The Royal College of Pathologists
Pathology: the science behind the cure

National Medical Examiner's Good Practice Series No. 8

Medical examiners and out-of-hours arrangements

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Contents

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About the National Medical Examiner's Good Practice Series

Medical examiners – senior doctors providing independent scrutiny of non-coronial deaths in England and Wales – are a relatively recent development.

While there is extensive guidance available on a wide range of topics for NHS and public sector staff, the National Medical Examiner's Good Practice Series highlights how medical examiners and medical examiner officers can better meet the needs of local communities and work more effectively with colleagues and partners.

The Good Practice Series is a topical collection of focused summary documents, designed to be easily read and digested by busy front-line staff, with links to further reading, guidance and support.

Introduction

This paper considers approaches to out-of-hours arrangements for medical examiners. Priorities and requirements for out-of-hours arrangements are likely to vary for each medical examiner office and in different areas. It will be particularly important in areas where urgent release of the body is required more frequently.

Recommendations for medical examiners – out-of-hours

The following principles should underpin out-of-hours medical examiner provision:

1. scrutiny provided for out-of-hours cases must be equivalent to scrutiny during office hours; it cannot dilute the required elements of a proportionate review of medical records, interaction with the doctor completing the medical certificate of cause of death (MCCD), or the interaction with bereaved people. However, medical examiner offices can consider flexible arrangements that enable an initial view of causes of death to be given, subject to formal confirmation of the outcome of scrutiny.
2. all medical examiner offices need some out-of-hours provision, but it would not normally be expected or sustainable for each medical examiner office to make its own individual arrangements; there is no requirement for 24/7 cover at present. There are several options for providing out-of-hours arrangements for urgent completion of MCCDs. For example, including out-of-hours arrangements in medical examiner rota arrangements, exchanging a weekday session for a weekend session; working across a network of medical examiner offices; or through Integrated Care Systems in England, or wider systems and groups. If appropriate, out-of-hours arrangements could be different for evenings (covered by each local office) and weekends (covered by a network arrangement).
3. medical examiners should consult stakeholders with an interest in out-of-hours provision, both when devising out-of-hours arrangements and on an ongoing basis to ensure out-of-hours arrangements are optimal. Examples include local faith groups and representatives of bereaved parents, particularly for providers of specialist healthcare for children.
4. medical examiner offices should work with their regional medical examiner to identify and implement appropriate out-of-hours arrangements. If additional resource is required, proposals should demonstrate the necessity and that public funds will be used effectively. In England, funding will need to be agreed with the National Medical Examiner's team, which will provide written confirmation of funding and the reimbursement amount available.
5. information about medical examiner out-of-hours provision should be clearly and widely communicated to the local population and stakeholders.
6. out-of-hours arrangements should facilitate urgent release of a body as set out in the National Medical Examiner's Good Practice Series on the urgent release of bodies.[1]
7. medical examiner out-of-hours provision must enable effective work with local register offices and coroner's offices (where they offer out-of-hours opening). Medical examiner out-of-hours provision needs to align locally, and will normally be earlier in the day, so that coroners and/or registrars can carry out their work after the medical examiner has completed scrutiny. The National Medical Examiner wishes to ensure that local medical examiner offices facilitate urgent release of the body where required, and at the very least mirror availability of local register offices and coroner's offices. If the medical examiner office believes there is a need to

[1] Royal College of Pathologists. *National Medical Examiner's Good Practice Series No. 2. How medical examiners can facilitate urgent release of a body*. Available at: https://www.rcpath.org/uploads/assets/3590bf7f-a43e-4248-980640c5c12354c4/Good-Practice-Series-Urgent-release-of-a-bodyFor-Publication.pdf

increase the availability for all death certification and coroner services in their locality, it should raise this with local stakeholders and partners and provide leadership where feasible.

8. there is no requirement for 24/7 cover, or 'full' opening. Medical examiner officers will not be required in most out-of-hours arrangements, as administrative elements of the process can be completed later, such as entries in case management systems or sending comments to the coroner's office. However medical examiner officer presence may be appropriate where there is greater demand for out-of-hours arrangements. There may be parallels with other hospital services that offer reduced services to allow weekend functioning.[2]
9. specific approaches are not prescribed – what works locally is the important thing.

