LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

DEATH PROCESSES AND THE MEDICAL EXAMINER SERVICE FROM 9 SEPTEMBER 2024

SUMMARY

1) The processes to be followed after death changed significantly from 9 September 2024. This short guide for GPs has been written with the kind input from the Senior Coroners, Senior Medical Examiner, Senior Registrar, and a Funeral Director.

2) The main changes that will affect GPs are:

2.1) To complete an APMCCD (which replaces the old MCCD) you will need to:

- Have 'attended' the deceased before death.
- Know 'to the best of your knowledge and belief' the cause of death.
- Know that there is no requirement to report the death to the coroner (Annex C).
- Consider consulting the Medical Examiners' Office if you are unsure about any of the above (Contact via email to request a conversation: medical.examinersllr@nhs.net, or if urgent phone 0116 258 3102/250 2946, 07815 028098 or 07815 457565).

2.2) There is no longer any requirement for the certifying GP to have seen the deceased:

- within **28 days** prior to death, or
- **after death**, or
- **face to face/in person** at any time prior to death (See FAQs)**.**

2.3) Requirement to contact the Medical Examiner Service regarding **all natural deaths** where the cause of death is unknown or unclear (See FAQs).

2.4) Once completed the GP **MUST** send the APMCCD to the Medical Examiner service of the area where the deceased died, together with a brief summary of the events leading to the death and any other relevant information (in preference using the PRISM form, although the ME service will also accept a completed Arden's ME report template).

3) After 9 September 2024, all deaths must be certified using the new APMCCD even if the death occurred before that date.

4) Please find attached the following Annexes:

Annex A Flow chart of death process for GPs.
Annex B Frequently Asked Questions.
Annex C Notifiable Causes of Death.
Annex D Attending Practitioner Medical Certificate of Cause of Death (APMCCD).
Annex E Boundary Map for the two LLR Coronial areas.
Annex F Contact Details Adjacent Medical Examiner Services

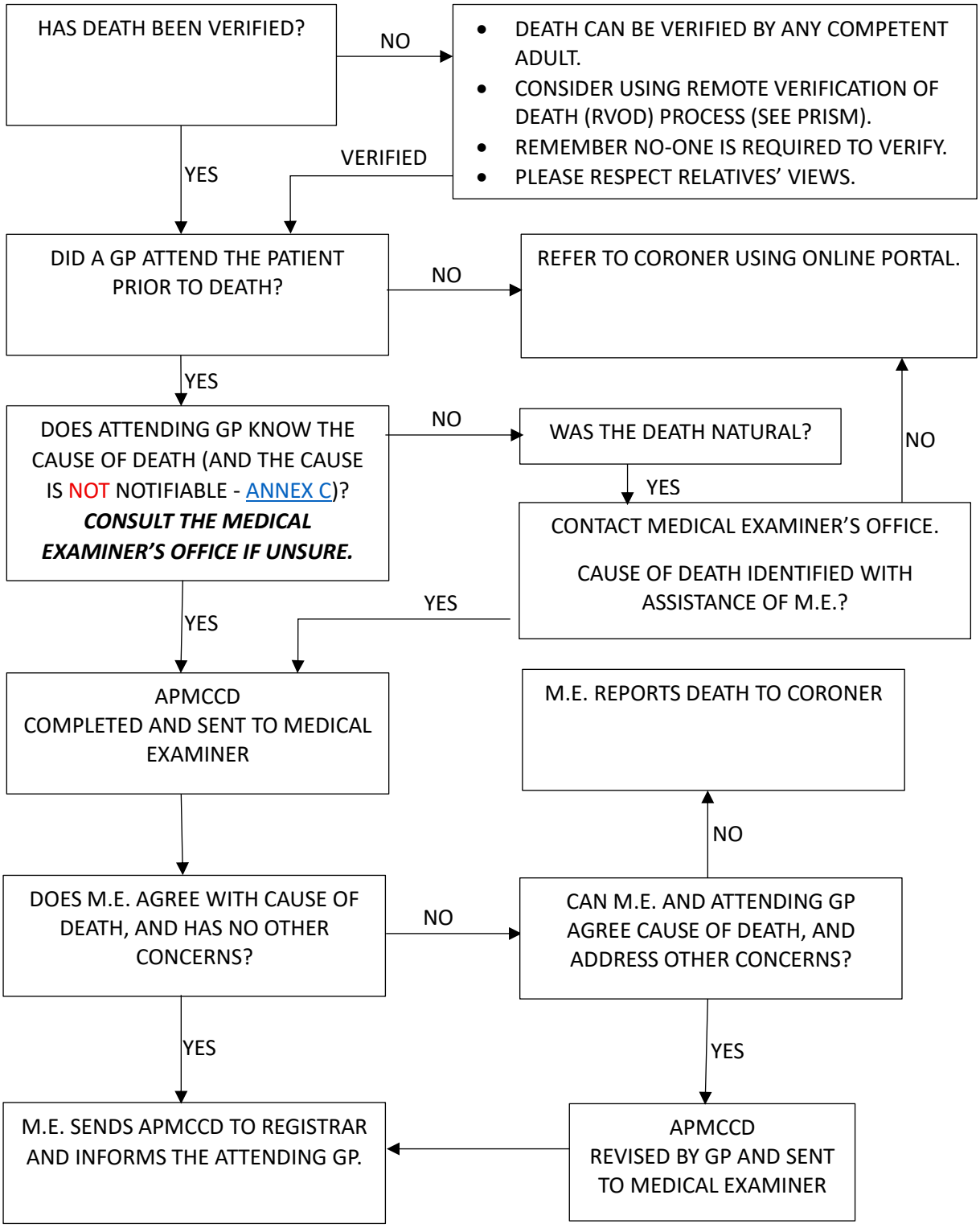
5) Where this guide refers to GP, it also means GP Registrars (and any other fully registered doctor working in general practice).

