

## **Supporting doctors in training attending a Coroner's 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 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 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); coaching 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 placements should ensure that their indemnity arrangements include involvement in cases referred to the coroner.

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 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.

If the incident or matters in question are particularly contentious the doctor may also wish to inform, and seek support from, their medical defence organisation.

### **Notification to the HEE Local Team**

Thresholds for notification of incidents to be escalated to HEE local teams are currently being reviewed and defined. However there is an expectation that if a doctor in training is expected 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.

### **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 Appendixes)
- 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).
- Offer meeting with the Head of Specialty (or equivalent) should the trainee want to discuss the incident or the support they are receiving.
- Seek speciality 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 if 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.
- In a very small number of cases the Postgraduate Dean will need to consider the impact that the issues may have on revalidation or fitness to practise.
- 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 medical defence organisation).
- 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.
- Share any learning across the Local team and consider if there are any quality implications.