

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR ROGER KIRBY

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

I, Professor Roger Kirby, will say as follows: -

Section 1: Introduction

1. Professor Roger Kirby MA MD FRCS GRO-C London GRO-C
DOB GRO-C 1950
2. Elected President of the Royal Society of Medicine, a membership organisation and registered charity with a history dating back to 1805. Main responsibilities are to chair the Board of Trustees and to oversee governance of the institution as well provide constructive criticism to our senior management team.
3. The mission of the Royal Society of Medicine is to promote “better healthcare for better lives”. This is achieved by providing specialist education and debate through its 55 volunteer sections, and more general medical education through its employed “content team’s” activities (see www.rsm.ac.uk).
4. I can confirm that I have had no membership past or present, of any committees, association, parties, societies or groups relevant to the Inquiries Terms of Reference.
5. I can confirm that I have never provided evidence to, or have been involved in other inquiries, investigations or criminal or civil litigation in relation to HIV, HBV, HCV or vCJD in blood and/or blood products.

Section 2: Training

6. Currently there is no overarching system for ensuring that clinicians are kept up to date with guidelines, guidance and best practice. NICE produces an excellent series of evidence-based guidelines which are freely available. Professional bodies such as the Royal College of Physicians and the British Medical Association provide updates on best medical practice across almost all medical specialties. More specifically the British Society for Haematology publishes guidelines and also organises an Annual Scientific Meeting which is the largest annual haematology event in the UK.

7. Best practice is embedded into clinicians' practice by an annual appraisal and by voluntary attendance at specialist meetings, such as the Annual Scientific Meeting of the British Society for Haematology mentioned above.

8. The Royal Society of Medicine, as a voluntary membership organisation mainly for clinicians, has only a minor role in providing training on candour, consent and effective communication to non-clinical leaders working in the NHS. Instead it focuses on communication between clinicians working in both the NHS and the private sector.

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

9. Duty of candour is a subject often discussed and debated within our 55 specialty sections, which does not include a haematological section. Among our 20,000 or so members the need for honest disclosure of risks and adverse outcomes to patients is well embedded; however we do not have any audit or evaluation specifically to evaluate the effectiveness of training in this respect.


10. Effective and honest patient communication is consistently emphasised across the educational activities provided by our individual specialist sections, as well as in the more general educational output of our content team - for example, our highly praised webinar series on Covid-19. However, while we do evaluate the impact and usefulness of these sessions via audience feedback questionnaires, we do not undertake any subsequent audit to measure outcomes or investigate how successfully this training has been incorporated into their practice.

11. The implicit and explicit biases which affect interactions with patients and their families are often discussed informally by our members, both generally and in their specialty sections, but we have no organised educational programme at the Royal Society of Medicine specifically on this subject. We do have a "Medicine and Me" patient-facing programme, which often includes discussion of these important issues, but with no formal evaluation of their impact.

12. The Royal Society of Medicine has no responsibility for any aspect of patient care but has a mission to achieve "better healthcare for better lives" by providing a forum for clinicians to gather, communicate and network with each other in both formal and informal settings. The recommendations of the Expert Group in relation to the two questions posed by Sir Brian seem eminently wise and appropriate to me.

Statement of Truth

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

Signed  _____

Dated _____ 6th October 2022 _____