



Medical Examiners Committee

A meeting of the Medical Examiners Committee was held on Tuesday 4 October 2022 at 10:00am
via Zoom conferencing

Dr Lance Sandle
Registrar

Minutes

Present: Dr Suzy Lishman CBE, Chair
Dr Frances Cranfield, Royal College of General Practitioners
Dr Alan Fletcher, National Medical Examiner
Mrs Daisy Shale, Lead Medical Examiner Officer for Wales
Ms Jane Crossley, Department of Health and Social Care
Ms Natalie Harris, Welsh Government
Dr Anna Green, Cellular Pathology SAC representative
Ms Mary Ann Cameron, Lay Advisor
Dr Berenice Lopez, RCPATH Clinical Director of Quality and Safety

In attendance: Miss Shelaine Kissoon, Governance and Committee Services Officer (*Minutes*)

Apologies: Professor Carol Seymour, Faculty of Forensic and Legal Medicine
Dr Golda Shelley-Fraser, Gloucestershire NHS Foundation Trust
Dr Matthew Clarke, Trainee Representative
Mr Geoffrey Sullivan, Coroners' Society
Dr Jason Shannon, Lead Medical Examiner for Wales

ME.57/22 Welcome, declarations of conflicts of interest and apologies for absence

The Chair welcomed members to the meeting, particularly Dr Anna Green who is the new Cellular Pathology SAC representative. There were no declarations of conflict of interests. Apologies for absence had been noted and listed above.

ME.58/22 Review and approve minutes of the previous meeting

The minutes of the meeting held on 3 August 2022 were approved as a correct record subject to the first point under item ME.50/22 be removed regarding the Welsh Government statement. (**Action completed**)

ME.59/22 Matters arising from the minutes

There were no matters arising.

ME.60/22 Review of action log

The action log had been reviewed and the following updates had been noted:

- ME.28/22: Northern Ireland Independent Medical Examiners Systems (training and membership)
In September 2022 Council unanimously approved the recommendation for IMEs to attend the ME training and become RCPATHME members. The Northern Ireland Lead had been informed of the decision. **Action closed.**
- ME.11/22: Medical Examiners and Retirement
The Chair advised that she is currently working on several items to update the FAQs which includes the removal of the retirement clause. **Action remains in progress.**
- ME55/22: Health and Equalities



Work with the NHS England Team in relation to webinars and CPD is ongoing and will particularly be important during the transition to the statutory phase. The Chair advised that the College has established a [Pathology Portal](#) for educational resources; and it would be useful to add ME CPD material to the ME section of the Portal. **Action closed.**

ME.61/22 Update from the National Medical Examiner

Dr Fletcher provided the following update:

- Progress continues with implementation of the ME system. All acute sector settings in England and Wales are currently scrutinising deaths; from the perspective of the non-acute sector, progress is steady. From recent information obtained, 56 offices in England have started the non-acute sector roll out; currently standing at 7% of available deaths being scrutinised. Wales are ahead compared to England, in part reflecting access to records in Wales being a little more straightforward. One of the significant challenges in the roll out in the non-acute sector in England is the access to GP records and there is plenty of work ongoing at regional, local and national levels to try to support that. Quarterly reporting for Q2 is imminent as the window for reporting is yet to be closed.
- Dr Fletcher had an interesting and successful visit to Bournemouth and East Dorset regarding the roll out of the ME system both in the acute trust and the non-acute sector. He explained that it was enlightening to learn what the Trusts had overcome, and it now has over 50% of GP practices engaged with the office. Feedback was shared about the number of concerns they had detected and other positive initiatives, one of which was an advice and helpline. It was recognised that it is a very supportive resource.
- Dr Fletcher reported that he attended a very constructive meeting which included Senior Civil Servants from the Department of Health and Social Care; senior colleagues in NHS England; The National Director for Patient Safety; The National Medical Director for Primary Care for NHS England; The Chair of the Royal College of General Practitioners and other RCGP and BMA colleagues. He shared that during the meeting there was an opportunity to listen to the concerns from general practitioners and the BMA; and the Department of Health and Social Care made their position clear. There was a commitment to share information with the RCGP and BMA with a view to constructively work out how the roll-out of the ME system into the non-acute sector can be supported. There will be future meetings to discuss further progress and maintain contact.
- There is currently a document in draft form regarding providing more details of where concerns that MEs may detect are directed to. The document had been reviewed internally and was circulated to colleagues at the RCGP for comment.
- Dr Fletcher mentioned that he acquired some information from the data that are currently available and shared that MEs in England have scrutinised over 300k deaths and concerns have been detected and passed on in around 10%. He mentioned that it is important to recognise that concerns in hospital cases include a range of stakeholders. From both sets of data, it was clear that the number of concerns that involve general practice is extremely low.
- Since the last MEC meeting a Good Practice Series document on 'out of hours service' had been published by the College. The next document, on antimicrobial resistance, is almost ready for publication and other documents in the pipeline include dementia and fluid and nutrition towards the end of life. A successful meeting recently took place to discuss MEs and homelessness, which will be covered in a future publication.

