# CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the Central Medical Advisory Committee held on Wednesday 28 February 2001 at 2.00pm in Room D4.2, Castle Buildings

Members Present:

Dr DA J Keegan (Chairman)

Dr W R Thompson
Dr B M Cullen
Mr J M Dunlop
Dr P W B Colvin
Dr J B Dunn
Dr J MacMahon
Dr R McMillen
Prof I V Allen

Professor R W Stout Dr C M Loughrey

Present by Invitation:

Dr D Boyle - Chairman EAMAC

In Attendance:

Dr H Campbell (CMO)

Mr D Baker

1. APOLOGIES





2.1 MINUTES OF CENTRAL ADVISORY COMMITTEES



3. MINUTES OF THE LAST MEETING

# 4. MATTERS ARISING FROM THE MINUTES OF THE LAST MEETING

### 4.1 Clinical Quality/Clinical Governance

CMO said that for some time the Department had been considering how to take forward the quality agenda in Northern Ireland. It is anticipated that a paper on clinical quality and clinical governance will be issued within the next few weeks for consultation. It is recognised that NI needs ways of endorsing and promoting clinical standards and best practice guidelines. There is a need to establish a local monitoring body to monitor systems and ensure standards and guidelines are being implemented. This local body should be independent from the Department.

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CMO emphasised that clinical governance is an issue which is live and there will be a duty of quality through clinical governance placed on the health service in Northern Ireland.

In response to queries about the appraisal and revalidation process, CMO emphasised that revalidation, appraisal and clinical governance are all part of the quality agenda and this had been highlighted in the document "Confidence in the Future for Patients and for Doctors".

Members raised a number of concerns including: clarification was required about the relationships between appraisal and performance review and issues of confidentiality relating to these processes: the need for safeguards to protect people and the need for sensitivity; GPs concerns about appraisal and revalidation processes in primary care, who would carry out the appraisal and the lack of structures in primary care for the appraisal process.

Mr Dunlop sought clarification about whether NI would still link in with the national professional medical regulation system or could set up its own scheme in relation to revalidation/registration. CMO referred to the role of GMC in relation to professional registration for the four countries and advised that there are no plan to move from this position.

CMO advised that the consultation paper will be issued to CMAC and members will have the opportunity to feedback their comments.

#### 4.2 Acute Hospital Services Review



#### 5. MATTERS ARISING FROM THE MINUTES OF THE TWO SUB-COMMITTEES

#### Hospital Service Sub-Committee

The Chairman, in the absence of Dr Jenkins, Chair of HSSC, reported on the following matters discussed at the meeting of HSSC held on 4 October 2000: Cancer Services; Staff Grade Posts; Junior Doctors' Hours; "Confidence in the Future", "Investing for Health" and the NHS Plan.

Dr Dunn referred to the NHS Plan and concerns that there had been no reciprocal funding for investment in health services here. CMO said that the plan which set out aspirations for investments in the NHS relates to England and does not relate to services here. Discussion focussed on the system of allocation of funding for the health services here. CMAC stressed the

importance of ensuring that Assembly members are aware of the issues and pressures in the health service.

#### General Medical Care Sub-Committee



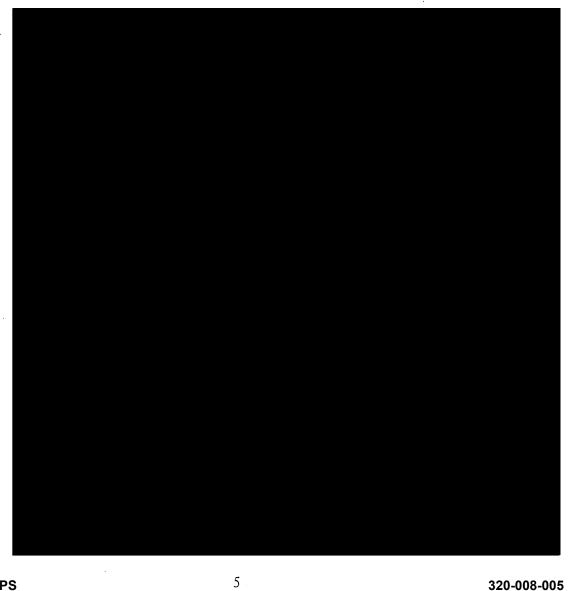
## 6. NORTH /SOUTH MINISTERIAL COUNCIL ON HEALTH



DHSSPS



7. BUILDING THE WAY FORWARD IN PRIMARY CARE





6

8 INVESTING FOR HEALTH



9 RETENTION OF ORGANS FOLLOWING POST-MORTEM EXAMINATION



7



10. SINGLE USE INSTRUMENTS FOR TONSILLECTOMY AND ADENOIDECTOMY



11. DATE OF NEXT MEETING