The Academy of Medical Royal Colleges Wales (AMRCW) strongly supports the proposed changes to the death certification process and the introduction of Medical Examiners (ME)

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The post of Medical Examiners will bring much welcomed support to doctors at the time of death certification, ensuring accurate certification and correct identification of those deaths where either further investigation by the coroner is warranted, or where internal review by a Health Board or GP Practice is required. This supports the system of mortality review that has become standard across Wales and allows internal review, learning and quality improvement. The ability to identify trends and potential malpractice, to prevent another “Shipman” and protect the public, is vital.

There should be no duplication of work that falls under the remit of the ME. Principally the first stage of mortality reviews, well established in Wales, should be a standard output from the ME scrutiny, with Health Boards focusing on those deaths where there may be lessons to be learned. In light of workforce shortages in many specialties and the challenges in providing routine mortality review, this will allow Health Board resources to be more appropriately focused.

High-quality education and training to perform this role and appropriate remuneration is vital to ensure the right calibre of doctor is appointed as a ME. This should be at an equivalent level to senior consultant salary or senior GP salary. These doctors will command the respect of the full range of healthcare professionals encountered daily and across all disciplines.

The service must be resourced adequately to allow for the full range of ME functions as described in the regulations, including service development, monitoring and quality improvement. The level of fees must be set to account for all of this. In order for the process to work swiftly and effectively the ME must have appropriately qualified staff with time dedicated to support the function. Gathering often dispersed records for the deceased, making contact with relatives and, importantly, ensuring that any trends identified are properly data based can be time consuming. In fact a key requirement is the provision of adequate software to collate trends (such as cases of sub-optimal care contributing to death) both at the local and national level. The right of access to the medical records, both in primary and secondary care is essential.

A large percentage of complaints made by the public through the Putting Things Right process concern allegations of sub optimal care leading to the death of a loved one. It is important that the ME is available to relatives in real time, where they can listen to any concerns they might raise. This will serve to raise confidence amongst the public that their concerns will be
dealt with through independent, professional scrutiny and that the ME will ensure that a learning process is applied within the Health Board, GP Practice or the more complex community care setting.

The proposed joint committee of Health Boards for the operational management of the ME service is an established method of providing a service across Health Board boundaries and is a reasonable approach. Integrity of MEs is key to ensuring appropriate independence from their employing Health Board and ability to raise concerns. There must be clear routes of escalation and ability to hold Health Boards to account when an ME raises a concern. Once a network of ME is established it will be important to emphasise their independence to the Welsh public, whose confidence in the NHS, to deal fairly, truthfully and impartially, has been eroded through a number of unfortunate cases gaining high media profile. The ongoing issue raised by the CQC about the handling of deaths in England, with the case of Connor Sparrowhawk central to this, will not be lost on the Welsh public.

Annual appraisal and revalidation of Medical Examiners will need to include appraisal of this role as part of “whole practice appraisal”. MEs will need to demonstrate how they meet the GMC requirements for revalidation in relation to this role, alongside their other clinical practice.

In summary, the AMRCW support the proposed changes, and welcome the creation of the role of ME and the benefits it will accrue.

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