***Who Can Verify Death?***

Under current law, any competent adult can verify death. The GP should assure themselves that the person who has verified death has been able to correctly identify them.

Although any competent adult can verify death there is no requirement on anyone to do so. This puts a GP in a potentially difficult position as you cannot consider whether to issue an MCCD/APC unless you are sure of the identity of the person and that they have died.

Consider using the Remote Verification of Death Process (available via PRISM) which enables a GP to verify a death by video or phone if there is a willing adult present. Please respect the views of relatives or carers if they do not wish to be part of the process as they may find the process too distressing.

Funeral Directors will not remove a body unless verified as dead.

***What is the underpinning legislation?***

Primary Legislation:

[Coroners and Justice Act 2009, Sections 19, 20 and 21](https://www.legislation.gov.uk/ukpga/2009/25/contents)

[Health and Care Act 2022 Section 169](https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)

Regulations (draft)

[The Medical Examiners (England) Regulations 2024](https://www.gov.uk/government/publications/medical-examiners-in-england-draft-regulations)

[The Medical Certificate of Cause of Death Regulation 2024](https://www.gov.uk/government/publications/medical-certificate-of-cause-of-death-draft-regulations)

[The National Medical Examiner (Additional Functions) Regulations 2024](https://www.gov.uk/government/publications/additional-functions-of-the-national-medical-examiner-draft-regulations)

Other legislation which will be amended:

[Birth and Deaths Registration Act 1953](https://www.legislation.gov.uk/ukpga/Eliz2/1-2/20)

[Human Tissue Act 2004](https://www.legislation.gov.uk/ukpga/2004/30/contents)

[Access to Health Records Act 1990](https://www.legislation.gov.uk/ukpga/1990/23/contents)

Other Regulations where the amendments are not yet available even in draft.

[Notification of Death Regulations 2019](https://www.legislation.gov.uk/uksi/2019/1112)

[The Registration of Births and Deaths Regulations 1987](https://www.legislation.gov.uk/uksi/1987/2088/contents)

[Cremation (England and Wales) Regulations 2008](https://www.legislation.gov.uk/uksi/2008/2841/contents)

***Who should a GP inform if a patient dies who, as far as the GP knows, has no next of kin, or anyone to make arrangements with a funeral director?***

The GP should inform the Coroner’s Officer by phone during office hours or otherwise the Police.

***What is an Attending Practitioner’s Certificate?***

The Medical Certificate of Cause of Death (MCCD) is referred to as an ‘Attending Practitioner’s Certificate’ (APC) in the [The Medical Certificate of Cause of Death Regulation 2024](https://www.gov.uk/government/publications/medical-certificate-of-cause-of-death-draft-regulations) and the two terms are used interchangeably.

***Who can complete an MCCD/APC?***

Any medical practitioner who attended the deceased before their death and can propose a cause of death to the best of their knowledge and belief **must** complete an MCCD/APC.

***What is the definition of ‘attended’ in relation to a GP completing an MCCD/APC?***

There has never been a clear legal definition of what ‘attended’ means, and the BMA and local senior coroner supports leaving this up to the discretion of the certifying GP. This has allowsed the meaning to change with changing work practices.

The current [government guidance](https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medical-certificate-of-cause-of-death/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-in-england-and-wales-accessible-version) says that ‘attended’ is generally accepted to mean “*a doctor who has cared for the patient during the illness that led to death and so is familiar with the patient’s medical history, investigations and treatment. The certifying doctor should also have access to relevant medical records and the results of investigations. This could include, for example, a GP who has been involved with talking to the patient and/or relatives and liaising with the palliative care specialist nurses regarding medication and other care, even if the GP has never seen the patient in person.”*

There is no provision under current legislation to delegate this statutory duty to any non-medical staff.

***Does a GP need to have seen the deceased 28 days before death?***

No, there is no longer any requirement for this from April 2024.

***Does a GP need to have seen the deceased after death, if not see within 28 days before death?***

No, there is no longer any requirement for this from April 2024.

***Having completed an MCCD/APC is there a legal requirement for a GP to share it with a Medical Examiner?***

Yes, together with relevant medical records and other relevant information. In preference, please use the PRISM form.

***Does a reporting GP have a duty to respond to enquiries from an ME?***

[The Medical Certificate of Cause of Death Regulation 2024](https://www.gov.uk/government/publications/medical-certificate-of-cause-of-death-draft-regulations) says that reporting GP must be available, ***as far as reasonably practicable***, to respond to any enquiries that the medical examiner may have in connection with the attending practitioner’s certificate (MCCD/APC).

