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

Medical Examiners Committee

A meeting of the Medical Examiners Committee was held on Monday 22 September 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 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 Dr Alan Fletcher, National Medical Examiner
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.20/25 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.21/25 2. Minutes of the previous meeting

2.1 The minutes of the meeting held on Tuesday, 20 May 2025 were reviewed and approved as a correct record.
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
  The Chair informed members that she has a meeting scheduled in the upcoming week with a representative from the Patients Association to discuss the recruitment of a Lay representative. A further update will be provided at the next MEC meeting. **Action remains in progress.**

ME.22/25 3. Updates

3.1 National Medical Examiner

The Chair informed that Dr Fletcher is stepping down from his position as National Medical Examiner. Although he remains officially in post, he is currently on leave and sent his apologies for this meeting. In his absence, the Chair provided an update on behalf of the National Medical Examiner's Office.

The Chair reported that the one-year anniversary of the death certification reforms, and the commencement of the statutory Medical Examiner system had been acknowledged. Since 9 September 2024, over half a million deaths have been scrutinised across England and Wales, representing a significant achievement. The process has generally progressed smoothly, with feedback from bereaved families remaining overwhelmingly positive. The Chair further highlighted that the challenges faced during the winter of 2024 had been recognised, and that, since then, substantial progress has been made in collaboration with primary care, registration services, coroners, and funeral directors. Processes are now more efficient, and the system is well placed as we move into autumn and winter 2025.

The Committee expressed its gratitude to Dr Fletcher for his leadership and contribution as National Medical Examiner and as a previous Chair of the MEC. Under his guidance, the Medical Examiner system has developed from its early stages into a successful statutory framework across England and Wales. Dr Fletcher's contributions were recently recognised with the award of an Honorary Fellowship from the Royal College of Pathologists. Recruitment for his successor is underway, with shortlisting completed and interviews scheduled to take place shortly.

3.2 Department of Health and Social Care (DHSC)

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

3.3 Wales

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

- Death certification performance has stabilised since Spring 2025, with the average time from notification to the Medical Examiner's Office to case closure now at the lowest recorded since the statutory system commenced in September 2024.
- MES processes have been reviewed and adjusted over Summer 2025 to ensure earlier family involvement, with contact moved to the beginning of the process and, in some cases, two calls with families to address early concerns and reduce delays.
- MES is working closely with Welsh Government, health boards, and other stakeholders to support effective Winter 2025 planning. Winter planning meetings and case throughput reviews have been established with individual health boards to identify bottlenecks and mitigate pressures ahead of the winter period.
- The use of the Business Intelligence (BI) tool has increased, enabling MES to gather additional data for reporting to care providers. This includes feedback on death certification, linking information to health boards and aligning with the Welsh healthcare quality standards.
- Work is ongoing with coroners' offices regarding CN1A submissions and some of the rationales received. The aim is to address communication issues that have led to repeated case reviews ("ping pong" cases).
- A situation was noted involving one coroner in Wales using Schedule 5 to request MEs documentation, including training records. The National Medical Examiner and Chief Coroner have been informed. It was noted that if this approach were adopted more widely, coroners could potentially request any medical examiner documentation, with implications for statutory duties.

Ms Whitting responded regarding the Schedule 5 matter and suggested that a Memorandum of Understanding (MOU) between MEs and coroners, similar to those used with other statutory investigation agencies, would help clarify roles and responsibilities.

Ms Harris added that a stakeholder group organised in February 2025 had successfully reduced delays in registration times. A clinical fellow is currently conducting a review of Welsh processes to identify recommendations for improvement. Preparations for winter 2025 planning are ongoing, with a focus on preventing delays and ensuring effective case management.

3.4 Royal College of General Practitioners (RCGP)

The MEC received and noted the report[1] which had been policy checked by the RCGP.

Dr Cranfield noted that the coroner statistics did not support some of the allegations previously made against GPs, and that the system has generally delivered the outcomes intended. However, ongoing concerns remain regarding the standard of proof expected from GPs when signing Medical Certificates of Cause of Death (MCCDs). GPs have reported pressure from both MEs and coroners to sign MCCDs even when they are not confident in establishing the cause of death. The President of the RCGP had been approached by the media to comment on this issue. The RCGP had written to the Chief Coroner seeking clarification, particularly regarding the evidential threshold expected for GPs, to ensure professional accountability and the accuracy of MCCDs.

Dr Cranfield also congratulated the MEC on the successful completion of the first year of the statutory Medical Examiner system, noting the significant benefits to bereaved families. She expressed gratitude on behalf of the RCGP to Dr Fletcher for his longstanding contribution and leadership in establishing and developing the Medical Examiner system over many years.

3.5 Coroners' Society

Ms Whitting provided an update from the Coroner Society in response to Dr Cranfield's earlier points regarding coroner statistics. 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. At the recent Coroner Society annual conference, a survey conducted by Ms Whitting was acknowledged, and the Chief Coroner's deputy indicated that further training discussions would take place with either Dr Fletcher or his successor.

Ms Whitting highlighted that the training primarily targets GPs rather than MEs or coroners, suggesting a potential gap in communication focused training. She proposed that refresher training for MEs could provide an opportunity to gather feedback on local challenges, with any issues reported to the MEC for oversight and guidance. She noted that the Chief Coroner views such matters as needing local resolution, while the Chair supported the MEC providing national oversight where appropriate.

Dr Lishman explained that the ME/MEO Hub and monthly webinars are being used to keep MEs up to date, including discussions of complex or challenging cases, though engagement in contributing topics has been limited. She emphasised that the Hub is a public forum and that local resolution should be prioritised. The Committee acknowledged the Hub's value while noting its limitations for reporting sensitive or personal matters. Additional discussion noted the difficulty of encouraging participation in sharing case topics, and the importance of balancing national oversight with local resolution of issues.

