Witness Name: Wendy Reid
Statement No.: WITN7454001
Exhibits: WITN7454002
Dated: 20/10/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF WENDY REID

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

I, Wendy Reid, will say as follows: -

Introduction

1. I am Wendy Margaret Reid (date of birth: GRO-C 1957). My professional address is Stewart House, 32 Russell Square, London, WC1B 5DN. I am the Executive Education, Quality and Medical Director at Health Education England ("HEE"). My relevant professional qualifications for this role are: MB.BS (1981); MRCOG (1989); FRCOG (1999); Honorary Fellow RCGP (2016); Honorary Fellow RCP London (2022); Fellow Academy of Medical Educators 2015.

2. As Executive Medical Director at HEE, I am the senior medical doctor in the organisation and provide assurance for the board on all matters relating to undergraduate and postgraduate medical education and training.

3. In my role as Director of Education & Quality I oversee HEE's Quality Framework and represent HEE nationally on the Joint Strategic Oversight Group and the National Quality Board (both chaired by the Care Quality

Commission ("CQC") senior leader and the National Medical Director for NHS England ("NHSE")) where all areas of the quality of the service in the NHS in England are discussed.

4. I lead a team of expert educators from medicine and the other health professions. HEE works cooperatively and in collaboration across the system with delivery of education and training locally overseen by our regional structure, including the postgraduate deans. I am responsible for responding to policy and shaping the strategy in my directorate in support of the overall aims of HEE and our mandate from government.

5. I have not been a member of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference.

6. I have not provided evidence to, or 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 or blood products.

HEE's role in educating and training the health workforce

7. In order to respond to the Inquiry's questions relating to training and recommendations of the Psychosocial Expert Group, I believe it is important to first clarify HEE's role, and how we work with partners to plan, recruit, educate and train the health workforce.

8. HEE is a non-departmental public body accountable to the Secretary of State and Parliament. We are part of the NHS and work with partners to plan, recruit, educate and train the health workforce. This enables the NHS to have the right number of staff, with the right skills and values, equipped to work differently and in a compassionate and inclusive culture.

9. Our statutory duties, as prescribed in the Care Act 2014, include ensuring an effective system for education and training for the NHS and public heath, and to secure continuous improvements in the quality of education and training for the health service.

10. We serve the people of England by educating, training and developing healthcare professionals. We support undergraduate and postgraduate health education and training for around 240,000 students and trainees across 350 different roles, including doctors, nurses, midwives, paramedics, healthcare scientists, pharmacists, and physiotherapists. We also provide planning, transformation and development support to the NHS workforce, for now and the future.

11. Our multi-professional quality framework for education and training enables us to support our system partners and education and placement providers by delivering a consistent quality perspective to the whole workforce. Our early, and continued, engagement with all professional regulators has ensured our quality framework benefits all patients and learners and is in line with regulatory standards.

12. On 22 November 2021, the Government announced an intention for HEE and NHS England to come together to form a new organisation, subject to the passage of the necessary legislation. This is designed to create a stronger organisation that aligns workforce, financial and service planning with education and training, COVID-19 recovery, the People Plan, and a robust workforce reform programme for the benefit of patients and the public. The legal merger of the two organisations is due to complete by April 2023 when HEE will cease to exist.

Section 1: Training

Q5 *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?*

Q6 *How do educators embed best practice into trainee's practice? What can be done to improve this?*

13. 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 are 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"), HEE, and our equivalent statutory education bodies in each of the devolved administrations. I have attached Figure 1 to my statement as Exhibit "**WR1"** which illustrates the roles, responsibilities and interdependencies between these system partners in delivering postgraduate medical education.

14. 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.

15. Medical curricula are developed using the GMC's Generic Professional Capabilities ("GPC") framework.[1] 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.

16. HEE funds clinical placements for undergraduate doctors and pre-registration healthcare students, and commissions postgraduate medical training in England. As outlined above, we set our expectations for the quality of the educational environment in our multi-professional Quality Framework. Regionally and locally, the HEE Postgraduate Deans are responsible for ensuring that these quality criteria are met for postgraduate medical training.

17. HEE also commissions undergraduate medical places, and other select clinical programmes from higher education institutions (HEIs), who update their curricula to meet the expectations of the professional regulators.

[1] GMC, *Generic Professional Capabilities Framework* (May 2017); accessed online at https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf70417127.pdf

18. Our Quality Framework places patient safety and learner wellbeing at its core, and promotes an open and inclusive learning environment in which doctors and other clinicians can achieve their curricula requirements and it champions best practice. In 2021, HEE published its refreshed Quality Framework, to reflect the ever-changing landscape of healthcare education and the wider context within which it takes place.

