INFECTED BLOOD INQUIRY

SIXTH WRITTEN STATEMENT OF MR CHARLES HAMILTON MASSEY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 17 November 2021.

I, Charles Hamilton Massey, will say as follows: -

1 My name is Charles Hamilton Massey. My date of birth is GRO-C 1970 and my address is known to the Inquiry. I am the Chief Executive and Registrar of the General Medical Council, and I have held this role since 1 November 2016.

2 This is my sixth witness statement for the Infected Blood Inquiry. My previous statements (WITN3365001, WITN3365011, WITN3365032, WITN3365035, WITN3365039 respectively) are dated 17 July 2019, 30 August 2019, 10 February 2020, 3 April 2020 and 26 October 2020.

3 Within the Rule 9 notice dated 17 November 2021, 9 questions were posed (noted in italicised text). They are answered below.

Undergraduate and Postgraduate education

Question 1: Please explain the GMC's involvement in regards to undergraduate medical education. Specifically, please outline:

a ***The way in which the GMC has regulated undergraduate medical education.***
b ***How the GMCs involvement has developed over time.***

4 Under the Medical Act 1983 (as amended)*, the GMC has powers to oversee basic medical education. Basic medical education comprises undergraduate medical education (which takes place at medical schools, leading to the qualification as a doctor), and one-year of general clinical training (formerly called pre-registration house officer (PRHO), now known

* https://www.legislation.gov.uk/ukpga/1983/54/contents

as Foundation Year 1 or 'FY1'). When a doctor has successfully completed basic medical education (medical school and the FY1 year) they are entitled to be fully registered as a doctor with the GMC.

In practice, these statutory functions entail setting the standards for providers of undergraduate medical education and training, as well as regularly checking to make sure those standards are met. We are responsible for assuring the quality of education and training; identifying areas of good practice as well as where our standards are not being met.

It is important to note that the GMC does not set or approve the undergraduate curricula content. This is the responsibility of the UK's medical schools. We set the overarching requirements for medical education and the outcomes that students are required to achieve in order to graduate, and medical schools develop their own curricula provided they satisfy our requirements.

The way in which we have regulated undergraduate education has developed over the years. Some of the key documents setting out our historic approach are:

1975: The Merrison Committee (Exhibit WITN3365044) made a number of recommendations about medical regulation and laid out the need for a coordinated approach across undergraduate, postgraduate and professional development.

1980: The report on 'Recommendations on Basic Medical Education' (Exhibit WITN3365045) was published by the GMC Education Committee.

1992: 'Recommendations on General Clinical Training' (Exhibit WITN3365046) was published by the GMC.

1993: The 1980 'Recommendations on Basic Medical Education' was revised by the GMC's Education Committee. They produced a framework for basic education 'Tomorrow's Doctors' (Exhibit WITN3365047), which was more detailed than any previous set of standards and introduced a 'core curriculum' which defined the requirements that must be satisfied before a newly qualified doctor could assume the responsibilities of a PRHO (Pre-Registration House Officer) (equivalent to a FY1 trainee doctor today). Whilst this provided a 'core curriculum', it was still for medical schools to design the remaining content. It marked a change in emphasis from previous guidance - from gaining knowledge, to a learning process that includes the ability to evaluate data and develop skills to interact with patients and colleagues.

2003: 'Tomorrow's Doctors' (Exhibit WITN3365048) was updated. The recommendations, replacing the 1993 version, put the principles set out in Good medical practice* at the centre of undergraduate education. It also clarified what students would study and be assessed on during undergraduate education, made it necessary for all medical schools to set appropriate standards and made necessary rigorous assessments that lead to the award of a primary

* Good medical practice is the GMC's core guidance describing what it means to be a good doctor. The guidance describes the professional values and behaviours we expect from any doctor registered with us. We expect doctors to use their professional judgement and expertise to apply the principles in the guidance to the various situations they will face in their career. It was first published in 1995.

medical qualification.

