

2024 No. 000

MEDICAL PROFESSION, ENGLAND AND WALES

CORONERS, ENGLAND AND WALES

The Medical Examiners (England) Regulations 2024

Made - - - -

Laid before Parliament

Coming into force

The Secretary of State makes these Regulations in exercise of the powers conferred by sections 19(4) and 176(3) of the Coroners and Justice Act 2009(a).

Citation, commencement, extent and application

1.—(1) These Regulations may be cited as the Medical Examiners (England) Regulations 2024 and come into force on [X].

(2) These Regulations—

- (a) extend to England and Wales; and
- (b) apply only in relation to medical examiners appointed by an English NHS body(b).

Interpretation

2. In these Regulations—

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

“attending practitioner” has the meaning given in section 20(1) regulations;

“appointing body” means the English NHS body which appointed the medical examiner under section 18A of the Act(c);

“National Medical Examiner” means a person appointed under section 21(1) of the Act;

“other relevant medical practitioner” means a registered medical practitioner(d) 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,

(a) 2009 c.25.

(b) For the meaning of “English NHS body”, see section 18A(4) of the Coroners and Justice Act 2009.

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

(d) 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 with effect from 16th November 2009, to mean “a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act”.

- (b) sought advice from a medical examiner in accordance with regulation 7(1)(a), or
- (c) sought to fulfil any function under section 20(1) regulations;

“relevant function” means a function of medical examiners under regulation 7 or section 20(1) regulations;

“relevant attending practitioner” has the meaning given in section 20(1) regulations;

“section 20(1) regulations” means any regulations made under section 20(1) of the Act.

Terms of appointment of medical examiners and termination of appointment

3.—(1) The terms of appointment of medical examiners must give effect to the matters specified in paragraphs (2) to (6).

(2) The appointment is to be terminated immediately in the event that the medical examiner ceases to be a registered medical practitioner.

(3) The appointing body may terminate the appointment where it is of the opinion, after taking into account any standards of performance expected of a medical examiner as published by the National Medical Examiner from time to time, that the medical examiner is not suitable to be a medical examiner.

(4) On the request of the appointing body, the medical examiner must, where reasonably practicable, exercise any relevant function in relation to any death that is required to be registered under Part 2 of the 1953 Act^(a).

(5) The medical examiner must, without unreasonable delay, notify the appointing body of any changes to their status as a registered medical practitioner, including any disciplinary action proposed or taken against them by their regulatory body.

(6) The appointing body may terminate the appointment where it is of the opinion that the medical examiner’s engagement in clinical practice is insufficient to support the continued exercise of relevant functions.

(7) The terms of appointment of medical examiners may include such other terms as may be agreed between the appointing body and medical examiner.

Payment of remuneration, expenses, fees etc to medical examiners

4. An appointing body may pay to each medical examiner it appoints such remuneration, expenses, fees, compensation for termination of appointment, pensions, allowances or gratuities as it determines.

Training to be undertaken by medical examiners

5. Medical examiners must undertake from time to time such training as is appropriate to ensure that they have the experience and skills necessary to carry out their functions.

Procedure for the independence of medical examiners

6.—(1) Where a medical examiner receives a request from an appointing body to exercise any relevant function in relation to a death, and is insufficiently independent in relation to that death, the examiner must—

(a) Under section 48 of the Coroners and Justice Act 2009, “the 1953 Act” means the Births and Deaths Registration Act 1953 (c.20).

- (a) not exercise any relevant function in relation to the death or, where relevant, cease exercising any relevant function immediately upon becoming aware of the insufficient independence;
 - (b) without unreasonable delay, make a record of which of the circumstances set out in paragraph (4) apply in relation to the death; and
 - (c) without unreasonable delay, notify their appointing body.
- (2) Where a medical examiner notifies their appointing body under paragraph (1)(c), the examiner must ensure that the body is provided with—
- (a) a copy of the record made under paragraph (1)(b);
 - (b) any information relating to the death which the examiner has received; and
 - (c) any records made by the examiner in connection with any relevant function exercised in relation to the death.
- (3) For the purposes of paragraph (1)—
- (a) a medical examiner is insufficiently independent in relation to a death where, at the time of the death, one or more of the circumstances in paragraph (4) applies; and
 - (b) any reference to the medical examiner being aware of the insufficient independence includes any time when the medical examiner ought to have been so aware.
- (4) The circumstances are that the medical examiner—
- (a) is the spouse, former spouse, civil partner or former 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 spouses or civil partners;
 - (c) is, or was at any time, closely related to D, AP or OP;
 - (d) believes they attended D during the course of D’s lifetime;
 - (e) is, or was, a partner, employer, employee or associate of D, AP or OP;
 - (f) has a financial interest in D’s estate; or
 - (g) has, or had, any other association, relationship or direct or indirect financial connection with D, AP or OP such as to give rise to a reasonable doubt as to the examiner’s objectivity to carry out the relevant functions.
- (5) In paragraph (4), “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.
- (6) In paragraph (5), references to step relationship and in-law are to be read in accordance with section 246 (interpretation of statutory references to stepchildren etc) of the Civil Partnership Act 2004(a).

