STATUTORY INSTRUMENTS

# 2024 No. 492

# MEDICAL PROFESSION, ENGLAND AND WALES CORONERS, ENGLAND AND WALES

The Medical Certificate of Cause of Death Regulations 2024

Made	at 6.25 p.m. on 11th April 2024
Laid before Parliament	15th April 2024
Coming into force	9th September 2024

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The Secretary of State makes these Regulations in exercise of the powers conferred by sections 20(1) (a) to (k), (m) and (o), and 176(3) of the Coroners and Justice Act 2009(1) and section 26(2) of the Welsh Language Act 1993(2).

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

## Part 1

## General

## Citation, commencement, extent and application

**1.**—(1) These Regulations may be cited as the Medical Certificate of Cause of Death Regulations 2024 and come into force on 9th September 2024.

(2) These Regulations extend to England and Wales.

(3) These Regulations apply in relation to a death that is required to be registered under Part 2 of the 1953 Act(3).

<sup>(1) 2009</sup> c. 25.

<sup>(2) 1993</sup> c. 38. See section 27(4) for the meaning of "the appropriate Minister".

<sup>(3)</sup> Under section 48(1) of the Coroners and Justice Act 2009, "the 1953 Act" means the Births and Deaths Registration Act 1953 (c. 20).

## Interpretation

2. In these Regulations—

"the Act" means the Coroners and Justice Act 2009;

"appropriate medical examiner" means a medical examiner to whom the death has been allocated by an English NHS body or a Welsh NHS body, as the case may be;

"attending practitioner" means a registered medical practitioner(4) who attended the deceased before their death;

"attending practitioner's certificate" has the meaning given in regulation 3(3);

"confirmed attending practitioner's certificate" has the meaning given in regulation 11(3);

"English NHS body" has the meaning set out in section 18A(4) of the Act (Medical Examiners: England)(5);

"health record" has the meaning given by section 1 of the Access to Health Records Act 1990 ("health record" and related expressions)(6);

"medical examiner's certificate" has the meaning given in regulation 19(2);

"other relevant medical practitioner" means a registered medical practitioner(7) who, in relation to a death, is not a relevant attending practitioner, but has—

- (a) made a notification or referral to a senior coroner under any enactment,
- (b) sought advice from a medical examiner; or
- (c) sought to fulfil any function under these Regulations;

"relevant attending practitioner" means the attending practitioner who has-

- (a) prepared the attending practitioner's certificate under regulation 3(1)(b)(i), and
- (b) made available such certificate to the appropriate medical examiner under regulation 3(1) (c)(i);

"relevant health records" means health records containing information about-

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

"relevant senior coroner", in relation to a death, means the senior coroner appointed for the coroner area(8) in which the body of the deceased person lies;

"Welsh NHS body" has the meaning set out in section 18B(3) of the Act (Medical Examiners: Wales)(9).

<sup>(4)</sup> The definition of "registered medical practitioner" in Schedule 1 to the Interpretation Act 1978 (c. 30) was substituted by S.I. 2002/3135, Schedule 1, paragraph 10 to mean "a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act".

<sup>(5)</sup> Section 18A was inserted by section 169(1) of the Health and Care Act 2022 (c. 31).

<sup>(6) 1990</sup> c. 23. Section 1 was amended by section 74(2) of, and Schedule 16 (repeals and revocations) to, the Data Protection Act 1998 (c. 29). There are other amendments but none are relevant.

<sup>(7)</sup> The definition of "registered medical practitioner" in Schedule 1 to the Interpretation Act 1978 was substituted by S.I. 2002/3135, Schedule 1, paragraph 10 to mean "a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act".

<sup>(8)</sup> For the meaning of "coroner area", see section 48(1) of the Coroners and Justice Act 2009.

<sup>(9)</sup> Section 18B was inserted by section 169(1) of the Health and Care Act 2022.

## Part 2

## Attending practitioner's certificate

### Attending practitioner's certificate

- 3.—(1) As soon as practicable after becoming aware of a death, an attending practitioner must—
  - (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,

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

- (b) either-
  - (i) prepare and sign an attending practitioner's certificate; or
  - (ii) where they are not able to establish the cause of death, refer the death to the relevant senior coroner; and
- (c) where they have prepared and signed an attending practitioner's certificate, make available to an appropriate medical examiner—
  - (i) the attending practitioner's certificate; and
  - (ii) the deceased person's relevant health records and any other information reviewed under sub-paragraph (1)(a).
- (2) Paragraph (1) does not apply where—
  - (a) another attending practitioner has given an attending practitioner's certificate to an appropriate medical examiner in relation to the death;
  - (b) the relevant senior coroner has referred the death to an appropriate medical examiner under regulation 15(1); or
  - (c) the relevant senior coroner has decided that there is a duty to conduct an investigation into the death under section 1 of the Act.

(3) For the purposes of these Regulations, "attending practitioner's certificate" means the certificate referred to in section 20(1)(a)(i) of the Act which shall take the form of—

- (a) in the case of a death of a child within the period of 28 days beginning with the day of the child's birth, the certificate in either of the forms set out in Part 1 or Part 2 of Schedule 1;
- (b) in the case of any other death, the certificate in either of the forms set out in Part 1 or Part 2 of Schedule 2.

## Attending practitioner's referral to the relevant senior coroner

**4.**—(1) If at that time there are exceptional circumstances to justify doing so, a referral under regulation 3(1)(b)(ii) may be made orally, but otherwise must be in writing.

