

Witness Name: Dr Sarah Clarke

Statement No.: WITN7251001

Exhibits: WITN7251002 -

WITN7251025

Dated: 01/11/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR SARAH CLARKE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 8 September 2022. I understand from the request that the Inquiry is currently gathering evidence relevant to recommendations which the Chair may be asked to make and it is in that context that this statement is sought and provided.

I, Dr Sarah Clarke, will say as follows: -

Section 1: Introduction

Q1. Please set out your name, address, date of birth and any relevant professional qualifications relevant to the role you currently discharge.

1. My name is Sarah Clarke. I was born on GRO-C 1965 and my address is known to the Inquiry.
2. My qualifications are: Master of Arts (MA), Doctor of Medicine (MD), Fellow of the Royal College of Physicians (FRCP) Fellow of the British Cardiovascular Society (FBCS) Fellow of the American College of Cardiology (FACC) and Fellow of the European Society of Cardiology (FESC)

Q2. Please describe, in broad terms, your role and responsibilities as President of the Royal College of Physicians.

The role of the RCP

3. The Royal College of Physicians (RCP) is a professional membership body founded by Royal Charter dated 23 September 1518 (as amended on 11 March 1999).
4. The RCP is sometimes referred to as the Royal College of Physicians of London and is registered as a charity under that name (Charity number 210508), with charitable objects of *"the maintenance of a high standard of medical ethics and education"*.
5. More specifically, RCP's core mission is to drive improvements in health and healthcare through advocacy, education and research. We do this in various ways:
 - 1.1 we play a leading role in the delivery of highquality patient care, by setting high standards of medical practice and promoting clinical excellence,
 - 1.2 we provide physicians in the UK and overseas with education, training and support throughout their careers,
 - 1.3 we develop and coordinate globally recognised exams, and deliver a wide range of projects aimed at strengthening health systems and improving medical standards across the globe,
 - 1.4 we champion medical professionalism and leadership, promote person-centred care and drive improvements in clinical practice,
 - 1.5 we draw on our members' knowledge and expertise to develop evidence-based policy in key areas of healthcare,
 - 1.6 we improve patient care directly in hospitals by setting standards in key areas of care, and measuring that care through our clinical audits and accreditation schemes,

- 1.7 we run quality improvement and patient safety initiatives in a variety of clinical areas,
- 1.8 we advise and work with government, the public, patients and other professions to improve healthcare, and
- 1.9 we work with government, politicians and other policy makers, royal colleges and other sector organisations to embed quality improvement in healthcare.

The role of President of the RCP

- 6. The principal role of the president is to provide leadership to, and to represent, the RCP and the medical profession at both the national and international level. The president is a leader but is also a member of a corporate team, working to and within the RCP's overall strategic goals and direction.
- 7. As explained on our [website](https://www.rcplondon.ac.uk/about-us/who-we-are/our-governance)¹ [WITN7251002]: (rcplondon.ac.uk)
 - 1. *"The senior officers of the RCP (president, registrar, treasurer, clinical vice president, academic vice president, and vice president for education and training) are all trustees of the RCP and are elected by the fellows or, in the case of the registrar and treasurer, appointed following an open process. Their involvement in the RCP's main boards and committees ensures that consideration is always given to our Charter and bye-laws, and the views of the membership are represented."*
- 8. The presidency is not an isolated episode, either in the career of the elected candidate or in the life of the RCP. It is part of a continuing story: the holder of the office leads the strategic intent and development of the RCP and maintains and strengthens the RCP's essential relationships with government and key public bodies.
- 9. Within that context, the strategic objectives of the role are to give leadership to fellows, members and other physicians, and the staff of the RCP, in order to

¹ Available at <https://www.rcplondon.ac.uk/about-us/who-we-are/our-governance>

work with them and external stakeholders to improve health and healthcare.

Q3. Please describe in broad terms the role that the Royal College of Physicians has in the training and education of its members.

