The Royal College of Pathologists
Pathology: the science behind the cure

Medical Examiners Committee (MEC)

A meeting of the Medical Examiners Committee was held on Monday 8 December 2025 from 10:00am – 12pm via MS Teams

Professor Sarah Coupland
Registrar

Minutes

Present:	Dr Golda Shelley-Fraser, Chair Dr Frances Cranfield, Royal College of General Practitioners Ms Emma Whitting, Coroners' Society representative Dr Jason Shannon, Lead Medical Examiner for Wales Dr Suzy Lishman CBE, Senior Advisor Dr Yasmin Kapadia, Medical Examiner Mrs Daisy Shale, RCPath Lead Medical Examiner Officer Dr Amanda Evans, Medical Examiner Mr Simon Hawkins, Department of Health and Social Care Mr Robert Duff, Department of Health and Social Care *(observer)* Dr Huw Twamley, National Medical Examiner Ms Kirsty Lagdon, Welsh Government
In attendance:	Shelaine Kissoon, Governance and Committees Services Officer *(minutes)*
Apologies	Professor Carol Seymour, Faculty of Forensic and Legal Medicine Mr Stephen Rainbird, RCPath Member Engagement and Support Manager
Absent:	Dr Laszlo Igali, RCPath Vice President for Professional Practice Dr Niall Martin, Medical Examiner

ME.29/25 **1. Welcome, declarations of conflicts of interest and apologies for absence**

1.1 The Chair welcomed all members to the meeting.
1.2 There were no declarations of conflict of interests.
1.3 Apologies for absence were received and noted above.

ME.30/25 **2. Minutes of the previous meeting**

2.1 The minutes of the meeting held on Monday, 22 September 2025, were reviewed and approved as a correct record, subject to the following amendment:

Under ME22/25 (3.5), the sentence:
"She explained that the upcoming continuation training for GPs will include a brief update from the Chief Coroner which is expected to be minimal and focused on the Chief Coroner's perspective." should be amended to read as: *"She explained that the upcoming continuation training for existing Coroners will include a brief update from the Chief Coroner which is expected to be minimal and focused on the Chief Coroner's perspective."*

2.2 There were no matters arising not already covered on the agenda.
2.3 The action log was reviewed, and the following updates were noted:

- ME.39/23 Letter of Good Standing for Appraisal:
  The letter of good standing for appraisals is in working progress**. Action remains in progress.**

- ME.19/24 Lay representation
  Covered under item 7 below.

ME.31/25 3. Updates

3.1 National Medical Examiner

Dr Twamley, the new National Medical Examiner, provided an overview of his professional background and outlined his initial priorities in the role. He reported that clinically he works as a Consultant in Intensive Care and is a practicing medical examiner. Dr Twamley had also served as the Regional Medical Examiner for the Northwest for six years and as a Leading Medical Examiner. He is also pursuing a PhD examining the impact of the ME system on coronial jurisdiction and contributes to teaching on the University of Greater Manchester's master's course.

Dr Twamley highlighted that his appointment is recent and that his primary objectives include enhancing the quality outcomes of the ME system, ensuring meaningful interactions with bereaved families, supporting learning from deaths, strengthening clinical governance, and ensuring appropriate referrals to coroners. He noted that operational issues related to death certification reforms are largely progressing well, with only occasional challenges in some offices. Additionally, he mentioned an ongoing review of the Good Practice series and the potential implications of the assisted dying bill. He concluded by stating that these areas will form the focus of his work moving forward.