ME.62/22 Update from Wales

Dr Shannon had given his apologies for the meeting; however he provided the following report by email which Ms Shale discussed at the meeting:

Activity:**Performance:**

- Scrutinising around 40% all deaths in Wales (just over 1K per month of a likely 2.5K per month of ALL eligible deaths).
- Vast majority completed to allow for 5-day registration.

Quality:

- Concerns detection for patients dying in acute hospitals is around 25% but less than half require formal mortality review by health boards.
- Concerns detection for patients dying in community settings is considerably less at around 5-10% with hospice settings particularly low.
- Health Boards are reporting an increasingly sophisticated and informed approach to mortality reviewing and learning from deaths with strong evidence for the power of the independent approach of the ME service.
- Coroners are becoming increasingly reliant upon ME reviews to assist in a number of judicial decisions and are actively seeking advice from the service.
- Continued feedback from the bereaved indicates the ongoing value of involving them in the process of scrutiny of deaths including certification and the care provided.
- ME-2 independent sign off facilitates both performance (workflow) and quality assurance through peer review.
- Daily drop in calls remain well supported and attended by many as does the regular programme of CPD events.

Recruitment:

- Recent recruitment of 14 medical examiners with staggered start from now until January. Interest remains high with a list of interested individuals remaining. They are being directed towards the online and face-to-face training.
- However, five medical examiners are scheduled to leave or have left the service citing a range of reasons including retirement plans, pension issues and concerns about delivering clinical services where pressures are high.
- MEO recruitment continues with newly trained MEOs starting and recruitment plans for more underway.

Other developments / achievements:

- GPC Wales have agreed the Data Sharing Agreement (DSA) which with the recently signed letter, paves the way for primary care roll out as both the service and practices are able to achieve. Access to primary care records is directly digital alongside the use of Welsh Clinical Portal.
- Continued engagement with funeral directors, registration services and clinical groups (primary and secondary care) at both local and national levels. Some areas of challenge / resistance but acceptance that the ME service is going to happen!

Ms Harris mentioned that the Welsh government continues to work with DHSC in preparing the regulations for statutory implementation.

ME.63/22 Update from the Department of Health and Social Care (DHSC)

Ms Crossley provided the following update:

- The DHSC continues to work with officials across government and specifically with the Welsh government, GRO/Home Office and MOJ on the death certification reform programme.
- The DHSC is looking at the MCCD regulation, which is shared with Wales.
- Progress is being made on the new MCCD digitised product. Tests were completed in a controlled environment with the 'as is' form in a digitalised format, which is now closed; this enables the new development to start. There are no plans to launch the digitalised MCCD until the ME system becomes statutory.
- A positive meeting took place with the RCGP, BMA and other colleagues; the DHSC welcomed the meeting and look forward to continuing the dialogue.
- The DHSC continue to work closely with NHS England on the roll out for the non-acute sector.
- The new Health and Social Care Secretary is Therese Coffey, and the Minister of State at the DHSC is potentially Will Quince.

