

## **GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST**

	Location: The Great Western Hospital, Swindon
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#### On call:

Appointed candidates will share a phone advice service during office hours. There is no requirement for overnight duties in this role.

Note, appointed candidates are able to provide phone advice whilst on call for their current department if appropriate (depending on the specialty), this will be explored at interview.

#### **Job Summary**

This post has been created by the Department of Health and Social Care (DHSC) in response to observations made in the Third Report of the Shipman Inquiry. The introduction of the medical examiner system will promote robust, transparent and independent scrutiny of death certification processes.

Medical examiners (MEs) are senior medical doctors who are trained in the legal and clinical elements of death certification processes. Their role includes:

- Communicating with the doctor who treated the patient on their final illness
- Reviewing the medical records and any supporting diagnostic information
- Agreeing the proposed cause of death and the overall accuracy of the medical certificate cause of death
- Discussing the cause of death with the next of kin/informant and establishing if they
  have any concerns with care that could have impacted/led to death
- Acting as a medical advice resource for the local coroner
- Informing clinical governance systems to highlight deceased patients who require a mortality case record review so any formal learning can be gained by the provider organization
- Ensuring that patterns and concerns about care are raised appropriately

A practising medical practitioner who has been on the general medical council register for a demonstrative number of years post-registration can apply to be a medical examiner. It is recommended that medical examiners are Consultants or Associate Specialists from a range of disciplines or experienced General Practitioners. Applicants of other grades with the required experience will be considered. MEs will take a consistent approach to the formulation of MCCD content, which must be clinically accurate and reflect any discussions with the next of kin/informant. MEs must not have been involved in the care of the deceased patients for deaths they scrutinise.

# Main Duties and Responsibilities

- To ensure compliance with the legal and procedural requirements associated with the current and proposed reformed processes of certification, investigation by coroners and registration of deaths
- To scrutinise the certified causes of death offered by attending doctors in a way that is proportionate, consistent and compliant with the proposed national protocol
- To discuss and explain the cause of death with next of kin/informants in a transparent,



tactful and sympathetic manner. It is anticipated that such discussions will be predominately conducted through telephone conversations where barriers to understanding information may exist.

- To provide a phone advice service to support certification of deceased patients with specific faith needs and organ donations. This should be in line with national guidance on faith and organ donation taking into consideration all legal duties before certification. Requests for rapid release of the deceased made in order to proceed with a burial or cremation due to faith requirements should be facilitated where possible but cannot be guaranteed. Funerals must take place 'as soon as possible' however whilst the MEs will endeavour not to introduce any perceived delays, they must perform equal scrutiny of the patients death in a way that is robust, proportionate and inclusive of next of kin/informant's views in every respect.
- To ensure that all users of the ME system are treated with respect and are not discriminated against on the grounds of sex, race, religion, ethnicity, sexual orientation, gender reassignment or disability.
- To maintain comprehensive records of all deaths scrutinised and undertake analysis to provide information to the National Medical Examiner's office.
- To participate in relevant clinical governance activities relating to death certification including audits, mortality review processes and investigations regarding formal complaints about patient care.
- To support the training of junior doctors in their understanding of death certification and promote good practice in accurate completion of MCCDs.
- To work with medical examiner officers (MEOs), delegating duties as appropriate.
- To work with the Mortuary & Bereavement team to ensure services are working closely together to support bereaved families and timely release of deceased patients.
- To adopt a collaborative working relationship with other MEs by sharing experiences and expertise to support peer learning and set uniform standards of service delivery.

#### Knowledge and skills required for post / Qualifications

Registered with a licence to practice in the UK by the GMC.

As a pre-condition of practicing, an ME must have successfully completed the mandatory components of the national online medical examiner curriculum. Face-to-face training must be completed within the first three months of being in post. Successful applicants will be supported and given the time to complete this training

## **Behavioural attributes**

MEs should be aware of how their personal communication style impacts on others and be able to adapt their approach to suit a variety of situations and audiences. This will require:

- Highly evolved self-awareness and empathetic skills to liaise effectively and sympathetically with bereaved families
- The ability to demonstrate and combine appropriate levels of compassion with professionalism and discretion
- Being open to constructive criticism, ideas and solutions
- Acting as a positive role model and interacting appropriately with all stakeholders including MEOs, other MEs, the bereaved and the coroner
- Having the integrity to gain trust and comply with the independent nature of the ME role in the context of other clinical specialty duties.

