



Marc Williams
Radiologist
C/O Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

14 October 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the
Southern Health and Social Care Trust

**Provision of a Section 21 Notice requiring the provision of evidence in the
form of a written statement**

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and/or has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 93 of 2022]

Pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Marc Williams
Radiologist
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 24th October 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 17th October 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 26th September 2022

Signed:

Personal information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE
[No 93 of 2022]

SECTION 1 – GENERAL NARRATIVE

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.



If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Your role

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.
5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.
6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.
7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?
8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.
9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?



10. What performance indicators, if any, are used to measure performance for your role?
11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?
12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.
13. What systems of governance do you use in fulfilling your role?
14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.
15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?
16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?
17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?
18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

Urology services

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.
20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.
21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?
22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?
23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?
24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:
- (i) Waiting times
 - (ii) Triage/GP referral letters
 - (iii) Letter and note dictation
 - (iv) Patient care scheduling/Booking
 - (v) Prescription of drugs



- (vi) Administration of drugs
- (vii) Private patient booking
- (viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs
- (ix) Following up on results/sign off of results
- (x) Onward referral of patients for further care and treatment
- (xi) Storage and management of health records
- (xii) Operation of the Patient Administrative System (PAS)
- (xiii) Staffing
- (xiv) Clinical Nurse Specialists
- (xv) Cancer Nurse Specialists
- (xvi) Palliative Care Nurses
- (xvii) Patient complaints/queries

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.
26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.
27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.



28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?
29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?
31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.
32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?
33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?
34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.
35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

**Staff**

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?
37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.
39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?
40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?
41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.



If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice No. 93 of 2022

Date of Notice: 27 September 2022

Witness Statement of: Marc Williams

I, Marc Williams, will say as follows:-

SECTION 1 – GENERAL NARRATIVE

General

1. **Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**

1.1 I am a consultant radiologist with a specialist interest in uro-radiology. I commenced working for the Trust in 2009 and this is the only post I have had. I report radiological examinations, in particular uro-radiological studies. I am the lead radiologist to the Urology MDT which I attend weekly and have done since the inception of the MDT. There have been 1-2 radiologists attending the urology MDT (I do not know any further detail in regards to the dates) and there have been significant periods of time where I was the sole radiologist. I provide opinions on urological studies to this meeting. I have not had any input into the investigations within the department of urology nor



Urology Services Inquiry

the SAls. I have not raised any issues in this regard. The only knowledge I have of the Urology Inquiry is from word of mouth, rumour and the summary of SAls document. I have commented further on this in my statement.

2. **Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust’s Solicitor, or in the alternative, the Inquiry Solicitor.**

2.1 I do not have any documents that specifically relate to the Urology Services Inquiry. I have provided my job plan and the Trust’s aide memoire appraisal document which can be located in S21 93 of 2022 – Attachments folder.

3. **Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.**

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.



Urology Services Inquiry

Your role

- 4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.**

4.1 I am a consultant radiologist, with a specialist interest in uroradiology, employed by the Southern Health and Social Care Trust as such since 2009. I work at Craigavon Area Hospital. This is the only role I have held in the Southern Trust.

4.2 As a radiologist, my job involves reporting on a wide range of radiological studies (CT, MRI, ultrasound and plain films) including urological examinations (in particular prostate MRI) and providing a specialist opinion on studies when asked for. Urological studies are requested by consultant urologists, their junior staff and specialist nurses. My opinion is provided by a written report which I am sometimes asked about verbally or more usually by email, sent by and replied to a consultant urologist. I am also asked to give opinions on other studies which is done verbally or by email.

4.3 I have been the lead radiologist to the Urology MDT (since its inception) which I attend weekly (Thursday) where I provide an opinion on radiological examinations which are a wide range of CT, MRI and ultrasound studies.

4.4 As a consultant radiologist, I have no involvement nor knowledge of complaints or concerns of practice within the urological department of the Southern Health and Social Care Trust. I can also not comment on the maintenance of professional practice and governance arrangements within that department.

- 5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.**



Urology Services Inquiry

5.1 I am responsible to the Clinical Director of Radiology, Dr Yousaf. Prior to this, I was responsible to Dr D Gracey. I do not recall the date when the clinical director changed. (Dr Yousaf would be able to confirm) In regard to the Urology MDT, I am responsible to the chairman, Mr Glackin. Prior to this, Mr O'Brien was the urology MDT chair. I do not recall when Mr Glackin became chairman (Mr Glackin will be able to confirm this). I do not have any managerial roles.

6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.

6.1 I do not manage staff.

7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?

7.1 The systems in place to assure appropriate standards would be a compliance with the usual standards of Good Medical practice (*please see attachment 1. good-medical-practice---english-20200128_pdf-51527435*) which doctors would be expected to comply with, the numerous policies and procedures that are in place in the radiology department, specifically referral guidelines, which are based on iRefer ([iRefer](#)) and the review of discrepancies monthly. Policies and procedures within radiology are too numerous to list and would include all aspects of day to day work from the performance of examinations to appointing patients for these examinations. These policies do not include how radiology examinations should be reported and there would be a significant variation amongst individual radiologists. There is a policy concerning the communication of urgent or unexpected findings on an examination which would involve highlighting that study for administration staff to contact the referrer (Protocol for the Reporting & Communicating of Critical, Urgent & Significant Unexpected Radiological Findings). This is a fail safe



Urology Services Inquiry

mechanism as ultimately, the referrer has the ultimate responsibility for checking radiology reports in a timely manner. Departmental policies are reviewed and updated annually and are changed if improvements are needed. The standards are more related to administration and radiographic staff rather than the reporting of radiological examinations. The department also has a radiology discrepancy meeting as referred to in my answers to questions 10 and 11.