6) This guidance is accurate at the time of writing.

LLRLMC
January 2024
Version2: May 2024
Version 3.1: September 2024
Version 4 December 2025

ANNEX A:

FLOW CHART FOR PROCESS AFTER DEATH FROM 9 SEPTEMBER 2024



ANNEX B:

FREQUENTLY ASKED QUESTIONS (FAQs)

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 the person and the fact of death.

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 APMCCD 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.

How will the Medical Examiner Office respond to requests for urgent certification for faith/cultural reasons?

If urgent certification (e.g. for same day burial for faith/cultural reasons) is required during 'the working week' (between 8m and 6pm Monday to Friday excluding bank holidays), the referral should be emailed with 'URGENT' and the deceased's name in the subject line. The ME team will prioritise this case for immediate action.

There is also an 'out of hours' service for weekends and bank holidays. Where urgent certification for burial is required over the weekend, the GP should phone 07971 745188 (between 8.30am and 6pm). The ME Officer will be able to advise on the availability of the on-call ME and will liaise with the GP, next of kin, Funeral Director and Registrar accordingly.

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 and an Attending Practitioner Medical Certificate of Cause of Death (APMCCD)*?*

The revised Medical Certificate of Cause of Death (MCCD) is referred to as an 'Attending Practitioner's Certificate' (APC) in The Medical Certificate of Cause of Death Regulation 2024 and the two terms are used interchangeably.

The new certificate is titled the **Attending Practitioner Medical Certificate of Cause of Death (APMCCD)** – see Annex D.

Who can complete an APMCCD?

Any registered 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 APMCCD.

What is the definition of 'attended' in relation to a GP completing an APMCCD?

There has never been a clear legal definition of what 'attended' means, and the BMA and local senior coroners support leaving this up to the **discretion of the certifying GP**. This has allowed the meaning to change with changing work practices.

'Attended' is not limited to face to face contacts, but could be telephone or video consultations, or communicating with the palliative care team and provide prescriptons..

No revised national guidance has been issued, but The Medical Certificate of Cause of Death Regulation 2024 is confusing in that it states that "as soon as possible after death … an attending practitioner must" either complete an APMCCD or report the death to a coroner, but also defines an attending practitioner as "a registered medical practitioner who attended the deceased before their death" – i.e. a doctor who had treated the deceased many decades previously has the statutory duty to complete an APMCCD or refer the death, and does not limit it to a doctor who attended the deceased during their last illness. This flexibility will be beneficial in widening the number of GPs who can complete the certificate. In addition, this will facilitate patients who have recently been discharged by the hospital to have an APMCCD completed by a hospital doctor. If a GP cannot issue an APMCCD but feel that a hospital doctor could be in the position to do this, then please email or phone the ME office which will avoid the GP having to refer the death to the coroner.

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 9 September 2024.

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

No, there is no longer any requirement for this from 9 September 2024.

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

There is no requirement in the legislation for the certifying doctor to have ever seen the deceased in person/face to face in their lifetime, only to have 'attended' them prior to the death.