19. To ensure that curricula are up to date with best practice, the GMC requires that postgraduate curricula and their programmes of assessment are monitored, regularly reviewed, improved and quality assured. This is set out in the standards for postgraduate curricula, Excellence by Design. Patient safety is the first priority and is at the core of these education standards.

20. The medical royal colleges and their faculties host specialty advisory committees, which are responsible for updating specialty curricula. Proposed changes to the specialty curricula are reviewed and approved by the GMC's Curriculum Oversight Group (COG). The COG membership includes the Department of Health and Social Care, HEE, and the statutory education bodies of devolved administrations. This ensures curriculum suitability and delivery in each of our respective services.

21. The General Medical Council (Licence to Practise and Revalidation) Regulations 2012 require every doctor to engage in the five yearly revalidation process to maintain their license to practice. Doctors must therefore demonstrate via a range of measures, including their annual appraisal, that they practice in line with the principles and values set out in Good medical practice. Appraisal is an employer responsibility, and therefore currently sits under the auspices of NHS England. Postgraduate medical trainees' revalidation is managed by HEE as part of curriculum assessment and progression.

22. NHS England is also responsible for ensuring that the evidence-based National Institute for Health and Care Excellence (NICE) guidelines are embedded into healthcare delivery in the NHS.

23. It is therefore my view that we have a comprehensive system for the delivery, quality management and quality assurance of education and training for doctors in England.

24. In terms of auditing the effectiveness of system, the GMC conducts the annual
National Training Survey, which was completed by more than 67,000 doctors in 2022.[2] The Regulator also annually researches and publishes *The State of Medical education and Practice in the UK.*[3] These two annual reports provide the key measures for medical educationalists regarding trainee satisfaction and the overall quality and effectiveness of training in the UK.

25. The GMC also reviews and updates its professional and postgraduate education and training standards, *Good medical practice* and *Excellence by Design*. The former document is due to be reviewed in 2023 and the latter was last updated in 2017, following a review process. The Regulator may therefore be able to provide evidence on review findings and recommendations that have informed the current standards.

26. To note, HEE conducts and publishes quality review reports; however, these relate to individual local education providers ("LEPs"), rather than the system as a whole.

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[2] GMC, National Training Survey; accessed online at https://www.gmc-uk.org/education/how-wequality-assure-medical-education-and-training/evidence-data-and-intelligence/national-trainingsurveys

[3] GMC, *The State of Medical Education and Practice in the UK*; accessed online at https://www.gmcuk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-inthe-uk/workforce-report-2022

Q7 *Is HEE 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.*

27. In July 2019, NHS England and NHS Improvement ("NHSI/E") launched the NHS Patient Safety Strategy. Sitting alongside the NHS Long Term Plan, the Strategy seeks to address the challenges that exist within the NHS around patient safety, and through this achieve the NHS vision to continuously improve patient safety.

28. HEE was asked to contribute to the strategy and develop a first ever NHSwide patient safety syllabus that would be applicable to all NHS staff.[4] The
Academy of Medical Royal Colleges (AoMRC) were commissioned by HEE to undertake this work and have developed a new multi-professional syllabus.

29. This is the first national patient safety syllabus that will underpin the development of curricula for all NHS staff. The syllabus addresses the role of the healthcare system in patient safety, covering incident reporting and investigation that takes place after incidents and near-misses, but also adding critical proactive approaches to prevent harm occurring in the first place. This reflects best practice in building safe systems within other safety-critical industries.

30. The training is stratified into five levels, with the first two levels currently available. The first level, Essentials for patient safety, has been developed for all NHS employees. In addition, we have developed a package for senior leaders: Essentials of patient safety for boards and senior leadership teams. Level two, Access to practice is intended for those who have an interest in

[4] HEE, *Patient Safety Syllabus*; accessed online at https://www.hee.nhs.uk/our-work/patient-safety

understanding more about patient safety and those who want to go on to access the higher levels of training.

31. The Level One Essentials for patient safety eLearning includes sections on:

    - Listening to patients and raising concerns
    - The systems approach to safety, where instead of focusing on the performance of individual members of staff, we try to improve the way we work
    - Avoiding inappropriate blame when things don't go well
    - Creating a just culture that prioritises safety and is open to learning about risk and safety

32. The Level One Essentials of patient safety for boards and senior leadership teams includes the following content:

    - The human, organisational and financial costs of patient safety
    - The benefits of a framework for governance in patient safety
    - Understanding the need for proactive safety management and a focus on risk in addition to past harm
    - Key factors in leadership for patient safety
    - The harmful effects of safety incidents on staff at all levels

33. The NHS Patient Safety Curriculum for Levels 3 to 5 of the Syllabus includes duty of candour, communications and consent. This curriculum is targeted at NHS Patient Safety Specialists in the first instance. Certain levels/modules may be extended to the wider clinical workforce following an evaluation of the training and impact on patient safety.

