

Reform of the Death Certification Process

The Medical Examiner (M.E.) System in Primary Care in England

From 9th September 2024 the new death certification reform become statutory. This requires an independent review to be carried out for all deaths in England and Wales, without exception. This will either be provided by independent scrutiny by a medical examiner (M.E.) or by investigation by a coroner.

The underpinning primary legislation is:

- section 21 of the Coroners and Justice Act 2009, commenced in June 2018
- sections 19 and 20 of the Coroners and Justice Act 2009, commenced on 1st October 2023
- section 169 of the Health and Care Act 2022, commenced on 1st October 2023

Summary

- All deaths not investigated by the coroner will in future be scrutinised by an M.E. Deaths will not be registered until the registrar receives notification of the cause of death either scrutinised by the M.E. or investigated by the coroner.
- The MCCD (Medical Certificate of Cause of Death) will be completed by the attending practitioner who must be a registered medical practitioner who attended the deceased at some time in their life. There will no longer be a requirement to have seen the deceased in their last illness in the 28 days before death. General Practitioners will not need to see the deceased after death once verification of death has been done by a doctor or other competent individual.
- The attending practitioner will propose a cause of death, if they can do so, to the best of their knowledge and belief and must share this with the medical examiner.
- Referral to the coroner under the Notification of Death Regulations remains unchanged.
- If the coroner does not consider an investigation is required, the matter will be referred back to the GP to complete the MCCD and send to the ME for scrutiny.
- The M.E. will sign an MCCD only under very specific and very limited situations at the instruction of the coroner.
- There will be no cremation form 4.
- The aim is always to put the bereaved at the centre of the process.

(Appendix 1 summaries the new process in flow chart form).

Medical Practitioner vs Attending Practitioner

As part of the reforms being introduced from September 2024, a **medical practitioner** will be eligible to be an **attending practitioner** and complete an MCCD if they have attended the deceased *in their lifetime*.

Updated guidance has been issued by the General Registry Office, Ministry of Justice and NHS England. The GP completing the MCCD **must have seen** the patient in the patient's lifetime. If not, another GP at the surgery who has seen the patient and should complete the MCCD in a timely manner. If this is not possible, the MCCD will become the responsibility of the Medical Examiner under instruction from the Coroner.

It is already a statutory requirement for an attending practitioner to complete the MCCD. The General Medical Council (GMC) sets out this obligation in treatment and care towards the end of life.

As soon as practicable after becoming aware of that death, the attending practitioner must review:

- i) the deceased person's relevant health records
- ii) details of verification of the deceased by a competent person
- iii) any other relevant medical information

with a view to establishing the cause of death to the best of the practitioner's knowledge and belief.

The main change is that attending practitioners must share the MCCD and proposed cause of death with a medical examiner, who will scrutinise these before submission to the registrar.

Where an attending practitioner is unable to carry out any duties imposed on the practitioner under this part within a reasonable time, another attending practitioner in relation to that death can carry out those duties.

The medical examiner is not only signing to say scrutiny has taken place, but that the cause of death has been agreed. The ME cannot tell the GP what to write but the ME and attending practitioner must come to some agreement or the matter has to be referred to the coroner with delay for the bereaved. If there is difficulty in reaching agreement it is suggested that the GP discusses the proposed cause of death with a colleague to see if they agree with the GP or if there is a suggestion for a compromise that can be reached.

Once the relevant attending practitioner and the medical examiner have completed their declarations of certification and scrutiny, and the cause of death is confirmed, the MCCD will be sent to the registrar. The representative of the deceased will be notified at the same time that they can now contact the registrar to arrange the registration of the death.

Medical Examiners

A medical examiner is a senior medical practitioner who is contracted for a number of sessions a week to provide independent scrutiny of causes of death, outside of their usual clinical duties. They are trained in the legal and clinical elements of death certification processes and will not have been involved in caring for the patient. Medical examiners, supported by medical examiner officers under delegation, carry out a proportionate review of medical records and give bereaved people the opportunity to ask questions and raise concerns.

