

Witness Name: Mike Jones
Statement No.: WITN7453001
Exhibits: None
Dated: 05/12/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MIKE JONES

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 October 2022.

I, Mike Jones, will say as follows: -

Introduction

1. I am Michael Chave Jones of GRO-C
GRO-C Date of birth GRO-C 1956. My qualifications are: BSc(hons), MB ChB, MD(hons), FRCPE, FRCP FRCPSG. As Medical Director for Training and Development at the Joint Royal Colleges of Physicians Training Board ("JRCPTB") I have responsibility for the development of the 30 physician curricula which are subsequently submitted to the GMC for approval.
2. I have been a part of the medical profession since graduating in 1981 and remain active clinically. I have therefore been involved in the prescription of medical products during that time.

3. I have not been involved in any 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.

Section 1: Training

4. The physician curricula are based around high level outcomes that review both generic aspects that all doctors should obtain and the specialty specific clinical capabilities. The generic capabilities in all curricula relate directly to the published GMC generic professional capabilities (GPC) [WITN7250005]. The majority of trainees in the physician specialties follow ‘core’ training as determined by the internal medicine stage 1 curriculum. Within that curriculum the following capabilities, among others, that must be acquired for progression are defined.
5. The doctor must:
 - Be aware of and adheres to the GMC professional requirements
 - Be aware of public health issues including population health, social determinants of health and global health perspectives
 - Demonstrate effective clinical leadership
 - Demonstrate promotion of an open and transparent culture
 - Keeps practice up to date through learning and teaching
 - Demonstrate engagement in career planning
 - Demonstrate capabilities in dealing with complexity and uncertainty
 - Be aware of the role of and processes for commissioning
 - Be aware of the need to use resources wisely
 - Be aware of national legislation and legal responsibilities, including safeguarding 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 (eg cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrate effective consultation skills including effective verbal and nonverbal interpersonal skills
- Share decision making by informing the patient, prioritising the patient's wishes, and respecting the 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.

6. As noted above, the 20 domains and subsections of the GPC framework are directly identifiable in the IM curriculum. They are mapped to each of the generic and specialty high level outcomes (Capabilities in Practice 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.

7. The delivery of training is mediated by the local offices of Health Education England or the equivalent in the devolved nations i.e. Health Education Scotland, Health Education and Improvement Wales and North Ireland Medical and Dental Training Agency. All clinicians, whether they are involved in training or not, are expected to remain up to date in their clinical practice as specified in the GPCs. Trainers are expected to be specifically trained to provide training above and beyond their clinical capabilities. Progress of each trainee is assessed via the Annual Review of Competence Progression (ARCP) – this process reviews the evidence collected by the trainee in the e-portfolio of achievement against the CiPs with input from multiple consultants, who have normally provided clinical supervision for the trainees,

and a specialty specific educational supervisor. The evidence base will include the performance in a number of workplace-based assessments and also in the formal assessment process of the various parts of the Membership of Royal Colleges of Physicians diploma MRCP(UK). The results of ARCP outcomes are reviewed both within the local offices of HEE or in deaneries in the other countries. JRCPTB also review ARCP outcomes to monitor the delivery of the curricula across the four nations.

8. JRCPTB does not provide training to non-clinical senior leaders.

Section 2: Response to the recommendations of the Psychosocial Expert Group

9. Duty of candour is not specifically referenced in the curricula as the GPCs did not require this at the time of the curricula being written.¹ The requirement for trainees to be involved in promotion of an open and transparent culture, to communicate clearly with patients and carers in a variety of settings and to demonstrate an ability to offer apology or explanation when appropriate do go some way to promoting such a duty. However, it is acknowledged that there should be specific reference to the duty of candour and we would welcome this suggestion. Communication itself is tested in the formal assessment associated with physician training i.e. MRCP(UK). The MRCP department of the Federation of Royal College of Physicians does monitor trainee performance in this part of the examination in association with monitoring outcomes across all aspects of the expected abilities of trainees. Communication is an important part of training in the physician specialties and the emphasis on shared decision making also provides some balance in the inherent nature of bias. There is a specific reference in the generic capabilities of the need to behave in accordance with ethical and legal requirements.

¹ The phrase duty of candour is simply a footnote in the GPCs and referred to a previous document. The issues of "delivering an honest apology and offering an effective explanation where appropriate" is the closest the text of the GPC document comes to duty of candour per se. I have referenced that.

Statement of Truth

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



Signed _____

Dated _5th December 2022_____