



The Royal College of Pathologists

Pathology: the science behind the cure

Medical Examiners Committee

A meeting of the Medical Examiners Committee was held on Tuesday 20 May 2025 at 10:00am – 12pm via MS Teams

Prof 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 Alan Fletcher, National Medical Examiner
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
Professor Carol Seymour, Faculty of Forensic and Legal Medicine
Ms Natalie Harris, Welsh Government

In attendance:

Shelaine Kissoon, Governance and Committees Services Officer (*minutes*)

Apologies

Mr Stephen Rainbird, RCPATH Member Engagement and Support Manager

Absent:

Dr Laszlo Igali, RCPATH Vice President for Professional Practice
Mr Simon Hawkins, Department of Health and Social Care
Dr Niall Martin, Medical Examiner

ME.11/25 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 was received and noted above.

ME.12/25 2. Minutes of the previous meeting

- 2.1 The minutes of the meeting held on Tuesday, 11 March 2025 were reviewed and approved as a correct record.
- 2.2 There were no matters arising.
- 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
It was agreed that, in place of a lay role, a representative from a bereavement charity will be recruited in due course. **Action remains in progress.**



ME.13/25 3. Updates

3.1 National Medical Examiner

Dr Fletcher opened his remarks by thanking the RCPATH for hosting the recent Medical Examiners Annual Conference which was held virtually via Zoom conferencing. He expressed particular gratitude to Dr Lishman for her exceptional work in coordinating the event, praising her skill and noting the positive feedback she received from participants.

The following key updates were noted:

- The statutory medical examiner system has now reviewed over 400,000 deaths, in addition to more than one million under the non-statutory system. This milestone represents significant national progress in implementation and increased operational familiarity with the system. Despite recent winter pressures in England and Wales, the system has stabilised, and remaining challenges are largely local in nature.
- The system continues to fulfil its core objectives of identifying concerns and ensuring the voices of bereaved families are heard. In the most recent quarter, three cases in England were referred to the police, demonstrating the system's capacity to detect serious issues and reinforcing the importance of the death certification reforms.
- Concern was raised regarding recent media coverage suggesting delays in death certification and funeral arrangements. Dr Fletcher criticised the reporting as anecdotal and inconsistent across regions, adding that it had unfairly targeted medical examiners, GPs, and hospital doctors. He clarified that the average national time from death to transmission of the Medical Certificate of Cause of Death remains between three and five days. Further delays were generally attributable to decisions made by bereaved families, whose choices must be respected.
- A new 'Good Practice' series is currently being developed. This initiative will seek to clarify roles and responsibilities within the system and provide operational guidance on unresolved issues. One example cited was the management of implants and devices, which currently rests with medical examiners and requires standardisation.

Dr Fletcher confirmed his intention to step down as National Medical Examiner at the end of September 2025. While he has agreed to a temporary extension of his term, no information has yet been provided regarding the recruitment or appointment process for his successor. He noted that the integration of NHS England with social care has introduced uncertainties into future planning and governance arrangements. Dr Fletcher concluded his update by reaffirming his commitment to keep the MEC informed of developments relating to succession planning and any structural or governance changes.

3.2 Department of Health and Social Care (DHSC)

Mr Hawkins was not present and therefore there had been no update.

3.3 Wales

Dr Shannon reported on the Medical Examiners Service in Wales, highlighting significant improvements in the death certification performance despite a challenging winter. Registration times remain longer than in England due to structural differences, but notification times have improved with fewer outliers. The non-hospital-based system in Wales requires additional record scanning and remote interaction, placing more responsibility on health boards to adapt processes. A rise in deaths over winter, confirmed by ONS data, added pressure, though new medical examiners are now fully active. Analysis using business intelligence tools has identified bottlenecks to inform next winter's planning. Ongoing issues include variation between coroners, excessive ME involvement in chasing paperwork, and knowledge gaps among doctors, funeral directors and Care After Death teams. Oversight from Welsh Government and the restart of local stakeholder groups are helping to address these. Priorities now include clearer communication across the system, investment in Care After Death teams, and joint training to improve consistency, family communication and resilience ahead of next winter.

Ms Harris reported on behalf of the Welsh Government and stated that Wales has been slower in achieving registration compared to other regions. A Strategic Oversight Group has recently convened, bringing all stakeholders together to identify and discuss the issues. In addition, several working groups have been established to examine the process in detail, with documentation produced to support improvements. Recent ONS data shows steady progress, but further work is needed, particularly on the interface between APs and MEs. Ms Harris highlighted that the Department of Health has commissioned an evaluation of implementation, to be undertaken over the coming year. The Welsh Government has contributed to the design of this evaluation to ensure Welsh issues are considered, and they look forward to the learning that will emerge from this exercise.