10. As explained above, the RCP strives for excellence in the training and continuing professional development of physicians and physician associates throughout their multifaceted careers. We develop them as career long learners and improvers, leaders, educators and researchers. We formulate and present the knowledge of our members for wider public benefit.
11. Broadly, we:
 - 1.10 provide a suite of robust and fit-for-purpose examinations;
 - 1.11 develop and support the implementation of curricula, training pathways and credentials which meet standards set by regulators and/or other quality frameworks;
 - 1.12 develop innovative education specific to evolving professional roles, providing it across a variety of platforms;
 - 1.13 support appropriate expectations of continuing professional development, providing a clear framework and supportive infrastructure;
 - 1.14 support clinicians to develop skills in leadership, education, research, improvement methodology and implementation science; and
 - 1.15 publish and encourage medical best practice through our journals and wider publishing programme, promoting ethical standards of publication.

Q4. Please set out your membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.

12. In addition to the qualifications and memberships set out above (MA MD FRCP FBCS FACC FESC) I am also President of the RCP as of 21 July 2022, past President of the BCS and the Deputy Chair of the British Heart Foundation. I do

not consider any of my memberships, associations etc. (past or present) to be relevant to the Inquiry's Terms of Reference.

Q5. Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.

13. I have not provided any evidence in relation to the above.

Section 2: Training

Q6. What is the current system for ensuring that clinicians are kept up to date with new guidelines, guidance and best practice? How effective is this? Please provide any audits or evaluations that have assessed this. What can be done to improve this?

14. Clinicians registered with the General Medical Council (GMC) are required, as part of their professional duties, to maintain up-to-date knowledge, skills and behaviours required to practice safely and effectively through engaging in meaningful Continuous Professional Development (CPD).
15. The RCP provides guidance for both trainees² [WITN7251003] and those who require CPD for revalidation³, [WITN7251004] as well as providing access to the Federation of Royal Colleges of Physicians of the United Kingdom CPD diary, which allows individuals to track their learning and development over time by logging in to an online platform.
16. The RCP also drives up high quality care by setting standards against what good practice should look like through our work on accreditation⁴

² Available at <https://www.rcp.ac.uk/education-practice/advice/cpd-guidance-trainees>

³ Available at <https://www.rcp.ac.uk/education-practice/advice/cpd-revalidation>

⁴ Available at <https://www.rcp.ac.uk/projects/accreditation-unit>

[WITN7251005], [national audits](#)⁵ **[WITN7251006]**, [invited reviews](#)⁶ **[WITN7251007]**, [quality improvement support](#)⁷ **[WITN7251008]** and [healthcare policy](#)⁸ **[WITN7251009]**. I provide this information by way of hyperlink as well as separate documents exhibited to my statement because I expect this will be most useful for the Inquiry, as each linked web page contains further links to further information to which you may wish to navigate. In summary, this work involves:

- 16.1. Accreditation **[WITN7251005]**: The Accreditation Unit at the RCP manages a range of accreditation programmes in relation to accredited services in organisations, with the aim of improving the quality, safety and experience of patients and improving service delivery. We do this by developing standards with a multi-professional group of clinicians, managers and patients and working to an accreditation pathway which involves self-assessment and improvement against the standards. Accredited services submit evidence annually to demonstrate that they are continuing to meet the standards and have a 5-yearly on-site assessment carried out by our experienced assessment team.
- 16.2. National audits **[WITN7251006]**: The RCP runs a range of national audits. These audits are based on standards of care set by clinical experts and are evidence-based. The audits describe variations and gaps in care and identify good practice. They are an invaluable tool for improving the safety and quality of care, for targeting intelligent regulation and delivery of services and exploring value and variation at a time when systems are under great pressure. The RCP does not determine when and who to audit. Rather, we are commissioned by the Healthcare Quality Improvement Partnership (HQIP) to carry out national audits on behalf of NHS England and the Welsh government.
- 16.3. Invited reviews **[WITN7251007]**: The RCP offers consultancy services to healthcare organisations on which they may require independent and

⁵ Available at <https://www.rcplondon.ac.uk/about-us/what-we-do/audits>

⁶ Available at <https://www.rcplondon.ac.uk/about-us/what-we-do/invited-reviews>

⁷ Available at <https://www.rcplondon.ac.uk/projects/rcp-quality-improvement-rcpqj>

⁸ Available at <https://www.rcplondon.ac.uk/projects/our-role-shaping-health-policy>

external advice. Reviews provide an opportunity to healthcare organisations to deal with issues and concerns at an early stage. There are various types: single clinical record review, multiple clinical record review, service review and individual review.