Will a new MCCD be provided?

The aim is to provide an electronic APMCCD, but it is not known when this will be available. In the interim a new paper version of the APMCCD has been distributed to practices (email mccd@dhsc.gov.uk if your practice has not received the new book). A sample copy is included as Annex D (**DO NOT** use this sample for certifying an actual death as the originals have a unique code).

There will remain two APMCCD forms:

- for deaths within 28 days of life, and
- for deaths after 28 days of life

Only copies of latter have been provided to practices..

The APMCCD (see Annex D) includes 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.
- The question 'Last seen alive by me' has been removed.

Having completed an APMCCD is there a legal requirement for a GP to share it with a Medical Examiner?

Yes. The regulations state that once completed the APMCCD together with relevant medical records and other relevant information **MUST** be sent to the Medical Examiner. In LLR, as the ME will have access to the medical record electronically, the GP should send a brief summary of the events leading to the death and any other relevant information (in preference using the PRISM form, although the ME service will also accept a completed Arden's ME report template).

Providing as full information as possible will reduce the likelihood that the Medical Examiner will need to revert for more information. When emailing the completed form to the ME service please include the deceased's name in the Subject line to improve processing and reduce the risk of error.

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

The Medical Certificate of Cause of Death Regulation 2024 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 (APMCCD).

If the medical examiner has a query and cannot contact the certifying GP, then the APMCCD you have provided cannot be used to register the death. Please give details on the PRISM (or Arden) form 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 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.

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

The Medical Certificate of Cause of Death Regulation 2024 advises that if the ME is unable to 'confirm the cause of death' as written on the APMCCD, 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 (for 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 APMCCD.

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 APMCCD 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 APMCCD. If the attending practitioner declines, the ME informs the registrar.

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

Yes, this is included as a question on the revised APMCCD. Form Cremation 4 referred to 'hazardous' implants, but the new APMCCD refers to 'any implanted medical device.' Although not available yet, draft national guidance refers to 'relevant' devices.

Items that should definitely be included are listed in The Cremation (England and Wales) Regulations 2008 Guidance to medical practitioners completing form Cremation 4 (publishing.service.gov.uk):

- 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)

PLEASE INCLUDE THE SITE IF ANY IMPLANTABLE DEVICE IN PLACE.

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 starts on the day of this notification.

What happens if there is no attending GP, or all attending GPs are not available within 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 APMCCD, if there is a clear natural cause of death.

How is the GP informed that the APMCCD 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 APMCCD 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).

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.

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

No. However, if you are unsure whether the death needs to be referred, please discuss with the ME service first.

Which Coronial service should a death be reported to?

Deaths should be reported to the Coronial service covering the area where the deceased died or was found dead.

A map of the boundaries between the two coronial areas in LLR (***City and South Leicestershire*** and ***Rutland and North Leicestershire***) is attached as Annex E.

What is the underpinning legislation?

Primary Legislation:

- Coroners and Justice Act 2009, Sections 19, 20 and 21
- Health and Care Act 2022 Section 169

Regulations

- The Medical Examiners (England) Regulations 2024
- The Medical Certificate of Cause of Death Regulation 2024
- The National Medical Examiner (Additional Functions) Regulations 2024

Other legislation which has been amended:

- Birth and Deaths Registration Act 1953
- Human Tissue Act 2004
- Access to Health Records Act 1990
- Cremation (England and Wales) Regulations 2008
- Notification of Death Regulations 2019

Other regulation where amendments will be required but are not yet available:

The Registration of Births and Deaths Regulations 1987

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

From 9 September 2024 GPs no longer complete a form Cremation 4. Scrutiny by the medical examiner is regarded as sufficient for this purpose. Crematorium referees will remain in position initially but are likely to be removed from the process in the future.

Which form do I use for a patient who died before the 9 September 2024, but I am completing the form on the 9 September or after?

Regardless of when the death occurred if you are completing the medical certificate of cause of death on the 9 September 2024 or after, you **MUST** use the new APMCCD form.

What do I have to do if a deceased's body is outside of the LLR area?

You will need to engage with the Medical Examiner or Coronial service for the area in which the deceased is following their death (prior to removal by a funeral director etc). If you attended the deceased during their life and can propose a cause of death to the best of your knowledge and belief you **MUST** complete an APMCCD and send to the appropriate Medical Examiner Service, or refer the death to the appropriate coroner. This document only covers processes within the LLR area.