3.2 Department of Health and Social Care (DHSC)

Mr Hawkins introduced Mr Duff and informed that he has joined the DHSC DCR team, replacing Nick Lambert. Thereafter, he provided the following DHSC report:

- The reforms have now in place for over a year; while minor challenges remain, overall implementation had been successful, and thanks were expressed to the MEC and their teams for their expertise and collaboration.
- On winter preparedness, DHSC has focused on resilience in partnership with NHSE and the Welsh Government. A large number of MCCDs had been printed and are ready for distribution, and over 2,000 APC1 forms were distributed last month, representing an 80% increase compared with previous periods. This success was attributed to proactive communications, including direct contact with GP practices, hospitals, hospices, and care homes. Additional MCCDs are being printed to ensure sufficient supply throughout winter**.**
- A Wales specific issue had arisen with English only certificate books being ordered instead of the required bilingual APC1W version, primarily affecting GP practices. Adequate stock of APC1W forms is available, and APS had been alerted to prioritise Welsh orders. Future improvements to the ordering system will require users to declare whether they are in England or Wales to prevent incorrect orders. Clear, standardised messaging will reinforce the need for bilingual forms in Wales.
- DHSC is progressing longer term resilience and pandemic preparedness, working with the faith and funeral sector and cross government pandemic preparedness groups. Short term operational flexibilities are being explored, including allowing any registered medical practitioner to act as an attending practitioner during a pandemic. Longer term regulatory easements are being considered for inclusion in the All-Hazards Pandemic Bill, anticipated October 2026, to ensure the ME system remains operational in future crises.
- Both the Digital MCCD and Manage My Caseload initiatives are currently paused due to spending review considerations. A decision will be made in the new year on whether to continue the pause or reinvigorate development, and stakeholders will be provided with an update at the next MEC meeting.

3.3 Wales

Ms Shale provided the following update on the Medical Examiner Service (MES) in Wales on behalf of Dr Shannon:

- Following on from last year's steep increase in deaths and registration demand in Wales, preparations are focused on what can be done to mitigate the impact this winter.
- Local stakeholder meetings are being held to discuss resilience and ways to support each other, ensuring processes are aligned.
- Monitoring of flu and related hospital admissions and deaths is ongoing; currently, many people are unwell, but flu deaths remain low, with numbers expected to rise over the next two weeks.
- Staff availability is a key concern, both within the medical examiners' team and among stakeholders such as doctors and bereavement services.
- Resilience modelling within the service includes keeping back ME sessions during periods of lower demand to bolster capacity over winter months.
- Dr Shannon, in collaboration with stakeholders continues, including teaching sessions and grand rounds on death certification, the medical examiners' service, and coroner legislation.
- The overall aim is to be ready for winter pressures and maintain service continuity.

3.4 Royal College of General Practitioners (RCGP)

The MEC received and noted the report, which had been policy checked by the RCGP.

Dr Cranfield stated that there had been generally reassured by the Chief Coroner's response to criticisms aimed at general practice, noting that it supported the profession following media commentary from the RCGP President.

Dr Cranfield raised concerns about the standard of proof for GPs, highlighting that some coroners appear to expect GPs to work at a lower standard than "on the balance of probabilities." She stressed that urgent clarification is needed, as inconsistencies could compromise the accuracy of MCCDs, distort public health statistics, affect resource allocation, and impact bereaved families. She also emphasised the need for the digitised MCCDs, noting that current processes are slow and administratively burdensome. A fully digital system would streamline certification, reduce errors, and better serve both clinicians and bereaved families, aligning with government priorities on digital technology. Mr Hawkins acknowledged Dr Cranfield's points, confirming that the principle and value of digital MCCDs are understood, while noting that implementation depends on timing and funding. He welcomed expert feedback as important for informing Department of Health policy.

Dr Whitting supported Dr Cranfield's concerns and highlighted the benefits of joint training between MEs and coroners to improve communication and consistency in complex cases. She emphasised balancing family preferences with accurate cause-of-death certification, noting that MEs can assist coroners where families decline post-mortems. She also advocated for expanded use of targeted post-mortem services, particularly in cardiac cases, as a less invasive way to obtain accurate diagnostic information, while acknowledging ongoing resource limitations.

3.5 Coroners' Society

Ms Whitting reported that the Coroner Society's proposal for mandatory local training between coroners and MEs was not accepted by the Chief Coroner, but she had been invited to contribute scenario-based material to induction training for new coroners. She

indicated that its usefulness would be reviewed before any consideration of inclusion in continuation training.

