

XXXX No. 000

**NOTIFICATION, CERTIFICATION AND
REGISTRATION OF DEATHS**

CORONERS, ENGLAND AND WALES

The Death Certification Regulations XXXX

<i>Made</i> - - - -	***
<i>Laid before Parliament</i>	***
<i>Coming into force</i> - -	***

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The Secretary of State for Health makes the following Regulations in exercise of the powers conferred by section 20(1) to (4) and section 176(3) of the Coroners and Justice Act 2009(a).

The Secretary of State has consulted the Welsh Ministers, the Registrar General and the Statistics Board in relation to the forms prescribed under the power under section 20(1)(m) of the Coroners and Justice Act 2009 in accordance with section 20(3) of that Act.

(a) 2009 c.25.

PART 1

General

Citation, commencement and application

1.—(1) These Regulations may be cited as the Death Certification Regulations 2016 and come into force on [*** ****].

(2) These Regulations apply in relation to a death that is required to be registered under Part 2 of the 1953 Act^(a) which occurs—

- (a) after the coming into force of these Regulations; or
- (b) before the coming into force of these Regulations where—
 - (i) the death has not been so registered; and
 - (ii) prior to the coming into force of these Regulations, a registered medical practitioner had not signed a certificate in the prescribed form in accordance with section 22(1) of the 1953 Act (certificates of cause of death) in relation to the death; or
 - (iii) a senior coroner is not under a duty to hold an inquest into the death under section 6 of the Act (duty to hold inquest).

Interpretation

2.—(1) In these Regulations—

“the Act” means the Coroners and Justice Act 2009;

“administrative and clinical information” has the meaning given by Schedule 1;

(a) “attending practitioner’s certificate” means—

- (a) in the case of a death of a child dying within the period of 28 days beginning with the day of the child’s birth, the certificate in the form set out in Schedule 3, and
- (b) in the case of any other death, the certificate in the form set out in Schedule 2;

“confirmed attending practitioner’s certificate” means an attending practitioner’s certificate bearing the date of a medical examiner’s confirmation of that certificate as entered in accordance with regulation 13(1)(a);

“general practice provider” means a provider of—

- (b) primary medical services under arrangements made under the following sections of the 2006 Act—
 - (i) section 83(2) (primary medical services),
 - (ii) section 84 (general medical services contracts: introductory), or
 - (iii) section 92 (arrangements by the Board for the provision of primary medical services), or
- (c) primary medical services under arrangements made under the following sections of the 2006 Wales Act—
 - (i) section 41(2) (primary medical services),
 - (ii) section 42 (general medical services contracts: introductory), or
 - (iii) section 50 (arrangements by Local Health Board for the provision of primary services);

(a) Under section 48 of the Act, “the 1953 Act” means the Births and Deaths Registration Act 1953 (c.20).

“health record” has the meaning given by section 1 of the Access to Health Records Act 1990^(a) (“health record” and related expressions);

“local protocol” means a memorandum of understanding made between one or more medical examiners and one or more other persons whose functions are connected with the functions of medical examiners or attending practitioners under these Regulations, setting out the administrative arrangements which are to apply to facilitate the efficient and timely certification of deaths in the area of a local authority^(b), in the case of England, or a Local Health Board, in the case of Wales;

“medical examiner’s certificate” means—

- (a) in the case of a death of a child dying within the period of 28 days beginning with the day of the child’s birth, the certificate in the form set out in Schedule 6, or
- (b) in the case of any other death, the certificate in the form set out in Schedule 5;

“medical examiner’s notification of certified cause of death” means the notice in the form set out in Schedule 7;

“medical examiner’s notification of confirmed cause of death” means the notice in the form set out in Schedule 4;

“medical examiner officer” means an individual appointed by a local authority, in England, or Local Health Board, in Wales, to act on behalf of or assist medical examiners in the exercise of their functions;

“prospective informant” means, in relation to a death, the person who intends to be the informant^(c) in relation to the death;

“qualified attending practitioner” has the meaning given by regulation 3;

“relevant health records”, in relation to a death, means health records containing information about—

- (a) any disease or condition which may have lead directly or indirectly to the death, or
- (b) any other disease or condition which may have significantly contributed to the death;

“relevant medical examiner”, in relation to a death, means a medical examiner—

- (a) in the case of a death occurring in England—
 - (i) appointed by the local authority in whose area the death occurred, or where no information as to the place of death is available, the area where the body was found (“authority X”), or
 - (ii) appointed by another local authority (“authority Y”) acting under an arrangement between authority X and authority Y,
- (b) in the case of a death occurring in Wales—
 - (i) appointed by the Local Heath Board in whose area the death occurred, or where no information as to the place of death is available, the area where the body was found (“Board X”), or
 - (ii) appointed by another Local Heath Board (“Board Y”) acting under an arrangement between Board X and Board Y;

“relevant senior coroner”, in relation to a death, means the senior coroner in whose area the body of the deceased person lies;

“relevant qualified attending practitioner”, in relation to a death, means the qualified attending practitioner who completed the attending practitioner’s certificate in relation to the death; and

(a) 1990 c.23. Section 1 was amended by section 74(1) and (2) of, and Schedule 16 (repeals and revocations) to, the Data Protection Act 1998 (c.29). There are other amendments to that section not relevant to these Regulations.

(b) Section 48 of the Act defines “local authority” in relation to England as “a county council, the council of any district in an area for which there is no county council, a London borough council, the Common Council or the Council of the Isles of Scilly”.