2007: 'Outcomes for provisionally registered doctors' (Exhibit WITN3365049) guidance sets out the knowledge, skills and behaviours that FY1 doctors must be able to show before being eligible to apply for full registration, which is also still in place today. The standards for training in the Foundation Programme were published by the GMC and the Postgraduate Medical Education and Training Board (PMETB) as 'The New Doctor' (published online only in 2007 and published in printed form in 2009 – see Exhibit WITN3365050). This document brought in outcome for provisionally registered doctors and the standards for training in the foundation programme which covered F1 and F2 and were joint standards with PMETB.

2009: 'Tomorrow's Doctors' (Exhibit WITN3365051) was updated, specifically regarding scientific education, clinical skills, partnerships with patients and colleagues, and commitment to improving healthcare and providing leadership. It set out the standards for the delivery of medical education with a new emphasis on equality and diversity, involving employers and patients, the professional development of teaching staff, and ensuring that students derive maximum benefit from their clinical placements.

2011: The Trainee Doctor was published (Exhibit WITN3365052) and replaced the 2007 'The New Doctor'. This document integrates the generic standards for postgraduate medical education (the specialties including GP training) with the standards for training in the Foundation Programme. This followed the merger of the PMETB with the GMC in 2010.

2015: 'Promoting excellence: standards for medical education and training' (Exhibit WITN3365053) was published in July 2015 and set out 10 standards that are expected of medical training organisations covering all stages of medical training (undergraduate, foundation and speciality training). This replaced the 2009 'Tomorrow's Doctors' and the standards for postgraduate training in the 2011 'The Trainee Doctor'. These standards work in conjunction with 'Excellence by design' (Exhibit WITN3365054) which sets the standards and requirements for developing post-graduate curricula (note – only published in May 2017)

2017: Generic professional capabilities framework was published which sets out the essential generic capabilities needed for safe, effective and high-quality medical care in the UK. Although this framework relates to postgraduate medical education and training, the approach is also reflected in outcomes for graduates published in 2018.

2018: Outcomes for graduates sets out the knowledge, skills and behaviours that new UK medical graduates must be able to demonstrate.

Question 2: In relation to undergraduate curricula, did the GMC's requirements for medical education and outcomes that students were required to meet include the following before the year 2000. If so, please provide the relevant parts of the requirements. If not before this date, when were these areas formerly introduced within the requirements?

a ***communication with patients/provision of information;***

5 This can be found in the 1980 'Recommendations on Basic Medical Education' (page 7, point 2.e) and then subsequently in the 1993 'Tomorrow's Doctors' (page 17, Point 46).

b ***testing for infection (specifically how patients were to be tested, including pre and post-test counselling)***

6 Testing for infection is not explicitly covered in any pre-2000 undergraduate related documents held by the GMC. Moreover, this is a clinical standard in specialty training set by the medical Royal Colleges* (i.e. only covered in postgraduate training – more information can be found below).

c ***consent***

7 This can be found in the 1993 'Tomorrow's Doctors' (page 15, point 40.3.b).

d ***confidentiality***

8 This can be found in the 1993 'Tomorrow's Doctors' (page 15, point 40.3.b).

Postgraduate education and training

Question 3: Please explain the GMC's involvement in regards to postgraduate medical education. Specifically, please outline:

a ***The way in which the GMC has regulated postgraduate medical education and training.***

9 Responsibility for postgraduate medical education and training has changed substantially over the years. The GMC did not assume statutory responsibility until 2010, immediately prior to this it had been the role of PMETB. Prior to PMETB, in 2005, training was also conducted by colleges and specialities. Whilst the Medical Act 1983 gave the GMC broad powers to co-ordinate all stages of medical education and training prior to 2010, there were no specific powers to approve or intervene in postgraduate training (defined as the FY2 year and subsequent specialty training).

During the relevant period, however, we made recommendations in the area of postgraduate education and training through the 1987 'Recommendations on the Training of Specialists' (Exhibit WITN3365055). These covered the training for specialist practice which begins after full registration and ends at the stage of independent (unsupervised) practice†. The recommendations were intended to complement and coordinate those bodies which are concerned with the organisation and provision of postgraduate specialty training, including the Royal Colleges and Faculties, whose training programmes are complemented by contributions from universities. The recommendations were not intended to restrict the freedom of such bodies to continue to develop their own programmes of training and assessment.

b ***How the GMCs involvement may have developed over time.***

* The medical royal colleges in the UK are professional bodies responsible for the development of and training in one or more medical specialties. They set the standards within their specialty fields, but the *application* of those standards is the responsibility of the GMC (since 2010). More information on postgraduate education and training can be found below.