(2) An attending practitioner who makes a referral to the relevant senior coroner orally under paragraph (1) must, as soon as practicable thereafter, confirm the referral in writing to the relevant senior coroner.

(3) When making a referral under regulation 3(1)(b)(ii), or as soon as practicable thereafter, in addition to complying with the duty set out in regulation 2 of the Notification of Deaths Regulations

2019(10), the attending practitioner must provide to the relevant senior coroner any information referred to in regulation 3(1)(a) not already provided to the relevant senior coroner.

- (4) Subject to paragraph (5), where the relevant senior coroner has—
  - (a) received a referral or notification of a death under any enactment; and
  - (b) decided that there is no duty under section 1 of the Act to conduct an investigation into the death,

the relevant senior coroner must notify the attending practitioner of that decision and the reasons for it.

(5) Paragraph (4) does not apply to a referral to the relevant senior coroner under regulations 10(1) or 20(1).

(6) Where an attending practitioner receives a notification under paragraph (4), the practitioner must, as soon as practicable, comply with any duties of the practitioner under these Regulations that had not been complied with prior to the referral or notification of the death to the relevant senior coroner.

## Duties of medical examiner after receiving attending practitioner's certificate

5. Regulations 6 to 13 apply where an appropriate medical examiner is provided with an attending practitioner's certificate under regulation 3(1)(c)(i) or regulation 13(2)(b)(i) in relation to a death.

#### Medical examiner's scrutiny of cause of death

**6.**—(1) The appropriate medical examiner must, as soon as practicable, with a view to confirming the cause of death—

- (a) make whatever enquiries the examiner considers necessary;
- (b) take into account any conclusions drawn from any enquiries made under sub-paragraph (a) and any information provided under regulations 3(1)(c) and 13(4); and
- (c) take into account any other information which the examiner considers relevant.

(2) The appropriate medical examiner must make a record of any conclusions drawn from the enquiries made and information considered in sub-paragraphs (1)(a), (b) and (c).

(3) The appropriate medical examiner may undertake an external examination of the body of the deceased person, or, subject to paragraphs (4) to (7), instruct another individual to do so on their behalf, with a view to confirming the cause of death.

(4) The appropriate medical examiner may only appoint another individual to undertake an external examination of the body of the deceased person for the purpose of paragraph (3) where—

- (a) in the opinion of the examiner that individual has suitable expertise; and
- (b) none of the circumstances in paragraph (5) apply.
- (5) The circumstances are that the individual—
  - (a) is the spouse, ex-spouse, civil partner or ex-civil partner of—
    - (i) the deceased person ("D");
    - (ii) the relevant attending practitioner ("AP"); or
    - (iii) any other relevant medical practitioner ("OP");
  - (b) is, or was, living together with D, AP or OP as if they were a spouse or civil partner;
  - (c) is, or was, closely related to D, AP or OP;

- (d) is or, was, a partner, employer, employee or associate of D, AP or OP;
- (e) 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 connection with D, AP or OP such as to give the appropriate medical examiner reasonable doubt as to the practitioner's objectivity to carry out an external examination of D.

(6) In sub-paragraph (5)(c), "closely related" means a parent, sister, half-sister, brother, halfbrother, son, daughter, uncle, aunt, grandparent, grandchild, first cousin, nephew, niece, parent-inlaw, grandchild-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, stepchild, stepparent, stepbrother or stepsister.

(7) In paragraph (6), references to step relationships and in-laws are to be read in accordance with section 246 (interpretation of statutory references to stepchildren etc) of the Civil Partnership Act 2004(11).

## Relevant attending practitioner's duty to respond to medical examiner enquiries

7.—(1) The relevant attending practitioner must be available, as far as reasonably practicable, to respond to any enquiries that the appropriate medical examiner may have in connection with the attending practitioner's certificate.

- (2) The appropriate medical examiner must make a record of—
  - (a) the relevant attending practitioner's response to any enquiries made under paragraph (1); and
  - (b) any discussions that take place between the examiner and the relevant attending practitioner in relation to the attending practitioner's certificate.

## Medical examiner's duty to discuss the cause of death

**8.**—(1) The appropriate medical examiner, or someone acting on behalf of the examiner, must, as soon as practicable—

- (a) take reasonable steps to discuss the cause of death with a person who is qualified to give information concerning the death under sections 16(2) or 17(2) of the 1953 Act or any other person whom the examiner considers appropriate;
- (b) offer a person mentioned in sub-paragraph (a) an opportunity to raise any matter which might cause the relevant senior coroner to think that there is a duty to investigate the death under section 1 of the Act; and
- (c) make a summary record of any discussion under sub-paragraphs (a) or (b) and its outcome.

(2) Paragraph (1) does not apply where, in the case of a death for which a revised attending practitioner's certificate has been completed under regulation 13(2)(a), the appropriate medical examiner or someone acting on their behalf has previously complied with the requirements of paragraph (1) in relation to the death.

## Medical examiner's confirmation of cause of death

**9.**—(1) Paragraph (2) applies where, after complying with regulations 6 and 8 in relation to a death, the appropriate medical examiner is satisfied that—

(a) the cause of death stated on the attending practitioner's certificate relating to the death is accurate; and

(b) that certificate is duly completed.

(2) The appropriate medical examiner must, as soon as practicable, confirm the cause of death as stated on the attending practitioner's certificate by signing that certificate ("confirmed attending practitioner's certificate").