Additional functions of medical examiners

7.—(1) In addition to the functions set out in section 20(1) regulations, medical examiners have the following functions—

(a) 2004 c. 33.

- (a) providing advice to registered medical practitioners in relation to the functions of attending practitioners under section 20(1) regulations;
 - (b) providing advice to senior coroners for the purpose of assisting a senior coroner in deciding whether there is a duty to conduct an investigation into a particular death under section 1 of the Act;
 - (c) participating in the establishment, review and updating of any local protocols of the appointing body;
 - (d) maintaining records in relation to deaths in respect of which the medical examiner has exercised functions under section 20(1) regulations;
 - (e) obtaining and considering such information as is reasonably available to them in respect of trends and unusual patterns of certified causes of death, public health surveillance, patient safety and clinical governance for the purpose of informing their professional judgement as to the cause of death in a particular case;
 - (f) in the course of exercising a relevant function, reporting any serious concerns identified in respect of clinical governance, patient safety or public health surveillance in accordance with local reporting arrangements;
 - (g) providing information and preparing reports to meet any reasonable request made by or on behalf of—
 - (i) the appointing body for the purpose of the body’s monitoring functions under section 18A(3)(c) of the Act,
 - (ii) Child Death Review Partners for the purposes of their functions under section 16M of the Children Act 2004^(a) where a senior coroner has decided that the child’s death is not one for which a duty to investigate arises under section 1 of the Act,
 - (iii) the Statistics Board, or
 - (iv) the National Medical Examiner.
 - (h) identifying training needs of registered medical practitioners in relation to death certification, and promoting and facilitating such training; and
 - (i) keeping their own performance and service under review through, for example, participating in peer audits and service reviews.
- (2) For the purposes of paragraph (1)—
- “information” includes information identifying a particular individual;
- “local protocol” means a memorandum of understanding made between appointing bodies and other persons and bodies whose functions include or are connected with the certification of deaths, setting out the administrative arrangements which are to apply to facilitate the efficient and timely certification of deaths;
- “Statistics Board” means the Board established by section 1 of the Statistics and Registration Service Act 2007^(b).

Signed by authority of the Secretary of State for Health

Address

Name
Parliamentary Under Secretary of State
Department of Health and Social Care

(a) 2004 c.31. Section 16M was inserted by Section 24 of the Children and Social Work Act 2017 (c. 16).
 (b) 2007 c. 18.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations make provision in respect of medical examiners appointed by English NHS bodies to discharge the functions conferred on them by or under Chapter 2 of Part 1 of the Coroners and Justice Act 2009 (“the Act”). Those functions relate to the medical certification of the cause of deaths which are required to be registered under Part 2 of the Births and Deaths Registration Act 1953.

Regulation 3 sets out mandatory terms to be included in the terms of appointment of medical examiners.

Regulation 4 makes provision permitting appointing bodies to pay to each medical examiner it appoints such remuneration, expenses, fees, compensation for termination of appointment, pensions, allowances or gratuities as it determines.

Regulation 5 provides that a medical examiner must undertake such training as is appropriate to ensure that they have the experience and skills necessary to carry out their functions.

Regulation 6 requires medical examiners to follow certain steps where, in relation to a death which is required to be registered, the examiner is insufficiently independent within the meaning of that regulation, because of a connection the examiner had with the deceased person, the relevant attending practitioner or any other relevant medical practitioner at the time of the death. These steps include declining to exercise functions of confirming or issuing a medical certificate of cause of death and notifying their appointing body.

Regulation 7 confers functions on medical examiners in addition to their functions under regulations made under section 20 of the Act.

A full impact assessment of the effect that this instrument will have on the costs of business, the voluntary sector and the public sector is available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715242/death-certification-reform-impact-assessment.pdf.