

Witness Name: Mark Swindells

Statement No.: WITN7611001

Exhibits: N/A

Dated: 15 December 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MARK SWINDELLS ON BEHALF OF THE GENERAL MEDICAL COUNCIL

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 15 November 2022.

I, Mark Swindells, will say as follows:

Section 1: Introduction

- 1. Please set out your name, address, date of birth and any relevant professional qualifications.**

My name is Mark Swindells, of an address known to the Inquiry, born **GRO-C** 1979.

- 2. Please describe, in broad terms, your role and responsibilities.**

I am the Assistant Director of the Standards and Ethics team at the General Medical Council (GMC). This team is responsible for the GMC's standards and ethics guidance for doctors, including the core duties of a doctor as set out in Good medical practice [RLIT0001929], and the more detailed explanatory guidance publications mentioned in my answer below.

- 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.**

None.

- 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.**

I have not.

Section 2

- 5. Do you consider that the current framework set out in statute, professional and other guidance and the Caldicott Principles (in all four nations of the UK) governing medical records (including storage of medical records, access to medical records and accuracy of medical records) is sufficient to address the problems identified in INQY0000378? If not, why not? What more is required?**
6. The presentation detailing the difficulties infected individuals and affected family members faced regarding the destruction and retention of patient records was troubling to read.
7. I am unable to fully respond to the questions as they fall wider than the GMC's remit as the regulator of doctors. The overall system of policies regarding storage of and access to patient records is not an area on which we have specific GMC guidance. We refer to record keeping in several of our pieces of guidance to doctors on their role, however. This includes, Confidentiality, our core guidance for doctors – Good Medical Practice – and within our Sanctions guidance for decision makers. Our guidance outlines principles and duties we expect of

doctors but does not set the specific local and national policies governing medical records.

8. In our guidance on [Confidentiality](#) [RLIT0001930], we say doctors must make sure any patient records they are responsible for must be made, stored, transferred, protected and disposed of in line with data protection law and other relevant laws. We direct to guidance published by UK health departments on how long records should be kept and how they should be disposed of (see paragraph 128). One of the core principles in our confidentiality guidance sets out the right of patients to their own health records and that we are clear doctors should respect and help patients exercise their legal rights of access (paragraph 131).
9. We also acknowledge the importance of accurate and up-to-date notes being entered into the medical record and we have expectations that this is done at the same time as the events they are recording or as soon as possible afterwards (see paragraph 19 in **RLIT0001929** [Good medical practice](#) – ‘GMP’)
10. We add that clinical records should include who is making the record and when (see paragraph 21e GMP). Effective and accurate record keeping is vital to ensuring continuity of care. Factual errors in medical records can and should be corrected but it must be immediately obvious what has been changed and why, who made the amendment and the time and date it was changed.
11. Doctors must ensure any documents they write, or sign are not false or misleading, taking reasonable steps to check the information is correct and that no relevant information has deliberately been left out (see paragraph 71 GMP). Good doctors are honest and trustworthy, and act with integrity and within the law (GMP, paragraph 1).
12. Ultimately, doctors must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession (GMP, paragraph 65). Falsifying or improperly amending patients records is a serious issue, and in our [Sanctions guidance](#) [RLIT0001931] we recognise this as an example of dishonesty in professional practice (paragraphs 124-125).

13. In one of the examples of records being interfered with, mentioned on page 62, the patient recalls seeing a letter from a pharmaceutical company offering to donate money to the hospital charity if their product was used but then this was absent when he received his records. We are clear that doctors must not allow any interests they have to affect the way they prescribe for, treat, refer or commission services for patients and they must not accept any inducement that may affect, or be seen to affect, the way they prescribe for patients (see paragraphs 78-80 in GMP and our guidance [Financial arrangements and conflicts of interest \[RLIT0001932\]](#)).

14. Whilst it is not in the GMC's regulatory remit to give an assessment of the overall framework governing record keeping set out in statute, professional and other guidance (beyond our own) and the Caldicott Principles (in all four nations of the UK), I hope this information is helpful to the Inquiry's work.

Statement of Truth

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

Signed _____
GRO-C

Dated 15 December 2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
04/2020	Good Medical Practice	RLIT0001929
	Confidentiality: good practice in handling patient information	RLIT0001930
16/11/2020	Sanctions Guidance	RLIT0001931

25/03/2013	Financial and Commercial arrangements and conflicts of interest	RLIT0001932
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