## Medical examiner's referral to the relevant senior coroner

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

- (a) after complying with regulations 6 and 8 in relation to the death, the examiner is unable to confirm the cause of death; or
- (b) in the course of complying with regulations 6 and 8 in relation to the death, the examiner forms the opinion that the duty to notify the relevant senior coroner arises under regulation 2 of the Notification of Deaths Regulations 2019.

(2) If at that time there are exceptional circumstances to justify doing so, a referral under paragraph (1) may be made orally but otherwise must be in writing.

(3) The medical examiner who notifies the relevant senior coroner orally under paragraph (2) must, as soon as practicable thereafter, confirm the referral in writing to the relevant senior coroner.

(4) When making a referral under paragraph (1), or as soon as practicable thereafter, in addition to complying with the duties set out in regulation 2 of the Notification of Deaths Regulations 2019, the appropriate medical examiner must provide the following information to the relevant senior coroner in relation to the death—

- (a) the information provided under regulation 3(1)(c)(ii);
- (b) any record made under regulation 7(2);
- (c) any record made under regulation 8(1)(c); and
- (d) any other information the examiner considers appropriate,

except where that information has already been provided to the relevant senior coroner.

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

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

(6) Where the relevant senior coroner has received a referral under paragraph (1) and decided that there is no duty to conduct an investigation into the death under section 1 of the Act, the relevant senior coroner must—

- (a) notify an appropriate medical examiner of that decision and the reasons for it; and
- (b) provide the examiner with a copy of any information relied upon in making that decision, except where that information was provided under paragraph (4).

(7) After receiving a notification under paragraph (6), the appropriate medical examiner must-

- (a) notify the attending practitioner of the relevant senior coroner's decision and reasons for it; and
- (b) make available to the attending practitioner any information provided under paragraph (6) (b).

(8) Where an appropriate medical examiner notifies an attending practitioner under paragraph (7), the attending practitioner and appropriate medical examiner must comply with any duties under

these Regulations in relation to the death that had not been complied with prior to the referral to the relevant senior coroner under paragraph (1).

## Confirmed attending practitioner's certificate to be given to registrar

**11.**—(1) The appropriate medical examiner must, without unreasonable delay after confirming the cause of death under regulation 9(2), notify a registrar that the cause of death has been confirmed by giving the confirmed attending practitioner's certificate to the registrar.

(2) After complying with the duty in paragraph (1), the appropriate medical examiner must, without unreasonable delay, take reasonable steps to ensure that a person mentioned in regulation 8(1)(a) is aware that the confirmed attending practitioner's certificate has been given to the registrar in accordance with paragraph (1).

(3) In these Regulations, "confirmed attending practitioner's certificate" means an attending practitioner's certificate in respect of which the cause of death has been confirmed by a medical examiner in accordance with regulation 9(2).

## Invitation to attending practitioner to issue a revised attending practitioner's certificate

12.—(1) Where an informant(12) provides the registrar with information which leads the registrar to believe that the cause of death stated on the confirmed attending practitioner's certificate may need to be revised, the registrar must consult an appropriate medical examiner as to any such revision.

(2) After consultation with the registrar in accordance with paragraph (1), the appropriate medical examiner must either—

- (a) make available to an attending practitioner the information provided under paragraph (1), invite the attending practitioner to revise the attending practitioner's certificate and inform the registrar of the invitation to revise; or
- (b) inform the registrar of the examiner's reasons not to invite the attending practitioner to revise the attending practitioner's certificate.

## Revised attending practitioner's certificate

**13.**—(1) Where the attending practitioner has been invited to revise the attending practitioner's certificate under regulation 12, the attending practitioner must, as soon as practicable, review—

- (a) the deceased person's relevant health records;
- (b) the results of any physical examination of the body of the deceased person undertaken by the practitioner or any other registered medical practitioner;
- (c) any information provided under regulation 12(2)(a); and
- (d) any other information which the practitioner considers relevant,

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

(2) Where the attending practitioner agrees to revise the attending practitioner's certificate, the attending practitioner must, as soon as practicable—

- (a) revise the attending practitioner's certificate; and
- (b) make available to an appropriate medical examiner-
  - (i) the revised attending practitioner's certificate;
  - (ii) any information considered under paragraph (1) that has not already been provided to the examiner; and

<sup>(12) &</sup>quot;Informant" is defined in section 20(7) of the Coroners and Justice Act 2009 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".

(iii) any other information relevant to establishing the cause of death, except where that information was provided under regulation 3(1)(c).

(3) Paragraphs (4) to (6) apply where, after fulfilling the duties in paragraph (1), the attending practitioner does not agree to revise the attending practitioner's certificate in relation to a death.

(4) The attending practitioner must, as soon as practicable, make available to an appropriate medical examiner—

- (a) the attending practitioner's certificate;
- (b) any information considered under sub-paragraph (1)(b);
- (c) any other information relevant to establishing the cause of death, except where that information was provided under regulation 3(1)(c); and
- (d) the attending practitioner's reasons for not agreeing to revise the attending practitioner's certificate.
- (5) The appropriate medical examiner must, as soon as practicable—
  - (a) review the information provided under paragraph (4);
  - (b) to the extent the examiner considers appropriate, comply with the duties set out in regulations 6 to 8 afresh; and
  - (c) comply with the duties set out in regulations 9 to 11 afresh.

(6) When complying with regulation 11 afresh pursuant to sub-paragraph (5)(c), the appropriate medical examiner must inform the registrar of—

- (a) the attending practitioner's decision not to revise the attending practitioner's certificate and the reasons for that decision; and
- (b) any other information the examiner considers relevant.