- 8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.**

8.1 I am subject to an annual appraisal (carried out by a Trust appraiser, currently Dr Curry and previously Dr Fawzy and Dr O'Reilly) and GMC revalidation. I have included the Trust's revalidation aide memoire document for reference (*please see 2. Aide Memoire*). I have also included my job plan which shows my contractual obligations (*please see 3. Job plan 2021*). The appraisal is carried out using the Trust's online appraisal software and is undertaken by zoom with the appraiser. Previously appraisals were undertaken face to face. I have a personal development plan but objectives would be limited, such as achieving the college's continued professional development requirements. I do not have a performance review although I am sure management keep a tally of workloads performed by individual radiologists.

- 9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?**



Urology Services Inquiry

9.1 The department of radiology has numerous policies and guidelines which radiologists and other staff are expected to adhere to. Examples have already been provided above. These policies are contained in the qpulse software and we are emailed if a new document is produced, for example if an improvement has been identified.

9.2 I also use numerous other external guidelines when performing my job for example NICE and numerous other guidelines produced by relevant professional bodies for example the European Society of Uroradiology, the British Thoracic society etc. These guidelines are numerous and would include how to report prostate MRI for example (PIARDS v2) and The British Society guidelines for pulmonary nodules. External guidelines may appear in relevant journals but one would often become aware of new guidelines by word of mouth (urologists and radiologists) or discussion at educational meetings, which I attend as part of my CPD requirement and such courses are chosen by me according to the relevance to my practice. The Trust would not make me aware of external guidelines.

10. What performance indicators, if any, are used to measure performance for your role?

10.1 The quality of my work is not formally peer reviewed but substandard practice is likely to be identified and reported and relevant cases are discussed at discrepancy meetings. My work is generally regarded as a high standard. The discrepancy meeting would be a method of identifying those radiologists whose standard of reporting may be below the expected. My workload figures/performance figures and those of my colleagues are likely to be regularly audited by management but I cannot provide any detail as to how often (the clinical of director would be able to do so). The quality of my work is not directly assessed and we do not have a peer review process in place due to the overwhelming number of examinations we perform and limited capacity to undertake this. Quality would therefore only be reviewed informally. Cases



Urology Services Inquiry

which are reported as a discrepancy would be discussed at the monthly meetings.

11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?

11.1 I regularly keep updated with radiological practice by reading the college journal (and other articles as needed). I comply with CPD Royal College of Radiologists requirements and my practice is evidence based. I report studies according to radiological guidelines and make recommendations based on the evidence produced in articles and by professional bodies. The college CPD requirements specify a number of hours of expected personal learning and attendance at courses. The discrepancy meeting is a mechanism where standards can be reviewed if required and cases can be submitted to this by radiological colleagues and clinicians.

12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.

12.1 I have no experience of such systems being bypassed.

13. What systems of governance do you use in fulfilling your role?

13.1 I keep a tally of my workload figures to ensure that the volume of work I do is satisfactory. There is no formally accepted figure for the number of examinations one would be expected to report.

13.2 I am also informed, by email by a member of the admin staff, of any radiological discrepancies that have been raised in regard to my work. The



Urology Services Inquiry

Royal College of Radiologists expects radiological departments to have a discrepancy meeting in place primarily for learning. This is not a Trust requirement but the Trust ensures that this happens on a monthly basis. I follow up some of my reports by saving such examinations for reference to future imaging studies, clinical information, or reference to histology. A radiologist would not have time to follow up all their reports and I only do so for interesting cases and to ensure that my reporting is accurate. I save cases on the Trust's PACS system.

14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

14.1 I have not been offered any support for quality improvement.

15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?

15.1 I understand that the quality of services in urology would be the responsibility of individual consultants who are then responsible to the clinical director of urology. I do not know who the head of service or clinical director are or previously were for urology.

16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?

16.1 I have no knowledge of the governance arrangements in urology as I do not work in that department.

17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you



Urology Services Inquiry

ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?

17.1 I felt and do feel fully able to support the urological service in my role as a radiologist. I did not raise any issues in this regard.

18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

18.1 I felt and do feel fully supported by my urological colleagues. If any issues were raised in regard to uroradiological practice, I felt these were taken seriously. An example of this would be the outsourcing of patient care with imaging performed suboptimally on external scanners, which was raised by me. Such scanners are often not technically capable of producing optimal images. When raised, it was agreed not to send out prostate MRI although this has happened again recently as part of the contract.

Irrelevant information
redacted by USI

Urology services

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.

19.1 As stated, I report examinations requested by urologists to guide them in the management of their patients. As a radiologist. I have no other input into the operation, governance or clinical aspects of urology as such. The reports of radiological examinations are used for patient management by urologists.



Urology Services Inquiry

20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.

20.1 The uroradiological aspects of my job would be discussed with individual urologists (in person or by email) or at the Urology MDT. I have no formal meetings with the urologists other than the MDT. These meetings are weekly (on a Thursday afternoon) and patients are listed for discussion by urologists. I attend when I am not on leave. When I am on leave, another radiologist now attends, unless that person is also on leave.