(c) “Informant” is defined in section 20(7) of the Act as, in relation to a death, “the person who gave particulars concerning the death to the registrar under section 16 or 17 of the 1953 Act”.

“registered patient” means—

- (a) in the case of a general practice provider in England—
 - (i) a person who is recorded by the National Health Service Commissioning Board^(a) (“NHS Commissioning Board”) as being on that general practice provider’s list of patients to whom primary medical services are provided under the 2006 Act, or
 - (ii) a person whom the general practice provider had accepted for inclusion on its list of patients (whether or not notification of that acceptance has been received by the NHS Commissioning Board) and who has not been the subject of a notification by the NHS Commissioning Board to the provider as having ceased to be on that list, or
- (b) in the case of a general practice provider in Wales—
 - (i) a person who is recorded by the Local Health Board as being on that general practice provider’s list of patients to whom primary medical services are provided under the 2006 Wales Act, or
 - (ii) a person whom the general practice provider had accepted for inclusion on its list of patients (whether or not notification of that acceptance has been received by the Local Health Board) and who has not been the subject of a notification by the Local Health Board to the provider as having ceased to be on that list.

(2) In paragraph (1)—

“2006 Act” means the National Health Service Act 2006^(b); and

“2006 Wales Act” means the National Health Service (Wales) Act 2006^(c).

Qualified attending practitioner

3.—(1) In these Regulations, “qualified attending practitioner”, in relation to a death, means a registered medical practitioner who—

- (a) attended the deceased person at any time in the period of 28 days ending with the day of the death; or
- (b) where the conditions in paragraph 2 apply, attended the deceased person at any time in the period of 12 months ending with the day of the death.

(2) The conditions are—

- (i) a registered medical practitioner falls within paragraph (1)(a) but that practitioner, in the opinion of the practitioner who attended the deceased person as referred to in paragraph (1)(b), is unable to comply with regulation 4(1) within a reasonable period after the death; and
- (ii) the registered medical practitioner falling within paragraph (1)(a) and the registered medical practitioner who attended the deceased person as referred to in paragraph (1)(b) are either a partner or employee of the general practice provider where the deceased person was a registered patient.

(3) In this regulation, “employee” includes an individual working from the premises of the general practice provider under a contract for services with that provider.

(a) The National Health Service Commissioning Board was established by section 1H of the National Health Service Act 2006, (c. 41). Section 1H was inserted by section 9 of the Health and Social Care Act 2012 (c. 7).
(b) 2006 c.41.
(c) 2006 c.42.

PART 2

Attending Practitioners' Certificates

Qualified attending practitioner's duty to complete an attending practitioner's certificate etc

4.—(1) A qualified attending practitioner in relation to a death must as soon as practicable after becoming aware of the death—

- (a) review—
 - (i) the deceased person's relevant health records;
 - (ii) the results of any physical examination of the body of the deceased person undertaken by the practitioner or any other registered medical practitioner; and
 - (iii) any other information which the practitioner considers relevant
 - (iv) with a view to establishing the cause of death to the best of the practitioner's knowledge and belief;
- (b) complete an attending practitioner's certificate in relation to the death, except the part to be completed under regulation 13(1)(a); and
- (c) provide the relevant medical examiner with a copy of that certificate and any administrative and clinical information not included in that certificate, in so far as it is practicable for the practitioner to obtain that information.

(2) Paragraph (1) does not apply where—

- (a) a senior coroner has decided to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths);
- (b) a senior coroner has referred the death to the relevant medical examiner under regulation 17; or
- (c) another qualified attending practitioner has provided an attending practitioner's certificate to the relevant medical examiner in relation to the death.

Qualified attending practitioner's referral to a senior coroner

5.—(1) A qualified attending practitioner who is under a duty under regulation 4(1)(a) to review information in relation to a death must as soon as practicable refer the death to the relevant senior coroner where—

- (a) after complying with regulation 4(1)(a) in relation to the death, the qualified attending practitioner is unable to establish the cause of death to the best of the practitioner's knowledge and belief; or
- (b) in the course of complying with regulation 4(1)(a) or (b) in relation to the death, the qualified attending practitioner forms the opinion that the duty to notify a relevant senior coroner arises under regulations made under section 18(1) of the Act (notification by medical practitioner to senior coroner).

(2) A referral under paragraph (1)(a) may be made orally or in writing(a).

(3) When making a referral under paragraph (1)(a) or as soon as practicable thereafter, the qualified attending practitioner must provide to the senior coroner the administrative and clinical information, in so far as it is practicable for the practitioner to obtain that information.

(4) Where, after receiving a referral under paragraph (1), the senior coroner decides that there is no duty to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths), the senior coroner must—

- (a) notify the qualified attending practitioner of that decision and the reasons for it; and

(a) Regulations made under section 18 of the Act may set out the requirements for a notification to a senior coroner under those Regulations.

(b) provide to the qualified attending practitioner a copy of any information relied upon in making that decision, except if that information was provided under paragraph (3).

(5) After receiving a notification under paragraph (4), the qualified attending practitioner must comply with any duties of the practitioner under regulation 4 in relation to the death that had not been complied with prior to the referral under paragraph (1).

(6) In paragraph (3), “administrative and clinical information”—

(a) only includes the information in paragraph (1)(p) of Schedule 1 where requested by the senior coroner; and

(b) does not include the information in paragraph (1)(t) of Schedule 1.