If the medical examiner has a query and cannot contact the certifying GP, then the MCCD/APC you have provided cannot be used to register the death. Please give details of how and when you can be contacted, in preference by personal mobile phone so a text message can be sent if unavailable at that time, or a ‘back door’ number for the practice. Please avoid, where possible, the main reception number, as it is unreasonable to expect the Medical Examiner Office to spend an excessive time trying to contact you.

***What happens if the ME disagrees with the cause of death?***

[The Medical Certificate of Cause of Death Regulation 2024](https://www.gov.uk/government/publications/medical-certificate-of-cause-of-death-draft-regulations) advises that if the ME is unable to ‘confirm the cause of death’ as written on the MCCD/APC, they ‘must’ refer the death to the senior coroner.

In LLR we have agreed the pragmatic view that if the original cause of death does not meet the relevant guidance (or example using the term ‘old age’ for a deceased patient under the age of 80, or referring to mode of death instead of cause) then it is reasonable, following discussion, for the ME to request the attending GP to consider issuing a revised MCCD/APC.

***Will a new MCCD/APC be provided?***

The aim is to provide an electronic MCCD/APC, but this will not be available until later in 2024. In the interim a new paper version of the MCCD/APC, and a PDF version will be distributed.

There will remain two MCCD/APC forms:

* for deaths within 28 days of life, and
* for deaths after 28 days of life.

The revised MCCD/APC has not yet been published, but will include the following changes:

* Details of the ME who scrutinised the death.
* Ethnicity, as self-declared by the deceased during their life (or otherwise mark as ‘unknown’). Relatives or other representative of the deceased should not be asked for this.
* If the deceased was pregnant.
* An additional line (1d) for cause of death.
* Record of medical devices and implants.

***What happens if a registrar is given information (by the informant who applies to register the death) which suggests that the cause of death on the MCCD/APC is wrong?***

The registrar must consult with an ME, who, if they agree that the cause of death should be changed, can ‘invite’ the GP to issue a revised MCCD/APC. If the attending practitioner declines, the ME informs the registrar.

***What happens if there is no attending GP, or all attending GPs are not available with a reasonable time?***

In these circumstances the practice should refer the death to the coroner using the online portal.

The coroner can decide not to investigate and refer to the Medical Examiner, who, in this case, can complete an MCCD/APC, if there is a clear natural cause of death.

***If a GP has reported a death to the coroner, do they also have to inform the ME?***

No

***At what stage is a registrar informed of a death, and registration of the death occur?***

The ME (or coroner) will notify the registrar of the cause of death (the GP no longer should do this). the 5-day statutory time frame to register the death will start on the day of this notification.

***How is the GP informed that the MCCD/APC and cause of death has been accepted by the ME?***

The ME is required to inform the GP ‘without reasonable delay’ when they have sent the MCCD/APC to the registrar. This will normally be via email to your practice, unless you have asked to be informed in person (and have provided a means to do so).

***Will the GP also need to complete a form Cremation 4?***

From April 2024 GPs will no longer need to complete a form Cremation 4. Scrutiny by the medical examiner will in the future be regarded as sufficient. Crematorium referees will remain in position initially but are likely to be removed from the process in the future.

***Will the GP still need to provide information about medical devices (eg pacemaker) and implants in the body of the deceased?***

Yes, this will be included as a question on the revised MCCD/APC. Items that should be included are listed in [The Cremation (England and Wales) Regulations 2008 Guidance to medical practitioners completing form Cremation 4 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/623aeac8e90e0779a31e087f/medical-practitioners-completing-form-cremation-4-25-march-2022.pdf):

* Pacemakers
* Implantable Cardioverter Defibrillators (ICDs)
* Cardiac resynchronization therapy devices (CRTDs)
* Implantable loop recorders
* Ventricular assist devices (VADs): Left ventricular assist devices (LVADs), Right ventricular assist devices (RVADs), or Biventricular assist devices BiVADs)
* Implantable drug pumps including intrathecal pumps
* Neurostimulators (including for pain & Functional Electrical Stimulation) Bone growth stimulators
* Hydrocephalus programmable shunts
* Fixion nails
* Any other battery powered or pressurised implant
* Radioactive implants
* Radiopharmaceutical treatment (via injection)

***What is the legal basis for an ME to access the records of a deceased person?***

The Access to Health Records Act 1990 has been amended to insert a new subsection 3(1)(g), giving a Medical Examiner scrutinising a death the “Right of access” to the health records.

***When should a GP notify a death to the coroner?***

The reasons are set out in The Notification of Deaths Regulations 2019, and included as Annex C.

***Is there a requirement for the certifying GP to have seen the patient in person/face to face at any time during their lifetime?***

The current draft guidance and legislation does not require this. However, until the new MCCD/APC has been finalised we will not know if there is any expectation for this.