ME.23/25 4. Training

4.1 Medical Examiner

Dr Lishman provided an update on Medical Examiner training. She noted that face-to-face training continues, although the number of participants has declined, with 35 attending the June session. She clarified that the December session has been cancelled, while the September session will go ahead with 48 participants, ensuring a more substantial group for discussion. She mentioned that small group formats, with both a coroner and a Medical Examiner at each table, have facilitated valuable discussions. Future training sessions will be held every four months, and dates for next year's sessions have been scheduled, ensuring that all MEs can complete statutory training within six months of starting their role. Securing facilitators remains challenging, given the limited pool and competing commitments.

Dr Lishman also outlined ongoing webinars, including recent sessions on bias and upcoming sessions on complex clinical topics. She emphasised exploring challenging cases for discussion while keeping the sessions concise. Engagement from participants in suggesting scenarios remains limited, but it is hoped this will improve once initial examples are shared.

Dr Lishman informed that the College had put out a statement earlier in the year on the proposed assisted dying legislation as the vote came out in the House of Commons. She noted that it could be misinterpreted to involve MEs in reviewing the legal process rather than just verifying the cause of death. She emphasised that such deaths are complex and should be reviewed by coroners. Ms Whitting agreed, highlighting coroners' suitability given legal and family considerations. The Committee noted the potential challenges for MEs and agreed to monitor the legislation's progress, ensuring their statutory duties remain the focus while supporting coroners as needed.

Dr Lishman expressed her thanks and appreciation to Dr Fletcher for his long-term support of the MEC and the College, noting his effective chairmanship and regular attendance. She highlighted that he had been awarded an Honorary Fellowship, the College's highest accolade, and expressed she hopes that he and his family would attend a ceremony to receive the award.

4.2 Medical Examiner Officer

Ms Shale provided an update on MEO face-to-face training, noting that two events are planned each year, typically around April and October, to avoid busy periods. An MEO training session is current scheduled for the upcoming week, with bookings already underway for next year. She informed that the training content had been adapted, including a session by Dr Shannon on the MCCD process, replacing Margaret Baxter's previous stakeholder engagement presentation. The MEO portfolio had also been expanded with three new modules covering Medical Examiner MCCDs, neonatal and paediatric cases, and organ, body, and tissue donation, aligned with existing good practice guidance.

It was reported that attendance at hub sessions had been reasonable, though predominantly from MEs, prompting consideration of topics more relevant to MEOs. Ms Shale highlighted that one MEO had expressed difficulty affording the £113 College membership fee required for hub access and webinars and asked whether a reduced or affiliate membership option might be considered. The Chair confirmed that Stephen Rainbird had been advocating on behalf of MEOs, and that a substantial reduction in the membership fee was anticipated following the College AGM in November, which would hopefully increase MEO participation.

ME.24/25 5. Death Investigation Committee feedback

Dr Cranfield reported that she had no updates to provide. The next Death Investigation Committee meeting is scheduled for 9 October 2025, and feedback from that meeting

will be shared at the subsequent MEC meeting.

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

The MEC received and noted the latest metrics for the ME/MEO Hub, along with a summary of recent activities prepared by Stephen Rainbird.

The Chair provided an update on his behalf, highlighting that MEO engagement with the Hub has increased, though overall uptake remains lower compared to MEs. The webinars continue to be well received, but sourcing speakers and fresh content remains a challenge. Efforts are being made to identify topics that may appeal more to MEOs, and for the Hub to become the primary platform for ME/MEO discussions. Implementation of the reduced College membership fee for MEOs is expected to further increase engagement, and the College will be actively encouraging MEOs to join both the Hub and the College. Overall, the initiative is viewed positively, with ongoing work to support greater participation and relevance for MEOs.

ME.26/25 7. Lead ME job descriptions

The Chair reported that a colleague had raised the need for a standardised model Lead ME job description and enquired whether the College could host it on their website, noting that while model job descriptions exist for ME and MEO roles, none currently exist for lead positions. The MEC discussed the matter and highlighted the following points:

- The Lead ME role has evolved post-statutory implementation, with increased responsibilities and reliance from regional MEs.
- Unofficial Lead ME job descriptions circulate regionally, and standardisation with potential College endorsement was seen as beneficial.
- Concerns were raised about inappropriate duties being assigned by some trusts, which could compromise the independence of the service.
- Agenda for Change considerations were noted: any new job description must go through job matching panels, and standardisation could affect existing banding for some Lead MEO posts.
- A standardised model job description was agreed to be valuable for future appointments, though it may not apply retrospectively to current post-holders.

ME.27/25 9. Any other business

Dr Evans sought clarification regarding the statutory responsibilities of MEs when raising concerns with external providers. She highlighted challenges in cases where concerns, particularly those relating to systemic or process issues rather than individual clinicians, did not directly contribute to a death but could indicate risks if unaddressed. Responses from external providers were often sporadic or absent, making it difficult to track whether issues were acted upon.

The Chair confirmed that MEs have a statutory duty to raise concerns and ensure they are received but are not entitled to a response. Repeated unaddressed concerns should be escalated to regional ME leads or medical directors. Practical approaches discussed included tracking how concerns were managed, recording them in learning events or appraisals, and including ME raised concerns as a standing item in ICB mortality review meetings to maintain oversight. It was agreed that concerns should continue to be raised, local logs maintained to identify trends or repeated issues, persistent problems escalated, and formal oversight considered via mortality review meetings.

ME.28/25 10. Date of next meeting:

The next meeting is scheduled for Monday, 8 December 2025 at 10:00am for a duration of 2 hours via MS Teams