Availability of relevant qualified attending practitioner to answer questions from medical examiner

6. A qualified attending practitioner who has provided a medical examiner with a copy of an attending practitioner’s certificate in accordance with regulation 4(1)(c) or 15(2)(e)(ii) in relation to a death must be available, as far as practicable, to respond to any questions the medical examiner may wish to make in relation to the death.

Duties of medical examiner after receiving attending practitioner’s certificate

7. Regulations 8 to 10 apply where a medical examiner is provided with a copy of an attending practitioner’s certificate under regulation 4(1)(c) or 15(2)(e)(ii) in relation to a death.

Medical examiner’s scrutiny of death following provision of copy of attending practitioner’s certificate

8.—(1) The medical examiner may undertake an external examination of the body of the deceased person, or instruct another individual to do so on the examiner’s behalf, with a view to confirming or establishing the cause of death.

(2) The medical examiner must as soon as practicable with a view to confirming or establishing the cause of death—

(a) make whatever enquiries the examiner considers reasonable; and

(b) take into account the following information —

(i) the attending practitioner’s certificate;

(ii) the administrative and clinical information provided under regulation 4(1)(c) in relation to the death;

(iii) in the case of an attending practitioner’s certificate provided under regulation 15(2)(e)(ii), any information provided under regulation 15(2)(e)(iii);

(iv) the results of any external examination of the body of the deceased person undertaken under paragraph (1);

(v) any information provided in response to the enquiries made under sub-paragraph (a);

(vi) any information available to the examiner in respect of any trends or patterns relating to causes of deaths, public health, patient safety or clinical governance, which may be relevant to confirming or establishing the cause of death; and

(vii) any other information which the examiner considers relevant.

(3) The medical examiner must make a record of any conclusions drawn from taking into account the information referred to in paragraph (2)(b).

(4) A medical examiner may only appoint another individual to undertake an external examination of the body of the deceased person on the examiner’s behalf for the purpose of paragraph (1) where—

(a) in the opinion of the examiner that individual has suitable expertise; and

(b) the circumstances in paragraph (5) do not apply.

(5) The circumstances are that the individual—

- (a) is or was the spouse, ex-spouse, civil partner or ex-civil partner of the deceased person (“D”) or the relevant qualified attending practitioner (“Q”);
- (b) was living together with D or Q as if they were a spouse or civil partner at any time during the period of 5 years ending with the death;
- (c) is or was closely related to D or Q;
- (d) is or had been a partner, employer, employee or associate of D or Q;
- (e) had attended D during the course of D’s last illness;
- (f) had a financial interest in D’s estate; or
- (g) has or had any other association, relationship or direct or indirect financial connection with D or Q such as to give the relevant medical examiner reasonable doubt as to the practitioner’s objectivity to carry out an external examination of D.

(6) In paragraph (5), “closely related” means a parent, sister, half-sister, brother, half-brother, son, daughter, uncle, aunt, grandparent, grandchild, first cousin, nephew, niece, parent-in-law, grandchild-in-law, sister-in-law, brother-in-law, son-in-law or daughter-in-law or in a step relationship.

(7) In paragraph (6), references to step relationship and in-law are to be read in accordance with section 246 (interpretation of statutory references to stepchildren etc) of the Civil Partnership Act 2004(a).

Discussion with prospective informant or other appropriate person before confirming attending practitioner’s certificate

9.—(1) After complying with regulation 8 the medical examiner must—

- (a) discuss the circumstances and cause of death with the prospective informant or some other person whom the medical examiner considers it appropriate to discuss the cause of death with (“P”);
- (b) offer P an opportunity to mention any matter which might cause a senior coroner to think that the death should be investigated under section 1 of the Act (duty to investigate certain deaths); and
- (c) make a summary record of the discussion and its outcome.

(2) Paragraph (1) does not apply where, in the case of a death for which a fresh attending practitioner’s certificate has been completed under regulation 15(2)(c), the medical examiner or a medical examiner officer has previously complied with the requirements of paragraph (1) in relation to the death.

(3) The medical examiner may appoint a medical examiner officer to carry out the requirements in paragraph (1) on the examiner’s behalf.

(4) Where, having complied with the requirements set out in paragraph (1), the medical examiner considers that there are no matters which might cause a senior coroner to think that the death should be investigated under section 1 of the Act (duty to investigate certain deaths), the examiner must request P to complete Part B of the medical examiner’s notification of confirmed cause of death.

(5) Where a request has been made under paragraph (4), P must complete Part B of the medical examiner’s notification of confirmed cause of death prior to or when the confirmed attending practitioner’s certificate is provided to the registrar under regulation 13(2).

(6) Paragraph (5) does not apply where P is not the prospective informant and the prospective informant agrees to complete Part B of the medical examiner’s notification of confirmed cause of

(a) 2004 c. 33.

death at the offices of the registrar when providing the confirmed attending practitioner's certificate to the registrar under regulation 13(2).

Medical examiner's referral to a senior coroner

10.—(1) The medical examiner must as soon as practicable refer the death to the relevant senior coroner where—

- (a) after complying with regulations 8 or 9 in relation to the death, the medical examiner is unable to establish the cause of death to the best of the practitioner's knowledge and belief; or
- (b) in the course of complying with regulations 8 or 9 in relation to the death, the medical examiner forms the opinion that the duty to notify a relevant senior coroner arises under regulations made under section 18(1) of the Act (notification by medical practitioner to senior coroner).