20.2 If there are issues to raise in regard to uroradiological practice then these will be discussed with the urologists in person or by email. Such issues would relate to overall and not individual practice, for example how a service could be improved. An example would be the multiplicity of examinations to answer the same clinical question, for example general practitioners requesting ultrasound and a urologist requesting a CT scan.

20.3 When only a single radiologist (me) attended the MDT and that radiologist was on leave, there would not be a radiologist present. The issue with a lack of attendance by a radiologist was an issue for a prolonged period of time (I do not know the interval) and this was mentioned at the MDT on a number of occasions (I do not recall when, by whom specifically (although most likely Mr O'Brien and Mr Glackin) or how often) but this was not solvable in the absence of an appointment of an additional radiologist, which was the Trust's responsibility and I cannot comment as to how much effort the trust made to achieve this but I am of the opinion that the Trust did not do all it could to appoint an additional radiologist by making an attractive job, particularly when in competition with other Trusts both within Northern Ireland and the UK. I think, but I cannot be sure, that the MDT chair (both Mr O'Brien and Mr Glackin) have raised the issue of radiology cover with the relevant



Urology Services Inquiry

clinical radiology clinical director (Dr Gracey and Dr Yousaf) but I have no detailed knowledge of this nor the response that was received.

21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?

21.1 Please see the answer to question 19 above. As stated, the reports of radiological examinations will be used to guide patient management. I provide many such reports as part of my job which involves the reporting of radiological examinations which I undertake on a PACS station both at home and on the Craigavon Area Hospital site.

22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?

22.1 I have no view nor knowledge on the efficiency or effectiveness of governance processes or procedures in urology with respect to radiology.

23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?

23.1 I did not inform or engage with performance metrics within urology and the questions are not relevant to my role.

24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:



Urology Services Inquiry

- (i) **Waiting times**
- (ii) **Triage/GP referral letters**
- (iii) **Letter and note dictation**
- (iv) **Patient care scheduling/Booking**
- (v) **Prescription of drugs**

- (vi) **Administration of drugs**
- (vii) **Private patient booking**
- (viii) **Multi-disciplinary meetings (MDMs)/Attendance at MDMs**
- (ix) **Following up on results/sign off of results**
- (x) **Onward referral of patients for further care and treatment**
- (xi) **Storage and management of health records**
- (xii) **Operation of the Patient Administrative System (PAS)**
- (xiii) **Staffing**
- (xiv) **Clinical Nurse Specialists** (xv) **Cancer Nurse Specialists**
- (xvi) **Palliative Care Nurses**
- (xvii) **Patient complaints/queries**

24.1 I have no input into any of the areas listed other than the urology MDT in which I am the lead radiologist and I provide an opinion on radiological examinations which as stated are used by clinicians (all of the urology consultants currently and previously in post) to make decisions on patient management.

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.

25.1 If I had any concerns about patient care with respect to radiology then I would raise them with the radiology clinical director in person or by



Urology Services Inquiry

email. If I had issues with urology, I would raise them with the urology clinical director or another urologist. I do not know who the current clinical director of urology is.

- 26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, or any other matter regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.**

26.1 I did not have any concerns in regard to any of the issues set out in paragraph 24 and I have not raised any issues. To clarify, the issue in regard to radiological attendance at the Urology MDT was not a concern I personally held but one I simply noted. This was an issue for the MDT chairman and the Trust. The lack of radiology cover (by a radiologist with a subspecialist interest in uroradiology) at the MDT was an issue in some individual cases as radiology reports made by non specialist radiologists were not reviewed (by a radiologist at the MDT with an interest in uroradiology) and in some instances resulted in inappropriate outcomes, for example the follow up of abnormalities that did not require any (I recall a case of an incidental testicular lesion for which follow up was suggested and none was required) and a patient who had a nephrectomy for a benign lesion. In regard to the latter, the case was re-discussed at the Urology MDT (with histology) where I reviewed the kidney lesion for which the nephrectomy was performed and I considered it unlikely to be malignant.

- 27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.**



Urology Services Inquiry

27.1 I do not have, nor have had, any concerns in regard to the practice of any practitioner in urology.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?

28.1 Not applicable as I had no concerns.

29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?

29.1 Not applicable as I had no concerns. I was also unaware of any concerns being raised in regard to any of the urology consultants or in regard to the practice of any practitioner in urology.

30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?

30.1 Not applicable as no concerns. I was also unaware of any concerns being raised in regard to any of the urology consultants or in regard to the practice of any practitioner in urology.

31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.



Urology Services Inquiry

31.1 Not applicable as no concerns. I was also unaware of any concerns being raised in regard to any of the urology consultants or in regard to the practice of any practitioner in urology.

32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?

32.1 Not applicable as no concerns. I was also unaware of any concerns being raised in regard to any of the urology consultants or in regard to the practice of any practitioner in urology.

33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?

33.1 I had no knowledge of any issues within the department of urology and thus I did not have any concerns in this regard. In regard to radiology attendance at the Urology MDT, I have no knowledge as to what action was taken by the MDT chairman (Mr O'Brien and subsequently Mr Glackin). It may be that this issue was raised with the radiology clinical director (Dr Gracey or Dr Yousaf) but Mr O'Brien and Mr Glackin would need to be asked for clarification.

34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.

34.1 I did not raise any issues and I was not aware of any issues raised by others. I cannot answer this question.



Urology Services Inquiry

35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

35.1 In my view, I do not think that management take concerns seriously within the Trust and often fail to act or do not communicate that they have done so. Issues I have previously raised, for example in regard to the duplicity of investigations I have outlined above, are not acted on. When one raises an issue, usually a response is not received.