## **Communications and key working relationships**

To be a source of expert knowledge and advice for health professionals and widerstakeholder



groups; these include:

#### Internal within own organisation:

- Medical Director
- All grades of clinicians
- Clinical governance leads
- MEOs and Mortuary and Bereavement service staff

#### External:

- Coroners and their officers
- Registrar of births and deaths
- Local Authorities, including care homes and safeguarding teams
- Spiritual and faith community leaders
- Other health care providers to including GPs
- Regional lead MEs and lead MEOs
- National Medical Examiner

#### Knowledge

MEs must have up-to-date knowledge of medical conditions and treatments and be able to exercise judgement about when to seek specialist advice.

MEs must have detailed knowledge of the relevant legislation and processes which apply to:

- The determination of whether a death is natural or unnatural
- Deaths that must be reported to the coroner
- Deaths abroad where bodies are returned to England and Wales for disposal
- Deaths where relatives wish to transport the body abroad for disposal
- Certifying and registering deaths and the regulations to authorise cremation or burials of stillbirths abroad

#### **Accountability**

MEs will have professional independence in scrutinising deaths but will be accountable to the employing organisation's Board for achieving agreed standards or levels of performance.

MEs will have an independent professional line of accountability to a regional structure of NHS Improvement/NHS England outside the employing organisation and immediate line management structure.

MEs will comply with guidance issued by the National Medical Examiner when carrying out ME duties.

## Safety and Quality - Clinical Governance

MEs will be required to participate in any relevant governance activities relating to scrutiny and confirmation of the cause of death where concerns have been raised by the next of kin/informant of the deceased and/or clinical staff and ME scrutiny.

MEs will facilitate routine analysis of MCCD information to identify trends, patterns and unusual features of deaths and report, as required, firstly to the regional Lead ME and ultimately to the National Medical Examiner's office.

MEs will provide information to local Child Death Overview panels in respect of all child deaths which are not being investigated by the coroner.



#### **Maintaining Trust**

#### **Equality and Diversity**

MEs will act in accordance with Equalities and Human Rights legislation and the organisation's Equality and Diversity policies.

#### Independence

MEs must avoid any potential conflicts of interest. In cases where they have a personal or professional relationship with the deceased person, next of kin/informant, or with the attending doctor preparing the MCCD, they must transfer any scrutiny of the death to another ME.

#### **Continuing professional development**

MEs are expected to take responsibility for their own continuing professional development in accordance with any standards for maintaining a GMC licence to practice and membership of any relevant professional body. The ME role should be included in the whole practice appraisal.

MEs should maintain a Personal Development Plan in agreement with their appraiser.

There will be opportunities to attend local and national activities to maintain up to date knowledge.

## **Working Conditions**

MEs may need to use a computer for prolonged periods of time. There is scope to carry out ME work remotely given the appropriate IT equipment. The ME system operates within a reactive area of service delivery interacting with people in variable degrees of distress and demonstrating potentially irrational/unpredictable behaviour.

## **Health and Safety and Risk**

- Report accidents involving staff and patients according to established procedures and in compliance with the Health and Safety At Work Act
- To report immediately any incidents, accidents, complaints or other occurrences involving patients, visitors or staff, resolve wherever possible, complete accurate statements and report to the appropriate manager as soon as possible
- To take action to assess the management of risk to reduce, where possible, the impact on patients, visitors, staff and NHS property
- Report defects in equipment and the general fabric of the unit to the appropriate officer of the Trust
- To observe best practice in order to maintain high standards of infection prevention and control

#### **Public and Patient Involvement (PPI)**

Under the Health and Social Act 2001, all NHS organisations have a duty to consult and involve patients and the public in the planning, development and review of health care services in their local community. Every member of staff has a duty to participate in Trust wide and departmental PPI initiatives. Further information can be obtained from the Patient Advice and Liaison Service (PALS)

## **Rehabilitation of Offenders**

Due to the nature of the work for which the post holder is employed, this post is exempt from



the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974. Therefore the post holder is not entitled to withhold information relating to convictions and cautions. In the event any failure to disclose such cautions or convictions may result in disciplinary action including dismissal by the Trust

#### Confidentiality

Any information obtained concerning patients in the hospital which is confidential (i.e. information gained by virtue of employment) must not be divulged to those not directly involved with those patients. A breach of confidentiality can result in disciplinary action. Each employee is personally responsible for ensuring that no breaches of information security result from their actions. Staff should be aware that all information kept on computer is subject to the Data Protection Act 1998.