(2) A referral under paragraph (1)(a) may be made orally or in writing^(a).

(3) When making a referral under paragraph (1)(a) or as soon as practicable thereafter, the medical examiner must provide the following information to the senior coroner in relation to the death—

- (a) a copy of the attending practitioner's certificate;
- (b) the administrative and clinical information provided to the examiner under regulation 4(1)(c) in relation to the death;
- (c) the record made under regulation 8(3); and
- (d) any record made under regulation 9(1)(c).

(4) Where, after receiving a referral under paragraph (1), the senior coroner decides that there is no duty to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths), the senior coroner must—

- (a) notify the medical examiner of that decision and the reasons for it; and
- (b) provide the medical examiner with a copy of any information relied upon in making that decision, except if that information was provided under paragraph (3).

(5) After receiving a notification under paragraph (4), the medical examiner must comply with any duties of the examiner under regulations 8 and 9 in relation to the death that had not been complied with prior to the referral under paragraph (1).

(6) Where, after receiving a referral under paragraph (1), the senior coroner decides that there is a duty to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths)—

- (a) the senior coroner must notify the medical examiner of that decision; and
- (b) the medical examiner must notify the relevant qualified attending practitioner of that notification.

(7) Where the senior coroner has notified the medical examiner under paragraph (6)(a), the attending practitioner's certificate relating to the death is cancelled.

(8) Where the medical examiner has notified the relevant qualified attending practitioner under paragraph 6(b) the practitioner must ensure that—

- (a) the word "cancelled" is written on the attending practitioner's certificate; and
- (b) the cancelled certificate is sent to the medical examiner by registered post, recorded delivery service or other secure means for delivery in accordance with any applicable local protocol.

(9) In paragraph (3), "administrative and clinical information" only includes the information in paragraph (1)(p) of Schedule 1 where requested by the senior coroner.

(a) Regulations made under section 18 of the Act may set out the requirements for a notification to a senior coroner under those Regulations.

Invitation to complete a fresh attending practitioner's certificate

11. In the course of carrying out the functions in regulations 8 or 9, a medical examiner may, after consulting the relevant qualified attending practitioner, invite that practitioner to complete a fresh attending practitioner's certificate in relation to the death.

Medical examiner's confirmation of attending practitioner's certificate and notification to the registrar

12.—(1) Paragraph (2) applies where, after complying with regulations 8 and 9 in relation to a death, a medical examiner is satisfied that—

- (a) the cause of death stated on the attending practitioner's certificate relating to the death is correct to the best of the examiner's knowledge and belief; and
- (b) that certificate is duly completed.

(2) The medical examiner must—

- (a) as soon as practicable, complete Part A of the medical examiner's notification of confirmed cause of death in relation to the death;
- (b) on the same day as compliance with paragraph (2)(a), provide the registrar and relevant qualified attending practitioner with a copy of the medical examiner's notification of confirmed cause of death.

Finalisation of attending practitioner's certificate

13.—(1) The relevant qualified attending practitioner must ensure that as soon as practicable, and in any event no later than [2 days] beginning with the day on which the medical examiner's notification of confirmed cause of death was provided under regulation 12(2)(b)—

- (a) in the appropriate place on the attending practitioner's certificate relating to the death, the date of the examiner's confirmation of the cause of death is entered;
- (b) reasonable steps are taken to make the prospective informant aware that the certificate is available for collection or delivery; and
- (c) reasonable steps are taken to make the certificate available for collection by the prospective informant or such other person as the prospective informant may nominate for that purpose; or
- (d) where requested by the prospective informant, the certificate is sent to the prospective informant or such other person as the prospective informant may nominate by registered post or recorded delivery service.

(2) Upon the collection or receipt of a confirmed attending practitioner's certificate under paragraph (1), the prospective informant must provide the confirmed attending practitioner's certificate to the registrar within five days beginning with the day of the medical examiner's confirmation, as specified in that certificate.

Registrar's invitation to qualified attending practitioner to complete a fresh attending practitioner's certificate

14.—(1) Paragraph (2) applies where an informant provides the registrar with information which leads that registrar to believe that the cause of death stated on a confirmed attending practitioner's certificate is or may be incorrect.

(2) The registrar may, after consulting the medical examiner who confirmed the attending practitioner's certificate, invite the relevant qualified attending practitioner to complete a fresh attending practitioner's certificate to supersede the existing one.

Completion of fresh attending practitioner's certificate

15.—(1) Paragraph (2) applies where, following an invitation under regulation 11 or 14, a qualifying attending practitioner agrees to issue a fresh attending practitioner's certificate in relation to a death.

(2) The practitioner must as soon as practicable—

- (a) inform the relevant medical examiner of the intention to complete a fresh attending practitioner's certificate in relation to the death;
- (b) review—
 - (i) the deceased person's relevant health records;
 - (ii) the results of any physical examination of the body of the deceased person undertaken by the practitioner or any other registered medical practitioner; and
 - (iii) any other information which the practitioner considers relevant
 - (iv) with a view to establishing the cause of death to the best of the practitioner's knowledge and belief;
- (c) complete the fresh attending practitioner's certificate, except the part to be completed under regulation 13(1)(a);
- (d) write the word "cancelled" on the original certificate; and
- (e) provide to the relevant medical examiner—
 - (i) the original certificate by registered post, recorded delivery service or other secure means for delivery in accordance with any applicable local protocol;
 - (ii) a copy of the fresh attending practitioner's certificate; and
 - (iii) any other information relevant to establishing the cause of death, except if that information was provided under regulation 4(1)(c).