35.2 Many issues I raise in regard to radiological practice, to the radiology clinical director and the radiology service manager, which are not specifically urological, are not addressed by managers and opportunities for the improvement of patient care and efficiency are lost. Examples would include SPA entitlement for service improvement and teaching. Such issues are raised infrequently as I do not think time spent raising them is well spent.

35.3 There is certainly scope for improvement in radiological practice. Managers need to acknowledge each and every issue raised to them and state how best the issue could be dealt with, rather than appearing not to engage at all. I regularly feel that I am not listened to by management (the CD, AMD, AD, service manager). Radiology consultants should be given areas of responsibility and time in their job plans for this role. Areas for improvement should be discussed with clinical and non-clinical managers and a plan made to make improvements to the service.

Staff

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good



Urology Services Inquiry

working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?

36.1 I have and have had good working relationships with staff at all levels within urology and staff within urology seem to have good interpersonal relationships. I did not have any concerns in this regard.

37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

37.1 I do not have any knowledge as to the relationships between clinical and non-clinical managers in urology.

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.

38.1 I have been provided with the SAI summary document and I am now aware of possible governance issues in urology concerning the acting on radiological results and correspondence in a timely manner, the prescription of drugs that may be not be appropriate in prostate cancer patients and the non-referral of patients to the Urology MDT.

38.2 I am also aware of issues with the follow up of patients with ureteric stents, the very long waiting lists for surgery and outpatient appointments, the very slow follow up and treatment of patients with stone disease and the



Urology Services Inquiry

possible substandard imaging follow up of patients with stone disease (the underuse of CT).

38.3 I am aware of these issues as I see patients referred for imaging studies who have had stents in place for long periods of time and the requesting of repeated studies for patients on stone treatment waiting lists. The issue of patients with long standing ureteric stents has only come to light recently, perhaps in the last few months and the urologists were already aware of this as they had referred patients for imaging stating that the stent had been in for some time.

38.4 I have become aware of the slow follow up and treatment of patients with stone disease again more recently (in the last few months) since I have seen referrals for these patients with clinical information provided stating that the patient has been on a waiting list for a prolonged period of time.

38.5 The long waiting lists for surgery and outpatient appointments is well known about in the department of urology and is not an issue that I needed to or should have raised.

38.6 In regard to the overuse of ultrasound for stone patients, I have mentioned this but I do not recall when and to whom I mentioned it to.

39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?

39.1 In regard to the issues that I understand may have occurred, as I have outlined above, I suspect that a lack of organisation, ineffective management, poor governance and supervision and inappropriate practices would be the reasons.



Urology Services Inquiry

40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?

40.1 I do not know what has been learnt from the practice of Mr O'Brien. These are urological issues and are outside the scope of my practice. I cannot comment on what actions were taken within the department of urology.

41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

41.1 I have no knowledge of this.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?



Urology Services Inquiry

42.1 I have not been involved in the handling of any concerns. I have no knowledge as to others involvement. I therefore cannot answer this question which is best directed to the urology service manager.

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

43.1 I have no knowledge of the governance arrangements in urology. I did not raise any concerns.

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

44.1 As stated, I am a radiologist. I have no knowledge as to the working arrangements and governance within radiology. I have had no concerns into any practitioner within urology, I have not raised any concerns and nor have I been formally told as to the concerns with Mr O'Brien.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from




Urology Services Inquiry

personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Statement of Truth

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

Signed:  _____

Date: ____ 6 October 2022 _____

Section 21 Notice Number 93 of 2022

Witness Statement: Marc Williams

Index

Attachment	Document
1	good-medical-practice---english-20200128_pdf-51527435
2	Aide Memoire
3	Job plan 2021

WIT-60300



Good medical practice

Working with doctors Working for patients

General
Medical
Council

The duties of a doctor registered with the GMC

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
 - Keep your professional knowledge and skills up to date.
 - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
 - Treat patients politely and considerately.
 - Respect patients' right to confidentiality.
- Work in partnership with patients.
 - Listen to, and respond to, their concerns and preferences.
 - Give patients the information they want or need in a way they can understand.
 - Respect patients' right to reach decisions with you about their treatment and care.
 - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Good medical practice

This guidance has been edited for plain English.

Published 25 March 2013

Comes into effect 22 April 2013.

This guidance was updated on 29 April 2014 to include paragraph 14.1 on doctors' knowledge of the English language. It was further updated on 29 April 2019 to remove the sub-heading 'honesty' from immediately before paragraph 65.

You can find the latest version of this guidance on our website at **www.gmc-uk.org/guidance**.

For the full website addresses of references in this guidance, please see the online version on our website.

Contents

Page

3

4

6

6

7

9

10

10

11

12

13

13

14

14

15

16

18

18

19

21

25

28

About this guidance

Good medical practice includes references to explanatory guidance. A complete list of explanatory guidance is at the end of the booklet.

All our guidance is available on our website, along with:

- learning materials, including interactive case studies which bring to life the principles in the guidance and show how they might apply in practice
- cases heard by medical practitioners tribunals, which provide examples of where a failure to follow the guidance has put a doctor's registration at risk.

Professionalism in action

- 1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues,¹ are honest and trustworthy, and act with integrity and within the law.
- 2 Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.
- 3 *Good medical practice* describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with *Good medical practice* and the explanatory guidance² which supports it, and to follow the guidance they contain.
- 4 You must use your judgement in applying the principles to the various situations you will face as a doctor, whether or not you hold a licence to practise, whatever field of medicine you work in, and whether or not you routinely see patients. You must be prepared to explain and justify your decisions and actions.