† This is the stage at the end of specialist training when a doctor becomes eligible to be a consultant.

10 As noted above, the GMC did not assume statutory responsibility for postgraduate medical education and training until 2010. Whilst the Medical Act gave the GMC broad powers to co-ordinate all stages of medical education and training prior to 2010, there were no specific powers to approve or intervene in postgraduate training.

c ***Prior to the GMC's involvement, who were the responsible bodies and what were they responsible for.***

11 A 1995 consultation following the Calman Report of 1993 proposed that the statutory arrangements in relation to training requirements should be adjusted to reflect practice at the time; the medical Royal Colleges and Faculties having responsibility for the content and standards of training in their specialties. It was therefore suggested that all functions relating to specialist medical training be assigned to a new body comprising representatives of all the UK Medical Royal Colleges, called the "Council of Medical Royal Colleges" or the "new College Council" (later to become the Specialist Training Authority of the Medical Royal Colleges (STA)). The European Specialist Medical Qualifications Order in 1995 then created the STA.

In 2000, the NHS Plan called for a joint regulator for both specialist and general practitioner training, called the Medical Education Standards Board (MESB), with membership drawn from the profession, the NHS and the public.

MESB was intended to replace the STA but was relabelled the PMETB when it was introduced in September 2005.

PMETB was established by the General and Specialist Medical Practice (Education and Qualifications) Order, approved by parliament in April 2003 to develop a single, unifying framework for postgraduate medical education and training across the UK. The Order placed a duty on the Board to establish, maintain and develop standards and requirements relating to all aspects of postgraduate medical education and training in the UK.

The Independent Inquiry into Modernising Medical Careers 2007/08 recommended the amalgamation of PMETB's and the GMC's regulatory functions in one body to achieve greater continuity and economies of scale. For a number of reasons, including existing responsibility for two out of three stages of medical education and training, the Inquiry Panel suggested this to be the GMC. The recommendation was upheld by the Health Select Committee Inquiry into MMC. PMETB then merged with the GMC in 2010.

d ***For which Royal Colleges and Faculties the GMC is responsible for, in terms of the development of curricula***

12 Throughout the changes specified above, Royal Colleges and Faculties were the organisations responsible for the development of curricula in the different medical specialties. This remains the case today.

The Medical Act sets out that the GMC shall establish the standards and requirements for medical education and training leading to the award of a CCT. The Act further describes that the GMC should include the standards for curricula to be followed in each recognised specialty and general practice. The GMC has delivered this through various publications:

initially by 'Standards for curricula and assessment systems' (first published in 2008, updated in April 2010, withdrawn in 2017) and subsequently (and currently), 'Excellence by design: standards for postgraduate curricula' (Exhibit WITN3365056). In addition to setting the standards, the Act goes on to describe our role in securing the maintenance of the standards through our approvals function. Royal colleges as the specialty experts are required to have their curricula and programmes of assessment approved by the GMC to ensure our standards have been met in the development of curriculum.

Our standards cover all medical royal colleges and faculties who have responsibility for recognised specialities and general practice. A list of recognised specialties is included in the PMET Order of Council 2010 and a list of GMC approved curriculum, with details of the college who developed it, is available on the GMC website.

Question 4: Did the GMC's standards to approve the Royal College and faculties' curricula include the following before the year of 2000:

a ***communication with patients/provision of information;***
b ***testing for infection (specifically how patients were to be tested, including pre and post-test counselling);***
c ***consent; and***
d ***confidentiality***
e ***If so, please provide the relevant parts of the requirements. If not before this date, when were these areas formerly introduced within the requirements?***

13 The GMC did not assume statutory responsibility for postgraduate education and training until 2010 and PMETB didn't have responsibility prior to its establishment in 2005. As noted above, the STA was responsible for the provision of postgraduate training pre-2000.