(3) Where a fresh attending practitioner's certificate is completed under paragraph (2)(c), the original certificate is cancelled.

(4) Paragraphs 2(d) and 2(e)(i) do not apply in the case of a fresh attending practitioner's certificate completed following an invitation under regulation 14.

(5) In this regulation, "the original certificate" means the attending practitioner's certificate or the confirmed attending practitioner's certificate, as applicable, relating to a death, which the fresh attending practitioner's certificate is intended to replace.

Qualified attending practitioner subsequent unavailability to fulfil duties

16. Where, in relation to a death, the relevant qualified attending practitioner is unable to carry out any further duties imposed by this Part, another qualified attending practitioner must do so.

PART 3

Medical Examiners' Certificates

Senior coroner's referral to medical examiner

17.—(1) The relevant senior coroner in relation to a death must as soon as practicable after becoming aware of the death refer the death to the relevant medical examiner where—

- (a) the senior coroner has decided that there is no duty to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths); and
- (b) there is no qualified attending practitioner in relation to the death; or

- (c) there is one or more qualified attending practitioners in relation to the death but, in the opinion of the coroner, no such practitioner is able to fulfil the duties in regulation 4 within a reasonable period after the death.

(2) In making a referral under paragraph (1), the senior coroner must provide to the medical examiner the reasons for deciding to make the referral and a copy of any information relied upon in making that decision.

Duties of medical examiner after receiving referral from senior coroner

18. Regulations 19 to 21 apply where a death is referred by a senior coroner to a medical examiner under regulation 17.

Medical examiner's scrutiny of death following referral from senior coroner

19.—(1) The medical examiner may undertake an external examination of the body of the deceased person, or instruct another individual to do so on the examiner's behalf, with a view to establishing the cause of death.

(2) The medical examiner must as soon as practicable with a view to establishing the cause of death—

- (a) make whatever enquiries the examiner considers reasonable;
- (b) take into account the following information—
 - (i) the administrative and clinical information, in so far as it is practicable for the examiner to obtain that information;
 - (ii) any information provided by the senior coroner under regulation 17(2);
 - (iii) the results of any external examination of the body of the deceased person undertaken under paragraph (1);
 - (iv) any information provided in response to the enquiries made under sub-paragraph (a);
 - (v) any information available to the examiner in respect of any trends or patterns relating to causes of deaths, public health, patient safety or clinical governance, which may be relevant to confirming or establishing the cause of death; and
 - (vi) any other information which the examiner considers relevant.

(3) The medical examiner must make a record of any conclusions drawn from taking into account the information referred to in paragraph (2)(b).

(4) A medical examiner may only appoint another individual to undertake an external examination of the body of the deceased person on the examiner's behalf for the purpose of paragraph (1) where—

- (a) in the opinion of the examiner, the individual has suitable expertise; and
- (b) the circumstances in paragraph (5) do not apply.

(5) The circumstances are that the individual—

- (a) was the spouse, ex-spouse, civil partner or ex-civil partner of the deceased person ("D");
- (b) was living together with D as if they were a spouse or civil partner at any time during the period of 5 years ending with the death;
- (c) was closely related to D;
- (d) had attended D during the course of D's last illness;
- (e) is or had been a partner, employer, employee or associate of D;
- (f) had a financial interest in D's estate; or
- (g) has or had any other association, relationship or direct or indirect financial connection with D such as to give the medical examiner reasonable doubt as to the practitioner's objectivity to carry out an external examination of D.

(6) In paragraph (2), “administrative and clinical information” does not include the information in paragraphs (1)(l), (1)(s), (1)(u) and (1)(v) of Schedule 1.

(7) In paragraph (5), “closely related” means a parent, sister, half-sister, brother, half-brother, son, daughter, uncle, aunt, grandparent, grandchild, first cousin, nephew, niece, parent-in-law, grandchild-in-law, sister-in-law, brother-in-law, son-in-law or daughter-in-law or in a step relationship; and

(8) In paragraph (7), references to step relationship and in-law are to be read in accordance with section 246 (interpretation of statutory references to stepchildren etc) of the Civil Partnership Act 2004(a).

Discussion with prospective informant or other appropriate person before completing medical examiner’s certificate

20.—(1) After complying with regulation 19, the medical examiner must—

- (a) discuss the circumstances and cause of death with the prospective informant or some other person whom the medical examiner considers it appropriate to discuss the cause of death with (“P”);
- (b) offer P an opportunity to mention any matter which might cause a senior coroner to think that the death should be investigated under section 1 (duty to investigate certain deaths) of the Act; and
- (c) make a summary record of the discussion and its outcome.

(2) Paragraph (1) does not apply where, in the case of a death in respect of which a medical examiner has notified the registrar under regulation 23(3)(a) of the intention to complete a fresh medical examiner’s certificate, the medical examiner or a medical examiner officer has previously complied with the requirements of paragraph (1) in relation to the death.

(3) The medical examiner may appoint a medical examiner officer to carry out the requirements in paragraph (1) on that examiner’s behalf.

(4) Where, having complied with the requirements set out in paragraph (1), the medical examiner considers that there are no matters which might cause a senior coroner to think that the death should be investigated under section 1 of the Act (duty to investigate certain deaths), the examiner must request P to complete Part B of the medical examiner’s notification of certified cause of death.

