

Witness Name: Andrew Elder  
Statement No.: WITN7253001  
Exhibits: WITN7253002 -  
WITN7253004  
Dated: 18/10/2022

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF ANDREW ELDER

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

I, Andrew Elder, will say as follows: -

#### **Section 1: Introduction**

1. Professor Andrew Tyler Elder, GRO-C  
DOB GRO-C 1958. MBChB BSc PRCP Edin FRCP FRCPSG
2. As elected President of the Royal College of Physicians of Edinburgh (RCPE), I act as a trustee for the charity and lead the Council of appointed and elected Fellows which are responsible for ensuring that the charitable objectives of the College are met.
3. The RCPE, in partnership with the other two UK physicians' Colleges (Royal College of Physicians (RCP) and Royal College of Physicians and Surgeons of Glasgow (RCPSG)) in collaboration through the Federation of UK Royal Colleges of Physicians, are responsible for creating the curricula for internal medicine training in the UK, and with the UK specialist societies, the curricula for training in

medical specialties (responsible body the Postgraduate Training Board – PTB). In addition, the Federation, and relevant UK medical specialties designs, develops and delivers the relevant summative assessments associated with these curricula (responsible body Membership of the Royal Colleges of Physicians of the (UK) examinations (MRCP(UK)). Completion of these summative assessments, in addition to assessments delivered in the workplace, are mandatory components of training and pre-requisites for the award of a CCT (Certificate of Completion of Training). The governance of curricula and assessments comes from the UK medical regulator, the General Medical Council (GMC). The delivery of training and assessment in the workplace is supervised by the Statutory Education Boards (SEBs) of the four nations of the UK. The Federation also accredits educational events that contribute to “continuing professional development” for established consultants and to training needs of trainees. Each of the three Colleges of physicians in the UK also independently deliver educational and training programmes for trainees and consultants and specialist grade doctors.

4. I represent over 15,000 Fellows and Members, many of whom have been involved in educational committees and initiatives of relevance to the broad terms of the Inquiry. Personally, I previously had a role as Medical Director of MRCP(UK) from 2013 to 2018 and Chair of the Academy of Medical Royal Colleges (AoMRC) Assessment committee (which coordinates the assessment activity of 22 medical Royal Colleges and faculties).
5. No prior involvement.

## **Section 2: Training**

6. The Federation reviews guidelines and considers whether they should be included in the curricula and assessments. Each College, and associated specialist societies, reviews new guidelines and may promote or highlight these to their Fellows and members, via Continuing Professional Development (CPD) activities, including symposia and written materials. We are not aware of any audits of the effectiveness of these activities. Knowledge of guidelines can be and is tested in

examinations but such knowledge and its application is also assessed in the clinical environment by supervising consultants. Guideline producing bodies (such as National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) engage with clinicians and interested parties during their drafting and updates. Some Trusts or boards do highlight generic guidelines to all consultants – e.g resuscitation updates, if they are to be implemented into local guidelines.

7. Best practice can be embedded via role-modelling in clinical practice, and by ensuring that educational content, curricula and assessments are kept up to date and in line with guidelines. It may be possible to send regular updates via the General Medical Council (GMC) register, as a means of ensuring that all practicing clinicians receive updates, similar to Medicines and Healthcare products Regulatory Agency (MHRA) notices. Many NHS employers have mandatory training requirements for consultants, often delivered via the “LearnPro” platform, covering a variety of aspects of practice including blood transfusion. Annual appraisal is part of the 5 year cycle of revalidation for doctors and CPD coverage and reflection, in addition to goal setting for future CPD in the form of a personal development plan, is a standard part of that process.
8. The College’s Quality Governance Collaborative (QGC) [WITN7253002] offers Fellowships which include these areas. The Fellowship curriculum is annually updated and reviewed by the QGC Board for the Quality Governance Fellowship Programme. Each of the modules addresses aspects of scrutiny. Participants of the fellowship programme are multidisciplinary and include medical directors, Chairs, Non-executive directors, senior clinicians & managers – and the fellowship is therefore seen as multi professional with participants coming from the UK and internationally. Content, delivery, and past participants of the fellowship are continuously evaluated – with satisfaction surveys shared and ongoing communications open. This feedback is reviewed by the QGC Board in order to achieve refined good practice and adapt to changing needs. Modules 1, 2, 3, 6, 7 and 8 are most aligned to the areas of candour, consent and effective communication.

RCPE Quality Governance Collaborative Fellowship Programme Modules:

- 1 Principles of Governance (1) & Project Initiation Document (PID)
- 2 Values & Principles of Governance (2) & Governance etiquette
- 3 Clinical Governance, Integrated Governance & Governance between Organizations
- 4 Global Health Governance & Climate Governance
- 5 Scrutiny Regulations and governance systems – national and international audit organizations
- 6 Developing a Medical Model of Governance
- 7 Patients & Public involvement and governance, ethics and governance
- 8 Legal Implications in Relation to Governance
- 9 Quality Assurance and Governance Systems
- 10 The working Board

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

9. Many of the issues highlighted by questions 9 - 11 are covered within the generic Competencies in Practice (CiPs) outlined in the internal medicine stage 1 curriculum [WITN7253003]. These of course cover Good Medical Practice and generic professional capabilities (GPCs) as laid out by the GMC. CiP 2 descriptors include being aware of national legislation and legal responsibilities, safeguarding vulnerable groups, behaving in accordance with ethical and legal requirements and demonstrating ability to offer apology or explanation when appropriate. The delivery of the curricula is of course at the discretion of the local office or deanery but we would expect that these aspects are covered in the training period and indeed that the consultant and educational supervisor reports would make comment on these aspects of practice for consideration during the Annual Review of Competency Progression (ARCP). The GPC framework describes nine domains with associated descriptor outlining the 'minimum common regulatory requirement' of performance and professional behaviour for those completing a CCT or its equivalent. These attributes are common, minimum and generic standards

expected of all medical practitioners achieving a CCT or its equivalent. The 20 domains and subsections of the GPC framework are directly identifiable in the Internal Medicine (IM) curriculum. They are mapped to each of the generic and specialty CiPs, which are in turn mapped to the assessment blueprints. This is to emphasise those core professional capabilities that are essential to safe clinical practice and that they must be demonstrated at every stage of training as part of the holistic development of responsible professionals. Trainees are assessed as they progress in their understanding and provision of all aspects of professional practice through the ARCP process and use of tools such as Case Based Discussions and Multi-Source Feedback.

10. Yes. A mandatory component of the MRCP (UK) PACES examination is “clinical communication” and it is not possible to pass this examination if that component is not passed. Two other components, entitled “Maintaining Patient Welfare” and “Managing Patient Concerns” also impinge on communication skills and, again, must be individually passed if the examination is passed to be passed overall. RCPE CPD offerings also include aspects of communication skills training for trainees and consultants.

11. CiP 3 states that trainees should be able to: communicate clearly with patients and carers in a variety of settings, identify and manage barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues), share decision making by informing the patient, prioritising the patient’s wishes, respecting the patient’s beliefs, concerns and expectations and share decision-making with children and young people. Examiners in the MRCP(UK) PACES examination undergo Equality and Diversity training that includes information on implicit and explicit bias. Most NHS consultants will also have mandatory equality and diversity training as part of their CPD requirements, reviewed at appraisal.

12. No.

### **Statement of Truth**

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

Signed 

Dated 18/10/2022

### **Table of exhibits**

Date	Description	Exhibit number
	RCPE Quality Governance Collaborative	WITN7253002
2019	JRCPTB Curriculum for Internal Medicine Stage 1 Training	WITN7253003