## Attending practitioner's availability to fulfil duties

14. 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 must carry out those duties.

## Part 3

## Medical examiner's certificate

## Relevant senior coroner referral to a medical examiner

**15.**—(1) Where the relevant senior coroner is notified of a person's death under regulation 2 of the Notification of Deaths Regulations 2019 because the circumstances described in regulation 3(1)(e) or (f) of those Regulations apply, the relevant senior coroner must refer that death to an appropriate medical examiner.

- (2) Paragraph (1) does not apply where—
  - (a) the relevant senior coroner has decided that there is a duty to conduct an investigation into the death under section 1 of the Act; or
  - (b) at the time of the death, the deceased had a relevant association with a visiting force.

(3) In making a referral under paragraph (1), the relevant senior coroner must make available to the appropriate medical examiner the reasons for the referral and a copy of such information relied upon in making it.

(4) In paragraph (2), references to a visiting force, and to a person's having, at the time of death, a relevant association with a visiting force, have the same meaning given to those expressions in section 12 of the Visiting Forces Act 1952(13).

## Duties of medical examiner after receiving referral from relevant senior coroner

16. Regulations 17 to 23 apply where a death is referred by the relevant senior coroner to an appropriate medical examiner under regulation 15(1).

## Referral by relevant senior coroner: medical examiner's duties

17.—(1) The appropriate medical examiner must, as soon as practicable and with a view to establishing the cause of death to the best of the examiner's knowledge and belief—

- (a) review the deceased person's relevant health records;
- (b) make whatever enquiries the examiner considers necessary; and
- (c) take into account any information-
  - (i) provided under regulation 15(3); and
  - (ii) which the examiner considers relevant.

(2) The appropriate medical examiner must make a record of any conclusions drawn from taking into account the information referred to in paragraph (1).

(3) The appropriate medical examiner may undertake an external examination of the body of the deceased person, or, subject to paragraphs (4) to (7), instruct another individual to do so on their behalf, with a view to establishing the cause of death to the best of their knowledge and belief.

(4) The appropriate medical examiner may only appoint another individual to undertake an external examination of the body of the deceased person for the purpose of paragraph (3) where—

- (a) in the opinion of the examiner, the individual has suitable expertise; and
- (b) none of the circumstances in paragraph (5) apply.
- (5) The circumstances are that the individual—
  - (a) is the spouse, ex-spouse, civil partner or ex-civil partner of—
    - (i) the deceased person ("D"); or
    - (ii) an other relevant medical practitioner ("OP");
  - (b) is, or was, living together with D or OP as if they were a spouse or civil partner;
  - (c) is, or was, closely related to D or OP;
  - (d) attended D during the course of D's last illness;
  - (e) is or, was, a partner, employer, employee or associate of D or OP;
  - (f) had a financial interest in D's estate; or
  - (g) has or had any other association, relationship or connection with D or OP such as to give the appropriate medical examiner reasonable doubt as to the individual'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, daughter-in-law, stepchild, step-parent, stepbrother or stepsister.

<sup>(13) 1952</sup> c. 67. Section 12(1) was amended by the Criminal Justice Act 1988 (c. 33), s. 170(1), Schedule 15 paragraph 14(1). There are other amendments which are not relevant to these Regulations.

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

### Medical examiner's duty to discuss the cause of death

**18.** The appropriate medical examiner, or someone acting on behalf of the examiner, must, as soon as practicable—

- (a) take reasonable steps to discuss the cause of death with a person who is qualified to give information concerning the death under sections 16(2) or 17(2) of the 1953 Act or any other person whom the examiner considers appropriate;
- (b) offer a person mentioned in sub-paragraph (a) an opportunity to raise any matter which might cause the relevant senior coroner to think that there is a duty to investigate the death under section 1 of the Act; and
- (c) make a summary record of any discussion under sub-paragraphs (a) or (b) and its outcome.

## Preparation of medical examiner's certificate

**19.**—(1) Subject to regulation 20(1), the appropriate medical examiner must, as soon as practicable after complying with regulations 17 and 18 in relation to a death, prepare and sign a medical examiner's certificate.

(2) For the purposes of these Regulations, "medical examiner's certificate" means the certificate referred to in section 20(1)(h)(i) of the Act which shall take the form of—

- (a) in the case of a death of a child within the period of 28 days beginning with the day of the child's birth, the certificate in either of the forms set out in Part 1 or Part 2 of Schedule 3;
- (b) in the case of any other death, the certificate in either of the forms set out in Part 1 or Part 2 of Schedule 4.

### Medical examiner's referral back to the relevant senior coroner

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

- (a) after complying with regulations 17 and 18 in relation to the death, is unable to establish the cause of death to the best of the examiner's knowledge and belief; or
- (b) forms the opinion that the duty to notify the relevant senior coroner arises under regulation 2 of the Notification of Deaths Regulations 2019.

(2) If at that time there are exceptional circumstances to justify doing so, a referral under paragraph (1) may be made orally but otherwise must be in writing.

(3) An appropriate medical examiner who refers a death back to the relevant senior coroner orally under paragraph (2) must, as soon as practicable thereafter, confirm the referral in writing to the relevant senior coroner.

(4) When making a referral under paragraph (1), or as soon as practicable thereafter, in addition to complying with the duties set out in regulation 2 of the Notification of Deaths Regulations 2019, the appropriate medical examiner must provide the following information to the relevant senior coroner—

- (a) the deceased person's relevant health records and any other information that was considered under regulation 17(1);
- (b) the record made under regulation 17(2);
- (c) any record made under regulation 18(c); and

(d) any other information the medical examiner considers appropriate,

except where that information has already been provided to the relevant senior coroner.