If you are unsure which ME service to send a completed APMCCD to, check with the LLR ME office first. A list of other ME services with their contact details in the Midlands is included as Annex F.

What should I do in the case of a natural death where the cause of death is unknown or unclear?

This reply is written in line with guidance issued by the Chief Coroner on 9 September 2024 (Guidance No 47: The Death Certification Reforms - Courts and Tribunals Judiciary).

If the death was natural but the Attending Practitioner is unable to reach a Cause of Death, before referring to the Coroner you should contact a Medical Examiner to discuss it. The threshold for deciding the cause of death is 'to the best of your knowledge and belief,' and there is no requirement for absolute evidence of the cause by eg tissue diagnosis or scan. The test only requires the Attending Practitioner to consider the information available to them and provide the cause of death for which there is some supporting clinical evidence. As in most aspects of medicine, the information available is rarely complete and a cause of death, like treatment, may be provided on the basis of clinical suspicion alone. Certainty is not required.

You can contact the Medical Examiner about this, initially by email medical.examinersllr@nhs.net, or by telephone if urgent (0116 258 3102/250 2946, 07815 028098 or 07815 457565) or email. You do not need to complete the formal ME referral form. However, you will need to provide:

- Patient Name
- Date of Birth
- NHS Number (if known)
- Whatever information you feel would be helpful for the ME to aid in the decision.

The Medical Examiner will have access to the patient hospital records to help them.

If the Medical Examiner believes that the Cause of Death could be identified, then they will advise the Attending Practitioner including their reasoning.

The Royal College of Pathologists has produced a helpful list of Causes of Death, including which are acceptable to include on an APMCCD and which should result in a referral to a coroner click here.

If the Medical Examiner agrees that the Cause of Death cannot be ascertained after consulting the records, or identifies that the cause of death is reportable to the coroner in accordance with the Notification of Deaths Regulations 2019, the Attending Practitioner will need to refer the death to the Coroner. The ME office will also provide this information to the coroner directly.

The referral should be using the Coroner's Portal, and you will need to provide:

- Details of the discussion with the ME, including their name and any written reply.
- A summary of the records including all consultations over the past 6 months including medication.

If the Coroner decides that they do not have a duty to investigate (as they believe that the cause of death could be identified), then they will inform the Attending Practitioner and copy in the Medical Examiner office using form CN1A. This will include the reason why they are referring the death back.

If the Attending Practitioner and Medical Examiner have been unable to identify a Cause of Death 'to the best of [their] knowledge and belief,' then the Coroner will open an investigation and may authorise a post mortem examination.

Can I use 'Old Age' as the sole cause of death?

Below is an extract from the: Guidance for medical practitioners completing medical certificates of cause of death in England and Wales - GOV.UK

Avoid 'old age' alone

Old age, 'senility' or 'frailty of old age' should only be given as the sole cause of death where all the following circumstances apply:

- the deceased was over 80 years old
- you have personally cared for the deceased over a long period - this is difficult to define, but we would suggest at least several months
- you have observed a gradual decline in your patient's general health and functioning
- you are not aware of any identifiable disease or injury that contributed to the death
- you are certain that there is no reason that the death should be reported to the coroner

You may mention old age or frailty as a contributory cause, especially if it explains the severe effect of a condition that is not usually fatal.

You should also be aware that the representative of the deceased may not regard old age as an adequate explanation for the death and may request further investigation.
It is unlikely that patients would be admitted to an acute hospital if they had no apparent disease or injury. It follows that deaths in acute hospitals are unlikely to fulfil the conditions

above. You can specify old age as a cause of death, but you should also mention in part 1 or part 2, as appropriate, any medical or surgical conditions that may have contributed to the death.

Example 6

Part	Disease or condition	Duration
1a	Pathological fractures of femoral neck and thoracic vertebrae	1 day
1b	Severe osteoporosis	10 years
1c	Old age	
2	Fibrosing alveolitis	15 years

Or

Part	Disease or condition	Duration
1a	Old age	
2	Non-insulin dependent diabetes mellitus, essential hypertension and diverticular disease	5 years

While there is no statutory age limit or restriction on referring to 'old age', a death certified as due to old age or senility alone will usually be referred to the coroner unless all the conditions listed above are fulfilled and there is no other reason that the death should be referred. Similar terms, such as 'frailty of old age', will be treated in the same way.

