INTRODUCTION OF MEDICAL EXAMINERS IN WALES

Dear Sir/Madam,

On behalf of BMA Cymru Wales, I am writing to respond to the Welsh Government consultation on the introduction of medical examiners in Wales.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents almost 8,000 members in Wales from every branch of the medical profession.

The BMA previously responded to the consultation by the Department of Health (England) in June 2016 and we note the limited scope of Welsh Government’s powers in this area. As such we will not repeat our submission in great detail but focus on the practical implementation of the medical examiner system.

We have provided specific comments to some of the questions asked. However there are some we have not answered as we either feel the topics are outside of BMA Cymru Wales’ remit, or we do not have a specific view.

1. Are there any issues in relation to the use of the Welsh Language which you feel should be considered as we take forward the implementation of the scheme with the NHS in Wales?

As a general principle BMA Cymru Wales believes that we must support the use of the Welsh language within health care settings in Wales for the benefit of Welsh-speaking patients. However, our members...
have suggested that any documentation should be bilingual as to not disadvantage doctors who cannot speak or read Welsh.

2. *Can you think of any other measures which could be taken to safeguard the independence of medical examiners, other than those described?*

Some of our members have suggested that employment of a medical examiner by a local health board has potential to lead to a conflict of interest in the event of a disagreement with attending practitioners. Alternative employers could include the legal system (as per coroners) or local authorities. We also note that cover by a medical defence body would be necessary for those undertaking the role given the risk of litigation.

3. *Do you foresee any particular issues with setting up a joint committee of the health boards to manage the medical examiner service in Wales?*

We would have no objections to this, taking into account the comments above. An all-Wales arrangement may help with the planning and co-ordination of the service and overcome the particular geographic challenges of rural areas experiencing a rising elderly population.

4. *Do you have any comments on workforce issues, or any areas of concern you would wish to bring to our attention?*

As noted in our response to the Department of Health’s consultation in June, the BMA is very pleased to see the UK and Welsh governments’ commitment to introducing the Medical Examiner system and continues to support the rationale behind the need for such changes. However, given the present demands on doctors’ time and scarcity of resources, we must ensure that the system is practical, fair and appropriately funded for all doctors involved in the process.

We have concerns that the new process, requiring the reporting of every death, may create additional work for doctors. This will disproportionately affect GP practices serving high numbers of care homes. Additionally, there is the risk that a large proportion of clinical time may be taken up in reporting and preparing notes for transfer unless medical examiners are provided with access to the Electronic GP medical record (with appropriate agreement and safeguards in place) and provided with adequate administrative support.

We welcome the recognition that medical examiners will require a high level of recent clinical experience and retain their GMC registration. In our response to the Welsh Government’s Primary Care Workforce plan, we acknowledged that ‘specialist….or portfolio roles have a lot to offer’ as a means to prevent burnout for hard-pressed doctors. We are therefore pleased to note the proposal that the medical examiner role could be performed alongside existing commitments in hospital or GP roles.

5. *Can you think of any other terms of appointment which should be included in the regulations?*

We have no comment to make with regard to this section.

6. *Do you have any comments about the remuneration of medical examiners?*

We suggest that remuneration for medical examiners should be linked to workload, and availability based on a retainer system. The new process may require additional work (both in terms of time and administrative work) on behalf of both hospital doctors and general practitioners and feel that this should also be remunerated appropriately.

7. *Are there any other functions or areas we should consider adding in to the draft appointment regulations?*

We have no comment to make with regard to this section.

8. *Do you have any comments in relation to the charging and collection of a fee which you feel we should take into account?*
While we welcome the increased scrutiny and streamlined nature of the new system, the replacement of cremation certification and resulting fees with a payment to the medical examiner will have an unintended financial consequence in that it removes doctors’ opportunity to receive remuneration for work they have undertaken - and will still be required to undertake.

BMA Cymru Wales believes it would not be acceptable to require GPs to undertake work which is not covered by the GMS contract on an unfunded basis. Welsh Government will be well aware of the sustainability challenges currently facing general practice; we fear that any variance to existing funding streams may further compound these issues.

In our response to DH’s consultation, we questioned the assumptions that this will generate less work than the current process especially with regards to general practitioners who hold the patient’s medical records and will often therefore be required to provide the additional information either as part of an expected death or in referring the death to a Senior Coroner.

In the current system, the doctor has a statutory duty to complete the MCCD (where no fee is charged) and is then (in those cases where cremation is requested) asked to complete cremation form 4 where a fee can be charged. The fee covers the costs of undertaking the work which is not normally part of a doctor’s duty (unless agreed separately) and therefore they are required to undertake the work outside of their contracted hours. We are not looking to replicate the fee system currently in place, however we are concerned that the additional work needed (i.e. collating and recording the information and/ or supplying the relevant medical records) should be appropriately funded.

9. Please provide any other comments you wish to make.
We have no further comments to make.

We trust these observations are helpful.

Yours sincerely,

Gareth Williams
Senior Policy Executive