National Medical Examiner: Section 21 of the Coroners and Justice Act 2009 requires the national medical examiner to provide guidance and professional leadership to medical examiners in England and Wales.

The national medical examiner oversees:

- regional medical examiners and regional medical examiner officers in England.
- the lead medical examiner and lead medical examiner officer for Wales.

These structures provide a route for medical examiners, if they judge it is necessary, to escalate concerns outside the established clinical governance processes operating in their organisation or health system.

Medical certificate of cause of death (MCCD) (see appendix 2)

From 9th September 2024, a new MCCD will replace the existing certificate. A new paper version of the MCCD will be distributed before the introduction of the statutory medical examiners system. The online version may be available later in 2024.

This can be completed by a doctor who attended the deceased at any time, the attending practitioner (AP). This does not have to be in the last illness. The requirement to have seen deceased patients in their last illness in the 28 days before death will no longer apply from Monday 09th September 2024.

- The stated cause of death is 'to the best of your knowledge and belief.'

The new MCCD will include the following new information:

- Details of the medical examiner who scrutinised the cause of death.
- Ethnicity, as self-declared by the patient on the medical record. This builds on learning from the COVID-19 pandemic. If the patient medical record does not include this information, then the attending practitioner can complete it as 'unknown' on the MCCD and should not in any circumstance ask for this information from the representative of the deceased.
- Maternal deaths and a new line, 1d, for the cause of death - bringing the MCCD in line with international standards.
- Medical devices and implants will be recorded on the MCCD by the attending practitioner, and this will be transferred to the certificate for burial or cremation (contained in the green form) completed by the registrar in order to inform relevant authorities of the presence of any devices or implants.

Medical Examiner Certificate

The Medical Examiner can provide death certification for the exceptional circumstances where either:

- there is no attending practitioner
- an attending practitioner is not available within a reasonable time

In either of these circumstances, the death is referred to the senior coroner by a referring medical practitioner (not a medical examiner) and the senior coroner decides not to investigate.

In these circumstances only, the senior coroner should refer the case to a medical examiner to certify the death by completing a medical examiner MCCD.

Coronial process

The Notification of Deaths Regulations 2019 (Appendix 3) will remain in force (subject to minor amendments flowing from the changes). Attending practitioners should continue to notify deaths that meet the criteria in those regulations to the coroner, who will determine what further action is appropriate. In this situation there will be no regulatory requirement for the attending practitioner to inform the medical examiner that they have done this.

If the coroner declines jurisdiction, they will advise the attending practitioner. The attending practitioner will be expected to complete the MCCD, and scrutiny will be undertaken by the medical examiner.

Death Registration

Deaths will not be registered until the registrar receives notification of the cause of death from the medical examiner or the coroner. This notification will also start the 5-day statutory time frame to register a death.

There will be no requirement for registrars to refer deaths to the coroner. The attending practitioner or the medical examiner will determine which deaths need to be referred to the coroner.

As there will be limited interaction between the registrar and coroner, the need for the form 100A will no longer exist and this form will be removed.

The changes will also introduce new categories of qualified informant to allow for the partner of the deceased and a representative of the deceased to register the death.

Informants should have had the opportunity to discuss and be aware of the cause of death before registration. When at registration they do raise concerns in relation to the cause of death, the issue will be raised with the coroner or Medical Examiner as appropriate.

Cremation and Burial

Once the statutory medical examiner system is implemented, the medical examiner's scrutiny will make the form Cremation 4 confirmation obsolete and the regulatory requirement for the medical referee to scrutinise it will therefore be removed. Medical referees will remain in post while the statutory medical examiner system is embedded.

Information about medical devices and implants in the body of the deceased (which is currently recorded on form Cremation 4) will be included on the MCCD and in the certificate for burial or cremation (green form).

In coronial cases that are followed by cremation, the coroner will continue to certify the cause of death using form Cremation 6 (certificate of coroner), as at present. Form Cremation 6 will be amended to enable the coroner to record information on the presence of medical devices and implants, where available.

