



The Association of Directors of Public Health

Introduction of Medical Examiners and Reforms to Death Certification in England and Wales: Policy and Draft Regulations. Consultation Response

<p>1. Do you agree that an individual should be prescribed in legislation as being responsible to pay, or to arrange to have paid the medical examiner fee?</p>	<p>Yes.</p> <p>Providing clear understanding on responsibility for payment in legislation avoids unnecessary time being taken by Local Authorities trying to find the responsible person, and it reduces possibility for disputes regarding non-payment at a sensitive and difficult time.</p> <p>Without this responsibility clearly defined, the Local Authority will not have a legal basis to collect the fee or recover any debts</p> <p>In the event of non-payment, the legal mechanism for debt collection will need to be carefully thought through, and having the 'responsible person' clearly prescribed in legislation will assist with this.</p>
<p>2. Should the person prescribed be the individual that collects the MCCD from the medical examiner, or the death registration informant?</p>	<p>The death registration informant may be the most suitable person, as they are likely to be next of kin or present at the death. Alternatively the executor of the estate could also be the person prescribed.</p> <p>Another alternative would be to have that payment of a fee on collection of the Medical Certificate. However, the MCCD should be an electronically transmitted/transferral process, and not rely on collection by the informant.</p>
<p>3. Should the regulations exempt an official or employee who acts as an informant, as being responsible to pay, or to arrange to have paid the medical examiner fee?</p>	<p>Yes, certain individuals acting in this professional capacity, such as those dealing with public health/welfare funerals, should be exempt from having to pay the fee.</p>



<p>4. Should there be a 28 day or three month period for payment of the medical examiner fee?</p>	<p>A three month period seems sensible to allow for families to firstly be able to access the estate of the deceased and therefore make the payment from that estate, and secondly it allows some sensitivity for the period of bereavement families are likely to be experiencing.</p> <p>However, it should be noted that the timescale is not relevant unless there is clarity in law as to who is liable for the payment of the fee. In addition, anything that can be done to provide an easy electronic payment vehicle will help to speed up payments.</p>
<p>5. The proposed model contract is to facilitate an agreement between a local funeral service to collect the medical examiner fee on behalf of a local authority, for a small administrative charge. The bereaved would see the fee itemised in the funeral director's bill. As a funeral service provider would you be supportive of this proposed arrangement?</p>	<p>Not relevant to ADPH, but any system should reduce the distress to the bereaved family as well as keeping administration to a minimum.</p>
<p>6. Do you believe the provision of "administrative and clinical information" set out in schedule 1 is necessary and sufficient for all deaths, either for a medical examiner's scrutiny or for a coroner's investigation? If not, what would you add or delete and why?</p>	<p>YES</p> <p>It would be helpful to record under Schedule 1 as to whether an individual was detained by the state, or subject to a Deprivation of Liberty Safeguarding Authorisation.</p> <p>The ability to share data appropriately is important in order to inform local public health and social care intelligence, services and funding decisions. Support to develop appropriate data sharing agreements and the electronic means of transfer to facilitate easy sharing of data would be appreciated by local authorities.</p>
<p>7. Do you agree that the medical examiner should have discretion about whether an</p>	<p>Yes. If all bodies had to be examined it could lead to significant and unnecessary delays and</p>



<p>independent non-forensic external examination of the body is necessary?</p>	<p>additional costs. This proposal will provide the medical examiner with a choice as to whether to complete the examination themselves, or delegate appropriately, ensuring cost effective use of expensive resource for local authorities.</p>
<p>8. In your view, are there sufficient safeguards if a person without a medical qualification but with suitable expertise and sufficient independence carries out a non-forensic external examination of the body on behalf of the medical examiner?</p>	<p>ADPH is unable to comment on this point.</p>
<p>9. Under regulation 26, do you agree that the medical examiner process should be suspended during a period of emergency?</p>	<p>Yes, however the term 'emergency' must be clearly defined in the regulations, and aligned to any legislative changes to the death registration process during a period of 'emergency'.</p>
<p>10. Do you agree that during a period of emergency any registered medical practitioner could certify the cause of death in the absence of a qualified attending practitioner?</p>	<p>Yes. Careful consideration needs to be given as to how clinical governance and accurate record keeping is maintained throughout a period of emergency where multiple registered medical practitioners may be required to certify causes of multiple deaths, in order to ensure lessons are learnt, and future planning for periods of emergency is based on reliable statistical information.</p> <p>Consideration must be also given in relation to the collection of the fee during a period of emergency, and whether this is feasible as per current proposed arrangements.</p>
<p>11. Are the proposed certificates and medical examiner forms set out in schedules 2- 7 fit for purpose? If not, please say why.</p>	<p>Yes.</p>
<p>12. In relation to regulation 5 of the NME regulations, what other aspects should standards cover for monitoring medical examiners' levels of performance?</p>	<p>Arranging peer scrutiny of medical examiner performance would assist in maintaining the independence of the role, as well as assuaging local authorities with management responsibility for the service as to the quality of the medical examiner's performance. The costing for proposed performance monitoring is not evident in the Impact Assessment, which brings up questions for local authorities with management</p>



