

Death Certification Reforms - Update

A consultation document containing draft regulations on the introduction of medical examiners and associated reforms to the process of death certification will be circulated later this year.

The Coroners and Justice Act 2009 as amended by the Health and Social Care Bill will require upper-tier local authorities in England and local health boards in Wales to appoint¹ medical examiners to scrutinise and confirm the cause of all deaths in their area that do not require a coroner's post-mortem or inquest.² The new process is stronger, simpler and more open than the current process.³ In particular, it unifies the current arrangements for burials and cremations and replaces the requirement for doctors to complete cremation forms 4 and 5 and for a medical referee to complete cremation form 10.

The legislation will allow upper-tier local authorities / local health boards to establish a medical examiner's service for their own area or to work with adjacent authorities / boards to establish a joint or regional service covering a larger area. Each medical examiner's service may have one or more medical examiner's office; however, work carried out by the DH Death Certification Programme suggests that a full-time medical examiner's service may only be cost-effective at offices that provide advice or scrutiny for at least 2,000 deaths per year. Whilst local authorities will have a number of options on where they locate their medical examiner's offices, it is anticipated that most will choose to base these offices at acute hospitals with the highest number of deaths so as to ensure timely access to paper-based health records.⁴ However, this may not be appropriate in all areas and local configuration will require consideration of a wide range of factors.⁵

It is currently proposed that medical examiner's services will be funded on a cost-recovery basis by a locally collected fee that would replace, extend and make more effective use of the current ~£165 fee paid for completion of cremation forms 4, 5 and 10. The proposed fee, which local authorities / health boards could collect in a number of alternative ways, would not be a pre-requisite for registration and would not be charged on deaths that require a coroner's post-mortem or inquest.⁶

Whilst cremation forms 4, 5 and 10 will cease to be used, other cremation forms may remain; for example, forms for the cremation of stillbirths, body parts and bodies that have undergone anatomical examination. The Ministry of Justice (MoJ) intends to consult on whether any changes are required to these forms as a result of reforms to the process of death certification.

How does this affect the burial and cremation authorities and their managers?

It is anticipated that medical examiners will prepare a 'Release Form' for all deaths where they confirm or certify the cause. Medical examiners would use this form to record the existence, type and date of insertion of any implants or medical devices⁷ and the transmission route and hazard group of any communicable infections (although, in most cases, communicable infections would already be known and / or appropriate precautions taken). The Release Form would be provided to and issued by, or on behalf of, the attending doctor together with the confirmed MCCD so that it can be passed to a funeral director (if one has been or is appointed).⁸ The form would also be signed and dated by the person who removes any implants or medical devices. Arrangements for removal of

implants or medical devices will stay as they are in the current system except that they will not be able to be removed until a medical examiner has confirmed / certified the cause and prepared a Release Form or, where a coroner's post-mortem or inquest is being carried out, the coroner has given authorisation.

The following is also proposed and subject to confirmation by the MoJ:

For Cremation the authority or company will receive:

The Medical Examiner's Release Form (or equivalent statutory information)⁹
The Certificate for Burial or Cremation
Form 1, Application for Cremation

For Burial the authority, company (or operator) will receive:

[The Medical Examiner's Release Form (or equivalent statutory information) – if required]⁸
The Certificate for Burial or Cremation
Current Notice of Interment

Further updates on the above will be issued as the reforms progress.

ICCM – Developing and promoting good practice in cemeteries and crematoria

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| ISSUED BY: The Institute of Cemetery & Crematorium Management Registered Office: City of London Cemetery, Aldersbrook Road, Manor Park, London E12 5DQ Founded 1913 Incorporated 1958 London Register No. 610299 Tel: 020 8989 4661 Fax: 020 8989 6112 Web: www.iccm-uk.com |
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Supporting notes