-
- 5 In *Good medical practice*, we use the terms 'you must' and 'you should' in the following ways.
- 'You must' is used for an overriding duty or principle.
 - 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
 - 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.
- 6 To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in this guidance. Only serious or persistent failure to follow our guidance that poses a risk to patient safety or public trust in doctors will put your registration at risk.

Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

- 7 You must be competent in all aspects of your work, including management, research and teaching.^{3, 4, 5}
- 8 You must keep your professional knowledge and skills up to date.
- 9 You must regularly take part in activities that maintain and develop your competence and performance.⁶
- 10 You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.
- 11 You must be familiar with guidelines and developments that affect your work.
- 12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
- 13 You must take steps to monitor and improve the quality of your work.

Apply knowledge and experience to practice

14 You must recognise and work within the limits of your competence.

14.1 You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.⁷

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

- a** adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
- b** promptly provide or arrange suitable advice, investigations or treatment where necessary
- c** refer a patient to another practitioner when this serves the patient's needs.⁸

16 In providing clinical care you must:

- a** prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs⁹
- b** provide effective treatments based on the best available evidence
- c** take all possible steps to alleviate pain and distress whether or not a cure may be possible¹⁰
- d** consult colleagues where appropriate
- e** respect the patient's right to seek a second opinion
- f** check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications
- g** wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.⁹

17 You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.^{4, 11, 12}

18 You must make good use of the resources available to you.³

Record your work clearly, accurately and legibly

- 19** Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.
- 20** You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements.¹⁴
- 21** Clinical records should include:
- a** relevant clinical findings
 - b** the decisions made and actions agreed, and who is making the decisions and agreeing the actions
 - c** the information given to patients
 - d** any drugs prescribed or other investigation or treatment
 - e** who is making the record and when.

Domain 2: Safety and quality

Contribute to and comply with systems to protect patients

- 22** You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:
- a** taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
 - b** regularly reflecting on your standards of practice and the care you provide
 - c** reviewing patient feedback where it is available.
- 23** To help keep patients safe you must:
- a** contribute to confidential inquiries
 - b** contribute to adverse event recognition
 - c** report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
 - d** report suspected adverse drug reactions
 - e** respond to requests from organisations monitoring public health.

When providing information for these purposes you should still respect patients' confidentiality.¹⁴

Respond to risks to safety

- 24** You must promote and encourage a culture that allows all staff to raise concerns openly and safely.^{3, 15}
- 25** You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.
- a** If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.
 - b** If patients are at risk because of inadequate premises, equipment¹³ or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance¹⁵ and your workplace policy. You should also make a record of the steps you have taken.
 - c** If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.^{14, 16}
- 26** You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.

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- 27** Whether or not you have vulnerable¹⁷ adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.^{18, 19}

Risks posed by your health

- 28** If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.
- 29** You should be immunised against common serious communicable diseases (unless otherwise contraindicated).
- 30** You should be registered with a general practitioner outside your family.

Domain 3: Communication, partnership and teamwork

Communicate effectively

- 31** You must listen to patients, take account of their views, and respond honestly to their questions.
- 32** You must give patients²⁰ the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.²¹
- 33** You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.
- 34** When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

Working collaboratively with colleagues

- 35** You must work collaboratively with colleagues, respecting their skills and contributions.³
- 36** You must treat colleagues fairly and with respect.
- 37** You must be aware of how your behaviour may influence others within and outside the team.
- 38** Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

Teaching, training, supporting and assessing

- 39** You should be prepared to contribute to teaching and training doctors and students.
- 40** You must make sure that all staff you manage have appropriate supervision.

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- 41** You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleagues' competence, performance and conduct.²²
 - 42** You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.³
 - 43** You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times.³

Continuity and coordination of care

- 44** You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:
 - a** share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers^{8, 14}
 - b** check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

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- 45** When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.⁸

Establish and maintain partnerships with patients

- 46** You must be polite and considerate.
- 47** You must treat patients as individuals and respect their dignity and privacy.¹⁶
- 48** You must treat patients fairly and with respect whatever their life choices and beliefs.
- 49** You must work in partnership with patients, sharing with them the information they will need to make decisions about their care,²¹ including:
- a** their condition, its likely progression and the options for treatment, including associated risks and uncertainties
 - b** the progress of their care, and your role and responsibilities in the team
 - c** who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care

-
- d** any other information patients need if they are asked to agree to be involved in teaching or research.¹²
 - 50** You must treat information about patients as confidential. This includes after a patient has died.¹⁴
 - 51** You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:
 - a** advising patients on the effects of their life choices and lifestyle on their health and well-being
 - b** supporting patients to make lifestyle changes where appropriate.
 - 52** You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.²³

Domain 4: Maintaining trust

Show respect for patients

- 53** You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.¹⁶
- 54** You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.²³
- 55** You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:
- a** put matters right (if that is possible)
 - b** offer an apology
 - c** explain fully and promptly what has happened and the likely short-term and long-term effects.

Treat patients and colleagues fairly and without discrimination

- 56** You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the guidance in paragraph 25b (see section *Domain 2: Safety and quality*).
- 57** The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition.
- 58** You must not deny treatment to patients because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangements for providing treatment.

