

**MEETING OF THE GENERAL MEDICAL CARE SUB-COMMITTEE OF THE
CENTRAL MEDICAL ADVISORY COMMITTEE
14th FEBRUARY 2002**

PRESENT:

- Dr JM McAughey (Chair)
- Dr J Porteous
- Dr BG Patterson
- Dr T Bradley
- Dr CD Leggett
- Dr ME Cupples
- Dr M Brown
- Dr S Adair
- Dr D Boyd
- Dr R Thompson
- Dr P Colvin
- Dr B Dunn
- Dr JR McCluggage

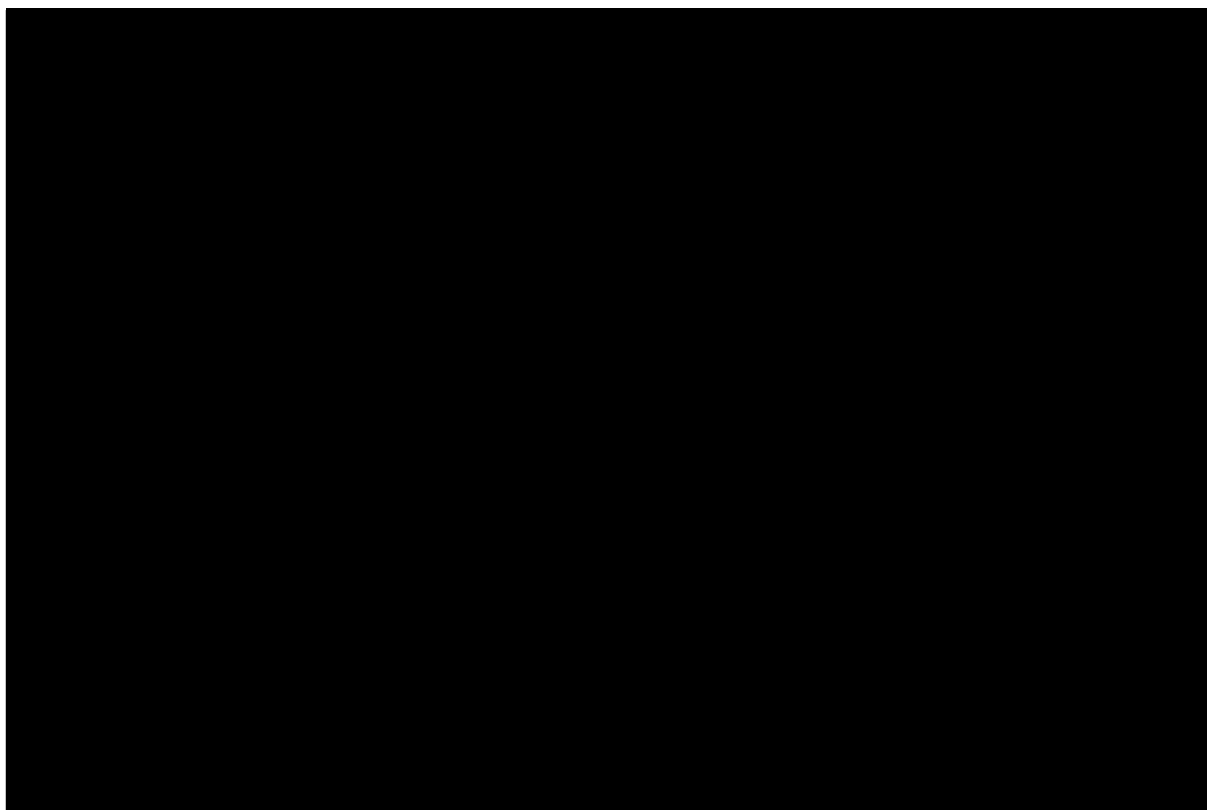
IN ATTENDANCE:

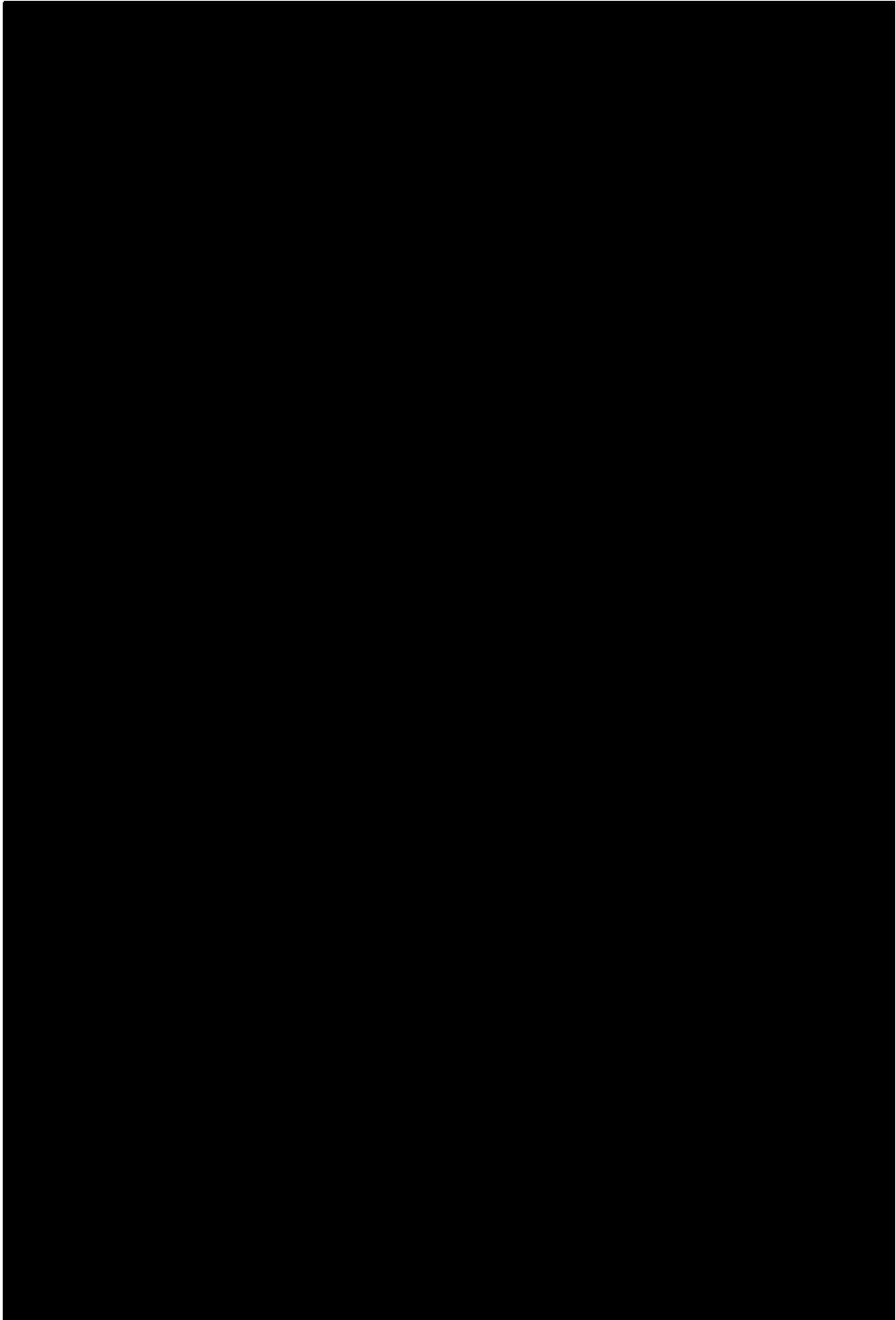
- Dr H Campbell (CMO)
- Mr J Thompson
- Dr M Briscoe
- Dr N Chada
- Mrs K Oldham