	responsibilities for medical examiners.
13. Do you agree with the estimates of costs and benefits of the death certification reforms set out in the consultation impact assessment?	No. There is simply not enough detail in order to be able to understand the impact for local authorities. A number of assumptions have been made based on the pilot areas, which may not be representative. Further detail is required in order to understand the impact for individual local authorities.
14. Do you agree that a death should be notifiable if it is “otherwise unnatural”?	Not applicable for ADPH
15. Do you believe there is sufficient understanding between members of the medical and coronial professions as to the meaning of “unnatural” and that further definition is not required? If not, we would be grateful for suggestions as to what the guidance may include.	Not applicable for ADPH
16. Do you agree that provision needs to be made with regard to poisoning, given that cases of poisoning are rare?	Not applicable for ADPH
17. Do you believe that “poisoning, the use of a controlled drug, medicinal product or toxic chemical” sufficiently covers all such circumstances of death? If not, should the guidance be broadened?	Not applicable for ADPH
18. Do you believe there is a sufficient understanding of “neglect”? If not, should this be made clearer in the draft regulations rather than guidance?	Not applicable for ADPH
19. Do you agree that regulation 3(2)(e) - “occurred as a result of an injury or disease received during, or attributable to, the course of the deceased person’s work” - is clear that it includes any death that has occurred as a result of current or former work undertaken by the deceased, including cases such as mesothelioma or other asbestos related cases? If not, we would be grateful for alternative suggestions.	Not applicable for ADPH
20. Do you agree that it should be possible to make notifications orally; but that where an oral notification is made the information must be recorded in writing and confirmed?	Not applicable for ADPH



<p>21. Do you agree that regulation 3(6) should prevent duplication of notification? We would be particularly grateful for views on how this would work in a surgical environment</p>	<p>Yes</p>
<p>22. Do you have any other comments about the draft Regulations</p>	<p>It is vital that the regulations specify that appropriate data sharing between the medical examiner and the Director of Public Health is permitted and encouraged. This will allow the Director of Public Health to add value to the medical examiner system for the protection of the public's health.</p>
<p>23. In relation to the guidance, do you agree with the examples used under each category of death? If not, we should be grateful for further examples or suggestions for definitions.</p>	<p>No – suggestion of addition of recreational drug use as example for paragraph 4.</p>
<p>24. Also in relation to the guidance, do you agree that no specific reference is needed as to whether certain deaths will be subject to jury inquests or not (such as those that have occurred under state detention)?</p>	<p>Not applicable for ADPH</p>
<p>25. Do you have any other comments about the guidance?</p>	<p>No</p>
<p>26. After the changes are brought in, there will be no provision for medical examiners to be involved in the certification of the cremation of body parts. Do you agree that the requirement to complete a statutory application form and provide a registration document and a certificate from the hospital trust or other authority holding the body parts will provide sufficient scrutiny prior to the cremation of body parts? If not, what further scrutiny do you think would be needed, in the absence of medical referees?</p>	<p>Yes</p>
<p>27. Do you agree that this proposal will provide a sufficient level of scrutiny in stillbirth cases? If not, what further scrutiny do you think would be needed, in the absence of medical referees?</p>	<p>Yes</p>
<p>28. Do you agree that investigation and clearance for cremation by a coroner provides sufficient assurance for cremation to take place without a further check by a medical referee based at the crematorium?</p>	<p>Yes</p>



If not, what further scrutiny do you think would be needed, in the absence of medical referees?	
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