

Witness Name: The Conference of
Postgraduate Medical Deans Committee

Statement No.: WITN7250001

Exhibits: WITN7250002 -
WITN7250005

Dated: 29/09/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF THE CONFERENCE OF POSTGRADUATE MEDICAL DEANS COMMITTEE

We provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 08 September 2022.

We, the Conference of Postgraduate Medical Deans Committee, will say as follows: -

Section 1: Introduction

1. *Please set out a brief explanation of the role and function of the Conference of Postgraduate Medical Deans Committee.*
 - 1.1. Postgraduate deans are senior doctors who are responsible for the delivery of Postgraduate Medical training in the UK. They are employed by the four statutory education bodies (SEBs), namely NHS Education Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA), Health Education and Improvement Wales (HEIW) and Health Education England (HEE).

1.2. COPMeD (UK):

- Provides a focus and forum for those responsible for the strategic overview and operational delivery of Postgraduate medical training in the four UK nations.
- Enables the UK Postgraduate Deans to meet and discuss current issues and to share best practice, ideas and innovations.
- Is an advisory body which harnesses the expertise of its members to advise and support healthcare organisations in developing their education policies and procedures.
- Works closely with the Medical Royal Colleges through Specialty Lead Deans and with the General Medical Council.
- Is responsible for the regular updating of The Gold Guide (the reference guide for postgraduate Foundation and Specialty Training in the UK) for the four UK health departments, and supports educators, different groups of doctors in training, and SAS grade doctors, through various COPMeD (UK) subgroups.

1.3. COPMeD works mainly within the training of Doctors in Postgraduate programmes, so does not manage the training of locally employed doctors within providers nor substantive or non-clinical staff.

1.4. This statement is made on behalf of COPMeD and not the employing SEBs.

Section 2: Training

2. *How do educators embed best practice into trainee's practice? What can be done to improve this?*

2.1. The General Medical Council (GMC) regulates Medical Education and Training in the UK. The GMC sets the standards and requirements for the delivery of all stages of medical education and training. COPMeD, and therefore all Postgraduate Deans, must follow these standards. On an individual personal level, the GMC regulates through sign off for

provisional registration, specialist registration, trainer accreditation and revalidation. Education and Training standards are defined in the following document: Promoting Excellence¹ [WITN7250002].

- 2.2. Promoting excellence describes standards for medical education and training, and sets out ten standards expected of organisations responsible for educating and training medical students and doctors in the UK. The standards clearly state that Patient Safety is the first priority.
- 2.3. Colleges, Faculties and Specialty Associations develop and maintain curricula and assessment frameworks according to the standards for curricula and assessment set by the GMC. Colleges, Faculties and Specialty Associations are responsible for the quality of approved curricula and exams. They work in partnership with national bodies, postgraduate deaneries, Local Education and Training Boards (LETBs) and (Learning Education Providers) LEPs to select learners to training programmes.
- 2.4. Postgraduate Deans are required to implement these standards described in the framework and so ensure the curricula are delivered.
- 2.5. COPMeD has a role in the approval process to ensure that the curricula and assessments are deliverable across the four nations.
- 2.6. The GMC has a Quality Assurance process, as do all SEBs to ensure that there is continuous quality improvement. Every Postgraduate Dean has a Quality Improvement Plan monitored by the GMC.
- 2.7. Those doctors involved in a particular clinical area are made aware of clinical quality and patient safety concerns. The process currently does ensure educators embed best practice into a trainee's practice.

¹Available at: https://www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-2109_pdf-61939165.pdf

3. *Is there any system for providing training on candour, consent and effective communication to non-clinical senior leaders working in the NHS such as executive directors, chief executives, and trustees that the Committee is aware of? If so, please outline who it is delivered to, what the training consists of and any details of any audits or evaluations to assess how effective the training is?*

3.1. COPMeD is not aware of a UK wide system that delivers training to non-clinical senior leaders. This is usually delegated to local healthcare providers and organisations dependent on the arrangements within each devolved nation.

