

Interview

## The new Chief Medical Officer for Northern Ireland

Claire T Lundy



Dr Michael McBride

Dr Michael McBride is the new Chief Medical Officer (CMO) for Northern Ireland. A graduate of Queens University Belfast Medical School, he also trained in St Mary's at Imperial College London. His specialist interest in HIV/AIDS suggested early on in his career that he was not afraid of working in a challenging and ever changing field. I met with him to discuss his vision of the NHS in Northern Ireland.

### CL: Did you find it a struggle leaving clinical medicine behind?

CMO: Over the past number of years I have taken on a number of management roles. I took the opportunity to attend management work shops and courses that challenged my own views. I soon realised that aspects of management could actually make a difference to the medical well-being of individual patients. I was appointed a Consultant in 1994, and became Postgraduate Tutor in the Royal Group of Hospitals Trust in Belfast, for the next five years. In 2002 I was then appointed as their Medical Director. Clinical work provided me with experiences that informed my practice as a senior manager and enabled me to provide appropriate challenge to the profession. Some of the more difficult aspects of the job however included having to take responsibility for failings in the system and explain to families when things had unfortunately gone wrong.

### CL: Who do you feel has been your key mentor in your career to date?

CMO: I must say that the best mentors I have had have been my patients. In all my roles throughout my career, I have always sought to remember the patient at my elbow and what they would want. I have certainly learnt from them – they are quite often so well informed and the 'experts' on their condition. We can all learn from their courage, determination and commitment.

### CL: Do you think you are well prepared for your new role as Chief Medical Officer?

CMO: I am in post at a time when we are redefining how we provide the health service in Northern Ireland. I have been privileged to work in both clinical medicine and management – a good mix for the role of CMO. Both hats have enabled me to provide a well-rounded contribution to the development of health care policy. Policy decisions within the Department of Health will and do impact on the level of care that professionals can provide to their patients. As CMO, my medical background will enable me to bring a professional point of view to that table, whilst always having that patient at my elbow. My managerial background can then look to how that policy can be rolled out in practice. As professionals we must be involved in such policy discussions. We must contribute to decisions that will ultimately

affect that way in which we deliver our service. We should collectively contribute to and drive change.

### CL: What support team do you have in the Department of Health?

CMO: I am fortunate to have an extremely dedicated staff. I must emphasise just how passionate they are about their responsibilities. I used to think I worked hard until I started this job!

The team is a combination of administrative civil servants, doctors and public professionals. The specialist advisory committees are an important source of information and debate. The make up of these may change in the course of the review of public administration. At the present time we are working hard to maintain networks of communication with frontline professionals but also establish new links. We all work for the one system, so must work together. I also think it is important to ensure that there is an appreciation of the respective roles and challenges within the service – this could possibly be facilitated through an exchange of staff. The service could identify possible gaps in the system to inform policy. This co-operation and shared ownership could make for a more streamlined service.

### CL: What do you see as the major issues in healthcare in Northern Ireland?

CMO: I think we need to engage effectively with partners' right across Government to address the many health inequalities that still exist. There are major differences between more affluent and less affluent communities in relation to issues such as smoking, obesity and mental health. In many less affluent parts of Northern Ireland, for example, a man's life expectancy will be seven years less than elsewhere. We know that lifestyle factors such as smoking are only part of the reason for this. There are wider issues such as deprivation, access to facilities and unemployment that need to be tackled. For example, the Fit Futures report recommends that we address the challenge of obesity by providing more opportunities for children and families to be physically active and by enabling them to be able to easily access affordable, healthy and nutritious food. Initiatives such as Fit Futures seek to redress the socio-economic imbalance that contributes to health disadvantage. We need to find ways to empower individuals from less well-off communities so they feel they have **real** choices.

This is a crucial time for health in Northern Ireland. The recent review of public administration (RPA) is providing us with an opportunity to drive forward further improvements in health service frameworks and quality standards.