ANNEX C:

CIRCUMSTANCES IN WHICH THERE IS A DUTY TO INFORM THE CORONER OF A DEATH

(Extract from** Notification of Death Regulations 2019 **with additional comments in italics)

1) The registered medical practitioner suspects that that the person's death was due to:
- (i) poisoning, including by an otherwise benign substance;
- (ii) exposure to or contact with a toxic substance;
- (iii) the use of a medicinal product, controlled drug or psychoactive substance;
- (iv) violence;
- (v) trauma or injury;
- (vi) self-harm;
- (vii) neglect, including self-neglect;
- (viii) the person undergoing a treatment or procedure of a medical or similar nature; or
- (ix) an injury or disease attributable to any employment held by the person during the person's lifetime;

[Referral is necessary if any of the conditions above significantly contributed to the cause of death. They do not need to be the main cause. If in doubt, the Medical Examiner's Office can advise on the current practice of the Senior Coroners.]

2) The registered medical practitioner suspects that the person's death was unnatural but does not fall within any of the circumstances listed in sub-paragraph (a);

3) The registered medical practitioner—
- (i) is an attending medical practitioner required to sign a certificate of cause of death in relation to the deceased person; but
- (ii) despite taking reasonable steps to determine the cause of death, considers that the cause of death is unknown;

4) The registered medical practitioner suspects that the person died while in custody or otherwise in state detention (For the definition of "state detention", see section 48 of the Coroners and Justice Act 2009.);

5) The registered medical practitioner reasonably believes that there is no attending medical practitioner required to sign a certificate of cause of death in relation to the deceased person;
[Where the reporting GP considers the cause of death to be known, then this should be included in the referral]

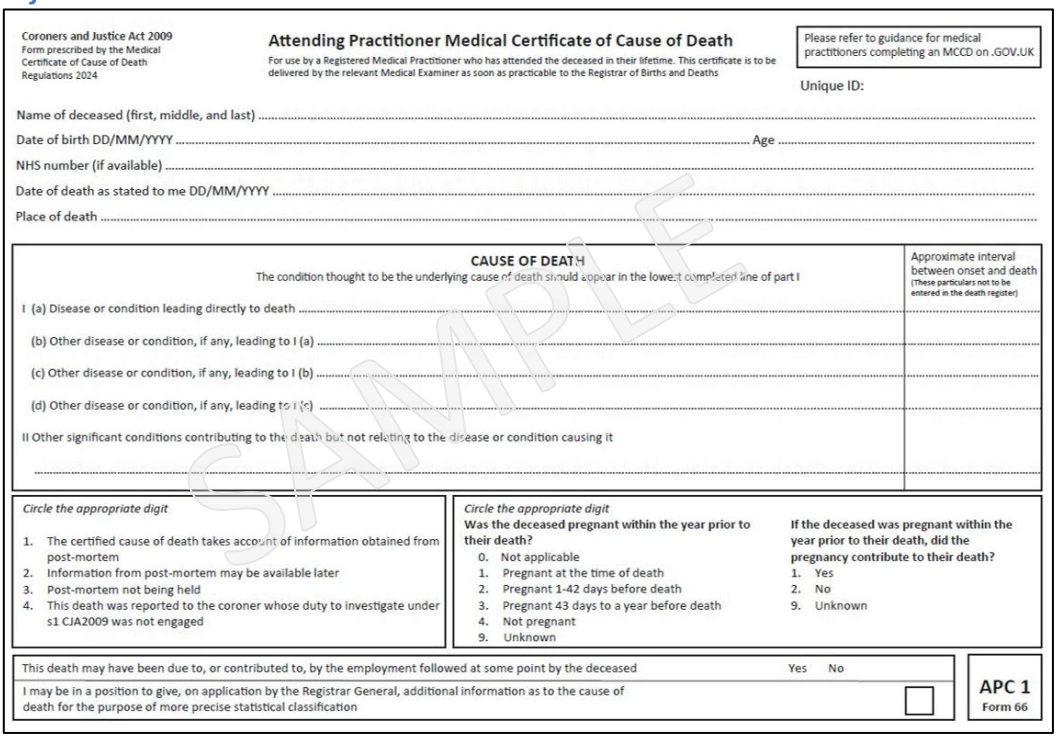
6) The registered medical practitioner reasonably believes that—
- (i) an attending medical practitioner is required to sign a certificate of cause of death in relation to the deceased person; but
- (ii) the attending medical practitioner is not available within a reasonable time of the person's death to sign the certificate of cause of death;

7) The registered medical practitioner, after taking reasonable steps to ascertain the identity of the deceased person, is unable to do so.