#### **Statutory Responsibilities**

This role requires you to fully co-operate with the NHS Executive, Department of Health and Audit Commission when required to account for the use made of public funds, the delivery of patient care and other services. The post-holder must be compliant with statutes, Trust directions, guidance and policies of the Secretary of State, including matters under Health & Safety and employment legislation.

The post holder must carry out responsibilities and duties with due regard to the Trust's Equal Opportunities Policy.

#### **Trust Values - STAR**

The Trust is committed to ensuring that employees behave in line with our values so that patients and each other have high quality care. Our Values are:

Service – put our customers first Teamwork – work together with the team Ambition – aspire to provide the best service Respect – act with integrity

The above is an outline only. It is not exhaustive and may be altered from time to time in accordance with the needs of the Trust. The post holder will be required to be co-operative and flexible in accordance with the needs of the Trust.

#### Safeguarding

The Trust is a safeguarding employer committed to the safeguarding and promotion of welfare of children, young people and vulnerable adults and expects staff and volunteers to share this commitment.

## What the patients can expect from Staff

Patients can expect to be treated with courtesy and respect when they meet Trust staff. They can expect confidential information about them not to be disclosed to those who have no need to know. Patients can also expect staff to respond constructively to concerns, comments and criticism.

## What the Trust expects of individuals

The Trust expects individuals to act with honesty, integrity and openness towards others. Individuals will show respect for patients, staff and others. Individuals are expected to learn and adapt the use of information technology where relevant, in order to transform theway we respond to patients. Staff should be helpful to patients and their visitors at all times, should respond constructively to criticism and praise, and should work to foster teamwork both within the immediate team and across the Trust.



#### What individuals can expect from the Trust

Individuals can expect to be trained for the job they are employed to do. Individuals can expect to be given feedback on their performance and to be encouraged and supported in their personal and professional development. Individuals can also expect to be treated withrespect by others including those who manage them. Individuals can expect that issues of cultural diversity are treated tactfully and with respect by all who work within the organisation.

The Trust will provide appropriate office space, secretarial support, and access to IT.

## **Policy Statement**

It is the policy of the Trust that neither a member of the public, nor any member of staff, will be discriminated against by reason of their sex, sexual orientation, marital status, race, disability, ethnic origin, religion, creed or colour. Individuals can expect to have their views listened to, particularly when they are raising legitimate concerns about the quality of the service provided. The Trust is committed to the spirit of as well as the letter of the law, and also to promotion of equality and opportunity in all fields.

This job description is a guide to the duties and responsibilities of the person and is not exhaustive. Subject to the needs of the service, the content of the job description for this post is subject to continuous review and the post holder will be required to perform other duties assigned by the Chief Executive.

Prior to applying for the role, candidates are invited to discuss the role with the Lead Medical Examiner.



# **Medical Examiner Person Specification**

Essential	
Knowledge, Skills and Performance	<ul> <li>Medical practitioner registered and licensed to practise in the UK by the GMC</li> <li>A commitment to life-long learning and undertaking personal development opportunities</li> <li>Candidates must have successfully completed the mandatory elearning modules by the time they start the role but will be given allotted time to do this. Candidates must attend a face-to-face training session within the first three months in post</li> <li>MEs should have up-to-date knowledge of causes of death and an understanding of the legal framework associated with death certification processes</li> <li>IT skills including use of email and commonly used software</li> <li>Ability to manage and comply with sensitive information-based processes under tight timescales with a proportionate approach</li> <li>Knowledge of the special requirements of various faith groups and respect for equality and diversity</li> </ul>
Clinical Governance	<ul> <li>Knowledge of local and national clinical governance systems and an understanding of how the ME can work collaboratively to improve patient safety by identifying sub-optimal clinical and organisational performance</li> <li>Ability to identify available data sources to support the detection and analysis of concerns and to recognise gaps in available knowledge</li> <li>Ability to identify and disseminate examples of good practice amongst relevant colleagues</li> </ul>
Communication and teamwork	<ul> <li>Strong interpersonal skills demonstrating the ability to communicate in difficult and emotional situations with empathy and professionalism</li> <li>Ability to work effectively and efficiently within own team and also closely with people in other disciplines</li> <li>Ability to work as part of a team and organise a fluctuating workload around competing priorities and numerous interruptions.</li> </ul>
Personal qualities and behavioural attributes	<ul> <li>Proactive and self-motivated with a flexible working approach</li> <li>Have the resilience to manage own reaction to frequently distressing situations and support others within the team</li> <li>To sustain professional integrity and independence at all times, particularly where there is the potential for a conflict of interest</li> </ul>