(5) Where a request has been made under paragraph (4), P must complete Part B of the medical examiner’s notification of certified cause of death prior to, or when the medical examiner’s certificate is provided to the registrar under regulation 22(4).

(6) Paragraph (5) does not apply where P is not the prospective informant and the prospective informant agrees to complete Part B of the medical examiner’s notification of certified cause of death at the offices of the registrar when the medical examiner’s certificate is provided to the registrar under regulation 22(4).

Medical examiner’s referral back to the senior coroner

21.—(1) The medical examiner must as soon as practicable refer the death back to the relevant senior coroner where—

- (a) after complying with regulations 19 or 20 in relation to the death, the medical examiner is unable to establish the cause of death to the best of the practitioner’s knowledge and belief; or
- (b) in the course of complying with regulations 19 or 20 in relation to the death, the medical examiner forms the opinion that the duty to notify a relevant senior coroner arises under regulations made under section 18(1) of the Act (notification by medical practitioner to senior coroner).

(a) 2004 c 33.

(2) A referral to a senior coroner under paragraph (1)(a) may be made orally or in writing^(a).

(3) When making a referral under paragraph (1)(a) or as soon as practicable thereafter, the medical examiner must provide the following information to the senior coroner in relation to the death—

- (a) the administrative and clinical information, except that information which the examiner is aware that the senior coroner already holds, in so far as it is practicable for the examiner to obtain that information;
- (b) the record made under regulation 19(3);
- (c) any record made under regulation 20(1)(c).

(4) Where, after receiving a referral under paragraph (1), the senior coroner decides that there is no duty to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths), the senior coroner must—

- (a) notify the medical examiner of that decision and the reasons for it; and
- (b) provide the medical examiner with a copy of any information relied upon in making that decision, except if that information was provided under paragraph (3).

(5) After receiving a notification under paragraph (4), the medical examiner must comply with any duties of the examiner under regulations 19 and 20 in relation to the death that had not been complied with prior to the referral under paragraph (1).

(6) Where, after receiving a referral under paragraph (1), the senior coroner decides that there is a duty to conduct an investigation into the death under section 1 of the Act (duty to investigate certain deaths), the senior coroner must notify the medical examiner of that decision.

(7) In paragraph (3), “administrative and clinical information”—

- (a) only includes the information in paragraph (1)(p) of Schedule 1 where requested by the senior coroner; and
- (b) does not include the information in paragraphs (1)(l), (1)(s), (1)(t), (1)(u) and (1)(v) of Schedule 1.

Finalisation of medical examiner’s certificate

22.—(1) Paragraphs (2) and (3) apply where, after complying with regulations 19 and 20 in relation to a death, a medical examiner is able to establish the cause of death to the best of that examiner’s knowledge and belief.

(2) The medical examiner must—

- (a) as soon as practicable, complete a medical examiner’s certificate in relation to the death; and
- (b) on the same day as compliance with sub-paragraph (a), complete Part A of the medical examiner’s notification of certified cause of death and provide a copy of that notification to the registrar.

(3) The medical examiner must ensure that as soon as practicable, and in any event no later than [2 days] beginning with the day on which the examiner completes the medical examiner’s certificate under paragraph (2)(a)—

- (a) reasonable steps are taken to make the prospective informant aware that the medical examiner’s certificate is available for collection or delivery; and
- (b) reasonable steps are taken to make that certificate available for collection by the prospective informant or such other person as the prospective informant may nominate for that purpose; or

(a) Regulations made under section 18 of the Act may set out the requirements for a notification to a senior coroner under those Regulations.

- (c) where requested by the prospective informant, ensure that certificate is sent to the prospective informant or such other person as the prospective informant may nominate by registered post or recorded delivery service.

(4) Upon the collection or receipt of a medical examiner's certificate under paragraph (3), the prospective informant must provide the medical examiner's certificate to the registrar within five days beginning with the day on which the certificate was completed, as specified in that certificate.

Registrar's invitation to issue a fresh medical examiner's certificate

23.—(1)—Paragraph (2) applies where the informant provides the registrar with information which leads the registrar to believe that the cause of death stated on a medical examiner's certificate is or may be incorrect.

(2) The registrar may, after consulting the medical examiner who prepared the certificate, invite that examiner to issue a fresh medical examiner's certificate to supersede the existing one.

(3) Where, following an invitation under paragraph (2), a medical examiner agrees to issue a fresh medical examiner's certificate in relation to a death—

- (a) the medical examiner must notify the registrar of the intention to complete a fresh medical examiner's certificate in relation to the death; and
- (b) subject to regulation 20(2), regulations 19 to 22 apply as though the invitation was a referral from the senior coroner under regulation 17.

(4) Where a medical examiner notifies the registrar under paragraph (3)(a), the medical examiner's certificate, which the fresh medical examiner's certificate is intended to replace, is cancelled.

PART 4

Miscellaneous Provisions

Manner of providing documents

24.—(1) In these Regulations, any requirement to provide a document or information may be satisfied by causing the document or information to be sent by an electronic communication where—

- (a) the intended recipient of the document or information has consented in writing to receiving documents or information by an electronic communication; and
- (b) the communication is sent to the number or address specified by the recipient when giving that consent.

(2) Paragraph (1) does not apply to the provision of any document or information under regulations 10(8)(b), 13(1)(d), 13(2), 15(2)(e)(i), 22(3)(c) and 22(4).