- 1 The term ‘appointment’ will allow medical examiners that meet requirements in primary legislation (in relation to post-qualification experience and practice) and comply with (draft) regulations on independence to be employed, contracted or commissioned. It is anticipated that many medical examiners are likely to carry out the role as a part-time appointment alongside existing employment at a hospital, hospice or GP practice; however, where this is the case it is important that the work is a scheduled activity and not provided on an ad hoc basis around existing full-time commitments. This will be discussed further in the consultation document and in subsequent guidance.
- 2 Attending doctors will continue to certify the cause of death (if they are able to do so) but will provide a copy of their medical certificate of cause of death, relevant health records and associated statutory information to a medical examiner and wait for the cause to be scrutinised and confirmed before they, or someone acting on their behalf, issues the certificate. Death certification pilots have demonstrated that scrutiny can usually be completed in an elapsed time of ½ to 1 working-day (with an actual work-time of 30-60 minutes by a medical examiner and by an examiner’s officer) and that, where appropriate expectations are set, confirmation can be provided without causing undue delay or distress for relatives. It has also been shown that arrangements can usually be made to expedite cases where there is a known individual need for urgent certification. Where there is no attending doctor, or no attending doctors are available in a reasonable period following a death, a coroner will be able to ask a medical examiner to certify the death. This provision, which will be described further in the consultation document and subsequent guidance, is not intended to enable certification outside usual working hours when this cannot be provided by the attending doctor.
- 3 The death certification pilots have demonstrated that the new process is stronger, simpler and more open than the current process. See DH presentation given at [LGA Deaths, funerals and coroners conference](#) on 6th March 2012 for further information on these outcomes.
- 4 Medical examiners that are based at an acute hospital should be able to obtain timely access to records for deaths that occur at a community hospital / hospice or elsewhere in the community and therefore provide advice and scrutiny for deaths across multiple settings. This will usually be feasible because:
 - Many GP Practices now have electronic patient records and it is relatively easy for practice staff to use a standard mail-merge template or report to extract agreed data and use NHS Mail to email it securely to the medical examiner’s office.
 - Where community hospitals, hospices and GP practices use paper-based records, the relevant records for the deceased person’s last illness are generally sufficiently compact to allow them to be scanned and emailed securely to the medical examiner’s office.
 - The deceased person may have received spells of care at the acute hospital during the last illness and, where this is the case, the medical examiner should be able to access these records – particularly images and test results – relatively easily to support records received by email.

Medical examiners based at an acute hospital may also be able to arrange for a centralised **hospital** bereavement service to support the work of a standalone medical examiner’s office or, where the hospital bereavement service meets specified criteria, to provide the officer function. These criteria are set out in an “Outline service specification for provision of the medical examiner’s officer function” that has been prepared in collaboration with the Bereavement Services Association (BSA), Coroner’s Officers and Staff Association (COASA) and Association of Anatomical Pathology Technicians (AAPT). It is anticipated that this specification will be included / referenced in guidance and, if it is needed earlier, should be available from one of the organisations mentioned above.

Whilst it is anticipated that most medical examiner’s offices are likely to be based at an acute hospital, it might be appropriate to co-locate some offices (or perhaps specific medical examiners and / or officers) at a coroner’s office or other local authority / local health board location. However, this would only be

practicable for deaths where relevant records can be provided electronically or arrangements made for paper-based records to be provided without undue delay.

- 5 The factors that may need to be considered in establishing an appropriate local configuration for an individual, joint or regional medical examiner's service will include those listed below. It is anticipated that some areas may wish to consider these factors and establish an appropriate configuration on an 'early-adopter' basis; however, in most areas, this work is likely to be carried out once the relevant regulations have been introduced (currently scheduled for 9-12 months prior to implementation of the reforms).
 - The total number of deaths in the area
 - The size, topography, population density and rurality of area
 - The number, location and type of hospitals and hospices in the area
 - The number of apparently natural deaths that are expected to occur at each hospital and hospice and outside a hospital
 - Variations in national assumptions on average case-load, workload and cost resulting from an unusual 'local profile' in relation, for example, to:
 - The nature / complexity of causes of death
 - The availability of attending doctors
 - The proportion of deaths reported to a coroner
 - Access to records and other statutory information required by the medical examiner
 - Requirement for urgent certification due to cultural and religious requirements or other known individual needs.
- 6 The DWP have agreed to amend the appropriate regulations so that the proposed fee would be a valid expense for the Social Fund Funeral Payment scheme.
- 7 The medical examiner will identify implants and medical devices from: information provided by the attending doctor, independent scrutiny of health records, external examination of the deceased person (carried out or arranged by the medical examiner in most cases) and, where necessary, discussion with a relative or other prospective informant.
- 8 The Release Form or, as noted below, equivalent statutory information, will provide funeral directors and disposal authorities with information on the existence and removal of any implants or medical devices and on the transmission route and hazard group of any communicable infections without families needing (or feeling obliged) to advise the actual certified cause of death. Whilst in many cases it would not be a problem to disclose the cause of death on the medical certificate of cause of death, in some cases and circumstances it may create unnecessary distress.
- 9 Further discussion is required to establish the appropriate regulatory basis for provision of the Medical Examiner's Release Form. If it is only required for cremations it would be subject to confirmation by the MoJ in relation to cremation regulations – however, if it is also required by other disposal authorities, then it may need to be introduced in a different way. The outcome of these discussions will lead to a decision on whether the requirement is for the provision of a duly completed statutory form or the provision of statutory information in an acceptable form.