# HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting held on Wednesday 29 May 2002 at 2.15pm in Room C3.18 Castle Buildings.

Present:

Dr J G Jenkins (Chairman)

Dr M P O'Neill Dr P G Loughran Dr M Madden Dr I Orr

Dr C M Scally
Dr J MacMahon
Mr S J A Rankin
Dr T C M Morris
Dr J McAloon
Dr A E Montgomery

Dr B Devlin

Dr C J McClelland
Mr E J Mackle
Dr K M Mahood
Mr M C McCann
Dr J R McCluggage
Mr WJ I Stirling
Mr R McMillen
Dr A Mairs
Dr D A J Keegan

In Attendance:

Dr H Campbell (CMO)

Dr P Woods

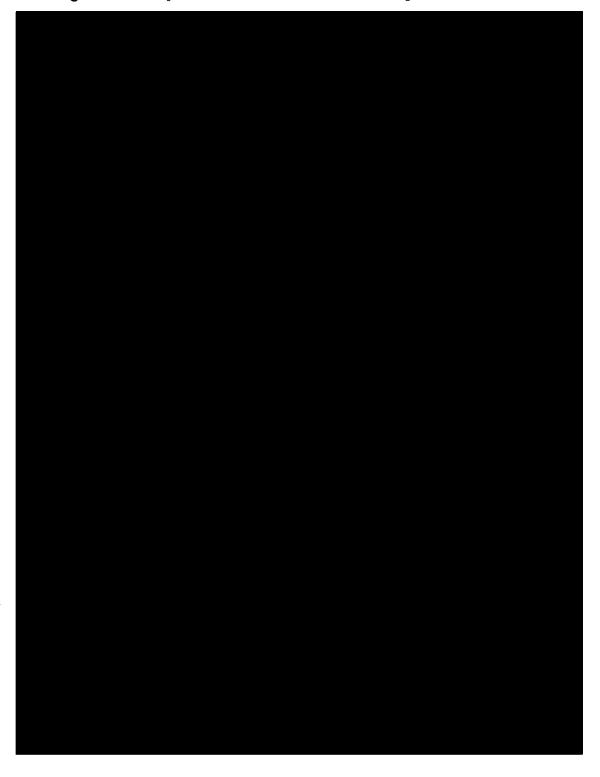
1. APOLOGIES

2. CHAIRMAN'S BUSINESS

3. MINUTES OF LAST MEETING

# 4. MATTERS ARISING

4.1 Regional Advisory Committee on Cancer – Second Report



### 4.2 Investing for Health



#### 4.3 Local Health and Social Care Groups

Members noted an update on the development of local Health and Social Care Groups.

#### 4.4 Best Practice - Best Care

CMO advised that consultation on the document "Best Practice Best Care" which focuses on service standards and improving monitoring and regulation had closed. The Minister had presented her proposals to the Executive. It is expected that the Minister will make a public statement within the next few weeks.

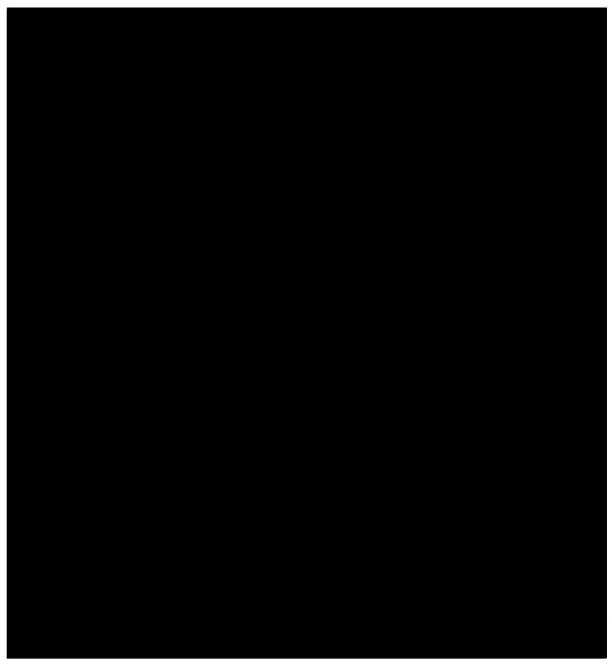
CMO emphasised the need to establish a culture of clinical and social care governance within the HPSS and to establish an independent body to monitor standards.

The Committee strongly supported this approach.

#### 4.5 Acute Hospitals Review







# 6. POSTGRADUATE MEDICAL AND DENTAL EDUCATION

Dr Woods advised that the Department of Health in London had issued a consultation paper, which set out proposals to modernise the arrangements for postgraduate medical education in the UK. Members had considered the consultation document at the committee's previous meeting and consultation had now closed.