Records Sharing

Medical examiners will have a right of access to records of patients under section 3 of the Access to Health Records Act 1990, as amended by the Coroners and Justice Act 2009.

There is no national system for collation and submission of medical records to the M.E. A joint letter from RCGP and BMA has raised concerns around this.

Mortality statistics

The regulations make no changes to the existing legislative powers for the Office for National Statistics (ONS) to produce mortality statistics.

Following implementation of the statutory medical examiner system, the data transmitted to ONS will include some of the new items being collected on the revised MCCD:

- line 1d of the cause of death information
- the ethnicity of the deceased (where available)
- whether the deceased was pregnant or recently pregnant

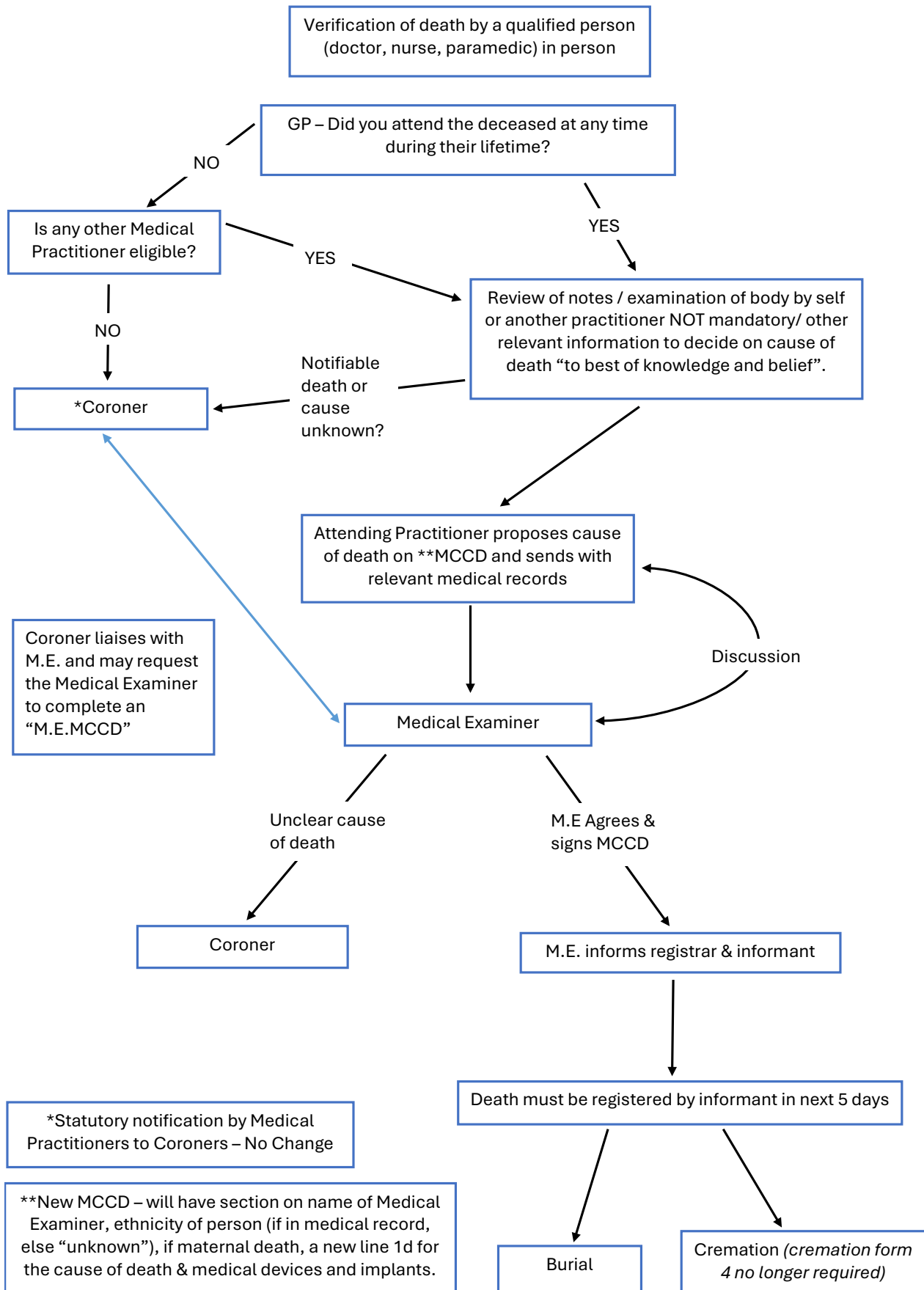
Sources: UK Gov Death Certificate Reforms ([click here](#))