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

(6) Where the relevant senior coroner has received a referral under paragraph (1) and decided that there is no duty to conduct an investigation into the death under section 1 of the Act, the relevant senior coroner must—

- (a) notify the appropriate medical examiner of that decision and the reasons for it; and
- (b) provide the examiner with a copy of any information relied upon in making that decision, except where that information was provided under paragraph (4).

(7) After receiving a notification under paragraph (6), the appropriate medical examiner must comply with any duties of the examiner under regulations 17 to 19 and this regulation in relation to the death that had not been complied with prior to the referral to the relevant senior coroner under paragraph (1).

## Medical examiner's certificate to be given to a registrar

**21.**—(1) The appropriate medical examiner must, without unreasonable delay after preparing and signing a medical examiner's certificate under regulation 19, notify a registrar that a certificate has been prepared by giving the medical examiner's certificate to the registrar.

(2) After complying with the duty in paragraph (1), the appropriate medical examiner must, without unreasonable delay, take reasonable steps to ensure that a person mentioned in regulation 18(a) is aware that the medical examiner's certificate has been given to the registrar in accordance with paragraph (1).

## Registrar's invitation to medical examiner to issue a revised medical examiner's certificate

**22.** Where an informant provides the registrar with information which leads the registrar to believe that the cause of death stated on the medical examiner's certificate may need to be revised, the registrar must provide that information to the appropriate medical examiner and invite the examiner to revise the medical examiner's certificate.

## Revised medical examiner's certificate

**23.**—(1) Where an appropriate medical examiner has been invited to revise the medical examiner's certificate under regulation 22, the examiner must, as soon as practicable and to the extent they consider appropriate, review—

- (a) the deceased person's relevant health records;
- (b) any information provided under regulation 22; and
- (c) any other information which the examiner considers relevant,

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

(2) Where the appropriate medical examiner agrees to revise the medical examiner's certificate, the examiner must, as soon as practicable—

- (a) comply with the duties set out in regulation 18 afresh, to the extent that the examiner considers appropriate;
- (b) comply with the duties set out in regulations 19, 20 and 21 afresh; and

(c) without unreasonable delay, take reasonable steps to ensure that the informant is aware that the revised medical examiner's certificate has been given to the registrar under regulation 21(1).

(3) Where the appropriate medical examiner does not agree to revise the medical examiner's certificate, the examiner must either—

- (a) inform the registrar of their decision not to revise the certificate and the reasons for it; or
- (b) make a referral to the relevant senior coroner under regulation 20.

## Part 4

## Miscellaneous provisions

#### Manner of providing documents

**24.**—(1) In these Regulations any requirement to—

- (a) give an attending practitioner's certificate or a medical examiner's certificate or other document to a person may be satisfied by causing that certificate or document to be given by an electronic communication; and
- (b) sign an attending practitioner's certificate or medical examiner's certificate may be satisfied by providing an electronic signature but only where the certificate to be signed is also in electronic form.
- (2) In this regulation—
  - (a) "electronic communication" has the meaning given in section 15(1) of the Electronic Communications Act 2000(14);
  - (b) "electronic signature" has the meaning given in section 7(2) of that Act(15).

## Availability of certificates and forms

25. The Secretary of State must—

- (a) make the certificates set out in Schedules 1 and 2 available to registered medical practitioners;
- (b) make the certificates and forms set out in Schedules 3 and 4 available to medical examiners.

## Part 5

## Transitional provision

### **Transitional provision**

**26.**—(1) Except where paragraph (2) applies, these Regulations do not apply in relation to a death which occurs before the coming into force of these Regulations.

- (2) This paragraph applies where, before the coming into force of these Regulations—
  - (a) the death has not been registered under Part 2 of the 1953 Act;

<sup>(14) 2000</sup> c. 7; the definition of "electronic communication" was amended by the Communication Act 2003 (c. 21), Schedule 17, paragraph 158.

<sup>(15)</sup> Section 7 was amended by S.I. 2016/696, Schedule 3, paragraph 1.

- (b) 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)(16) in relation to the death; and
- (c) a senior coroner is not under a duty to hold an inquest into the death under section 6 of the Act.

Signed by authority of the Secretary of State for Health and Social Care

at 6.25 p.m. on 11th April 2024

*Maria Caulfield* Parliamentary Under Secretary of State Department of Health and Social Care

(16) Section 22 was substituted by paragraph 14 of Schedule 21 to the Coroners and Justice Act 2009.

