

Witness Name: Emma Watson

Statement No.: WITN7455001

Exhibits: WITN7455002 -

WITN7455003

Dated: 19.12.22

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF EMMA WATSON

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

I, Emma Watson, will say as follows: -

Introduction

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

1.1. My name is Professor Emma Watson, MBChB, MSc, FRCPath, FRCPEd; and my date of birth is GRO-C1970. My address is NHS Education for Scotland, 102 Westport, Edinburgh EH3 9DN.

2. *Please describe, in broad terms, your role and responsibilities as Executive Medical Director at NHS Education for Scotland.*

2.1. Placed within NHS Education for Scotland (NES), the national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education and training for the NHS and in partnership for

social care staff, the role is responsible for leading nationally on the strategic direction, development and delivery of postgraduate medical education and training to GMC standards for the medical workforce in NHS Scotland.

- 2.2. The post carries UK wide responsibilities for medical recruitment and assessment and for liaising with medical colleagues in the four nations. Additionally, the Executive Medical Director contributes to the development and delivery of a rolling five-year integrated strategic plan that reflects Scottish Government strategic direction and the National Performance Framework and is aligned to workforce demand across health and social care, informed by close working with academia, the Royal Colleges and the Scottish Government.

3. *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.*

- 3.1. While I do not recall being directly and specifically involved in the matters referred to in the question and with regard to the Inquiry's remit and terms of reference, inevitably in my variety of medical leadership roles (including NHS laboratory management) over a 30-plus year career mean that I have been involved in many working groups and committees in the NHS both in Scotland and in England, at the Royal College of Pathologists and in Scottish Government covering a wide range of issues. I have considered carefully whether these might fall within the scope of the Inquiry and do not consider that they do.

4. *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.

4.1. I can confirm that I have had no involvement in the above stated inquiries.

Section 1: Training

5. *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?*

5.1. In respect of clinical guidelines, guidance and best practice, is the responsibility of the Territorial Health Boards across Scotland. This would usually be evidenced via clinical governance committees.

5.2. If there are any changes to guidelines related to training (such as a change to the Gold Guide [WITN7455002]), this would be communicated to NES contracted educators in primary and secondary care.

5.3. All updates are posted on NES's website and are also communicated through other channels including face to face meetings, e-mail, the Deanery newsletter and at meetings depending on the nature of the change. When training sessions are provided for our educators, NHS Education for Scotland (NES) would also remind clinicians of their personal responsibility to check the guidance they are using is up to date.

5.4. The Gold Guide is the main set of guidance for training, and has a process for feedback for any amendments or required changes that are identified. A group of senior educators from across the 4 nations review these suggestions, take legal advice and update as appropriate. The Gold Guide is currently refreshed every 2 years and incorporates all updated guidance. The guidance was last revised in August 2022.

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

- 6.1. The UK system of medical education, training and revalidation has been designed to assure patients and the public that doctors are competent, have appropriate values and behaviours, and know they have a responsibility to be up to date with new guidelines and best practice. The responsibilities for managing this system are shared across medical schools, employers, the General Medical Council (GMC) and UK Statutory Education Bodies (SEB's) including NHS Education for Scotland (NES).
- 6.2. The standards for medical education in the UK are set by the independent professional regulator, the GMC. Each individual medical school sets its own undergraduate medical curriculum, which must meet the standards set by the GMC, who then monitor and check to make sure that these standards are maintained. The curricula for postgraduate specialty training are set by individual royal colleges and faculties, and the GMC approves curricula and assessment systems for each training programme.
- 6.3. Medical curricula are developed using the GMC's Generic Professional Capabilities (GPC) framework¹. The framework outlines the fundamental aspects of professional behaviour and practice required of all medical professionals; provides consistency across the medical specialties; and centres on the delivery of safe, effective and high-quality medical care.
- 6.4. The NES Quality Management-Quality Improvement (QM-QI) Framework is how the NES Deanery's quality workstream delivers the quality management of postgraduate medical education and training in Scotland against the standards set by the General Medical Council (GMC)². It is also

¹ GMC, *Generic Professional Capabilities Framework* (May 2017); accessed online at https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf-70417127.pdf [WITN7250005]

² GMC Promoting Excellence: Standards for medical education and training (July 2015), accessed online at <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence> [WITN7254003]

how we improve the quality of training that is provided by local education providers (LEPs). Our role in quality managing postgraduate medical education and training is a statutory requirement and is a key component of the GMC's Quality Assurance Framework.

- 6.5. NES works with the Medical Schools that are required to quality manage undergraduate medical education and training. This is beneficial as undergraduate and postgraduate training are often provided in the same training environments. We work collaboratively with Scotland's Health Boards whose LEPs deliver postgraduate medical education and training on behalf of the NES Deanery. The health boards are expected to quality control the education and training their LEPs deliver.

Figure 1. shows the Governance structure of the NES Quality Management system.

Figure 1.