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With thanks to: **Dr Frances Cranfield**, GP Senior Partner, Assistant Coroner for Hertfordshire, RCGP Council and RCGP National Lead Representative for Medical Examiners, Medical Examiner For Bedfordshire Hospitals NHS Foundation Trust, **SW Hertfordshire Medical Examiner's Office, Hertfordshire Coroner's Office**

Appendix 1: Flow Chart of New Process

Legislation for Death Certification – Relevant GP Changes



Appendix 2: Medical Certificate of Cause of Death

Coroners and Justice Act 2009 Form prescribed by the Medical Certificate of Cause of Death Regulations 2004	Attending Practitioner Medical Certificate of Cause of Death For use by a Registered Medical Practitioner who has attended the deceased in their lifetime. This certificate is to be delivered by the relevant Medical Examiner as soon as practicable to the Registrar of Births and Deaths	Please refer to guidance for medical practitioners completing an MCCD on .GOV.UK Unique ID:
Name of deceased (first, middle, and last) Date of birth DD/MM/YYYY Age NHS number (if available) Date of death as stated to me DD/MM/YYYY Place of death		
CAUSE OF DEATH The condition thought to be the underlying cause of death should appear in the lowest completed line of part I		Approximate interval between onset and death (These particulars not to be entered in the death register)
I (a) Disease or condition leading directly to death (b) Other disease or condition, if any, leading to I (a) (c) Other disease or condition, if any, leading to I (b) (d) Other disease or condition, if any, leading to I (c) II Other significant conditions contributing to the death but not relating to the disease or condition causing it		
<i>Circle the appropriate digit</i> 1. The certified cause of death takes account of information obtained from post-mortem 2. Information from post-mortem may be available later 3. Post-mortem not being held 4. This death was reported to the coroner whose duty to investigate under s1 CJA2009 was not engaged	<i>Circle the appropriate digit</i> Was the deceased pregnant within the year prior to their death? 0. Not applicable 1. Pregnant at the time of death 2. Pregnant 1-42 days before death 3. Pregnant 43 days to a year before death 4. Not pregnant 9. Unknown	If the deceased was pregnant within the year prior to their death, did the pregnancy contribute to their death? 1. Yes 2. No 9. Unknown
This death may have been due to, or contributed to, by the employment followed at some point by the deceased I may be in a position to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification		Yes No ☐ ☐
		APC 1 Form 66