(3) In this regulation, "electronic communication" means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa)—

- (a) (a) by means of an electronic communications network; or
- (b) (b) by other means while in an electronic form.

Manner of completing medical examiner's notifications

25.—(1) For the purpose of regulations 12(2) and 22(2), Part A of the medical examiner's notification of certified cause of death and Part A of the medical examiner's notification of confirmed cause of death may be completed electronically.

(2) Where Part A of the notification referred to in paragraph (1) is completed electronically, the signature section of the notification must be completed using the signatory's advanced electronic signature.

(3) In this regulation, "advanced electronic signature" means an electronic signature which is—

- (a) uniquely linked to the signatory;
- (b) capable of identifying the signatory;
- (c) created using means the signatory can maintain under their own control; and
- (d) linked to the data to which it relates in such a way that any subsequent change of data is detectable.

Requirements etc during a period of emergency

26.—(1) During a period of emergency (a) these Regulations shall apply subject to the following modifications—

(a) for regulation 4(1)(b) substitute—

“(b) complete an attending practitioner's certificate and modify that certificate by—

- (i) deleting the words immediately below the heading “Medical Certificate of Cause of Death”; and
- (ii) deleting any references to the certificate's confirmation by a medical examiner; and”;

(b) in regulation 4(1)(c), omit “and any administrative and clinical information not included in that certificate, in so far as it is reasonably practicable for the practitioner to obtain that information”;

(c) omit regulations 6 to 12;

(d) for regulation 13, substitute—

“**13.**—(1) Following the completion of the attending practitioner's certificate in accordance with regulation 4(1)(b), the relevant qualified attending practitioner must ensure that as soon as practicable, and in any event no later than [2 days] beginning with the day of such completion—

- (a) reasonable steps are taken to make the prospective informant aware that the certificate is available for collection; and
- (b) reasonable steps are taken to make the certificate available for collection by the prospective informant or such other person as the prospective informant may nominate for that purpose.

(2) Upon the collection of a completed attending practitioner's certificate under paragraph (1), the prospective informant must provide the attending practitioner's certificate to the registrar within five days beginning with the day on which that certificate was completed, as specified in that certificate.”; and

(e) omit regulations 14 to 23.

(2) During a period of emergency, the functions of a qualified attending practitioner under these Regulations, as modified by paragraph (1), may be exercised by—

(a) any attending practitioner (b); or

(b) where, in relation to a death, no attending practitioner is of the opinion that the functions may be exercised by that practitioner within a reasonable period, any registered medical practitioner.

(a) See sections 20(7) and 19(7) to (9) of the Act for the meaning of “period of emergency”.

(b) See section 20(1)(a) of the Act: an “attending practitioner” is a registered medical practitioner who attended the deceased before his or her death.

Availability of certificates and forms

27. The [Secretary of State] must—

- (a) make the certificates set out in Schedules 2 and 3 available to registered medical practitioners; and
- (b) make the certificates and forms set out in Schedules 4 to 7 available to medical examiners.

Guidance

28. The Chief Medical Officer of the Department of Health must, after consulting the officer with corresponding functions in relation to Wales, the Registrar General and the Statistics Board, issue guidance as to how the certificates and forms in Schedules 2 to 7 are to be completed.

Signed by authority of the Secretary of State for Health

Date

Name
Parliamentary Under Secretary of State
Department of Health

SCHEDULE 1

Regulation 2

ADMINISTRATIVE AND CLINICAL INFORMATION

1. In these Regulations, “administrative and clinical information” means, in relation to a death—

- (a) the full name of the deceased person;
- (b) the date of birth of the deceased person;
- (c) the gender of the deceased person;
- (d) the last residential address of the deceased person;
- (e) the address where the death occurred;
- (f) whether the place of death was a private residence, care home, hospice, hospital or some other place;
- (g) the date and time of death;
- (h) the last occupation (if any) of the deceased person;
- (i) where the deceased person was under the age of 18 years, the name and address of a person who had parental responsibility for the deceased person;
- (j) the name, address and telephone number of the prospective informant or some other person whom it may be appropriate to discuss the cause of death with;
- (k) the name, address and telephone number of the general practice provider with whom the deceased person was a registered patient;
- (l) the qualified attending practitioner’s name, address, telephone number, GMC reference number and times of availability to respond to any enquiries about the death from the relevant medical examiner;
- (m) the name, address and telephone number of any person who was responsible for the nursing or care of the deceased person prior to the death;
- (n) the name and contact details of any individual who verified the fact of death;

- (o) where there is an urgent need to have available a confirmed attending practitioner’s certificate or medical examiner’s certificate, as applicable, the date by which such a certificate is sought and the reason for the urgency;
- (p) a copy of the relevant health records of the deceased person;
- (q) the details of the circumstances of the death;
- (r) a summary of the deceased person’s medical history which is or may be relevant to establishing the cause of death;
- (s) the results of any external examination of the body of the deceased person undertaken by the qualified attending practitioner or any other registered medical practitioner relevant to the cause of death;
- (t) whether a senior coroner has been made aware of the death and, if so, any view of that coroner as to whether there is a duty to conduct an investigation under section 1 of the Act (duty to investigate certain deaths) in relation to the death and any information provided by the coroner in reaching that view;
- (u) whether there is any potentially hazardous implant or medical device in the body and if so, the type, and if there is a radioactive implant the date inserted;
- (v) whether the deceased person was suffering from a communicable infection immediately before death and if so, the transmission route and hazard group of any such infection; and
- (w) any other information that the practitioner, or examiner, as applicable, considers may be relevant to establishing the cause of death.