## Schedules

## Schedule 1

Regulation 3

Attending practitioner's certificate – live-born child dying within the period of 28 days beginning with the day of the child's birth

## Part 1

## English form

Coroners and Partice Act 200 Parts phenotical by the Mindfall Cartificate of Cause of Death Regulations 2024	•	Attending Practitioner Medical Ce Live-Born Child Dying Within the I for us by a legatoric Medical Pacimor who has atom delivered by the relevant Medical Damier at som as prac-	First Twenty-Eight Days of Life	Please refer to gudance for medical practitioners completing an MCCD on .604.0X Unique ID:
Name of child (first, middle	, and last)			
Date of birth DDyMM/1111				
NHS number (if available).				
Date of death as stated to	me DD/MM/MM	Υ		
Age at death		days [completed period of 24 hours]		minutes
Place of birth				
Place of death				
		CAUSE O	E DEATH	
a. Main disease or condition	n in infant	CAUSEO	r obain	
b. Other diseases or condit	Sons in infant			
c. Main maternal disease o	r condition affect	ing the infant		
d. Other maternal diseases	or conditions aff	letting the infant		
e. Other relevant factors o	r circumstances (	not diseases of infant or mother)		
Circle the appropriate digit				
	death takes acco		<ol> <li>Post-mortem not being held</li> <li>This death was reported to the coroner who not engaged.</li> </ol>	se duby to investigate under s1 CJA2009 was
I may be in a position to gi death for the purpose of m	ve, on application ione precise stati	by the Registrar General, additional information trical classification	as to the cause of	APC 2 Form 65
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.'	<ol> <li>White: Initial States of the second se</li></ol>	glish, Welsh, Scottish, Northern Irish er British h pry or hish Traveller orbe-White background multiple ethnic groups: White and Black multiple ethnic groups: White and Aslam multiple ethnic groups: White and Aslam multiple ethnic groups: Ary other mixed or hold background	<ol> <li>Asian or Asian British: Indian         <ol> <li>Asian or Asian British: Pakistani             <li>Asian or Asian British: Singledgeb             </li> <li>Asian or Asian British: Chinese             </li> <li>Asian or Asian British: Chinese             </li> <li>Asian or Asian British: Arey of beta         </li> <li>Back, Black British, Caribbean or,                  <li>Back, Black British, Caribbean or,</li></li></li></ol></li></ol>	hsian background African: Caribbean African: African African: Any other Black, Black British
Implantable medical de Did the deceased have a If yes, provide details of If yes, has the device be	my implantable the device and		Yes No	
For the attending pract	itioner to comp	lete		
Full name			Qualifications (as registered by GMC)	
Declaration: I confirm th	uat I attended th	e deceased before their death and that the ca	ause of death is as stated in this certificate to	o the best of my knowledge and belief.
Signature				Date DD/MM/YYYY
For the medical examin	er to complete			
Full name		(	Dualifications (as registered by GMC)	GMC number
Declaration: I am a duly belief.	appointed med	ical examiner and following scrutlry I confirm	that the cause of death is as stated in this co	ertificate to the best of my knowledge and
Signature				Date DD/MM/YYYY

## Part 2

## English and Welsh form

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## Schedule 2

Regulation 3

## Attending practitioner's certificate - other cases

## Part 1

# English form

Corroners and Justice Act 2009 Form precision by the Medical Certificate of Cause at Death Regulators 2004	For use by a Registered Medical Practition	Medical Certificate of Cause of Death or who has attended for diseased in their Method. The estimate is to be er as soon as practicable to the Regimer of Births and Deaths	Please refer to guide practitioners comple Unique ID:	nce for medical tring an MOCD on	.60V.UK
Name of deceased (first, middle	e and last)		erinden inte		
Date of birth DD/MM/YYYY		Age			
NHS number (if available)					
Date of death as stated to me D	50/MM/YYYY				
Place of death					
I (a) Disease or condition leadin		CAUSE OF DEATH ing cause of death should appear in the lowest completed line of pa	di.	Approximate int between crost ( (New jankular) hat emand is the parts)	and 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)				
fi Other significant conditions co	pointibuting to the death but not relating to the	disease or condition causing it			
2. Information from post-mor 3. Post-mortem not being hel	d the coroner whose duty to investigate under	Crinit the appropriate digit What the deceased pregularit within the year prior to their decemb? 6. Not applicable 1. Pregularit, 4.2 darp before death 2. Pregularit, 4.2 darp before death 3. Pregularit, 4.2 darp before death 4. Not pregularit 4. Oktopregularit 5. Oktopregularit	If the deceased was year prior to their de pregnancy contribut 1. Yes 2. No 9. Unknown	rath, did the	
This death may have been due t	to, or contributed to, by the employment follow	ved at some point by the deceased	Tes No		_
I may be in a position to give, or	n application by the Registrar General, addition				PC 1
death for the purpose of more ;	precise statistical classification			ĽĽ	orm 66
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 '15, Not known." & N	White: English, Welsh, Scottsh, Nerthern Iris Minite: Opyop of Hish Traveller Minite: Any other Minite background Mand or multiple ethnic proups: White and I simbhan Minited or multiple ethnic proups: White and J Minited or multiple ethnic proups: Any ether multiple ethnic background	D. Aislen of Asian Britsh: Paixteni     L. Aislen of Asian Britsh: Paixteni     L. Aislen of Asian Britsh: Bangladeshi     L. Aislen of Asian Britsh: Any Other Asi     Back     L. Buck, Black Britsh: Any Other Asi     Black     L. Black, Black Britsh, Caribbean or A     L. Black, Black Britsh, Caribbean or A     L. Black, Black Britsh, Caribbean or A     L. Caribbean bean or A	rican: Caribbean rican: African rican: Any other Blac	ik, Blieck British	
Implantable medical devices Did the deceased have any im If yes, provide details of the du If yes, has the device been ren		lifetime? Yes No			
For the attending practitioner	to complete				_
Full name	· · · · · · · · · · · · · · · · · · ·			er	
Declaration: I confirm that I attended the deceased before their death and that the cause of death is as stated in this contribute to the best of my knowledge and belief.					
Signature			Date DO/MM/YYYY		
For the medical examiner to o	complete				
Full name Qualifications (as registered by GMC) GMC number					
Declaration: I am a duly appointed medical examiner and following scruttry 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/YMY		

