



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 11 March 2025 at 10:00am – 12pm via MS Teams

Prof Sarah Coupland  
Registrar

### Minutes

<b>Present:</b>	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 Mr Ben Brown, Welsh Government ( <i>attended on behalf of Ms Natalie Harris</i> )
<b>In attendance:</b>	Shelaine Kissoon, Governance and Committees Services Officer ( <i>minutes</i> ) Mr Stephen Rainbird, RCPATH Member Engagement and Support Manager
<b>Apologies</b>	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
<b>Absent:</b>	Dr Laszlo Igali, RCPATH Vice President for Professional Practice Mr Simon Hawkins, Department of Health and Social Care Dr Niall Martin, Medical Examiner

#### ME.1/25 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.2/25 2. Minutes of the previous meeting

- 2.1 The minutes of the meeting held on Tuesday, 3 December 2024 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 noted that a new Lay Advisor be recruited shortly. **Action remains in progress.**



### ME.3/25 3. Updates

#### 3.1 National Medical Examiner

Dr Fletcher provided an update on the statutory death certification reforms, highlighting the smooth transition, challenges faced, and the hard work of medical examiners and officers; and the following was noted:

- Dr Fletcher acknowledged the hard work of medical examiners and officers in adapting to the new system.
- There were various challenges faced during the transition to the system, including increased administrative burden, and the impact the winter holidays had on the system. There was an increased administrative burden on medical examiner officers in particular, mainly in handling queries and telephone calls. The impact of winter saw a 40% (ONS data) increase in deaths managed by medical examiner offices in January compared to September and October. Medical examiner offices managed approximately 220,000 deaths over the last six months, with most going through without incident.
- There were reports of concerns raised about the delays and the time taken to register deaths.
- There are still some stresses and pressures amongst some offices which are local issues, and regional colleagues are providing support to individual offices through the regional and ICB network to address some of the issues and challenges.
- There are variations in registration services, however it was noted that these are settling down.
- There are variations in coroner approaches to CN1A forms and the use of CN1B and CN2 forms, and the information and flow of communication between practitioners and officers.
- Dr Fletcher emphasised the importance of working together with the funeral sector for the common goal of supporting bereaved people. There are ongoing constructive discussions with the sector to improve collaboration and support.

The publication of the updated good practice series paper on child deaths and neonatal deaths was announced.

Dr Fletcher informed the MEC of the ongoing changes at NHS England, including significant senior-level changes; he acknowledged that these changes are unsettling for the workforce but explained that they do not significantly impact the provision of medical examiner services. He advised that he would remain in his role as National Medical Examiner in a reduced capacity until the end of September due to delays in recruiting a successor.

#### 3.2 Department of Health and Social Care (DHSC)

Mr Hawkins was not present; however, Dr Fletcher provided an update on the DHSC perspective, including quarterly reporting, the role of medical examiners, and the importance of digitising the MCCD process.

Dr Fletcher stated that the quarterly reporting had been completed and some important information coming from that supports the role of medical examiners. He stated that the Minister is keeping an eye on the time taken between death and registration and it was noted that the delay had only increased by one day. He also mentioned that the DHSC hold the responsibility of the digital MCCD; and he emphasised the importance of digitising the MCCD process to create efficiencies and improve the system. The challenges in developing the digital MCCD process was discussed, including the need for multi-factor authentication and consistent access permissions.

### 3.3 Wales

Dr Shannon and Mr Brown provided updates on the Welsh Government perspective, including data improvements, challenges faced during winter, and the importance of focusing on the wider system and responsibilities of all stakeholders.

The following had been highlighted:

- Working closely with Welsh Government and stakeholders to try to unblock where the difficulties might be, in that time from death to registration.
- The importance of focusing on the wider system and the responsibilities of all stakeholders, not just those mentioned in the legislation.
- The need for improvements in data collection, including separate English and Welsh data, which was not available until January.
- The medical examiner service has taken on an additional nine medical examiners and eight medical examiner officers to improve the systems robustness. It was noted that this does not resolve the issues with late notifications, MCCD errors or the availability of a doctor to complete the MCCD, etc; these issues need to be resolved through partnership and communication.
- The success of seven-day working in Wales, ensuring that all standards are maintained for various types of deaths.
- The need for a digital MCCD, it would have made a difference to the challenges faced during winter.