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- 59** You must not unfairly discriminate against patients or colleagues by allowing your personal views²⁴ to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph 25c (see section *Domain 2: Safety and quality*) if the behaviour amounts to abuse or denial of a patient's or colleague's rights.
- 60** You must consider and respond to the needs of disabled patients and should make reasonable adjustments²⁵ to your practice so they can receive care to meet their needs.
- 61** You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.
- 62** You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.²⁶
- 63** You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK.
- 64** If someone you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them.

Act with honesty and integrity

- 65** You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
- 66** You must always be honest about your experience, qualifications and current role.
- 67** You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.⁴

Communicating information

- 68** You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.
- 69** When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.^{14, 27}

- 70** When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
- 71** You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.²² You must make sure that any documents you write or sign are not false or misleading.
- a** You must take reasonable steps to check the information is correct.
 - b** You must not deliberately leave out relevant information.

Openness and legal or disciplinary proceedings

- 72** You must be honest and trustworthy when giving evidence to courts or tribunals.²⁸ You must make sure that any evidence you give or documents you write or sign are not false or misleading.
- a** You must take reasonable steps to check the information is correct.
 - b** You must not deliberately leave out relevant information.
- 73** You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in *Confidentiality*.
- 74** You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.²⁸
- 75** You must tell us without delay if, anywhere in the world:
- a** you have accepted a caution from the police or been criticised by an official inquiry
 - b** you have been charged with or found guilty of a criminal offence
 - c** another professional body has made a finding against your registration as a result of fitness to practise procedures.²⁹

-
- 76** If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.

Honesty in financial dealings

- 77** You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.³⁰
- 78** You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
- 79** If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
- 80** You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

Endnotes

- 1 Colleagues include anyone a doctor works with, whether or not they are also doctors.
- 2 You can find all the explanatory guidance on our website.
- 3 *Leadership and management for all doctors* (2012) GMC, London
- 4 *Good practice in research* (2010) GMC, London
- 5 *Developing teachers and trainers in undergraduate medical education* (2011) GMC, London
- 6 *Continuing professional development: guidance for all doctors* (2012) GMC, London
- 7 This paragraph was added on 29 April 2014. Section 35C(2)(da) of the *Medical Act 1983*, inserted by the *Medical Act 1983 (Amendment) (Knowledge of English) Order 2014*.
- 8 *Delegation and referral* (2013) GMC, London
- 9 *Good practice in prescribing and managing medicines and devices* (2013) GMC, London
- 10 *Treatment and care towards the end of life: good practice in decision-making* (2010), GMC, London
- 11 *Making and using visual and audio recordings of patients* (2011) GMC, London
- 12 *Consent to research* (2013) GMC, London
- 13 Follow the guidance in paragraph 23c if the risk arises from an adverse incident involving a medical device.

-
- 14 *Confidentiality: good practice in handling patient information* (2017) GMC, London
 - 15 *Raising and acting on concerns about patient safety* (2012) GMC, London
 - 16 *Maintaining boundaries* (2013) GMC, London
 - *Intimate examinations and chaperones* (paragraphs 47, 25c)
 - *Maintaining a professional boundary between you and your patient* (paragraph 53)
 - *Sexual behaviour and your duty to report* (paragraphs 53, 25c)
 - 17 Some patients are likely to be more vulnerable than others because of their illness, disability or frailty or because of their current circumstances, such as bereavement or redundancy. You should treat children and young people under 18 years as vulnerable. Vulnerability can be temporary or permanent.
 - 18 *0–18 years: guidance for all doctors* (2007) GMC, London
 - 19 *Protecting children and young people: the responsibilities of all doctors* (2012) GMC, London
 - 20 Patients here includes those people with the legal authority to make healthcare decisions on a patient's behalf.
 - 21 *Decision making and consent* (2020) GMC, London
 - 22 *Writing references* (2012) GMC, London
 - 23 *Personal beliefs and medical practice* (2013) GMC, London

-
- 24 This includes your views about a patient's or colleague's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.
- 25 'Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example. Being flexible about appointment time or length, and making arrangements for those with communication difficulties such as impaired hearing. For more information see the EHRC website.
- 26 *Ending your professional relationship with a patient* (2013) GMC, London
- 27 *Doctors' use of social media* (2013) GMC, London
- 28 *Acting as a witness in legal proceedings* (2013) GMC, London
- 29 *Reporting criminal and regulatory proceedings within and outside the UK* (2013) GMC, London
- 30 *Financial and commercial arrangements and conflicts of interest* (2013) GMC, London

Index

A

- accepting posts 38
- accessibility of information 32
- adverse drug reactions 23c
- advertising 70
- advice
 - seeking 25c
 - on lifestyle 51a,b
 - prompt provision 15b
- apology 55b, 61
- assessment of patients 15a
- audit 22a

B

- basic care 25a
- breakdown of trust 62

C

- care
 - basic 25a
 - clinical 16a–g
 - of those you are close to 16g
- children 27
- clinical care 16a–g
- clinical judgement 57
- clinical records 19, 21a–e
- collaboration with colleagues 35
- colleagues
 - challenging colleagues

- whose behaviour does not
 - comply with guidance 59
- concerns about 24, 25c, 41, 59
- consulting 16d
- discriminating against 59
- reporting concerns 24
- supporting 43
- working with 35–38

