



National Medical Examiner's Good Practice Series No. 1

How medical examiners can support people of Black, Asian and minority ethnic heritage and their relatives

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About the National Medical Examiner's Good Practice Series

Medical examiners – senior doctors providing independent scrutiny of non-coronial deaths in England and Wales – are a relatively recent development.

While there is extensive guidance available on a wide range of topics for NHS and public sector staff, the National Medical Examiner's Good Practice Series highlights how medical examiners and medical examiner officers can better meet the needs of local communities and work more effectively with colleagues and partners.

The Good Practice Series is a topical collection of focused summary documents, designed to be easily read and digested by busy front-line staff, with links to further reading, guidance and support.



Introduction

The National Medical Examiner has supported a range of initiatives to establish inclusivity and cultural awareness in the emerging medical examiner system.

Training for medical examiners, coordinated by the Royal College of Pathologists, explains the needs of certain religious groups after the death of members of their communities. Representatives of these communities, and members of bodies representing the needs of patients, have dedicated time at medical examiner training events to set out these needs. The [National Medical Examiner's Good Practice Guidelines](#) also reinforce the importance of medical examiner offices providing flexible ways of working to support local communities.

However, there are wider and deeper issues for members of Black, Asian and minority ethnic (BAME¹) communities, regardless of their religious background, as noted by Public Health England in [COVID-19: Understanding the Impact on BAME Communities](#) and in a [research paper](#) from the Welsh First Minister's Black, Asian and minority ethnic COVID-19 Advisory Group Socioeconomic Sub-Group.

For medical examiners, as with other parts of the NHS, there are two particular areas of focus:

- first, how local medical examiner offices can best meet the needs of the Black, Asian and minority ethnic communities they serve
- second, the workplace experience of staff with Black, Asian and minority ethnic heritage, and building a workforce that reflects the communities served by the local medical examiner office.

These matters are connected: a diverse and representative workforce will help deliver a culturally relevant service.

Organisations hosting medical examiner offices will have their own policies and procedures relating to Black, Asian and minority ethnic communities. It is imperative that medical examiner offices are aware of local policies and requirements, and that the medical examiner system is compliant with these.

It is acknowledged that medical examiner offices operate within a local context, with finite resources. However, the national and local medical examiner system should maximise our contribution to reducing health inequalities. This can begin with self-awareness; understanding and being alert to local health issues affecting people from Black, Asian and minority ethnic communities; and ensuring medical examiners know what action to take in response to concerns raised.

¹ A number of different definitions of BAME are used. A GLA [definition](#) says: 'The acronym BAME stands for Black, Asian and Minority Ethnic and is defined as all ethnic groups except White ethnic groups. It does not relate to country origin or affiliation.' This definition recognises that the term BAME means Black, Asian and minority ethnic and includes people of mixed ethnicity heritages, Gypsy, Roma and Travellers and other White minority groups, including for example people from Eastern Europe.



Recommendations for medical examiners

After discussion with a range of partners (see p9), the National Medical Examiner has made the following recommendations on how medical examiners can support people with Black, Asian and minority ethnic heritage and their relatives.

- 1) Medical examiner offices should identify and implement actions to address the short-, medium- and longer-term adverse impact on the Black, Asian and minority ethnic communities they serve and on staff with Black, Asian and minority ethnic heritage.**
- 2) Medical examiners should actively monitor trends and patterns for further action/health planning response, including whether outcomes for patients and relatives of those from Black, Asian and minority ethnic communities differ from those of other communities ².**

Particular health issues may disproportionately affect people from Black, Asian and minority ethnic communities. It would, therefore, be valuable to liaise with coroners' offices on this point. Analytics teams at NHS trusts may be able to help review data.

Medical examiners should also consider whether conscious or unconscious bias of health staff providing care have impacted on the care given. It is good practice to collect and publish indicators of activity (such as those in the new medical examiner quarterly monitoring report), including breakdowns by ethnic group.

- 3) Medical examiner offices should involve local communities and engage with them to ensure operational arrangements and ways of working are culturally relevant and meet the specific needs of local communities.**

Such engagement needs to be sustainable, and medical examiner offices will require support and guidance from host organisations' equalities teams, who will have knowledge of national and local requirements.

If there are regular trust engagement activities, staff from medical examiner offices may join these to provide effective engagement rather than initiating separate events.

- 4) Depending on the demographic needs of the local community, it may be appropriate to adjust times when the medical examiner office is available, especially outside normal office hours.**
- 5) Medical examiners should be sensitive to the cultural and religious expectations and needs of all those who have suffered loss, and to interact with bereaved individuals from all communities sensitively, in line with [medical examiner training](#) led by the Royal College of Pathologists.**

Medical examiners should identify if there are particular support needs, such as translation, interpretation or other accessibility requirements, in line with the host organisation's equality policies.

² This will require ethnicity data collection and recording, which links to the first recommendation of Public Health England's [report](#) on the impact of COVID-19 on Black, Asian and minority ethnic groups.



Methods of communicating with the bereaved should be sensitive to cultural needs. Medical examiners should be aware that people from some communities may be less able or willing to express concerns to medical professionals.

Medical examiners and medical examiner officers should ensure they keep up to date with mandatory NHS Equality and Diversity awareness training.

6) Human resources activity (including recruitment, training/development and supervision) should follow best practice.

The NHS in England is striving to have a workforce representative of the communities it serves, and medical examiner offices should actively contribute to achieving this aim by setting their own targets.

Recruitment should avoid practices that limit the field of potential candidates and should follow equalities good practice. For example, [NHS jobs](#) and equivalents do not share candidates' personal details until shortlisting is complete.



Context and background

This section provides details of the context in which the above recommendations for medical examiners are made, along with further information.