- 16.4. Quality improvement (QI) support [WITN7251008]: Royal College of Physicians Quality Improvement (RCPQI) aims to bring together existing quality improvement work within the RCP, as well as developing new infrastructure and approaches, to support and promote a continuously improving healthcare system. It acts as an accessible repository for QI work. This is primarily a resource for providers and is freely accessible on our website.
- 16.5. Healthcare policy [WITN7251009]: The RCP uses policy and campaign priorities, chosen in consultation with RCP members and RCP Council, to guide and shape its external influencing work. Our current areas of focus are the medical workforce, person-centred integrated care, health inequality and research.
- 17. The process of needs identification and assessment of impact and effectiveness of CPD are provided by the clinician's employer through either their employee training programme (for those who are yet to complete training) or through appraisal and revalidation (for those who have completed training) with oversight from the GMC. The GMC are responsible for the monitoring and evaluation of revalidation and assuring the quality of medical education and training.
- 18. The RCP welcomes recommendations from this Inquiry to help support dissemination and implementation of new guidelines, guidance and best practice across our membership.

Q7. How is best practice embedded into clinicians' practice? What can be done to improve this?

- 19. The embedding of best practice is paramount to the continued improvement of patient care and patient experience. The RCP's strategy 2022-24

[WITN7251010] underpins this to ensure that our activities are aligned to support the improving practice of members, fellows and the wider workforce through educating, improving and influencing.

20. The RCP supports clinicians to embed best practice through access to CPD and learning opportunities as part of their membership benefits. We provide support to our members, fellows and the wider workforce in this area as a provider of CPD offerings. The offerings are multifaceted and are either offered for free as a membership benefit, or as a paid-for event. Examples of CPD offered can be found on our website (<https://www.rcp.ac.uk/membership>) **[WITN7251011]** and range from bitesize online courses and resources, workshops and conferences through to full Masters programmes. The majority of our CPD is externally accredited via the Federation of Royal Colleges of Physicians of the United Kingdom, and as such must meet the Federation's requirements for external approval.
21. As part of our membership benefit we also provide:
 - 21.1. access to the “RCP Library” (the RCP’s library services)⁹ **[WITN7251012]**, which provides access to journals, books and other publications to support members and fellows to meet their professional development and educational goals, and
 - 21.2. access to the RCP Player¹⁰ **[WITN7251013]** which is a medical streaming service that offers learning resources and events focused on clinical and non-clinical updates, both live and on-demand.
22. Members and fellows also have access to our “RCP Journals”¹¹ **[WITN7251014]** (Clinical Medicine, Future Healthcare Journal, and Commentary) to share and learn from best practice and updates within both general medicine and across the specialties.
23. The RCP would welcome suggestions for additions to our CPD offerings based on the outcome of the inquiry so that best practice, new guidelines and other

⁹ Available at <https://www.rcplondon.ac.uk/education-practice/library>

¹⁰ Available at <https://player.rcp.ac.uk/>

¹¹ Available at <https://www.rcplondon.ac.uk/education-practice/rcp-journals>

updates can be disseminated.

Q8. Is the Royal College of Physicians involved in 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? 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.

24. Whilst the RCP offers a wide portfolio of education and training to clinicians, we do not provide training for non-clinical leaders such as executive directors, chief executives or trustees.

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

25. The RCP is supportive of the recommendations from the Psychosocial Expert Panel.

Q9. How does the duty of candour form part of the medical training or the continuing professional development provided by the Royal College of Physicians? Please give details including as to which clinicians are trained on these matters, what the training consists of, and any details of any audits or evaluations to assess how effective the training is.