34. The translation of this curriculum into training delivery is currently out to procurement for education delivery partners. An independent evaluation is currently being procured for Levels 1 and 2 eLearning; Levels 3 to 5 training are set to be formally evaluated during 2024.

35. NHS Resolution, the organisation that manages clinical negligence claims against the NHS, also provides training resources and information relating to Duty of Candour. This includes their "saying sorry" leaflet, which confirms that

apologising does not affect a clinician's indemnity cover. NHS Resolution has also hosted a Duty of Candour virtual forum and produced a short animation on Duty of Candour, both of which can be viewed online.

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

Q8 *How does the duty of candour form part of the medical training or the continuing professional development provided by HEE? 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.*

36. As outlined in my response to questions **Q5-7** above, HEE does not directly develop curricula or deliver specific training on duty of candour. Neither does HEE have any responsibility for continued professional development for doctors outside of postgraduate training programmes.

37. However, the HEE Postgraduate Deans are responsible for ensuring that postgraduate medical trainees have access to the educational resources required to progress through the GMC-approved specialty curricula. As such, they have a role in ensuring specialty training programmes cover the professional duty of candour.

38. Furthermore, HEE manages the annual review of competency progression ("ARCP") in England. 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.

39. HEE also commission undergraduate medical places, and other select clinical programmes from higher education institutions ("HEIs"), which are required to meet the standards outlined in our Quality Framework.

40. It should also be recognised that the legal responsibility for duty of candour also applies to a trainee's employing Trust and to other doctors as well as trainees (locally employed doctors (LEDs) and staff and associate specialists (SAS). The employing trust is also responsible for managing the appraisal process for non-trainee doctors, which is essential to revalidation.

41. 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*".

42. Domain 1 of the GMC's 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 ethnical guidance on Duty of Candour, was first published in 2015, and updated in March 2022.

43. The standards for postgraduate curricula, Excellence by Design, 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.*"

44. As such, the current system of education, training and revalidation for doctors places great importance on Duty of Candour, and the professional values and behaviours that underpin it.

Q9 *How does effective patient communication form part of the medical training or the continuing professional development provided by HEE? 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.*

45. Again, as stated above at paragraph 32, HEE does not directly develop curricula or deliver specific training on effective patient communication, and HEE does not have any responsibility for continued professional development for doctors outside of postgraduate training programmes

46. However, the HEE Postgraduate Deans are responsible for ensuring that postgraduate medical trainees have access to the educational resources required to progress through the GMC-approved specialty curricula. As such,

they have a role in ensuring specialty training programmes enable doctors to be develop effective patient communication.

47. The GMC's GPC framework outlines the fundamental aspects of professional behaviour and practice required of all medical professionals. The professional skills required of all doctors, outlined in Domain 2 of the GPC framework, include a range of communication and interpersonal skills with patients, relatives, carers and guardians.

48. These skills 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."

49. As such, the current system of education, training and revalidation for doctors is designed to ensure that doctors are able to communicate with patients with honesty, respect and compassion.

Q10 *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*

50. As stated above at paragraph 32, HEE does not directly develop curricula or deliver specific training on effective patient communication, and HEE does not have any responsibility for continued professional development for doctors outside of postgraduate training programmes.

51. However, the HEE Postgraduate Deans are responsible for ensuring that postgraduate medical trainees have access to the educational resources required to progress through the GMC-approved specialty curricula. As such, they have a role in ensuring specialty training programmes teach doctors to recognise and counteract their implicit and explicit biases.

52. Paragraph 59 of Good Medical Practice 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.*"

53. 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.

Q11 *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?*

54. On behalf of HEE, I am pleased to give my support to the recommendations of the Psychosocial Group and can offer no further comment or recommendation. I hope this response demonstrates that HEE is well placed to work with partners to deliver these recommendations, and that the regulatory standards underpinning medical practice, education and training have safety, honesty and integrity at their core.

Statement of Truth

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

Signed: GRO-C

Dated: 3rd November 2022

Witness Name: Wendy Reid

Statement No.: WITN7454001

Dated: 20/10/2022