ME.64/22 Update from RCGP on Medical Examiners community roll out

Dr Cranfield referred to the last MEC meeting where the RCGP had detailed the current issues of the ME system which had been presented by their members and for which they felt they needed solutions. Dr Cranfield explained that the RCGP had been asked to provide solutions to the issues raised; and they subsequently provided a written document with positive and constructive solutions which was presented at a meeting which was attended by the RCGP Chair, the BMA and various other stakeholders, however, none of the solutions were accepted. Members of the RCGP and the BMA who were present at the meeting provided a picture of the pressures that practices are under, particularly with workload and workforce. The RCGP felt that whilst the issues and concerns raised were acknowledged, the message they had taken away was that it was considered tough, and that general practice must deliver its part of the ME system in line with the timetable.

Dr Cranfield reiterated some of the issues that had been previously raised by the RCGP and stated that they would ensure that GPs continue to deliver as safe care as they are able in what is a highest pressurised system, and they will do what they can to meet the demands of multiple bodies and organisations; they will also try to deliver the ME system to the best of their ability.

ME.65/22 Medical Examiner training

The Chair provided the following update on ME training:

- The training day that took place at the end of August was successful; 83 delegates attended.
- Total number of MEs trained to date is 1655.
- The next training day is scheduled for the end of October and approximately 80 delegates have booked to attend.
- For the training day in December, approximately 80 delegates have booked to attend.
- Further training days will be scheduled for 2023 and the committee will be notified once the dates are confirmed. There will be four training days scheduled for the year and uptake will be managed to determine if additional training sessions are needed.
- The Chair is considering developing a training session which will be an 'update day' for MEs who have already completed the initial training and have been working in the role for some time; the training will be of a similar format to the initial training day, with short talks on important topics and scenario-based discussions.
- The annual ME conference will take place in May and the date is yet to be confirmed.

ME.66/22 Medical examiner officer training

Mrs Shale provided the following update:

- 471 delegates have completed the MEO training.
- A further training event is scheduled for November 2022 with 50 delegates booked to attend.
- There is a waiting list for February, April and May 2023 training sessions.
- Feedback from the training session continues to be positive.
- Training session will continue to be held virtually, which is preferred.
- MEOs have requested training on process and a discussion took place with a group of regional MEOs about how to produce webinars that can be published on the Pathology Portal that relate to process that links into the good practice guidance.
- Work has commenced on appraisals for MEOs.

ME.67/22 Update from the Coroners' Society

Mr Sullivan had given his apologies and therefore there had been no update.

ME.68/22 MEO National Profile

The Chair mentioned that MEOs had raised an issue with banding and stated that they have difficulty with it as there is no national profile.

Mrs Shale gave a brief history of the generic job description that was created many years ago and explained that as it is agenda for change, the way it works is that an individual must complete a job description and a person specification; that is then weighted against a set of scoring criteria that shows the overall score which subsequently places an individual in a particular band. What is included in the job description and person specification will affect the overall banding. Trusts and other employers have used the generic job description from the RCPATH website and have adapted it based on either hybrid roles or what they want from an MEO, and this has resulted in a workforce where there are MEOs who are on bands 4 to 7 across England. There has been a loss of standardisation from the national profile and banding. Ms Shale enquired if something can be done to try to bring that into line.

After some discussion, it was recognised that when the job description was written for MEOs, there was no MEO training, the e-learning had not been launched and there was no training portfolio for MEOs. Ms Shale stated that one way to approach and support the national profile from a College perspective would be to revisit the standard job description and the person specification to include the MEO training, e-learning and training portfolio.

Action: Chair and Mrs Shale

ME.69/22 Any other business**MEs in Gibraltar**

The Chair advised that she had received a request from MEs in Gibraltar to join the College as RCPATHME members. The Lead in Gibraltar submitted a paper detailing how the system works; the Chair to circulate the paper to the Committee for feedback and a final decision will be made at the next MEC meeting. **Action: Chair**

ME.70/22 Date of next meeting:

The next meeting is scheduled for Tuesday, 1st December 2022 at 10:00am.