### 3.4 Royal College of General Practitioners (RCGP)

The MEC received and noted the report<sup>1</sup> which had been policy checked by the RCGP.

Dr Cranfield provided a brief update, highlighting the ongoing issues with the digital MCCD system and the need for continued support to address these issues. She also discussed inconsistencies in coroner systems and the need for addressing these issues to ensure uniformity across the country.

*\*RCGP report attached as an appendix.*

### 3.5 Coroners' Society

Ms Whitting presented the results of a survey conducted by the Coroners' Society, with 62 responses from 86 areas. She highlighted the positive and negative aspects of the death certification reforms from the coroner's perspective; and mentioned the need for better communication and understanding between coroners and medical examiners. Some positive aspects included clearer delineation of coronial roles, more consistency in medical causes, and reduced numbers of uncertified deaths. It was noted that the survey report will be presented to the Medico Legal Committee to encourage the Coroners' Society to provide strong advice on resolving local issues.

The MEC had a discussion, and it was suggested that the Chief Coroner should be encouraged to reiterate the need for regular meetings between coroners and medical examiners to improve communication and service consistency.

Ms Whitting advised that a full analysis report of the survey will be shared with the MEC in due course.

**ME.4/25**

## **4. Training**

### **4.1 Medical Examiner**

Dr Lishman provided the following report:

- The next face to face training is scheduled for 25 March 2025; an in-person training

session is scheduled for 6 June 2025; and further training sessions are planned for October and December.

- The [rules](#) for eligibility on who can attend the training sessions has changed, as it was noticed that some individuals attended recent training sessions out of interest and have no intention of applying to work as a medical examiner.
- Dr Lishman is seeking to provide alternative educational events for individuals who are interested in finding out more about the medical examiner system and what it means for them.
- A webinar series is underway, and the first webinar took place recently and the topic was on '*the role of the coroner*' which was a success, and further webinars are planned. Members of the MEC are encouraged to volunteer and suggest topics for the webinar series.
- The annual ME Conference is scheduled for 14 May 2025, and the programme is being prepared and speakers are being sourced.

Dr Lishman mentioned some of her ongoing projects such as the letter of good standing, definition of attending, updating the cause of death list and updating of the non-core e-learning modules.

#### 4.2 Medical Examiner Officer

Ms Shale had given her apologies for the meeting and therefore there had been no update.

#### **ME.5/25 5. Death Investigation Committee feedback**

It was noted that the next Death Investigation Committee meeting is scheduled for 1 May 2025 and therefore an update will be provided at the next MEC meeting.

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

Stephen Rainbird provided an update on the Community Hub, including the growth in membership, upcoming events, and plans to promote the hub and plans to grow the College membership.

#### **ME.7/25 7. Carbon Monoxide ME eLFH module**

The Chair advised that Dr Fletcher had been contacted by *Improving Performance in Practise* (IPIP) about endorsement of a carbon monoxide module for medical examiners.

She provided some background about IPIP and explained that they are responsible for disseminating information nationally about carbon monoxide. She mentioned that they were commissioned by NHS England to produce some e-learning modules for healthcare practitioners about the dangers of carbon monoxide and included in that is a module that has been drafted with medical examiners in mind.

IPIP had asked whether the College could endorse the e-learning module. Members had a brief discussion, and it was noted that the module is not mandatory for medical examiners, however the MEC were comfortable with the possibility of the College endorsing the module. The Chair mentioned that she would review the module in more details to ensure accuracy of it from a medical examiner perspective.

Stephen Rainbird advised that the module would need to be CPD approved, and he has been in touch with an individual from IPIP who was happy with the process of the module being CPD approved.

#### **ME.8/25 8. ME job description**

The Chair informed that the BMA had reviewed the model job descriptions for medical examiners and recommended including references to specialty and SAS doctors. It was noted that the College will amend the job descriptions accordingly.

**ME.9/25 9. Any other business**

None.

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

The next meeting is scheduled for Tuesday, 20 May 2025 at 10:00am for a duration of 2 hours via MS Teams



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