3.2. Duty of Candour² [WITN7250003] legislation in England places the responsibility on providers to ensure that their staff are trained in, and deliver, the actions required by the legislation, including measuring performance where applicable. This supplements the professional expectation outlined by GMC in Good Medical Practice and provided through undergraduate and postgraduate training programmes.

Section 3: Response to the recommendations of the Psychosocial Expert Group

4. *Does the duty of candour form part of medical training? Please give details including as to who is trained on these matters, what the training consists of, and any details of any audits or evaluations to assess how effective the training is.*

4.1. The duty of candour forms part of medical training. Being open and honest is clearly articulated within 'Good Medical Practice' (GMP)³ [WITN7250004] published by the GMC. It is also assessed at ARCP.

² Available at https://www.cqc.org.uk/sites/default/files/2022-07/20220722-duty-of-candour-pdf-version-FINAL_0.pdf

³ Available at https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf/

- 4.2. Duty of Candour is also made clear in the GMC's guidance on required General Professional Capabilities⁴ [WITN7250005].
- 4.3. All doctors and healthcare providers are required to report and be honest.
- 4.4. Training is not delivered in one form. We are not aware of any audits assessing effectiveness, other than patient satisfaction or complaints.
5. *Does effective patient communication form part of medical training? Please give details including as to who is trained on these matters, what the training consists of, and any details of any audits or evaluations to assess how effective the training is.*
- 5.1. Effective communication is part of all medical training and clearly defined in Good Medical Practice, Promoting Excellence and General Professional Capabilities. It is delivered in a number of forms and by various methods across the UK.
- 5.2. Referral data of doctors to the GMC would provide information on communication concerns.
6. *Do the ways in which implicit and explicit biases affect interactions with patients and families (including increasing awareness of the nature of stigma and its impacts on both patients and families/carers) form part of medical training? If so, please give details including as to who is trained on these matters, what the training consists of, and any details of any audits or evaluations to assess how effective the training is.*
- 6.1. All doctors are required to adhere to the GMC's ethical guidance, Good Medical Practice. This document makes clear acceptable behaviours

⁴ Available at https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf-70417127.pdf/

and how an individual doctor must reflect. This is assessed for each individual doctor through revalidation. Therefore, this is fully recognised.

- 6.2. In England and Scotland, Postgraduate Deans are the Responsible Officers for Doctors in training and so ensure that as part of their progress through their postgraduate medical training, assessed by the Annual Review of Competence Progression (ARCP), standards for revalidation are met.
 - 6.3. Training is delivered in a variety of ways. COPMED remains concerned about the impact of bias and discrimination and held a workshop for Educators in June 2022 to help address this and consider the development of education on these issues. All four SEBs have a workstream and education programmes in place to deliver further training on bias, as well as equality, diversity and inclusion.
 - 6.4. There is variability in learning preferences and resources available across the UK, which might mean one learning approach may not have the desired outcome. It would be important to understand the change in patient outcomes rather than impose one method of learning.
7. *Does the Committee have any comments to make on the recommendations made, or any recommendations to add to those of the Expert Group listed above in relation to the two questions posed by Sir Brian to the Psychosocial Expert Group?*
- 7.1. The high quality training of doctors is very long and costs the taxpayers considerable sums of money. Training curricula cover a breadth of general skills as well as specific training for individual specialties. The exact method of delivery of training varies with the different learning environments, and enables the learning outcomes to be achieved in the way that is most effective in these different environments. As the training curricula are extensive, any mandated single form of learning should add significant additional value to the training process as well as to patients

and the public. Lessons can be learned from the increased amount of statutory and mandatory training and the time taken for this to be done.

7.2. Guidance should be provided to describe the content of training needed where it is appropriate.

7.3. Success should be measured by outcomes as opposed to delivery.

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed
On behalf of COPMeD Committee

Dated 29th September 2022

Table of exhibits

Date	Description	Exhibit number
2015	Promoting Excellence: Standards for Medical Education and Training	WITN7250002
2022	Regulation 20: Duty of Candour, Care Quality Commission	WITN7250003
2020	Good Medical Practice, General Medical Council	WITN7250004
2017	Generic Professional Capabilities Framework, General Medical Council	WITN7250005