NHS England and NHS Improvement's [equality, diversity and health inequalities](#) web page includes links to the [equality objectives for 2016–2020](#), which makes the commitment:

‘to work internally, and in partnership with colleagues within the Department of Health and the wider NHS, to ensure that advancing equality and diversity is central to how we conduct our business as an organisation.’

There is a range of information and support available for the NHS in addressing health inequalities in relation to Black, Asian and minority ethnic communities, including the [Equality and Health Inequalities Hub](#), but it is recognised there is more to do.

The Welsh Government has set out its [Strategic Equality Plan](#) underpinned by the The Well-being of Future Generations (Wales) Act 2015, aimed at creating a more equal Wales. The Welsh [Health and Care Standard](#) requires health services to embed equality and human rights across the functions and delivery of health services in line with statutory requirements, recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

The Welsh [First Minister's Black, Asian and minority ethnic COVID-19 Advisory Group Socioeconomic Sub-Group report](#) noted the disproportionate risk to members of Black, Asian and minority ethnic communities of contracting and dying from COVID-19.

The Welsh Government's [response](#) noted the recommendations will form an integral part of the Race Equality Action Plan for Wales, to be published for consultation in March 2021. A working group led by Professor Keshav Singhal examined the immediate risk to Black, Asian and minority ethnic health and social care workers during the pandemic, which led to the development of a two-stage self-assessment risk tool.

Health inequalities continue to disproportionately affect people from Black, Asian and minority ethnic communities in a number of ways.

Most recently, the COVID-19 pandemic had a disproportionate impact in terms of hospitalisations and deaths of people from Black, Asian and minority ethnic communities, and among health service staff from these communities, as highlighted in [Public Health England's report into the impact of COVID-19 on BAME communities](#) and by the Welsh First Minister's Black, Asian and minority ethnic COVID-19 Advisory Group Socioeconomic Sub-Group.

Public Health England's first recommendation is to mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including at death certification.

Second, the data collected should be readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on Black, Asian and minority ethnic communities.



The Welsh First Minister's Black, Asian and minority ethnic COVID-19 Advisory Group Socioeconomic Sub-Group made a similar recommendation. The National Medical Examiner's quarterly data collection (introduced in October 2020) will include ethnicity data from trusts and health boards where they are able to provide this from patient records.

Medical examiners should be alert to health and wellbeing issues that disproportionately affect people from Black, Asian and minority ethnic communities, and which may impact individuals' health outcomes. These include, but are not limited to:

- health status, e.g. life expectancy and prevalence of health conditions
- quality of care – its effectiveness, safety and patients' experience, and equality of access to care
- behavioural risks affecting health, e.g. weight, exercise, smoking rates, mental wellbeing and drug abuse
- socioeconomic factors and wider determinants of health, e.g. income, quality of housing, education and, language
- geography, e.g. region and whether urban or rural
- effective communication and understanding of information available
- being part of socially excluded or 'seldom heard' groups, e.g. homeless people.

A key part of providing culturally appropriate and relevant services is to ensure the workforce more closely reflects the communities it serves. In England, the [Workforce Race Equality Standard](#) (WRES) report sets out a series of measurable indicators to track progress of NHS organisations.

Despite some progress, it is clear that staff from Black, Asian and minority ethnic groups also continue to experience more negative outcomes in their workplace experience.

They are less likely to be appointed at shortlisting; more likely to face formal disciplinary hearings; less likely to go on non-mandatory training; more likely to experience bullying, harassment and victimisation; and less likely to achieve managerial and clinical leadership roles. NHS England and NHS Improvement has an aspirational target to achieve [19% representation across all pay bands by 2025](#).

In Wales, the public appointments strategy includes actions to address under-representation of people from Black, Asian and minority ethnic communities in public appointments, and the Welsh [First Minister's Black, Asian and minority ethnic COVID-19 Advisory Group Socioeconomic Sub-Group report](#) noted that employers and employees should consider the working environment for people from Black, Asian and minority ethnic communities.

The [NHS Race and Health Observatory](#) in England is a new initiative, hosted by the NHS Confederation and supported by NHS England and NHS Improvement. Its purpose is to identify and tackle the disproportionate effects that race is having on patients, communities and healthcare staff. It will do this through:

- catalysing and facilitating high-quality and innovative research and evidence
- making strategic policy recommendations for change
- helping and supporting the system to implement those recommendations.



Find out more

- The [Human Rights Act 1998](#) sets out fundamental rights and freedoms everyone in the UK is entitled to, and the [Equality Act 2010](#) identifies 'race' among its list of protected characteristics against which discrimination is prohibited. Under the Equality Act, the Public Sector Equality Duty requires that public bodies subject to the equality duty must, in the exercise of their functions, have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
 - promote equality of opportunity between people who share a protected characteristic and those who do not.
- [Coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020](#) (Office for National Statistics).
- Report of the [First Minister's Black, Asian and minority ethnic COVID-19 Advisory Group Socioeconomic Sub-Group](#) in Wales and the Welsh Government's [response](#).
- [Equality and Health Inequalities Hub](#) – NHS England and NHS Improvement's web resource providing support and assistance to the NHS, and beyond, to promote equality and tackle health inequalities for all patients, communities and the NHS workforce.
- [Equality and Health Inequalities legal duties](#) – guidance for NHS commissioners in England.
- Implementing the WRES is a requirement for NHS commissioners and NHS healthcare providers, and the [WRES 2019 report](#) from NHS England and NHS Improvement has two roles:
 - enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
 - provide colleagues, organisations and the public with a national picture of the WRES in practice and advise on developments in the workforce race equality agenda.
- [Hope Bereavement Support](#).
- [National Medical Examiner's good practice guidelines](#).



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