RCEM
Royal College of Emergency Medicine

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Dr K Henderson
HM Assistant Coroner for Surrey
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3rd April 2025

Dear Dr Henderson,

Further to your prevention of Future Deaths Notice following the conclusion of your inquest (19th December 2024) into the death of Mrs Pamela Anne Marking who died on 20th February 2024, we would like to extend our sympathy and condolences to the family and friends of Mrs Marking.

Mrs Marking attended the emergency department (ED) of East Surrey Hospital with the symptoms of blood-stained vomiting and abdominal pain and was assessed by Physician Associate (PA). Mrs Marking was known to have cognitive issues which limited her ability to provide a complete history. Your prevention of Future Death Notice (24th February 2025) also makes reference to an incomplete abdominal examination by the PA and Mrs Marking's case being discussed with a supervising consultant without a face-to-face review. Following discharge from the emergency department, Mrs Marking represented two days later to the same ED and was diagnosed with a small bowel obstruction and unfortunately suffered a complication of general anaesthesia which contributed to her subsequent death.

Following a period of consultation and engagement with various stakeholders, in June 2024 the Royal College of Emergency Medicine (RCEM) issued a position statement regarding Physician Associates [1] which included the following:

- *Supervised Practice: PAs working in Emergency Departments must always operate under the safe supervision of an EM consultant, Associate Specialist or Specialist doctor according to local policy.*
- *Public Awareness: PAs must be clearly identifiable and identify themselves as a PA to members of the public and other clinicians.*
- *Undifferentiated Patients: PAs must not see undifferentiated patients within an ED without safe supervision, and within agreed entrustment levels.*
- *Regulation: PAs must be regulated at the earliest opportunity.*

RCEM has recently, after an extensive consultation period, updated our workforce tiers guidance. This guidance was originally published in February 2015 and outlines what level of supervision clinicians with different levels of experience and training should be working at. The current guidance makes explicit reference to PAs as working at Tier 1 level and makes a specific recommendation that patients seen by a PAs should be discussed with or reviewed

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by a tier 4 or 5 doctor [2]. The decision as to whether a patient has a face-to-face review rather than a discussion, is for the judgement of the supervising doctor who will need to take into account many factors, including those which are patient related (e.g. potential seriousness of the presentation, co-existent illnesses) as well as those which are clinician related.

The role and regulation of PAs has been subject to much comment in recent years [3], we note that there is an ongoing review into the safety and scope of the PA role [4] to which RCEM is contributing. RCEM is responsible for setting standards of training, administering examinations and awarding Fellowship and Membership of the College as well as supporting Post Graduate Doctors in Training to qualify in the specialty of Emergency Medicine. The College works to ensure high quality patient care by setting and monitoring standards. We provide expert guidance and advice on health policy to relevant bodies on matters relating to Emergency Medicine and advocate and influence policy makers and politicians on behalf of our members and the wider specialty. It should be noted that RCEM does not have any statutory or regulatory role. RCEM is not responsible for monitoring or accrediting PA training.

RCEM has been working with NHS England for over a year on the implementation of 'Martha's Rule' in the ED setting. 'Martha's Rule' is designed to ensure that patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team (a second opinion from a clinician), if they are worried about a person's condition.

In 2016 RCEM produced a list of patient groups which should be discussed with a consultant or senior doctor before patient discharge [5,6]. The patient groups were selected on the basis that they are important ED presentations with a risk of life-threatening disease that may not be immediately appreciated by less experienced staff; abdominal pain in patients aged 70 years and over was one of these patient groups. RCEM has worked with the national emergency laparotomy audit project (NELA) for several years to improve the care of patients who require an emergency laparotomy (abdominal operation). RCEM issued a position statement in October 2024 regarding patients who may require a laparotomy [7]; this statement highlights that some patients are at greater risk of requiring surgery and part of this group includes the older person and those with cognitive impairment.

RCEM does not feel it would be appropriate to comment on matters related to the provision of general anaesthesia in the operating theatre.

Yours sincerely,

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President
Royal College of Emergency Medicine

[redacted]

[redacted]

President-Elect
Royal College of Emergency Medicine

References

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