The MEC had a discussion and the following points noted:

- Effective communication between coroners and MEs can reduce unnecessary referrals and improve the quality of information.
- Some coroners do not engage directly with MEs, instead using written communication or coroner's officers.
- Concerns about judicial independence are sometimes cited as a reason for limited direct communication.
- Referral decisions under the 2019 Notification of Deaths Regulations are the responsibility of medical practitioners; decisions on whether to investigate a death are the responsibility of the coroner.
- Coroners must clearly state reasons when choosing not to investigate a death.
- Clear communication is essential to avoid confusion between medical and coronial roles.
- MEs should be safeguarded from being drawn into decisions outside their statutory role.
- Sharing examples of good practice may help encourage consistent collaboration across regions.

Ms Whitting indicated that these issues would be taken forward to the Medico-Legal Committee meeting in January.

ME.32/25 4. Training

4.1 Medical Examiner

Dr Lishman provided the following report:

- Approximately 2,700 MEs had been trained to date. Future training sessions are scheduled for January, May and September 2026 and will continue at four-monthly intervals to ensure regular access to training. 32 participants are currently registered for the January session, which will proceed as planned.
- The core e-learning modules were updated in 2024 in preparation for the statutory system. A review of the non-core e-learning modules is underway; approximately 15 modules had been reviewed to date, and all require updating due to references to superseded processes and documentation.
- Regular meetings had commenced with Dr Twamley to review forthcoming developments, including work relating to the Good Practice series.
- The Medical Examiner Conference is provisionally scheduled for 13 May 2026 and will be delivered online only due to venue capacity constraints.
- The ME/MEO Hub webinars continue to be well received, with recent and planned topics including haematological malignancies, blood sodium, frailty, and paediatric and child deaths.
- Work is ongoing on Good Standing appraisal documentation and initial progress had been made on the Cause of Death list, noted as a longer-term project.

4.2 Medical Examiner Officer

Ms Shale provided the following report:

- Two virtual MEO training sessions are planned for 2026, with one in April confirmed and a second session pending for September/October, to be scheduled outside winter to avoid low attendance and last-minute dropouts.
- Some faculty members had left or moved to other roles, and new facilitators had joined and are being prepared for the first training session.
- Editions to portfolio updates are ongoing, focusing primarily on organ donation, Paediatric deaths, and ME MCCD. Reviewing the good practice guidance is

currently underway to ensure all key areas highlighted by National ME guidance are included.
- The portfolio and training content are being aligned with MEO appraisal requirements and standard documentation for employers.
- Training, portfolio content, specialist sections, and operational work are being coordinated to support MEOs two pay progression gateways and ensure a consistent foundation for all MEOs.

ME.33/25 5. Death Investigation Committee feedback

Dr Cranfield provided feedback from the Death Investigation Committee meeting which took place on 9 October 2025, noting that it was Dr Youd's final meeting as chair. She reported that an external review had identified a consultant whose autopsy practice had not been included in their appraisal and highlighted that GMC guidance requires appraisals to cover all areas of a doctor's practice, including ME duties.

She noted that most autopsy guidelines are up to date and acknowledged the ongoing work involved in reviewing them. Dr Cranfield highlighted that autopsy webinars are well attended, including some international participants, and noted that some webinars are open to non-members. She reflected on the potential for collaborative webinars and suggested exploring joint training on inquests to improve engagement and understanding of local processes.

Regarding training and CPD, she observed that MEs currently undertake most development in their own time, as there is no protected or remunerated time allocated, and noted this reflects the value placed on education and professional development. In discussion, Dr Lishman clarified that the ME/MEO Hub webinars require College membership, whereas autopsy webinars outside the Hub do not, and confirmed that posting links on the Hub allows interested MEs to access them. Dr Shannon explained that in Wales, MEs have protected CPD time in their contracts to support professional development, while the Chair noted that CPD support in England is variable, with webinars providing a flexible option for continuing development.