26. The postgraduate internal medicine curriculum, formally the 'Curriculum for Internal Medicine Stage 1 Training' [WITN7251015] (published by the Joint Royal Colleges of Physicians Training Board (JRCPTB) in 2019) (the Curriculum) is followed by everyone training in the 32 physician specialties. Of relevance to this question 9, it requires trainees to:

- be aware of and adhere to the GMC professional requirements
- demonstrate promotion of an open and transparent culture
- be aware of national legislation and legal responsibilities, including safeguarding of vulnerable groups
- behave in accordance with ethical and legal requirements
- demonstrate ability to offer apology or explanation when appropriate
- demonstrate ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently

- communicate clearly with patients and carers in a variety of settings
- communicate effectively with clinical and other professional colleagues
- identify and manage barriers to communication (e.g. cognitive impairment, speech and hearing problems, and capacity issues)
- share decision making by informing the patient, prioritising the patient's wishes, and respecting patient's beliefs, concerns and expectations
- make patient safety a priority in clinical practice
- raise and escalate concerns where there is an issue with patient safety or quality of care
- demonstrate a commitment to learn from patient safety investigations and complaints
- demonstrate professional behaviour with regard to patients, carers, colleagues and others.

27. The Curriculum does not specifically mention candour, but it does reference the GMC's General Professional Capabilities Framework (2019) **[WITN7251016]**, which does include under "domain 1: professional values and behaviours" that all doctors are expected to demonstrate "openness and honesty in their interactions with patients and employers – known as the professional duty of candour".
28. The RCP's response to the Professional Standards Authority's 2018 consultation on the professional duty of candour **[WITN7251017]** included that we "encourage members to behave candidly in a variety of ways, for example through education programmes and publications on patient safety and quality improvement, many of which provide examples of how adherence to the duty of candour can improve outcomes for patients. The RCP also produces guidance on 'team-working' and encourages Schwartz rounds, and other models that facilitates candour in a positive way. The RCP also believes that it is important to lead by example in behaving candidly." The RCP's suite of guidance on team-working¹² **[WITN7251018]** illustrates how we help guide clinicians and their teams to improve the way they work within and across teams. It covers areas such as encouraging team members to seek help when needed, promoting an

¹² Available at <https://www.rcplondon.ac.uk/projects/improving-teams-healthcare>

open and honest culture, challenging unprofessional behaviour and the importance of effective communication in healthcare, all of which supports teams to act in an open, honest and constructive way. The RCP encourages Schwartz rounds which allow all staff to discuss difficult emotional and social issues arising from patient care; the RCP's position on "Schwartz rounds" is set out in a report titled 'Never too busy to learn' published by the RCP and NHS Health Education England in 2018 [WITN7251019].

29. The RCP is not directly involved in audits and evaluations to assess the effectiveness of training. The curricula for physician training are designed and developed by the Joint Royal Colleges of Physicians Training Board, part of the Federation of Royal Colleges of Physicians of the United Kingdom. The Statutory Education Bodies for England (HEE England), Scotland (NHS Education for Scotland), Wales (Health Education and Improvement Wales) and Ireland (Northern Ireland Medical and Dental Training Agency) are responsible for delivering and ensuring the quality of training programmes that follow these curricula, which they deliver within their deaneries. The GMC is responsible for assuring the quality of education and training in the UK.

Q10. How does effective patient communication form part of the medical training or the continuing professional development provided by the Royal College of Physicians? Please give details including as to which clinicians are trained on these matters, what the training consists of, and any details of any audits or evaluations to assess how effective the training is.

30. As explained above, the Curriculum is followed by everyone training in the 32 physician specialties. Communication skills are emphasised throughout all the capabilities in practice and evidenced through all work-based assessments (and especially in the use of multi-source feedback), and trainees are encouraged to reflect on their communication skills throughout every stage of their training as an integrated part of the Curriculum, with an area in the trainee ePortfolio to record their reflections.
31. The Curriculum is designed to ensure that trainee physicians acquire and demonstrate all of the GMC mandated Generic Professional Capabilities

[WITN7251016], including communication skills. The Curriculum requires trainees to:

- communicate clearly with patients, relatives and carers in a variety of settings
- communicate effectively with clinical and other professional colleagues
- identify and manage barriers to communication (eg cognitive impairment, speech and hearing problems, and capacity issues)
- demonstrate effective consultation skills including effective verbal and nonverbal interpersonal skills and when in challenging circumstances
- share decision making by informing the patient, prioritising the patient's wishes, and respecting patient's beliefs, concerns and expectations
- share decision making with children and young people
- apply management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations.
- deliver effective feedback with action plans
- deliver patient centred care including shared decision making
- take relevant patient history including patient symptoms, concerns, priorities and preferences
- explain clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- demonstrate professional behaviour with regard to patients, carers, colleagues and others
- demonstrate awareness of the quality of patient experience
- demonstrate compassionate professional behaviour, appropriate situational awareness and clinical judgement .

32. As explained above, the RCP is not directly involved in audits and evaluations to assess the effectiveness of training. The curricula for physician training are designed and developed by the Joint Royal Colleges of Physicians Training Board, part of the Federation of Royal Colleges of Physicians of the United Kingdom. The Statutory Education Bodies for England (HEE England), Scotland (NHS Education for Scotland), Wales (Health Education and Improvement

Wales) and Ireland (Northern Ireland Medical and Dental Training Agency) are responsible for delivering and ensuring the quality of training programmes that follow these curricula which they deliver within their deaneries. The GMC is responsible for assuring the quality of education and training in the UK.

33. The RCP provides a CPD workshop on 'Communication Skills'¹³ **[WITN7251020]** which is a one-day programme taught either face-to-face or virtually and is designed to enhance communication skills with colleagues, patients and teams. This workshop is targeted at doctors of any grade and specialty but also open to allied healthcare professionals. The workshop consists of the following topic areas:

- 33.1. effective communication skills – what they are and why they are important;
- 33.2. body language and using it to enhance your message;
- 33.3. barriers to effective communication;
- 33.4. active listening and getting the most out of all your interactions;
- 33.5. models for doctor-patient communication; and
- 33.6. improving communication in your team(s).

34. The RCP also provides one hour eLearning modules on 'Breaking bad news'¹⁴ **[WITN7251021]** which is a free to access resource for members and fellows, or is open to non-members via payment. This module aims to equip users with a model of breaking bad news, to both patients and next of kin alike, and provide an opportunity to reflect on the challenges and key skills required in these difficult conversations. The module covers:

- 34.1. a communication model that can be used in the delivery of breaking bad news to patients and relatives;
- 34.2. opportunities to reflect on the common challenges faced as general

¹³ Available at <https://www.rcplondon.ac.uk/education-practice/courses/communication-skills-workshop>

¹⁴ Available at <https://store.rcplondon.ac.uk/product?catalog=Breaking-Bad-News>

- physicians in breaking bad news, and ways to overcome them; and
- 34.3. the key skills required in communicating sensitive information.
35. The RCP also offers a one-hour eLearning module on 'Emotional intelligence for doctors'¹⁵ [WITN7251022] which aims to help users understand the benefits of developing emotional intelligence when dealing with colleagues and patients in their workplace. The module covers:
- 35.1. reflecting on how you can use emotional intelligence to improve communication;
- 35.2. how mastering the emotional intelligence components of this course can improve patient care; and
- 35.3. evaluate and consider the emotional intelligence of both yourself and your colleagues.
36. The RCP also provides eLearning to support clinicians to have conversations with patients regarding the 'medical treatment of tobacco addiction'¹⁶ [WITN7251023] and 'raising the topic and discussing obesity with patients'¹⁷ [WITN7251024]. Whilst these two online modules focus on the medicine behind these two aspects, the modules guide users on how to have effective conversations with patients regarding health promotion and disease prevention.
37. All RCP workshops and eLearning modules are externally approved CPD offerings. They are evaluated through participant feedback provided via learner satisfaction scores post event and all have regular updates to allow improvements in line with best practice and relevant updates in evidence and guidelines.