2. In paragraph (1)—

“care home” has the meaning given in section 3 of the Care Standards Act 2000(**a**)(care homes);

“GMC reference number” means the number allocated to the practitioner by the registrar of the General Medical Council(**b**);

“hazard group” means one of the four groups specified in paragraph 2(2) of Schedule 3 to the Control of Substances Hazardous to Health Regulations 2002(**c**) (classification of biological agents); and

“parental responsibility” has the meaning given by section 3 of the Children Act 1989(**d**) (meaning of parental responsibility).

(a) 2000 c.14.

(b) The General Medical Council was established by the Medical Act 1858 (c.90) and is continued by the Medical Act 1983 (c.54).

(c) S.I. 2002/2677, to which there are amendments not relevant to these Regulations.

(d) 1989 c.41.

SCHEDULE 2 Regulation 2
ATTENDING PRACTITIONER'S CERTIFICATE - OTHER CASES

SCHEDULE 3 Regulation 2
ATTENDING PRACTITIONER'S CERTIFICATE - LIVE-BORN
CHILD DYING WITHIN THE FIRST TWENTY-EIGHT DAYS OF
LIFE

SCHEDULE 4 Regulation 2
MEDICAL EXAMINER'S NOTIFICATION OF CONFIRMED CAUSE
OF DEATH

SCHEDULE 5 Regulation 2
MEDICAL EXAMINER'S CERTIFICATE – OTHER CASES

SCHEDULE 6 Regulation 2
MEDICAL EXAMINER'S CERTIFICATE – LIVE-BORN CHILD
DYING WITHIN THE FIRST TWENTY-EIGHT DAYS OF LIFE

SCHEDULE 7 Regulation 2
MEDICAL EXAMINER'S NOTIFICATION OF CERTIFIED CAUSE
OF DEATH

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations make provision for the certification of deaths in England and Wales by attending practitioners and medical examiners. They apply to deaths occurring after the coming into force of these Regulations. They also apply to deaths occurring before the coming into force of these Regulations if they have not been registered under the Births and Deaths Registration Act 1953, except where a certificate of cause of death has been issued in respect of the death before the coming into force of these Regulations, or where there is a duty on a senior coroner to hold an inquest into the death.

Part 2 of these Regulations makes provision for the completion and confirmation of an attending practitioner's certificate in relation to a death.

Regulation 4 requires a qualified attending practitioner to complete an attending practitioner's certificate specifying the cause of death. A copy of that certificate must be provided to the relevant medical examiner along with other specified information. Regulation 5 requires the qualified attending practitioner to refer the death to the relevant senior coroner in specified cases.

Regulations 8-10 set out the requirements of medical examiners who have been provided with a copy of an attending practitioner's certificate. Regulation 8 requires the medical examiner to take into account the attending practitioner's certificate and other specified information with a view to confirming or establishing the cause of death. Regulation 9 requires the relevant medical examiner to discuss the cause of death with the prospective informant or such other person as considered appropriate. Regulation 10 requires the medical examiner to refer the death to the relevant senior coroner in specified cases. Regulation 11 enables the medical examiner to invite the qualified attending practitioner to prepare a fresh attending practitioner's certificate.

Regulation 12 requires that where a medical examiner is able to confirm the cause of death stated on the attending practitioner's certificate, the examiner must notify that confirmation to the registrar and qualified attending practitioner. Following such confirmation, regulation 13 makes provision for the finalisation of the qualified attending practitioner's certificate by the qualified attending practitioner and the provision of that certificate to the registrar by the prospective informant.

Regulation 14 enables a registrar to invite a qualified attending practitioner to prepare a fresh attending practitioner's certificate where the registrar considers that the cause of death stated on the certificate is or may be incorrect.

Regulation 15 makes provision for a fresh attending practitioner's certificate to be completed, if the qualified attending practitioner agrees following an invitation under regulation 11 or 14.

Part 3 of these Regulations makes provision for the completion of a medical examiner's certificate in relation to a death.

Regulation 17 requires a senior coroner to refer a death to the relevant medical examiner in certain cases. Regulations 19-22 set out the requirements of medical examiners who have received such a referral. Regulation 19 requires the medical examiner to take into account specified information with a view to establishing the cause of death. Regulation 20 requires the relevant medical examiner to discuss the cause of death with the prospective informant or such other person as considered appropriate. Regulation 21 requires the medical examiner to refer the death back to the relevant senior coroner in specified cases.

Regulation 22 requires that where, after meeting the requirements of regulations 19 and 20 the relevant medical examiner is able to establish the cause of death, the examiner must complete a medical examiner's certificate and notify the registrar. Regulation 22 also makes provision for that certificate to be provided to the registrar by the prospective informant.

Regulation 23 enables a registrar to invite a relevant medical examiner to prepare a fresh medical examiner's certificate where the registrar considers that the cause of death stated on the certificate is or may be incorrect. Regulation 23 also makes provision for a medical examiner's certificate to be completed if the relevant medical examiner agrees following such an invitation.

Part 4 of the Regulations makes various miscellaneous provisions regarding the electronic sending or completion of documents (regulations 24 and 25), the application of the Regulations during a period of emergency (regulation 26), and the issuing of guidance (regulation 29).

A full impact assessment of the effect that this instrument will have on the costs of business, the voluntary sector and the public sector is available from [x].