

level. A good example of this would be in the practice of vaccination and immunisation, where the Department of Health had very special expertise, probably as good as, if not better than expertise outside the Department. Between these two clearly there was a range of views.

9. My personal links with the profession were generally very good and there was considerable interchange on a variety of issues on a very regular basis. At a specialist level within the Department of Health and the NHS Executive then the frequency of contact would depend on whether the issue was being actively discussed.
10. The regulation, discipline and control of the medical profession is a major subject. A number of different bodies are responsible. First the individual doctor has a professional responsibility to his or her patient to provide the best quality service possible. Within the National Health Service there are responsibilities for discipline at a trust or general practice level which relate to quality of service and issues such as conduct and fraud. The Colleges and the Postgraduate Deans have responsibility for postgraduate education and in the qualification of a specialist. There is regular postgraduate continuing education following appointment as a consultant. The General Medical Council has overall regulation of the medical profession and takes this task seriously. It has the opportunity to investigate any doctor based on information sent to it, from any source. The Department of Health from time to time issues guidance on management, but not generally in relation to clinical practice unless based on professional views from outside the Department.
11. Between 1991 and 1995 tensions between the Department and the medical profession were generally limited. At a personal level links were good between all of the organisations and the main areas of concern related to issues around the reform of the National Health Service.