- 6.6. A key component of NES Deanery's Quality Management-Quality Improvement (QM-QI) Framework is the aim to promote improvements in the quality of postgraduate medical education and training. When our Specialty Quality Management Groups (sQMGs)' visit Local Education

Providers (LEPs) or programmes identify that the General Medical Council's (GMC's) standards are not being met, the reports of these visits will make requirements that must be addressed to ensure that, in future, the GMC's standards are met. sQMGs will monitor the implementation of action plans submitted by the Director of Medical Education (DME) at the LEP to ensure all of the improvements have been implemented. The Training Programme Director (TPD) may also have responsibility for the action plan.

- 6.7. During QM-QI visits, including even some of our more challenging visits, it is not unusual to identify aspects of training that represent good practice. Our visit reports routinely record such practice and we collate examples for sharing as part of our annual report process.
- 6.8. The Taskforce to Improve the Quality of Medical Education (TIQME) has been an effective forum for sharing awareness of good practice around education and training. This quarterly meeting has attendance from health boards' Medical Directors and DMEs, NHS Education for Scotland Medical Directorate Senior Team (MDST) and Medical School leads and has showcased a range of positive education-related activities. Approaches to Board educational governance, 'chief residents' and engagement with trainees through trainee fora are all examples of areas of good practice whose implementation has increased following sharing through TIQME.
- 6.9. In addition to providing access to internal stakeholders (including Associate Postgraduate Deans and TPDs) NES Deanery provides access to its Scottish Training Survey (STS) dashboard, that includes the STS survey data and free text comments, to DMEs. This is designed to assist the DMEs through the provision of these additional tools to support their local quality control activities and foster local efforts to improve training environments.
- 6.10. To improve quality management processes, when quality issues are identified within a training environment, a collaborative process for introducing SMART objectives which are agreed between the Health Board

and NES has been introduced. This system has been piloted with positive results and is now being rolled out across the country.

7. *Is NHS Education for Scotland 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.*

7.1. The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm).

7.2. In March 2018, the Scottish Government produced a document detailing the Organisational Duty of Candour guidance for Health and Social Care across Scotland [DHSO0000001]³. The document details that “Leaders and managers within organisations should ensure that the implementation of the duty of candour procedure forms a key part of the learning systems within their organisations and that the necessary integration and alignment with organisational processes and procedures has taken place”.

7.3. NES is not directly responsible for postgraduate training on duty of candour but does host, develop and publish materials on the organisation’s digital learning platform called Turas, which is accessible to all health and social care staff across Scotland. A section of the learning platform is designated to person centred care and hosts resources which will support staff to

³ Organisational duty of candour: guidance, Scottish Government March 2018 ISBN 9781788516013, accessed on line at <https://www.gov.scot/publications/organisational-duty-candour-guidance/>

improve their knowledge and skills, as well as support their continuous personal and professional development. The openness and learning section supports the development of a culture which allows staff across health and care to share and learn to minimise the risk of adverse event recurrence⁴.

- 7.4. The Duty of Candour section of the learning platform⁵ supports the implementation of consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care. It sets out a range of things that need to happen when unexpected or unintended harm has occurred and provides a range of resources for health and social care staff to support them to understand the Duty of Candour and what it means for their role. In addition, NHS Scotland in partnership with Care Inspectorate, Healthcare Improvement Scotland, Scottish Government and Scottish Social Services Council have developed an e-learning module for relevant health and social care staff which will support organisations with implementation.
- 7.5. It is the responsibility of the individual service to publish an annual report. The report is directed at supporting learning, rather than merely collecting quantitative information.
- 7.6. The primary purposes of the report should be:
- to demonstrate learning which has taken place following the harm being identified
 - to provide public assurance that the duty of candour is being embedded in the sectors to which it applies
 - to encourage responsible persons to self-reflect on how the duty is being embedded and how the quality of operation can be continually improved

⁴ Turas learning platform accessed on line at <https://learn.nes.nhs.scot/18918/person-centred-care-zone/openness-and-learning> [RLIT0001891]

⁵ Turas learning platform accessed on line at <https://learn.nes.nhs.scot/24970> [RLIT0001892]

- to contribute to the Care Inspectorate's, Healthcare Improvement Scotland's and the Scottish Government's wide evidence base about the provision of social care and health services⁶.

7.7. In terms of effective communication, NES provides aspects of effective communication training that are available for all Board members as part of the Board Development platform. An example of this would be the effective chairing video to enable effective scrutiny, challenge, leadership and creativity and managing high stakes video on how to maintain focus and effectiveness. This platform is a resource that NES provides to all NHS Board members in Scotland. Training to non-clinical senior leaders does not currently cover consent.