Question 5: To what extent, if any, did curriculum standards address transfusion practice? If applicable, when were these standards introduced?

14 The GMC did not assume statutory responsibility for postgraduate education and training until 2010. Pre 2000 this was the STA. Previous versions of the curriculum are no longer available online but copies can be requested from curriculum@jrcptb.org.uk.

Question 6: Did clinicians' ongoing CPD requirements in the period of 1980 to 2000 include the following:

a ***communication with patients/provision of information;***
b ***testing for infection (specifically how patients were to be tested, including pre and post-test counselling);***
c ***consent; and***
d ***confidentiality***

15 There was no statutory requirement for doctors to take part in CPD between 1980 and 2000. However, in 1993's 'Tomorrow's Doctors' (page 15, point 40.3.k), the GMC states that a doctor should be aware of the importance of CPD. Access to college CPD schemes was not always possible for doctors who were not members of a college or faculty. However, other

organisations, such as the British Medical Association (BMA), also provided CPD opportunities which were not linked to college membership.

It wasn't until 2004 that the GMC published its first set of guidance around continuing professional development (Exhibit WITN3365057). We then published guidance in 2012 (Exhibit WITN3365058) setting out our expectations for doctors' participation in CPD. Participation in CPD is now an integral part of the requirements for GMC revalidation.

Question 7: Are you aware if practising clinicians between 1980 to 2000 who were not members of a medical regulatory body, generally received any other form of training (above and beyond undergraduate and postgraduate level)? If so, please explain of which nature, i.e. whether voluntary or compulsory?

16 Doctors practising medicine in the UK must have registration with the GMC. It was, and still is, illegal to practise medicine in the UK without this. All doctors practising in this period would therefore have needed to be registered with the GMC.

Question 8: If the above is applicable, please outline whether any training included the following:

a ***communication with patients/provision of information;***
b ***testing for infection (specifically how patients were to be tested, including pre and post-test counselling);***
c ***consent; and***
d ***confidentiality***

17 N/A

Question 9: Please explain, in as much detail as possible, any information that you believe may be of relevance to the Infected Blood Inquiry, in light of the above questions and having regard to the Inquiry's Terms of Reference and to the current List of Issues.

We have no further information above and beyond what is included in the above text and in the enclosed Exhibits. If the Inquiry have any further questions regarding our role in undergraduate medical education and postgraduate medical training please do not hesitate to contact us.

Statement of Truth

I believe that [redacted] itement are true.

Signed [redacted] GRO-C

Dated 16 December 2021

Table of exhibits: (15 exhibits)

	Date	Notes/ Description	Exhibit number
1	April 1975	Report of the Committee of Inquiry into the Regulation of the Medical Profession by Dr A W Merrison FRS) (known as the 'Merrison Inquiry') *note this version was downloaded from the Wellcome Trust website but is a scan of the original report*	Exhibit WITN3365044
2	February 1980	Recommendations on Basic Medical Education	Exhibit WITN3365045
3	February 1992	Recommendations on General Clinical Training	Exhibit WITN3365046
4	December 1993	Tomorrow's Doctors: Recommendations on Undergraduate Medical Education	Exhibit WITN3365047
5	February 2003	Tomorrow's Doctors: updated	Exhibit WITN3365048
6	2007	Outcomes for provisionally registered doctors	Exhibit WITN3365049
7	2009	The New Doctor (printed version)	Exhibit WITN3365050
8	2009	Tomorrow's Doctors: updated	Exhibit WITN3365051
9	2011	The Trainee Doctor	Exhibit WITN3365052
10	July 2015	Promoting excellence: standards for medical education and training'	Exhibit WITN3365053
11	May 2017	Excellence by design	Exhibit WITN3365054
12	1987	Recommendations of Training Specialists	Exhibit WITN3365055
13	2017	Excellence by design: standards for postgraduate medical curricula	Exhibit WITN3365056
14	April 2004	GMC Continuing Professional Development	Exhibit WITN3365057
15	2012	CPD guidance for all doctors	Exhibit WITN3365058