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 highlighted the progress achieved by the medical examiner system while noting ongoing challenges. She pointed out continued uncertainty around referral criteria to coroners and pressures on the standard of proof for death certification. She emphasised the impact of accurate cause-of-death recording on families, public health data, and healthcare planning. Access to non-invasive post mortems remains limited, and there is a need for continued training and support for medical examiners, particularly those trained outside the UK. Dr Cranfield stressed the importance of effective collaboration between coroners, medical examiners, and GPs to ensure consistent, pragmatic, and family-sensitive approaches.

A MEC discussion reinforced these points, with Dr Shannon noting tensions between legal requirements and doctors' expectations of certainty. Ms Whitting highlighted the need for pragmatic approaches and collaborative, case-based training. Dr Lishman and Ms Shale emphasised the value of joint training and strong local relationships between ME teams and coroner offices. Dr Fletcher noted that complaints regarding individual coroners should be directed to the Judicial Complaints & Investigations Office, stressing the importance of systemic leadership. Dr Evans underscored the need for both national guidance and local engagement. Agreed actions included joint training workshops, exploring non-invasive post mortem options, strengthening guidance from the Chief Coroner, and promoting local collaboration to improve the death certification process while balancing legal, clinical, and family considerations.

3.5 Coroners' Society

Ms Whitting provided an update on the Coroner Survey on the Impact of the Death Certification Reforms 2024, which had been circulated via the Coroner's Society following the previous meeting. She explained that the survey comprised seven questions, including both yes/no and open-ended formats. While the quantitative data was straightforward to present, the qualitative responses offered valuable insight into the range of experiences across different areas.

Ms Whitting noted that some regions had already engaged in pilot schemes and were therefore more familiar with the process, while others were encountering scrutiny of community deaths for the first time. This disparity contributed to varying levels of difficulty and feedback. She highlighted that respondents recognised the value of earlier communication between families and treating doctors, which was leading to improved accuracy in the recording of causes of death. However, she acknowledged that the reforms had introduced increased delays in the overall death management process. This concern was echoed at the recent Medical Examiner Conference by representatives from the funeral sector, who reported that delays were causing distress for bereaved families. She also mentioned the pressure on coroner storage facilities due to the extended time before burial or cremation in some cases.

Ms Whitting emphasised the need for collaborative working across all services involved, warning against a culture of blame. She reiterated that the focus should remain on supporting families throughout the entire process. She informed the MEC that she would be presenting the survey findings to the Coroners' Medico-Legal Committee on 5 June 2025, during the training series, and would bring their feedback to the next meeting.

ME.14/25 4. Training

4.1 Medical Examiner

Dr Lishman provided the following update on ME training activities and upcoming plans:

- Dr Lishman reported a continued decline in demand for face-to-face ME training. The March 2025 session was modestly attended, and only 31 delegates are currently registered for the upcoming June 2025 session. Despite low numbers, the June session will proceed. The planned September 2025 session has been cancelled, and the next session is scheduled for December 2025.
- For 2026, three face-to-face training sessions have been scheduled at four-month intervals. This approach ensures that no delegate will wait more than four months for a training opportunity, enabling completion within six months of appointment. Training sessions will proceed regardless of delegate number.
- For the June 2025 session, a revised format will be trialled, where each discussion table includes both a Coroner and a Medical Examiner facilitator. This structure aims to enrich scenario discussions by incorporating both professional perspectives. This was not pre-planned but presents a valuable opportunity given the number of available facilitators.
- A number of webinars have been scheduled through the ME/MEO Hub. Five to six additional webinars are under discussion with prospective speakers, aiming to provide full coverage for the remainder of the year. These webinars are well-received, generate active discussion, and are available for repeat viewing.
- In relation to the Medical Examiners Annual Conference, there were approximately 200 attendees which is consistent with prior years; 50 attendees were not College members, raising questions about membership value perceptions. Feedback on the conference is currently being collected and will be evaluated shortly. It was noted that the session on coding for causes of death delivered by the Office for National Statistics (ONS) was valued. The feedback has indicated strong interest in a follow-up session, which is being arranged as a webinar via the ME/MEO hub. Additionally, a session on occupational deaths, particularly asbestos-related conditions, is planned in collaboration with the respiratory physician who presented at the conference.