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

8. *How does the duty of candour form part of the medical training or the continuing professional development provided by NHS Education for Scotland? Please give details including as to which trainees or 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.*

8.1. NES does not directly develop curricula or deliver specific training on duty of candour as part of the medical training delivered to doctors in training, as this is the legal responsibility of their placement provider. However, the NES Postgraduate Deans are responsible for ensuring that postgraduate medical trainees have access to the educational resources required to progress through specialty curricula. As such, they have a role in ensuring specialty training programmes cover the professional duty of candour.

⁶ Duty of Candour – Monitoring and Reporting Factsheet No.3 can be accessed online at https://nesvleprdstore.blob.core.windows.net/nesndpvlecmssprdblob/1b54641fefd8-4450-a5bc-5ba1c50bd2ea_Factsheet%20No%203%20Duty%20of%20candour%20-%20monitoring%20and%20reporting.pdf?sv=2018-03-28&sr=b&sig=TQPMv67itBTYtTKwnaX5uZrQ0ZUgJgsr5PXgbMa28BQ%3D&st=2022-10-31T11%3A35%3A43Z&se=2022-10-31T12%3A40%3A43Z&sp=r [WITN7455003]

- 8.2. NES manages the annual review of competency progression (ARCP) in Scotland. This is the process whereby postgraduate trainees evidence that they have met the curriculum requirements to progress to the next stage of training, or to successfully complete training and be entered onto the specialist register.
- 8.3. The professional and ethical standards for doctors are described in the GMC's Good medical practice. Paragraph 24 of these standards requires all medical professionals to "promote and encourage a culture that allows all staff to raise concerns openly and safely". [WITN7254005]
- 8.4. Domain 1 of the GPC framework – *professional values and behaviours* – also expects all doctors to demonstrate "openness and honesty in their interactions with patients and employers – known as the professional duty of candour." The GMC's specific ethical guidance on Duty of Candour, was first published in 2015, and updated in March 2022.
- 8.5. The standards for postgraduate curricula, *Excellence by Design* [WITN3365054], clearly state that:
- "To be approved, curricula must identify and explain how key areas of patient and population needs, patient safety and relevant risk are identified, defined and addressed. This should include a focus on safety-critical content, clarity on expected levels of performance and the necessary breadth of experience needed for safe professional practice."
- 8.6. The current system of education and training for doctors places great importance on Duty of Candour and the professional values and behaviours that underpin it.
- 8.7. Information contained within Duty of Candour annual reports of each Health Board in Scotland could provide further information on how effective the training has been.

9. *How does effective patient communication form part of the medical training or the continuing professional development provided by NHS Education for Scotland? Please give details including as to which trainees or 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.*

9.1 The GMC's Good Medical Practice, Promoting Excellence and General Professional Capabilities guidance⁷ [WITN7254005] describes what it means to be a good doctor. The guidance is split into four sections which describe the professional values and behaviours we expect from any doctor registered with the GMC. Domain 2 of the framework relates to safety and quality and how a doctor should contribute and comply with systems to protect patients. Domain 3 relates to communication partnership and teamwork and specifically addresses effective communication and establishing and maintaining partnerships with patients.

9.2 The skills outlined in the guidance include “establishing an effective and respectful doctor-patient partnership with the ability to demonstrate empathy and compassion”, and also “delivering an honest apology and offering an effective explanation where appropriate.”

9.3 The GMC “Excellence by Design” standards⁸ [WITN7248007] requires that generic professional capabilities are included in all postgraduate curricula produced by Medical Royal Colleges. The curricula require trainees to meet the required communication skill levels detailed in the GMC domains and these are assessed annually in Scotland as part of the Annual Review of Competence and Progression (ARCP) process.

⁷ GMC Good Medical Practice (2020) can be viewed on line at https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf

⁸ GMC Excellence by design standards can be viewed on line at <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/excellence-by-design>

10. *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 NHS Education for Scotland? If so, please give details including as to which trainees or 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.*
- 10.1. GMC guidance specifically addresses ways on which doctors should interact with patients and families. The GMC Generic Professional capabilities framework⁹ [WITN7250005] relates to postgraduate medical education and training but is expected to support all phases of UK medical education and continuing professional development.
- 10.2. Domain 6 of the GPC Framework, Capabilities in patient safety and quality improvement, requires curricula to ensure that doctors can demonstrate that they understand fixation error, unconscious and cognitive biases.
- 10.3. In addition to this “Good Medical Practice” (paragraph 59) [WITN7248007] states that “You must not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange.”
- 10.4. To address explicit biases, NES, in conjunction with other NHS Scotland Health Boards, has recently commissioned and funded Unconscious Bias training to be delivered by <https://www.activebystander.co.uk/> with an availability for a large number of trainees and educators across Scotland.
- 10.5. The NES Turas e-learning platform also hosts an unconscious bias training exercise as part of the Managers role in equality and diversity which is mandatory for all NES employed managers.

⁹ GMC Generic professional capabilities framework can be viewed online at <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework>

11. **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?**

11.1. No further comments.

Statement of Truth

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

Signed _____

GRO-C: Emma Watson

Dated ____19 December 2022__