It is intended to create a single body to bring together responsibility for the supervision of postgraduate medical education and training. The four Health

Departments are in the process of finalising their proposals regarding arrangements for postgraduate medical education. It is expected that these will soon be published.

Dr McCluggage said that at its last meeting HSSC had drawn attention to the need to take account of Northern Ireland's close links with medical colleges in the Republic of Ireland. He felt optimistic that a system would be put in place, which would work in relation to setting up North/ South rotations.

The Chairperson said the issue of difficulties in setting up ad hoc and formal North/South rotation opportunities had been raised with the Minister and were the subject of an Assembly debate. It is intended to place this matter on the agenda of the North/South Ministerial conference.

Members drew attention to concerns about an issue relating to North/South relationships namely that doctors who obtain the CCST qualification in Dublin have to re register with the STA in London before they can apply for a consultant post in the UK. It was recognised that doctors from the ROI are treated the same as doctors from other EC countries by the STA.

# 7. WORK OF JUNIOR DOCTORS' WORKING LIVES IMPLEMENTATION SUPPORT GROUP





# 8. STAFF GRADE APPROVALS

The Chairman said that at its last meeting HSSC had discussed the submissions for the approval of 4 staff grade anaesthetic posts at the Erne hospital.

The Committee had raised a number of concerns including:

- the level of responsibility appropriate to the staff grade;
- the level of consultant supervision required for the grade;
- the ratio between in and out hours for these posts; and
- whether or not the posts would be compliant with the EWT Directive.

There was concern that the establishment of these posts would set a precedent.

The Chairman, on behalf of the Committee, had agreed to seek further clarification in relation to the approval of the posts.

The Chairman advised that the Department had written to the Trust outlining the concerns expressed by HSSC and seeking further clarification. He had advised the Department that the concerns raised had not been addressed by the Trust and that the Department would need to consider whether or not it could approve the creation of staff grade posts that contravened the EWT Directive. He expressed concern that it appeared that these posts had been approved by the Department and had recently been advertised. He felt that HSSC should have received some feedback from the Department on its decision.

CMO explained that the Minister had taken a strong view that services should be sustained until decisions had been take on the Acute Hospitals review. The Minister had given the public a guarantee that she would do all that she could to maintain services until these decisions were made.

The Committee stressed the need for urgent decisions on acute hospitals here if problems in service provision were to be addressed. The Committee recognised that

the Minister had set out a timetable for the review of acute hospitals and the Department was tied to this timetable.

HSSC wished to record that it would not wish to support the approval of posts which contravene the EWT Directive .Members highlighted concern that if the Department wished to sustain services in the short term the decision to approve permanent staff grade posts which would not afford flexibility at a future date was not the best way forward for service provision and development. This approach had the potential to diminish training. It was felt that expedience and service provision had triumphed over standards. Members drew attention to proposed models for some specialties involving the creation of some staff grade posts for short fixed terms.

The Chairperson undertook to write to the Department highlighting the concerns raised by HSSC about the approval of these posts and seeking clarification as to the grounds on which the posts had been approved by the Department, the role of HSSC relating to the approval of staff grade posts and the criteria that should be applied for the approval of staff grade posts.

9. STAFF GRADE APPROVALS (3) NEONATOLOGY FOR THE MATER AND ROYAL JUBILEE HOSPITALS



10. PERINATAL PATHOLOGY





#### 11. ANY OTHER BUSINESS

(i) Dr McCluggage tabled an extract from a letter published in the BMJ on 23 March 2002. This concerned the need to ensure better surgical training in shorter hours and that a more structured approach must be adopted. It suggested that an increased amount of training in surgical skills has to be done with simulators and that such facilities must be widely available to all trainees.

Dr McCluggage said that a simulator is one method of maximise training opportunities. Some undergraduates are training on simulators and he felt this is an educational tool for the future. Dr McCluggage indicated that he would ask all Training Committees to consider how it would best fit in with their practice.

Members highlighted some models of training using simulators. Attention was drawn to the need for recurrent funding to make this work in the long term.

HSSC agreed there was a need for Training Committees to examine the value of simulators to training in each.specialty.

(ii) Reform of the General Medical Council – Members noted the consultation paper they had received on the Reform of the GMC. The Chairman advised that he did not plan to submit a response as Chairman of HSSC. If members wish to respond, comments should be sent to the Department of Health, Quarry House, Leeds LS2 7UE by 6 September 2002.

# 12. DATE OF NEXT MEETING