

Supporting doctors in training attending a Coroners' Inquest

Introduction

A trainee being called to provide evidence at an inquest is an infrequent event; however, it can cause anxiety for doctors at the beginning of their careers. This paper details:

- the support that doctors in training can expect locally from their Medical Defence organisations (MDOs) and from HEE
- HEE's expectations regarding notification of instances where doctors in training will be or are likely to be attending an inquest
- The role of the Postgraduate Dean in this process.

Local Support

Support for a doctor in training attending an inquest will be likely to come, in the first instance, from the doctor's employer, whether the trainee is in primary or secondary care.

For trainees in secondary care the Trust's Risk Management team (or equivalent) will usually co-ordinate the practical support for all Trust employees involved in an inquest. This will include providing access to the Trust solicitor (if appropriate); guidance and briefings on the process; and providing someone to attend the inquest with the doctor in training.

Doctors in primary care should have access to similar support and advice. Doctors in training not covered by Trust indemnity, e.g. GP trainees on primary care placements, should ensure that their indemnity arrangements include involvement in cases referred to the Coroner. However, all trainees should contact their MDO for advice and support.

In all cases where a trainee is likely to be called to give evidence at an inquest, the doctor's Educational Supervisor and Nominated Clinical Supervisor should be informed and they should offer both practical and pastoral support to a trainee. The Educational Supervisor will also need to be mindful of any impact on the doctor's training and progression.

Following a particularly distressing event, for instance a patient death, the trainee may want to seek psychological support through their employer (usually through occupational health), their GP or through their HEE local team's Professional Support Services. There is also independent counselling support through the BMA (regardless of whether a member of the BMA) or through their MDOs.

If the incident or matters in question are particularly contentious or where there has been criticism of the care they provided, the doctor should also inform, and seek support from, their MDO, although all MDOs would encourage all trainees to contact their MDO regardless.

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Medical Defence Organisations

The GMC requires all doctors in clinical/research practice to have adequate insurance or indemnity. Those working exclusively in the NHS will benefit from NHS indemnity for clinical negligence claims (this now includes those in general practice training in England and Wales), but this will not extend to other professional services and support, including with any non-NHS claims. Many in the latter category therefore chose to be members of an MDO. This is to provide expert advice and assistance with any medicolegal aspect of clinical/research practice and particularly with civil, regulatory and disciplinary processes. The MDOs also have enormous expertise in helping doctors to write statements for legal proceedings such as inquests and thus are in an ideal position to specifically advise the trainees and, of course, other doctors as appropriate.

MDO support might take the form of advising in detail on any draft statement for the coroner to specific advice on legal support at the inquest, although in most circumstances the MDOs would advise staying under the legal 'umbrella' of the Trust. However, if there were conflicts of interest between Trust staff and the doctor was subsequently designated an interested person (IP) - suggesting the doctor may be vulnerable to criticism or further medico-legal jeopardy, the MDO could appoint lawyers to support the trainee. It is likely in those circumstances that the MDO's lawyers would liaise with the Trust lawyers.

Notification to the HEE Local Team

Although the Trust's clinical governance procedures might be engaged, bear in mind that Coroners' investigations (including the inquest) are a separate process that is triggered by the death of a patient from unnatural, undecided causes or one of the statutory notifications. It also depends on the Trust as to whether the doctor in training was one of the team looking after the patient but nominated as the doctor to provide a statement and go to the inquest where one was being held. However, there is an expectation that if a doctor in training is to give evidence at an inquest, then the HEE Local Team should be informed. The method of this escalation will be dependent on local processes. If in doubt the doctor should discuss with their supervisor who will advise liaising with HEE colleagues if needed.

Involvement of HEE Local Teams and the Postgraduate Dean

Once a notification of a doctor in training attending an inquest has been received the incident and surrounding circumstances should be reviewed by the Postgraduate Dean (or nominated deputy). The Postgraduate Dean (or nominated deputy) will:

- Inform the doctor in training that the notification has been received. Share HEE guidance for doctors in training (see Appendices)
- Ensure that the trainee has been adequately supported locally and offer HEE Local Team support including access to the local Professional Support Unit (or equivalent).

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- Offer meeting with the Head of Specialty (or equivalent) should the trainee want to discuss the incident or the support they are receiving.
- Seek specialty advice (where necessary) from the Head of Specialty (or equivalent). The Postgraduate Dean should also ensure that the doctor's training has been reviewed particularly where the issues may impact on progression in training. The specialty school will also need to ensure that the trainee has adequately reflected on the events in question as they would in other circumstances where a patient has suffered unintended harm, or death, resulting from medical treatment or omission of appropriate medical treatment. In a very small number of cases, the Postgraduate Dean may need to consider the impact that the issues have on revalidation or fitness to practise and, assuming they are the doctor's Responsible Officer, may wish to discuss matters with their GMC Employer Liaison Adviser.
- Consider whether legal advice should be sought for HEE as an organisation (legal support for the doctor in training should usually come from their employer or through their MDO).
- Consider whether the circumstance involved may result in local or national media coverage. If so then the local HEE communication lead should be informed. In such circumstances the Postgraduate Dean should also review the support for the trainee as such coverage can be very distressing for the doctors involved. MDOs can also offer additional advice and support to trainees on such matters and liaise with the Trust's Press Office and advisers.
- Share any learning across the Local team and consider if there are any quality implications.