- comfort of patient 25
- commercial interests 77
- communicable diseases 29
- communication 31–52
 - effective 31–34
 - of information 68–71
 - with public 69
- community, provision of care in emergencies 26
- compatibility of treatments 16f
- competence 1, 7
 - limits of, declaring when giving evidence 74
 - maintenance 9
 - working within limits 14
- complaints 61
 - procedures for 73
- conduct 65
- confidential inquiries 23a
- confidentiality 20, 50, 69, 73
- conflict of interest 78, 79

conscientious objections 52
consent 17
consideration 46
continuing professional
 development 9
continuity of care 44, 45
contractual notice 38
cooperation in formal inquiries and
 complaints procedures 73
coordination of care 44, 45
criminal offence 75b

D

data protection 20
death of patient 50
decision making by patients 49a–d
decision recording 21b
delaying treatment 57
delegation of care 44a, 45
dignity 2, 25, 47
disability, quality of life 2
disabled patients 60
discrimination 59
distress alleviation 16c
documentation 19
 honesty and integrity in 71

E

emergencies, provision of care in 26
ending appointments 38
ending relationships with
 patients 62
English language, knowledge of 14.1
 equipment, inadequate 25b
errors 55a–c
evidence-based care 16b
evidence, giving 74
examination of patient 15a
experience, honesty about 66

F

financial arrangements 77–80
financial interests 77
fitness to practise
 of colleagues 25c
 procedures 75c
form signing 71
formal inquiries 73

G

gifts 80
giving evidence in court 72
GMC guidance, familiarity with 3
guidance, keeping up to date
 with 12
guidelines, familiarity with 11

H

- health, personal 28
- history taking 15a
- honesty 1, 55, 65–67, 68
 - documentation 71
 - financial arrangements 77
 - information 68–71
 - knowledge 68
- hospitality 80

I

- illness, personal 80
- immunisation 29
- improper relationships with
 - patients 53
- improving quality of work 13
- inadequate resources 56
- indemnity cover 63
- inducements 80
- information
 - communication 68–71
 - honesty and integrity 68–71
 - provision 32
 - sharing 44a, 49a–d
- informing the GMC of criminal
 - offences 75b
- insurance 63
- integrity 1, 65–80
- investigations, prompt provision 15b

J

- judgement in applying the
 - guidance 4
- junior doctors 42
- justification of decisions and
 - actions 4

K

- keeping up to date 8, 12
- knowledge 7–21
 - honesty about 68
 - limits 74
 - up to date 1

L

- language
 - English 14.1
 - communication needs 32
- law
 - acting within 1
 - keeping up to date with 12
- legal proceedings 72–76
- licence to practise 6
- lifestyle, advising patients
 - about 51a, b
- listening to patients 31
- locums 41

M

management competence 7
media 69
medical records 19–21
mentoring 10, 42
monitoring quality of work 13
moral beliefs 54
'must', definition of 5

N

national research governance
guidelines 67

O

official enquiry 75a
omission of information 71b, 72b
openness 72–76
over-the-counter medications 16f

P

pain alleviation 16c
palliative care 16c
partnership, with patient 2, 46–52
patient assessment 15a
patient feedback 22c
patient relationships 1
 ending 62
 improper 53
patient safety
 basic care 25a

colleagues 43
delegation 45
medical cover 38
promotion of 22a–c
provision of information 23a–d
reporting concerns 25a–c
risk posed by personal illness 28
patient transfers 44a
performance 7–21
 maintenance 9
 professional 7–13
personal behaviour 37, 65
personal beliefs 54
personal health 28–30
personal risk 58
personal views about patients
 or colleagues 59
police caution 75a
politeness 46
political beliefs 46
premises, inadequate 25b
prescribing 16a, 78
priority 56
privacy 2, 46
professional development 7–13
professional skills, keeping up
 to date 8
professionalism 1–6
public communication 69
public health monitoring 23d

Q

qualifications, honesty about 66
quality assurance and
 improvement 22a–c
quality of life 2
quality of work, improvement 13

R

record-keeping 19–21
 security 20
references 41
referrals 15c
refusal of treatment 57, 58
registration, risk to 6
regulations, keeping up to date
 with 12
relationships
 improper 53
 with colleagues 1
 with patients 1, 53
relatives, patients' 33
religious beliefs 48, 52, 54
repeat prescriptions 16a
reporting concerns 24, 25c
reports, written 71
research 17, 67
resources 18
respect 16e, 36, 48, 53–55
restrictions on medical practice 76

revalidation process 6
rights of patient 52
risk
 personal 58
 posed by personal illness 28
 to patients, reducing 23
 to safety 24–27

S

safety 22–30
second opinions 16e
security of information 69
self-prescribing, patients 16f
self-care 16g
serious communicable diseases 29
sexual relationships 53
'should', definition of 5
significant event recognition and
 reporting 23b
social care providers 44a, b
social media sites 69
standard of care 15
standards of practice 22b
structured support opportunities 10
students 39, 41
supervision of staff 40
suspension 76

T

teaching 7, 17, 39–43
teamwork 31–52
terms used in *Good medical practice* 5
training 10, 22a, 39–43
treatment
 delaying 57
 effective 16b
 personal risk and provision of 58
 prompt provision 15b
tribunals 72
trust 1, 65, 68
 breakdown 62
 maintenance of 53–80

U

use of resources 18

V

valid authority 17
views of patient 15a, 31
volunteers 70
vulnerable groups 27, 77b, 60

W

witness, acting as 74
working in partnership with
 patients 2
workplace policy 25b,c
writing reports 19–21, 71

Y

young people 27

WIT-60338

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**General
Medical
Council**



Medical Staff Appraisal

Aide Memoire and Quality Assurance Audit Tool

(Revised June 2019)