## Part 2

## English and Welsh Form

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## Schedule 3

Regulation 19

## Medical examiner's certificate – live-born child dying within the period of 28 days beginning with the day of the child's birth

## Part 1

# English form

Cononers and Justice Act 2009 Torm prosofiled by the Medical Contribute of Cause of Evants Angulations 2024	Medical Examiner Medical Certifi Born Child Dying Within the First for use by a medical examiner where no medical practition this certificate is to be delivered as soon in practicable to	Twenty-Eight Days of Life ar ment the criteria to complete the certificate.	
Name of child (first, middle, and last)			
Date of birth DD/MM/YY			
NHS number (if available)			
Date of death as stated to me DD/MM/Y			
	days (completed period of 24 hours)	hours min	utes
Place of birth			
Place of death			
			_
a. Main disease or condition in infant	CAUSE	OF DEATH	_
b. Other diseases or conditions in infant			
c. Main maternal disease or condition affect	ning the infant		$\neg$
d. Other maternal diseases or conditions at	fecting the infant		-
e. Other relevant factors or circumstances	(not diseases of infant or mother)		
			=
Circle the oppropriate digit 1. The certified cause of death takes acc 2. Information from post-mortem may b	ount of information obtained from post-mortern e available later	3. Post monem not being held	
I may be in a position to give, on applicatio death for the purpose of more precise stat	n by the Registrar General, additional information sotical classification	A as to the cause of OF Corner	
Ethnicity 1. White: Eng	glish, Welsh, Scottish, Northern Irish or British	9. Asian or Asian British: Indian	
2. Whitechris		10. Asian or Asian British: Pakistani	
	psy or Irish Traveller	11. Asian or Asian British: Bangladeshi	
seconded in the 9. White: Arr	y other White background nultiple ethnic groups: White and Black	<ol> <li>Asian or Asian British: Chinese</li> <li>Asian or Asian British: Any other Asian background</li> </ol>	
patient record. If		14. Black, Black British, Caribbean or African: Caribbean	
there is no match with the list, or there 6. Mixed or n	nultiple ethnic groups: White and Black	15. Black, Black British, Caribbean or African: African	
is no ethnicity African		16. Black, Black British, Caribbean or African: Any other Black, Black British	
	nultiple ethnic groups: White and Aslan nultiple ethnic groups: Any other mixed or	or Caribbean background 17. Other ethnic group: Arab	
	thnic background	18. Other ethnic group: Any other ethnic group	
		19. Not known	
Implantable medical devices Did the deceased have any implantable	medical devices fitted during their lifetime?	Yes No	Ī
If yes, provide details of the device and If yes, has the device been removed?			
Referring medical practitioner		Referring senior coroner	٦
Name (first, middle, and last)			-
L			Ξ.
For the medical examiner to complete			
full name	Qui	alfications (as negistered by GMC) GMC number	-
Declaration: I am a duly appointed medical examiner and following my review 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	

## Part 2

## English and Welsh form

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## Schedule 4

Regulation 19

## Medical examiner's certificate - other cases

## Part 1

# English form

Conserv and Juvilie Act 2009 Form prescribed by the Medical Certificate of Cenes of Centh- Regulations 2004	umodoležily te Medical Providence Examininter internativa Providence Visionale Visionale Providence				
Name of deceased (first, middle, and last).					
Date of birth DD/MM/YYYY					
NHS number (if available)					
Date of death as stated to me DD/MMU/MM	Υ				
Place of death					
		CAUSE OF	DEATH th should appear in the lowest completed line of	parti	Approximate interval between onset and death (these particulars set to be extend to the death register)
(b) Other disease or condition, if any, lead	I (a) Disease or condition leading directly to death				
(c) Other disease or condition, if any, lead					
(d) Other disease or condition, if any, lead					
I Other significant conditions contributing t		disease or cond	ition-causing it		
			•		
The certified cause of death takes account of information obtained from port mortem     J. Information from post mortem may be available later     J. Information from post encidence of the second seco		their death? 0. Not app 1. Pregna 2. Pregna	eand pregnant within the year prior to pliculation part at the time of death. and 1.42 (arys before death and 1.42 (arys before death and 1.42 (arys before death 1. Test and 1.42 (arys betore death 1. Unin and 1.42 (arys before death 1. Unin and 1.42 (arys betore betore death 1. Unin and 1.42 (arys betore before death 1. Unin and 1.42 (arys betore death) 1. Unin and 1.42 (arys b		oth, did the
		9. Unknow			
This death may have been due to, or contri	buted to, by the employment follo	wed at some pol	int by the deceased	Yes No	
I may be in a position to give, on application		al information a	is to the cause of		MEC 3
death for the purpose of more precise statt	stical classification				Form 66
Ethericity         1.         Wither English, Weich, Scottish, Northern Irish or British         9.         Aslan Dr. Aslan British: Indian           2.         White: Irish         10.         Aslan or Aslan British: Indian           2.         White: Irish         10.         Aslan or Aslan British: Indian           2.         White: Soppy or tish Traveller         11.         Aslan or Aslan British: Chargedeni           4.         3.         White: Soppy or tish Traveller         12.         Aslan or Aslan British: Chargedeni           3.         Aslan or Aslan British: Chargedeni         13.         Aslan or Aslan British: Chargedeni           3.         Soppies         5.         Mode or multiple etheric group: White and Black         13.         Aslan or Aslan British: Chargedeni           3.         With the Black, or there         6.         Mode or multiple etheric group: White and Black         15.         Black, Black British, Caribbeen or African: Any other Black, Black British, Caribbeen or African: Any other Black, Black British, Caribbeen or African: Any other Black, Black British, Caribbeen or African: Caribbees           41.         7.         Mixed or multiple ethnic group: Any other mixed or multiple ethnic group: Any other ethnic group. Ison Among Any other ethnic group. Any other ethnic group. Ison Kinown		Black, Black Berligh			
Did the deceased have any implantable medical devices fitted during their lifetime? Yes No lifet, provide details of the device and its location. If yes, has the device been removed?					
Referring medical practitioner			Referring senior coroner		
Name (first, middle, and last)		Name (first, middle, and last)			
ואפריר עיד אי האיאיר, איז איז אין געראנגערערערערערערערערערערערערערערערערערערער					
For the medical examiner to complete					
Full name					
Declaration: Lam a duly appointed medical examiner and following my review Loonfirm that the cause of death is as stated in this certificate to the best of my knowledge and bellef.					
Signature					