ME.34/25 6. ME/MEO Hub update

The MEC noted the paper prepared by Stephen Rainbird, which had provided an update on the ME/MEO Hub and had outlined recent activities. The key update was that the MEO Hub subscription had been reduced to £89, a change confirmed following the College AGM in November 2025. This reduction was intended to improve accessibility, as uptake of MEO Hub membership had previously been low. Members acknowledged and thanked Stephen Rainbird for his persistence in achieving this outcome. It was noted that the update was now official and could be shared publicly, although the formal method of communication had yet to be confirmed. It was suggested that the news could be disseminated via the College website or through regional MEO channels to encourage broader awareness and uptake.

Dr Cranfield asked whether MEO membership could be included in contracts or reimbursed to ensure equal access. It was explained that, as MEOs had been employed under Agenda for Change contracts, membership fees were not currently covered, similar to other professional registrations. While the reduced fee of £89 had improved affordability, membership remained optional, and including it in NHS contracts would have been challenging. It was also noted that fees were tax-deductible, although this may have provided limited practical benefit for many MEOs.

ME.35/25 7. Lay representation

The Chair informed that the lay representative role had been vacant for several months and reminded members that the aim was to appoint someone who could be a voice for the bereaved. She reported that she had been put in contact with Andy Langford, Clinical Director of Cruse Bereavement Care, a qualified psychotherapist with over 20 years' experience supporting bereaved people, and a member of the steering group for the All-Party Parliamentary Group on grief. The Chair expressed her support for Andy Langford taking on the role, subject to MEC approval. The MEC gave unanimous support for his appointment, and the Chair confirmed she would inform him of the decision. Members noted his extensive experience and agreed that he would be a valuable addition to the committee.

ME.36/25 8. Assisted Dying Bill

Dr Lishman informed that the College had published a statement, which she wrote, and gave evidence to the Lords Select Committee, being clear that the College had no opinion on the ethics of assisted dying. The College had raised concerns regarding Clause 38, which states that deaths as a result of assisted dying should not be regarded as unnatural and falling under the notification of death regulations and requiring coroner referral. She noted that MEs are not mentioned in the Bill, but by definition, if a death is not referred to a coroner, it would be reviewed by a ME. She also highlighted that the Bill remains under consideration in the House of Lords and stated that there are concerns that the safeguards before the unassisted death may not be as strict as some might wish, particularly in relation to coercion pressure, domestic abuse etc. She stated that MEs are not the best placed professionals to review these cases or determine whether the legal process has been followed, noting that while the medical cause of death will be straightforward, for example 'assisted dying due to 1B', the broader legal and safeguarding aspects require coroner oversight.

She reported that she gave evidence alongside former Chief Coroner Tommy Teague, who supported coroner oversight, and that they addressed misconceptions about coroner involvement, noting it does not necessarily involve post-mortems, inquests, or long delays, and that coroners are sensitive to the needs of bereaved families. She further noted that health professionals, including MEs, would have the option to opt out of involvement in assisted dying cases, should the Bill pass. The College intends to provide guidance and training to clarify the role of MEs. The Bill remains under consideration in the House of Lords, with numerous amendments proposed, and timing constraints may affect its progression to the House of Commons.

ME.37/25 10. Any other business

10.1 Brace research study

The Chair noted that the BRACE research study evaluating the DCR and ME role, believed it had already engaged with the College, a stakeholder, with regards to the study, in the form of an interview conducted approximately six months ago with the Chair. It was clarified that this engagement had not been College specific. The Chair explained that the research group had assumed that prior engagement covered both the Regional Medical Examiner (RME) and College perspectives, whereas the discussions had only addressed her role as RME. The Chair agreed to arrange a follow up meeting with the to ensure proper engagement.

ME.38/25 11. Date of next meeting:

The next meeting is scheduled for Tuesday, 10 March 2026 at 10:00am for a duration of 2 hours via MS Teams