(PLEASE RETAIN FOR OWN RECORDS)

Doctor's Name: _____

Specialty: _____

Initial Meeting: _____

Time: _____

Form 1 – Background Details	Yes	No	Partial	Comments (attached document or written statement)
Details of registration/licence to practice				
Brief details of employment in the previous year				
Supplementary Information e.g. membership of medical and specialist societies				

Form 2 – Current Medical Activities	Yes	No	Partial	Comments (attached document or written statement)
Job Plan – Fully Signed Off				
Summary of Clinical Activities inc. Private Practice both inside and outside the Trust				
Evidence of MPS / MDU Membership				
Information on non-clinical work – such as teaching or management responsibilities (to include Educational Appraisal form and Appraiser Structured Reflective Template if individual is an Appraiser (see link at end for all templates)				
Location of all current practices				
Evidence of any resource shortfalls which may have compromised outcomes				

NB: Evidence must be held in your folder against all of these domains

Form 3 – Supporting Information and Summary of Appraisal Discussion	Yes	No	Partial	Comments (attached document or written statement)
DOMAIN 1: Knowledge, Skills and Performance				
Workload Records - with reflection				
Evidence of CPD improving the quality of your practice				
Evidence of Teaching and Training Activities – Proof of Completing Required Competencies (if applicable)				
Evidence of Audit Activity – with reflection				
Evidence of Research Activity (if applicable) - with reflection				
Evidence that CPD follows the recognised best practice in your field or specialty as set out by the Colleges - with reflection				
Evidence of Published Articles and/or Presentations to Peers				
Additional information on formal management commitments – with reflection				
HPSS regional or national management involvement – with reflection				

DOMAIN 2: Safety and Quality	Yes	No	Partial	Comments (attached document or written statement)
Up to date audit data including information on audit methodology and a record of how results of audit have resulted in changes to practice (if applicable) – with reflection				
Reflection on significant events/critical incidents/near misses (personal or departmental)				
Reflection of how relevant medical guidelines have been reviewed by you and your team and how these have changed practice				
Evidence of involvement in Quality Improvement initiatives – with reflection				
Accounted for 100% of attendance at, and participation in, governance / patient safety / M&M or equivalent activity relevant to practice				
Up to date Mandatory Training Passport				
Statement of satisfactory research practice and evidence of Good Clinical Practice Training (if applicable)				
DOMAIN 3: Communication, Partnership and Teamwork	Yes	No	Partial	Comments (attached document or written statement)
Evidence of any team development activity				
Description of the team you work within (medical and/or multidisciplinary)				
Description of all activities in which you interact with other healthcare workers e.g. multidisciplinary meetings, working groups and committee work.				
Reflection on trainee/medical student feedback (if appropriate)				
Evidence of participation in multi-professional team meetings				
Evidence of Patient Feedback – with reflection				
Evidence of Colleague Feedback – with reflection				

DOMAIN 4: Maintaining Trust	Yes	No	Partial	Comments (attached document or written statement)
Reflection of funding arrangements (if applicable)				
Complaints with reflection				
Compliments with reflection				
Summary of Form 3	Yes	No	Partial	Comments (attached document or written statement)
Knowledge, Skills and Performance – discussion/action				
Safety and Quality – discussion/action				
Communication, Partnership and Teamwork – discussion/action				
Maintaining Trust – discussion/action				
FORM 4 - Personal Development Plan				
Fully Completed				
Evidence of reflection/discussion on achieving PDP				
Evidence of Two Years Current and Past PDPs				
Evidence of, for example:- <ul style="list-style-type: none"> • Patient / Safety Project • CME / Course Plan • Research or Audit • Service Development 				

Form 5 – Health and Probity	Yes	No	Partial	Comments (attached document or written statement)
Probity statement – signed				
Health Declaration – Signed				
Registered with a GP				
Indemnity Section - signed				

Form 6 – Sign Off	Yes	No	Partial	Comments(attached document or written statement)
Signed Forms				

Form 7 – Revalidation Progress (GMC Minimum Requirements)	Yes	No	Partial	Comments (attached document or written statement)
Evidence of Continuing Professional Development and use of structured reflective template				
Quality Improvement Activity – should be relevant to current scope of practice				
Significant Events – evidence of review of significant events and use of structured reflective template				
Feedback From Colleagues Undertaken and use of structured reflective template				
Feedback From Patients Undertaken and use of structured reflective template				
Review of Complaints and Compliments and use of structured reflective template / Declaration of Absence of Complaints				
Mandatory Training Matrix in Appendix 1 Completed or up to date Training Passport included and Appendix 1 signed.				

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Plain film reporting 08:00 - 08:30 MDT - Other 08:30 - 09:30 Plain film reporting 09:30 - 13:00 MRI List 13:00 - 14:00 Plain film reporting 14:00 - 14:15 Admin other (please specify) 14:15 - 15:15 Core SPA 15:15 - 16:15	Plain film reporting 08:00 - 09:00 Ultrasound 09:00 - 11:00 Plain film reporting 11:00 - 13:15 Core SPA 13:15 - 18:15	CT List 08:00 - 12:00 MRI reporting 12:00 - 15:00 MTD preparation - Urology 15:00 - 18:00	Plain film reporting or MDT prep 08:00 - 12:00 MRI reporting or MDT prep 12:00 - 14:00 MTD - Urology 14:00 - 17:00 Admin other (please specify) 17:00 - 18:00			

PFs: 85/5 65 (3.25h)

80