ANNEX D:

ATTENDING PRACTITIONER MEDICAL CERTIFICATE OF CAUSE OF DEATH (APMCCD)

Page 1 of 2



Coroners and Justice Act 2009
Form prescribed by the Medical Certificate of Cause of Death Regulations 2024

Attending Practitioner Medical Certificate of Cause of Death

For use by a Registered Medical Practitioner who has attended the deceased in their lifetime. This certificate is to be delivered by the relevant Medical Examiner as soon as practicable to the Registrar of Births and Deaths

Please refer to guidance for medical practitioners completing an MCCD on .GOV.UK

Unique ID:

Name of deceased (first, middle, and last) .....

Date of birth DD/MM/YYYY ..... Age .....

NHS number (if available) .....

Date of death as stated to me DD/MM/YYYY .....

Place of death .....

CAUSE OF DEATH

The condition thought to be the underlying cause of death should appear in the lowest completed line of part I

	Approximate interval between onset and death (These particulars not to be entered in the death register)
I (a) Disease or condition leading directly to death	
(b) Other disease or condition, if any, leading to I (a)	
(c) Other disease or condition, if any, leading to I (b)	
(d) Other disease or condition, if any, leading to I (c)	
II Other significant conditions contributing to the death but not relating to the disease or condition causing it	

Circle the appropriate digit

1. The certified cause of death takes account of information obtained from post-mortem
2. Information from post-mortem may be available later
3. Post-mortem not being held
4. This death was reported to the coroner whose duty to investigate under s1 CJA2009 was not engaged

Circle the appropriate digit

Was the deceased pregnant within the year prior to their death?

0. Not applicable
1. Pregnant at the time of death
2. Pregnant 1-42 days before death
3. Pregnant 43 days to a year before death
4. Not pregnant
9. Unknown

If the deceased was pregnant within the year prior to their death, did the pregnancy contribute to their death?

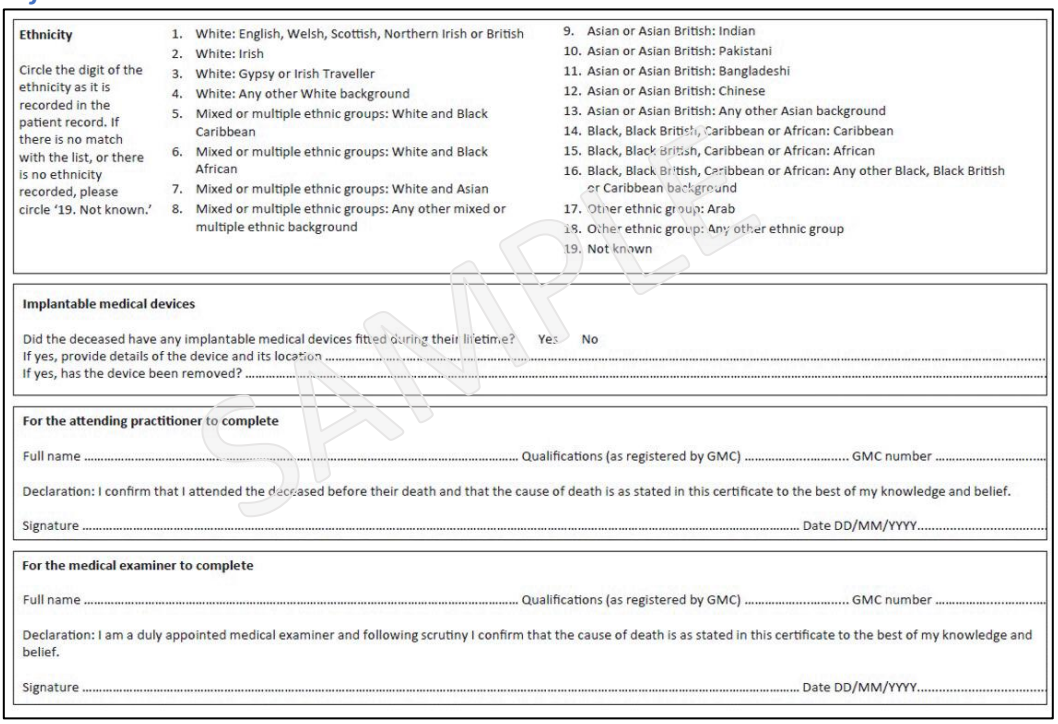
1. Yes
2. No
9. Unknown

This death may have been due to, or contributed to, by the employment followed at some point by the deceased Yes No

I may be in a position to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification ☐

APC 1
Form 66

Page 2 of 2



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.'

