



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

Supporting information for appraisal and revalidation, including specialty- specific information for medical examiners (of the cause of death)

May 2019



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The Royal College of Pathologists

6 Alie Street
London E1 8QT
T: 020 7451 6700
F: 020 7451 6701
www.rcpath.org

Registered charity in England and Wales, no. 261035
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1.0

Introduction for

medical examiners

The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that doctors have up-to-date licences and are fit to practise.

The medical royal colleges and faculties are responsible for setting the standards of care within their specialty, and for providing specialty advice and guidance on the supporting information required by you to demonstrate that professional standards have been met. It is recommended that you read this document along with the General Medical Council's (GMC's) [Supporting information for appraisal and revalidation](#).

There are six types of supporting information all doctors must collect, reflect upon and discuss at appraisal:

- continuing professional development (CPD)
- quality improvement activity
- significant events
- feedback from patients or those to whom you provide medical services
- colleague feedback
- complaints and compliments.

Although the types of supporting information are the same for all doctors, this document contains specific advice for medical examiners seeking revalidation.

Medical examiners are in an unusual position as they represent a new medical specialty and have widely different backgrounds, so learning needs will differ. Most will hold other clinical roles.

The specialty-specific guidance for medical examiners in this document is, in some respects, more detailed than that which is provided for other specialties. It is likely to be refined in the light of practical experience.

Revalidation demands 'whole practice appraisal'. Doctors whose work covers more than one specialty must cover all aspects in one process. Medical examiners with other clinical roles must consult the parallel specialty guidance and balance the inputs to appraisal with their workloads and developmental needs.

It is increasingly common for doctors to be appraised by someone who does not practise in their specialty. This document will also assist appraisers in understanding what is expected at annual appraisal.

2.0

General information:

providing context about what you do in all aspects of your professional work

You should provide information on the proportion of your working week spent in your medical examiner role, your approximate caseload and any additional related duties (such as management roles or training staff in correct death certification processes). Your personal

development plan (PDP) must include items of specific relevance to work as a medical examiner and you should be able to identify and justify those elements to your appraiser.

If you hold other clinical roles, the description of the whole of your practice is required. This will help your appraiser to identify the areas of work of a medical examiner where your other medical experience might not provide sufficient knowledge and understanding. It may assist the appraiser if full-time medical examiners provide a short summary of previous medical experience, either informally or as part of the 'Scope of work' section.

3.0

maintaining and enhancing the quality of your professional work

Keeping up to date:

3.1 Continuing professional development (CPD)

You are advised to use a system for recording CPD activity such as one of those provided by the medical royal colleges.

The Royal College of Pathologists provides an online portfolio to its members, available at www.rcpath.org/profession/professional-standards/cpd.html.

Newly appointed medical examiners' CPD records must include evidence of completion of the mandatory online and face-to-face training packages prior to starting work as a medical examiner. This should include a certificate stating how long was spent on the e-learning modules. The College estimates that it should take at least eight hours to complete the e-learning to a satisfactory standard. If the e-learning took less than eight hours, the reason for this should be discussed with your appraiser.

There should be reflection on the content and relevance of these packages, including the identification and consideration of areas that should be addressed in the PDP.

All medical examiners' CPD records should include evidence of CPD designed to address the difficult task of keeping up to date (at an appropriate level and with appropriate focus) across the whole breadth of medical practice.

4.0

Review of your practice: evaluating the quality of your professional work

At present, there are no national audits or registries of direct relevance to medical examiners. However, it is anticipated that the National Medical Examiner will initiate the collation of basic data on workloads, patterns of referral to the coroner, specific causes of death and potentially some key performance indicators. Any such data must be presented at your appraisal, along with published national figures to permit benchmarking.

The Royal College of Pathologists expects local audits will be used to investigate any apparent 'outliers' from national data.

4.1 Review of clinical outcomes

Outcome measures, as understood in other medical specialties, are not relevant to medical examiners. However, you should consider whether specific audits can target outcomes that are relevant your work as a medical examiners.

4.2 Case review or discussion

The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit or registries are unavailable.

For medical examiners, cases for review might include unusual circumstances of death that demanded detailed discussion with the coroner, those where feedback into the clinical governance system of the health service might be expected to alter clinical practice, or instances where additional information necessitated re-opening of the case. Cases must be anonymised.

4.3 Significant events

Significant events, also known as untoward or critical incidents, are defined as any unintended or unexpected event that could or did lead to harm of one or more patients. This includes incidents that did not cause harm but could have done, or where the event should have been prevented.

Medical examiners are working in a new specialty, so it is not yet possible to identify significant events that are likely to occur, and the usual classification of severity of incidents is not applicable. You will need to make a balanced judgement on which incidents to take to your appraisal meeting. However, one obvious category to include would be cases where a cause of death accepted by you as a medical examiner was subsequently amended.

5.0 **Feedback on your practice: how others perceive the quality of your professional work**

5.1 Colleague feedback

Feedback from colleagues and patients (if an individual has direct contact with patients) must be collected at least once in every five-year revalidation cycle and presented to the appraiser.

If you hold other clinical roles, raters selected to provide feedback should include not just other medical examiners but also doctors whose medical certificates of cause of death you scrutinise, medical examiner officers, coroners and bereavement service staff.

If you are a part-time medical examiner, combining such raters with individuals who are involved with your other clinical duties may produce results that inform neither aspect of your work adequately. If this seems likely to be a problem, you should consider voluntarily undertaking two colleague feedback surveys within each revalidation cycle: one for your clinical work and one for your medical examiner work.

The College recognises that the questions set in conventional colleague feedback questionnaires may seem irrelevant to the work of medical examiners and may result in a high proportion of 'unable to comment' responses.

5.2 Feedback from patients or carers

As a medical examiner, the equivalent of 'patients' are the bereaved families with whom you come into contact. They should be asked to provide feedback on the service you provided to them, in a manner that complies with GMC criteria but is suitably sensitive and bears in mind their possible distress.

If you hold other clinical roles, combining feedback from the bereaved with feedback from other patients may produce results that inform neither aspect of your work adequately. If this seems likely, you should consider voluntarily undertaking two feedback surveys within each revalidation cycle: one for your clinical work and one for your medical examiner work.

The College recognises that the questions set in conventional patient feedback questionnaires may seem irrelevant to the work of medical examiners and result in a high proportion of 'unable to comment' responses.

5.3 Review of complaints and compliments

A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases, an appropriate personal reflection should be provided, covering how formal complaints have been managed (with reference, if necessary, to local or national procedures or codes of practice), actions taken, learning gained and, if necessary, potential items for your PDP. Your reflection will be the focus for discussion during the appraisal, rather than the nature of complaints. Some colleges and faculties have developed tools and forms to help document and structure this reflection.

Employer guidance on complaints applies to medical examiners. However, complaints in this context relate only to complaints about the medical examiner service, not complaints about events that preceded death. It is not yet known how many complaints a medical examiner may expect to receive. Relevant complaints may come from anyone with whom the medical examiner interacts in a professional capacity. The most important consideration, from the perspective of appraisal, is how the complaints were resolved.