Q11. 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 the medical training or continuing professional development provided by the Royal College

¹⁵ Available at <https://store.rcplondon.ac.uk/product?catalog=Emotional-intelligence-for-doctors>

¹⁶ Available at <https://store.rcplondon.ac.uk/product?catalog=The-medical-treatment-of-tobacco-addiction-From-negligence-to-excellence>

¹⁷ Available at <https://store.rcplondon.ac.uk/product?catalog=Raising-the-topic-and-discussing-obesity-with-patients>

of Physicians? If so, please give details including as to which clinicians are trained on these matters, what the training consists of, and any details of any audits or evaluations to assess how effective the training is.

38. Whilst implicit and explicit biases affecting interactions with patients and families are not an explicit capability in practice as part of the Curriculum, trainee physicians are required to demonstrate an awareness in public health and health promotion issues, social detriments of health and global health perspectives. Trainee physicians must specifically demonstrate capability with issues associated with alcohol, exercise, mental health, non-communicable diseases, nutrition, obesity, occupation, sexual behaviour, smoking, social deprivation, substance abuse, and UK and global health.
39. The Curriculum also references the GMC's Generic Professional Capabilities **[WITN7251016]**, which include being aware and demonstrating the factors affecting health inequalities and the social determinants of health, demonstrating cultural and social awareness in communication and interpersonal skills and understanding fixation error, unconscious and cognitive biases.
40. The RCP is not directly involved in audits and evaluations to assess the effectiveness of training. The curricula for physician training are designed and developed by the Joint Royal Colleges of Physicians Training Board, part of the Federation of Royal Colleges of Physicians of the United Kingdom. The Statutory Education Bodies for England (HEE England), Scotland (NHS Education for Scotland), Wales (Health Education and Improvement Wales) and Ireland (Northern Ireland Medical and Dental Training Agency) are responsible for delivering and ensuring the quality of training programmes that follow these curricula which they deliver within their deaneries. The GMC is responsible for assuring the quality of education and training in the UK.
41. Whilst the RCP's does not have a specific CPD resource which tackles implicit and explicit bias, we do integrate elements of this through workshops and modules where possible through the use of scenarios and case studies. For example, in our decision-making workshop we specifically explore biases that

impact decision making including: anchoring bias; availability bias; diagnostic momentum; visceral bias; overconfidence; confirmation bias; premature closure; search satisfaction; framing effect; hindsight bias. This decision making workshop is part of our in-house CPD, available for commissioning by organisations, and is aimed at doctors in training [WITN7251025]. We also conduct unconscious bias training with our examiners during their induction, which is specifically aimed at their role as an examiner of trainee doctors and physician associates.

Q12. Do you 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?

42. The RCP is fully supportive of the recommendations made by the Expert group and we will look to integrate learning from the Inquiry where we can into our portfolio.

Statement of Truth

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

Signed GRO-C

Dated 01/11/2022.

Table of exhibits

<u>Date</u>	<u>Description</u>	<u>Exhibit number</u>
NA	Royal College of Physicians Website - Our Governance	WITN7251002
NA	CPD Guidance for Trainees	WITN7251003
NA	CPD for Revalidation	WITN7251004
NA	Accreditation Unit	WITN7251005
NA	Audits	WITN7251006
NA	Invited Reviews	WITN7251007
NA	RCP Quality Improvement	WITN7251008
NA	Our role in shaping health policy	WITN7251009
2022	RCP Strategy 2022-2024	WITN7251010
NA	Membership	WITN7251011
NA	RCP Library	WITN7251012
NA	RCP Player	WITN7251013
NA	RCP Journals	WITN7251014

2019	Curriculum for Internal Medicine	WITN7251015
2019	GMC Generic Professional Capabilities Framework	WITN7251016
2018	RCP Response to the PSA's Consultation on the Professional Duty of Candour	WITN7251017
NA	Improving Teams in Healthcare	WITN7251018
2018 (reviewed 2021)	Never too busy to learn - a pandemic response	WITN7251019
NA	Communication Skills Workshop	WITN7251020
NA	Breaking Bad News - Course	WITN7251021
NA	Emotional Intelligence for Doctors - Course	WITN7251022
NA	The Medical Treatment of Tobacco Addiction - Course	WITN7251023
NA	Raising the Topic and Discussing Obesity with Patients - Course	WITN7251024
NA	Slides used at decision making workshop for doctors in training	WITN7251025