## Part 2

## English and Welsh form

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## **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.

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

Regulation 3 requires an attending practitioner to prepare and sign an attending practitioner's certificate stating the cause of death, or alternatively to refer the death to the relevant senior coroner in specified circumstances.

Regulation 4 sets out the obligations of attending practitioners and relevant senior coroners where a case has been referred by an attending practitioner to a senior coroner, and the process for making such a referral.

Regulation 6 requires the appropriate medical examiner to make appropriate enquiries and take into account specified information with a view to confirming the cause of death.

Regulation 7 requires the relevant attending practitioner to be available to respond to any enquiries that the appropriate medical examiner might have in connection to the attending practitioner's certificate, and that the appropriate medical examiner must make a record of any response to such enquiries.

Regulation 8 requires the appropriate medical examiner (or someone acting on their behalf) to discuss the cause of death with the prospective informant or such other person as the examiner considers appropriate.

Regulation 9 requires the appropriate medical examiner to confirm the cause of death by signing the attending practitioner's certificate once they are satisfied that the specified conditions have been met. In the alternative, regulation 10 requires the appropriate medical examiner to refer the death to

the relevant senior coroner, and sets out the duties of appropriate medical examiners and relevant senior coroners following such a referral.

Regulation 11 requires that, where an appropriate medical examiner is able to confirm the cause of death stated on the attending practitioner's certificate, that without unreasonable delay the confirmed attending practitioner's certificate is given to the registrar and reasonable steps are taken to ensure that a prospective informant is aware that they have done so.

Regulation 12 provides that a registrar must consult with an appropriate medical examiner where an informant provides the registrar with information which leads that registrar to believe that the cause of death stated on the confirmed attending practitioner's certificate may need to be revised. The appropriate medical examiner may invite an attending practitioner to revise the attending practitioner's certificate.

Regulation 13 sets out the duties of attending practitioners and appropriate medical examiners where the appropriate medical examiner has invited the attending practitioner to revise the attending practitioner's certificate.

Regulation 14 provides that where the attending practitioner is unable to carry out their duties within a reasonable time, another attending practitioner must carry out any duties imposed under Part 2.

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

Regulation 15 requires a senior coroner to refer a death to the appropriate medical examiner in certain cases.

Regulation 17 requires a medical examiner, upon receipt of a referral made under regulation 15, to review the deceased's health records, make relevant enquiries and consider any other relevant information with a view to establishing the cause of death to the best of the examiner's knowledge and belief.

Regulation 18 requires the appropriate medical examiner to discuss the cause of death with the prospective informant or such other person as considered appropriate.

Regulation 19 requires the appropriate medical examiner to prepare and sign a medical examiner's certificate where the appropriate medical examiner is able to establish a cause of death. In the alternative, regulation 20 requires the appropriate medical examiner to refer the death back to the relevant senior coroner, and sets out the requirements on appropriate medical examiners and senior coroners following such a referral.

Regulation 21 requires that, where an appropriate medical examiner has issued a medical examiner's certificate under regulation 19, that without unreasonable delay the certificate is given to the registrar and reasonable steps are taken to ensure that a prospective informant is aware that they have done so.

Regulation 22 provides for a registrar to invite an appropriate medical examiner to revise the medical examiner's certificate where an informant provides the registrar with information which leads that registrar to believe that the cause of death stated on the confirmed attending practitioner's certificate may need to be revised.

Regulation 23 sets out the duties on appropriate medical examiners where the registrar has invited the appropriate medical examiner to revise the medical examiner's certificate.

Part 4 of the Regulations makes various miscellaneous provisions regarding the electronic sending or completion of documents (regulation 24) and the availability of certificates and forms (regulation 25).

Part 5 of the Regulations include a transitional provision (regulation 26) which provides that these regulations apply to deaths occurring before the coming into force of these Regulations where a medical certificate of death has not been signed and a senior coroner is not under a duty to hold an inquest into the death.

Full impact assessments of the effect that this instrument will have on the costs of business, the voluntary sector and the public sector were prepared in 2018 and 2022 and are available at https://www.gov.uk/government/consultations/death-certification-reforms and https://www.gov.uk/ government/publications/health-and-care-act-2022-combined-impact-assessments. An updated summary document has also been prepared and is available from https://www.gov.uk/government/publications/changes-to-the-death-certification-process. Hard copies can be obtained by writing to the Department of Health and Social Care, 39 Victoria Street, London, SW1H 0EU.