1. White: English, Welsh, Scottish, Northern Irish or British
2. White: Irish
3. White: Gypsy or Irish Traveller
4. White: Any other White background
5. Mixed or multiple ethnic groups: White and Black Caribbean
6. Mixed or multiple ethnic groups: White and Black African
7. Mixed or multiple ethnic groups: White and Asian
8. Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background
9. Asian or Asian British: Indian
10. Asian or Asian British: Pakistani
11. Asian or Asian British: Bangladeshi
12. Asian or Asian British: Chinese
13. Asian or Asian British: Any other Asian background
14. Black, Black British, Caribbean or African: Caribbean
15. Black, Black British, Caribbean or African: African
16. Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background
17. Other ethnic group: Arab
18. Other ethnic group: Any other ethnic group
19. Not known

Implantable medical devices

Did the deceased have any implantable medical devices fitted during their lifetime? Yes No
If yes, provide details of the device and its location .....
If yes, has the device been removed? .....

For the attending practitioner to complete

Full name ..... Qualifications (as registered by GMC) ..... GMC number .....

Declaration: I confirm that I attended the deceased before their death and that the cause of death is as stated in this certificate to the best of my knowledge and belief.

Signature ..... Date DD/MM/YYYY.....

For the medical examiner to complete

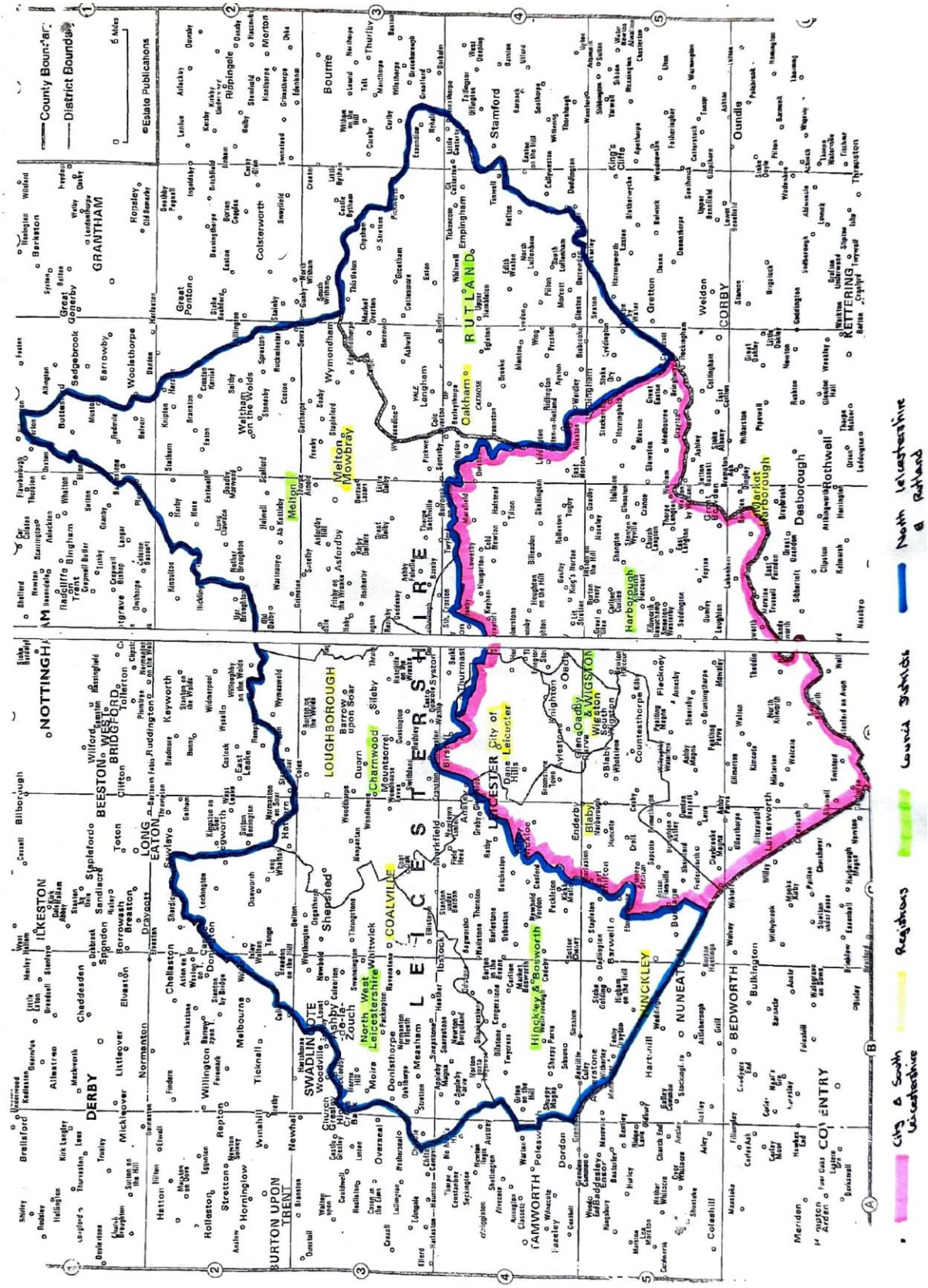
Full name ..... Qualifications (as registered by GMC) ..... GMC number .....

