NI Medical and Dental Training Agency;
- Chairman or other nominee of the Council of the British Medical Association (NI);
- Director of Research and Development for the HPSS in Northern Ireland; and
- Chairmen of the Hospital Services Sub-Committee and General Medical Care Sub-Committee of CMAC.

The remaining members are selected after consultation with the British Medical Association (NI) and the NI Faculty Affairs Committee (Public Health Medicine), the General Medical Care Sub-Committee of CMAC and the Hospital Services Sub-

Committee of CMAC. The constitution and remit of the Committee are set out at
Appendix 1.

CENTRAL MEDICAL ADVISORY COMMITTEE

Role of Members

It is the member's role to:-

- share in corporate responsibility for the provision of informed advice to the Department, the Health and Social Services Executive and the Chief Medical Officer, as appropriate;
- provide the views of all interested groups within his/her representative area of medicine (although appointed in a personal capacity);
- assist with the development of mechanisms and priorities to secure this advice;
- assist with the development of a yearly workplan;
- monitor progress towards the achievement of workplan targets.

MEETINGS

The Committee will meet two or three times a year but is empowered to call additional meetings if required. Committee meetings are of a half-day duration. Members must be willing to devote the necessary time to the appointment - approximately 3 days per year. Members may also be invited to serve on sub-committees appointed by the Committee to advise on particular issues.

REMUNERATION

The Chairman and members are unpaid, however non-health service employees are eligible to claim allowances from the Department at rates set centrally for travel and subsistence costs necessarily incurred on Committee business. Health service employees attending Central Advisory Committee meetings should claim travelling expenses from their employers.

PERIOD OF APPOINTMENT

Following a selection process, members will be appointed for a three year term of office and will be eligible to serve for a maximum of two terms, i.e. 6 years. A proportion of membership will retire on rotation every two years. Reappointments will be subject to a satisfactory review of the performance of the individual and his/her suitability for reappointment.

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PERSON SPECIFICATION

Members will be conversant with and be committed to the principles and objectives of the HPSS and will subscribe to the goals and functions of the Committee and abide by its Standing Orders and Procedures.

QUALIFICATIONS

Members must hold or be entitled to hold full registration with the General Medical Council and currently be entitled to practice.

COMPETENCIES

Nominees will be required to demonstrate that they possess most of the following skills and attributes:

- an in-depth knowledge of their specific area of practice and a general knowledge of the wider context of health care practice;
- an ability to think strategically and the ability to analyse complex problems;
- an ability to work as part of a team, including chairmanship skills;
- effective communication skills with fluent expression of ideas in both written and oral form;
- good interpersonal skills, developing relationships and networks within and without the Committee;
- the confidence to question and challenge other members in an objective manner, applying their own experience and expertise to the development of an independent view;
- sound personal skills such as time and stress management.

QUALITIES

Commitment

Drive

Diplomacy

Flexibility

Vision

Openness

Sensitivity

Self Awareness

Integrity

Probity

Independence

Responsible

CENTRAL MEDICAL ADVISORY COMMITTEE

Constitution:-

Chairman

Chairman and 2 members from Hospital Services Sub-Committee

Chairman and 2 members from General Medical Care Sub-Committee

Chief Executive/Postgraduate Dean of the NI Medical and Dental Training Agency

Dean of the Faculty of Medicine Queen's University

Chairman or other nominee of Council of BMA (NI)

Community Physician

Executive Director of the Northern Ireland Health Promotion Agency

Nominee of NICHJS (BMA)

Remit:-

To act as the apex of the medical advisory structure in relation to policy formulation and strategic planning.

To invest its Chairman with authority to represent the medical viewpoint on the Health and Social Services Council.

To advise the Department, on priorities and resource allocation in the light of epidemiological trends.

To integrate advice from its 2 sub-committees and to advise on the balance between preventive and therapeutic services, between the community and hospital services and between the components of the hospital services.

To review the principles and methods governing medical manpower regulation including the under-graduate intake.

To keep under review and provide direction to the supporting components of the medical advisory structure.