Ethnicity Circle the digit of the ethnicity as it is recorded in the patient record. If there is no match with the list, or there is no ethnicity recorded, please circle '19. Not known.'	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. White: English, Welsh, Scottish, Northern Irish or British 2. White: Irish 3. White: Gypsy or Irish Traveller 4. White: Any other White background 5. Mixed or multiple ethnic groups: White and Black Caribbean 6. Mixed or multiple ethnic groups: White and Black African 7. Mixed or multiple ethnic groups: White and Asian 8. Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background </td> <td style="width: 50%; vertical-align: top;"> 9. Asian or Asian British: Indian 10. Asian or Asian British: Pakistani 11. Asian or Asian British: Bangladeshi 12. Asian or Asian British: Chinese 13. Asian or Asian British: Any other Asian background 14. Black, Black British, Caribbean or African: Caribbean 15. Black, Black British, Caribbean or African: African 16. Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background 17. Other ethnic group: Arab 18. Other ethnic group: Any other ethnic group 19. Not known </td> </tr> </table>	1. White: English, Welsh, Scottish, Northern Irish or British 2. White: Irish 3. White: Gypsy or Irish Traveller 4. White: Any other White background 5. Mixed or multiple ethnic groups: White and Black Caribbean 6. Mixed or multiple ethnic groups: White and Black African 7. Mixed or multiple ethnic groups: White and Asian 8. Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background	9. Asian or Asian British: Indian 10. Asian or Asian British: Pakistani 11. Asian or Asian British: Bangladeshi 12. Asian or Asian British: Chinese 13. Asian or Asian British: Any other Asian background 14. Black, Black British, Caribbean or African: Caribbean 15. Black, Black British, Caribbean or African: African 16. Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background 17. Other ethnic group: Arab 18. Other ethnic group: Any other ethnic group 19. Not known
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Implantable medical devices Did the deceased have any implantable medical devices fitted during their lifetime? Yes No If yes, provide details of the device and its location If yes, has the device been removed?

For the attending practitioner to complete Full name Qualifications (as registered by GMC) GMC number Declaration: I confirm that I attended the deceased before their death and that the cause of death is as stated in this certificate to the best of my knowledge and belief. Signature Date DD/MM/YYYY		
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For the medical examiner to complete Full name Qualifications (as registered by GMC) GMC number Declaration: I am a duly appointed medical examiner and following scrutiny I confirm that the cause of death is as stated in this certificate to the best of my knowledge and belief. Signature Date DD/MM/YYYY		
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Appendix 3: The Notification of Death Regulations 2019

Circumstances in which the duty to notify arises

3.—(1) The circumstances are—

- (a) the registered medical practitioner suspects that that the person's death was due to—
 - (i) poisoning, including by an otherwise benign substance;
 - (ii) exposure to or contact with a toxic substance;
 - (iii) the use of a medicinal product, controlled drug or psychoactive substance;
 - (iv) violence;
 - (v) trauma or injury;
 - (vi) self-harm;
 - (vii) neglect, including self-neglect;
 - (viii) the person undergoing a treatment or procedure of a medical or similar nature; or
 - (ix) an injury or disease attributable to any employment held by the person during the person's lifetime;
- (b) the registered medical practitioner suspects that the person's death was unnatural but does not fall within any of the circumstances listed in sub-paragraph (a);
- (c) the registered medical practitioner—
 - (i) is an attending medical practitioner required to sign a certificate of cause of death in relation to the deceased person; but
 - (ii) despite taking reasonable steps to determine the cause of death, considers that the cause of death is unknown;
- (d) the registered medical practitioner suspects that the person died while in custody or otherwise in state detention M3;
- (e) the registered medical practitioner reasonably believes that there is no attending medical practitioner required to sign a certificate of cause of death in relation to the deceased person;
- (f) the registered medical practitioner reasonably believes that—
 - (i) an attending medical practitioner is required to sign a certificate of cause of death in relation to the deceased person; but
 - (ii) the attending medical practitioner is not available within a reasonable time of the person's death to sign the certificate of cause of death;
- (g) the registered medical practitioner, after taking reasonable steps to ascertain the identity of the deceased person, is unable to do so.

(2) In this regulation—

“attending medical practitioner” means a registered medical practitioner required under section 22(1) of the Births and Deaths Registration Act 1953 to sign a certificate of cause of death in relation to a deceased person;

“certificate of the cause of death” means the certificate required to be signed by a registered medical practitioner under section 22(1) of the Births and Deaths Registration Act 1953;

“controlled drug” has the same meaning as in the Misuse of Drugs Act 1971 M4;

“employment” means any employment, whether paid or unpaid, including—

- (a) work under a contract for services or as an office holder; and
- (b) work experience provided pursuant to a training course or in the course of training for employment;

“medicinal product” has the same meaning given by regulation 2 of the Human Medicines Regulations 2012 M5;

“psychoactive substance” has the same meaning as in the Psychoactive Substances Act 2016 M6.