Declaration: I am a duly appointed medical examiner and following scrutiny I confirm that the cause of death is as stated in this certificate to the best of my knowledge and belief.

Signature ..... Date DD/MM/YYYY.....

ANNEX E:

BOUNDARY MAP FOR THE TWO LLR CORONIAL AREAS



ANNEX F

CONTACT DETAILS ADJACENT MEDICAL EXAMINER SERVICES

Chesterfield Royal Hospital NHS Foundation Trust: S44 5BL
Email: crhft.medicalexaminer@nhs.net
Contact number: 01246 512217; 01246 513658; 01246 512457
George Eliot Hospital NHS Trust: CV10 7DJ
Email: geh.medicalexaminersoffice@nhs.net
Contact number: 07824 954377
Kettering General Hospital NHS Foundation Trust: NN16 8UZ
Email:kgh-tr.medicalexamineroffice@nhs.net
Contact number: 01536 491541
Northampton General Hospital NHS Trust: NN1 5BD
Email: ngh-tr.medicalexaminers@nhs.net
Contact number: 01604 544518
Nottingham University Hospitals NHS Trust: NG7 2UH
Email: NUHNT.Bereavement@nhs.net
Contact number: 0115 9709726
Sandwell and West Birmingham Hospitals NHS Trust: B71 4HJ
Email: swbh.medical-examiners-officer@nhs.net; swbh.me-office@nhs.net
Contact number: 0121 507 3473 / 3099 / 3228
Sherwood Forest Hospitals NHS Foundation Trust: NG17 4JL
Email: sfh-tr.MEO@nhs.net
Contact number: 01623 422 702
Shrewsbury and Telford Hospital NHS Trust: SY3 8XQ
Email: sath.medicalexaminers@nhs.net
Contact number:
- Royal Shrewsbury: 01743 261384
- Princess Royal Hospital: 01952 641222

South Warwickshire University NHS Foundation Trust: CV12 9JB
Email: medical.examiner@swft.nhs.uk
Contact number: 01926 495321 ext 8141 and 8140
The Dudley Group NHS Foundation Trust: DY1 2HQ
Email: dgft.medicalexaminer@nhs.net
Contact number: 01384 456 111 ext 3250, 3251
The Royal Wolverhampton NHS Trust: WV10 0QP
Email: rwh-tr.medicalexaminerservice@nhs.net
Contact number: 01902 445863; 01902 695942
United Lincolnshire Hospitals NHS Trust: LN2 5QY
Email: MedicalExaminerService@ulh.nhs.uk
Contact number:
- Office in Lincoln: 01522 307338
- Office in Pilgrim: 01205 333416

University Hospitals Birmingham NHS Foundation Trust: B15 1NU
Email: MedicalExaminers@uhb.nhs.uk; MESupportTeam@uhb.nhs.uk
Contact number: 0121 371 2454
University Hospitals Coventry and Warwickshire NHS Trust: CV2 2DX
Email: Medical.Examiner@uhcw.nhs.uk
Contact number: 024 7696 5645 ext 25645

University Hospitals of Derby And Burton NHS Foundation Trust: DE22 3NE
Email: uhdb.medicalexaminersoffice@nhs.net
Contact number: 01332 786025
University Hospitals of Leicester NHS Trust: LE3 9QP
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