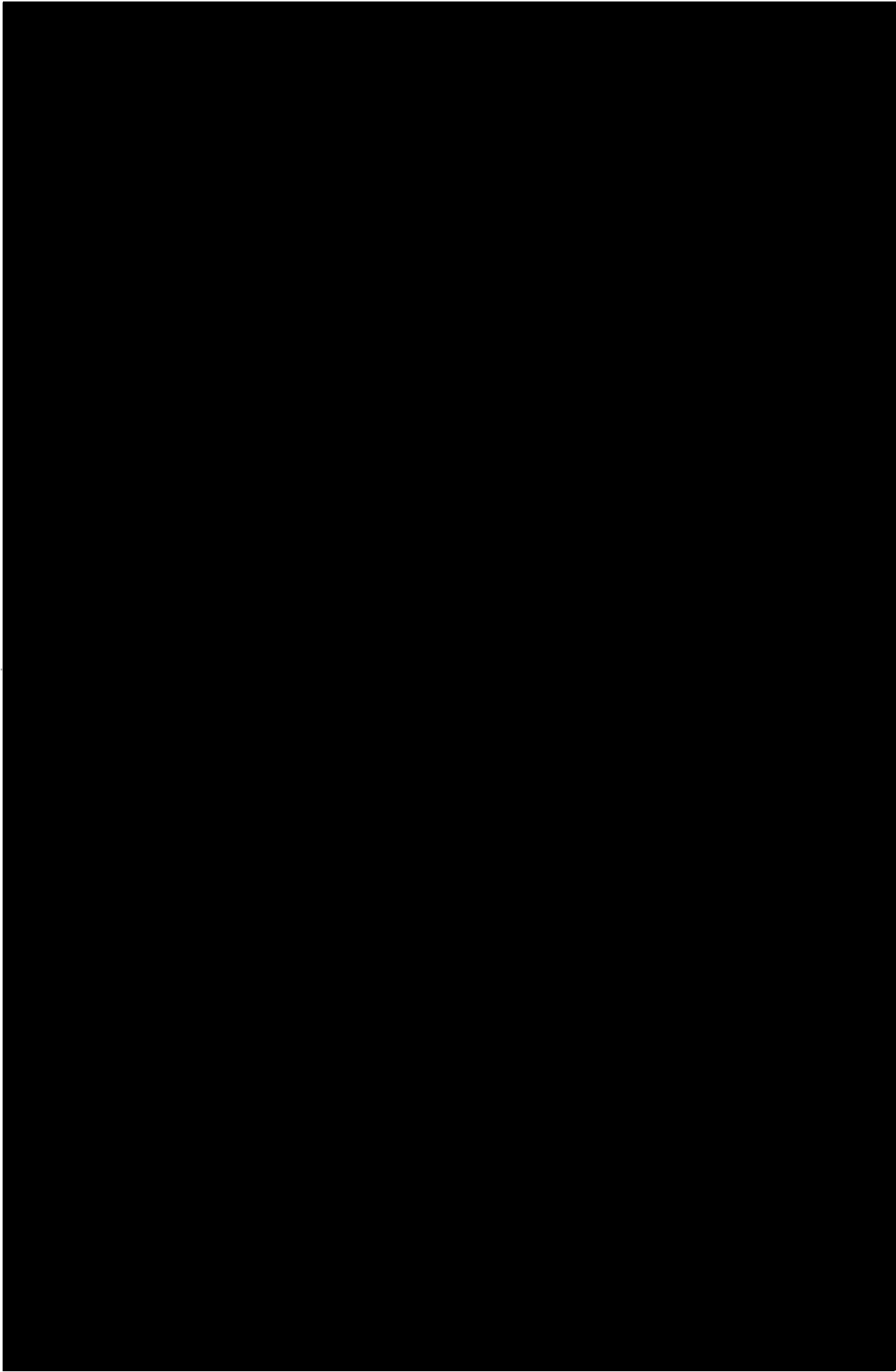
1. APOLOGIES



2. GP APPRAISAL









3 PREVENTION, DETECTION AND MANAGEMENT OF UNDER-PERFORMANCE IN GENERAL PRACTICE

- 3.1** Dr Thompson, who chairs a working Group on this issue, pointed out that there were no easy answers or solutions when dealing with this matter. He referred members of the Committee to a document on the RCGP website which can be used as a tool (St Paul's Toolkit). He pointed out that early detection of problems and prevention of problems were key considerations. A three-stage process was described whereby a local performance group was alerted to the problem in the first instance. Every effort would be made to resolve the situation locally but where further advice was deemed to be necessary practitioners may be referred to an expert body. Dr Thompson thanked Dr Briscoe for her hard work on this project.
- 3.2** In general, this document on underperformance received widespread support from members. However, a number of specific points were raised.
- 3.3** Dr Boyd highlighted the fact that both appraisal and underperformance required GPs to serve as experts. He pointed out that there was a limited number of GPs willing to do so. He felt that there was a need to establish priorities and suggested that a quality management group may be required.
- 3.4** Dr Patterson expressed his disappointment that more resources had not been allocated to prevention by means of occupational health services

for GPs and their staff. It was pointed out that Boards had experienced problems trying to find any GPs willing to undertake training for such a role. Dr Adair emphasised the need for occupational health services to be in place if either the appraisal or underperformance processes were to work. In addition, educational and development needs would require resourcing.

- 3.5 Dr Colvin said that he endorsed the collaborative approach used to develop this document. He pointed to the need for standard setting processes to ensure that there was a universal approach throughout the province. He stated that there was a need to consider how prioritisation will take place so that money spent will be for the greatest gain.
- 3.6 It was considered that the recommendations relating to the development of the vocational training scheme for GPs needed to be emphasised in the document.
- 3.7 Dr Campbell pointed out that standard setting and strategic thinking had been discussed in the 'Best Practice, Best Care' document and it was expected that Minister would be making a statement shortly which would address the whole issue of Primary Care Development and how it is resourced. Mr Thompson informed the Committee that the resources for primary care had not grown in line with the agenda for development however further resources were being bid for. In response to questioning about ring fencing resources, Mr Thompson replied that he was reluctant to ring fence large amounts as this takes decisions out of the hands of service providers.
- 3.8 Dr McCluggage began to address the issue of quality standards but was interrupted by a fire alarm test and evacuation of the building. At this point the meeting closed.