4.2 Medical Examiner Officer

Ms Shale provided the following update:

- The demand for MEO training has declined. Upcoming training sessions for 2025 are scheduled for June, September and December, however this may be reviewed depending on participation levels.
- MEO training numbers are generally lower with around 40-50 attendees. The reduction in available facilitators due to retirements and job changes has impacted delivery capacity. New facilitators have been recruited and are expected to support future sessions.
- There are an estimated 450–550 Whole Time Equivalent (WTE) MEOs across England and Wales, although the exact headcount is still being determined.
- MEO training is not mandatory, making it important to understand workforce engagement and training uptake. Efforts are underway to assess what percentage of MEOs have completed face-to-face training; are using the portfolio; are RCPATH members; and are attending webinars. The current training offer is being evaluated to ensure it meets the needs of the current MEO workforce and to identify where additional or alternative support may be needed.

- Low engagement levels are being explored to determine causes and potential solutions.
- Emphasised was made on the importance of supporting MEOs, who are frontline professionals frequently interacting with stakeholders.
- Suggestion to incorporate resilience training, communication skills, complaints handling, and conflict resolution training into future MEO development opportunities.
- The training programme is at a stage where its effectiveness and relevance must be reassessed.

ME.15/25 5. Death Investigation Committee feedback

Dr Cranfield reported on the Death Investigation Committee meeting held on 5 May 2025, describing it as efficient and effective. The committee reviewed Ministry of Justice work on pathologist capacity, noting non-invasive post-mortem systems were not included. There was discussion about improving access and training for pathologists in coroners' courts, with potential involvement from the Chief Coroner and joint initiatives. Updates were given on guidelines which were reported as being fairly up to date. Webinars hosted by the Death Investigation Committee were well attended, and future topics suggested included cardiac pathology, sepsis, and diabetes.

Dr Cranfield reminded colleagues to include post-mortem work evidence in appraisals following a recent case where it was missing. The College is reviewing this issue within its complaints and fitness-to-practise processes. Examinations were briefly discussed in relation to future specialty development. The next committee meeting is scheduled for 9 October 2025.

ME.16/25 6. ME/MEO Hub update

Stephen Rainbird sent his apologies but provided graphs on membership trends for Medical Examiners (MEs) and Medical Examiner Officers (MEOs) and the following was noted:

- ME membership has been steadily rising over the last two years, with peak membership in 2023-24 around 900, now exceeding 1,000.
- MEO membership remains quite low, with only 87 members at the end of April 2025.
- Stephen Rainbird has been working with the College Membership Team to explore reducing the membership fee for MEOs to encourage uptake, although no final decision has been made yet.
- Membership to the ME/MEO Hub has similarly increased since its launch in December but remains low for MEOs due to low College membership.
- Communications to new members have been updated to encourage hub membership.
- There are plans to offer a trial period of hub access upon completion of training to demonstrate its benefits and encourage full membership.
- The webinar series was highlighted as a key benefit of hub membership.
- Many MEs and MEOs are already part of the Facebook group, and efforts will continue to move them across to the hub.

ME.17/25 7. GMC Licence to Practice and College membership

It was noted that a College member had been posting repeatedly on the ME/MEO hub advocating for MEs to be recognised as a specialty by the GMC but was later found not to hold a current GMC licence to practice. The MEC discussed the situation and made the following observations:

- GMC registration and licence to practice are currently verified only at joining, with no routine follow-up; future College IT developments may enable ongoing monitoring.
- The College aims to balance inclusivity with eligibility, supporting engagement from fully qualified, retired, and non-practicing members.
- Current membership categories include Medical Examiners (MEs), retired MEs, and Medical Examiner Officers (MEOs).
- Consideration was given to introducing a separate category to clarify roles and status

while maintaining access to College resources.

- TheME/MEO hub is maintained as a safe space, with behaviour management prioritised over strict eligibility enforcement.
- Issues of disruptive behaviour will continue to be addressed offline as needed to avoid unintended exclusions.
- No immediate changes to membership eligibility rules are planned.
- Oversight of member behaviour on the hub will remain a primary focus.

ME.18/25 9. Any other business
None.

ME.19/25 10. Date of next meeting:
The next meeting is scheduled for Monday, 22 September 2025 at 10:00am for a duration of 2 hours via MS Teams



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