[2] For example, hospital pharmacies, which may provide limited services at weekends to facilitate weekend discharge without fully opening as they would on a weekday.

Context and background

All public services, resourced by public funding, should ensure the service offered is appropriate for the members of the public that will use it, within available resources. By the nature of the work of medical examiners, their interactions with bereaved people take place at a time of great sensitivity, and medical examiners seek to put bereaved people at the centre of processes after death.

During the emergency period arising from the coronavirus pandemic, easements around death certification, and particularly completion of MCCDs, have masked challenges around urgent completion of MCCDs that existed before the Coronavirus Act. The General Register Office (GRO) issued updated guidance[3] for doctors completing MCCDs and the requirements for them having 'attended' and 'seen' the patient. NHS staff involved in certification after a patient dies are likely to face more challenges securing a qualified attending practitioner (rather than any doctor, as was the case under emergency Coronavirus Act measures) to complete MCCDs. It is a challenge that few medical examiner offices have faced since they were established, and that bereavement offices will not have faced for two years.

The National Medical Examiner's Good Practice Guidelines note that:

> *Medical examiner offices must be open at times that meet the needs of the local population, with cover provided for staff on leave. Some out-of-hours provision is likely to be needed in most areas, though a continuous 'on call' service may not be necessary. For example, it may be reasonable for deaths in the early hours of the morning to be addressed by medical examiners when they start work at 8am.*
>
> *Host organisations should consider the needs of their local population in determining the appropriate service to provide. Some areas will need to provide an evening service, or an out-of-hours evening, weekend or public holiday service, depending on the religious and other needs of the local population. Some bereaved people are likely to have particular concerns about the potential for medical examiner scrutiny to delay death certification.*
>
> *It may be helpful for host organisations to consider sharing on-call and out-of-hours services between a number of medical examiner offices. Regional medical examiners in England and the Lead Medical Examiner for Wales can help facilitate discussions between host organisations considering such arrangements.*
>
> *There should be a system for prioritising cases that require urgent attention, while maintaining the integrity of the medical examiner system.*[4]

In quarterly reporting in England, medical examiner offices are asked whether the medical examiner office operate extended hours of working (weekends only/weekday evenings only/both weekends and weekday evenings/none).

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[3] UK Government. *Guidance for Doctors Completing Medical Certificates of Cause of Death in England and Wales*. Available at: https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medical-certificate-of-cause-of-death

[4] NHS England and NHS Improvement. *Implementing the Medical Examiner System: National Medical Examiner's Good Practice Guidelines*. Available at: https://www.england.nhs.uk/wp-content/uploads/2020/08/National_Medical_Examiner_-_good_practice_guidelines.pdf

At time of writing, the Health and Care Act has received Royal Assent, but secondary legislation has not been published. We expect out-of-hours requirements to remain the same or to be similar in the statutory medical examiner system.

Agreeing local arrangements and funding

Medical examiner out-of-hours arrangements should facilitate early release of bodies where the local population, demographics or other circumstances indicate it is required. Factors include but are not limited to deaths of children; repatriation of the body; faith group populations – notably Islamic and Jewish; organ and tissue donation; and other circumstances that lead to urgency, e.g. next of kin visiting from distance and under time pressure.

As noted, there are opportunities to facilitate out-of-hours arrangements efficiently, including rota adaptations and networking. However for some medical examiner officers, notably those in areas where significant out-of-hours provision is required, there may be additional costs associated with the provision. Funding should be agreed with the National Medical Examiner's team, which will provide written confirmation of funding and the reimbursement amount available.

Practical scenarios that medical examiners should consider

The GRO guidance for completion of MCCDs notes *"…[a] doctor who attended the deceased during their last illness has a legal responsibility to complete a MCCD"*.[3] This requirement applies to all medical practitioners. It should be considered by senior managers and senior doctors, and those responsible for job planning, as work rotas need to enable doctors to discharge all their duties.

Responsibility for providing the appropriate doctor to complete the MCCD lies with the provider of care – a hospital or GP practice, for example. There is a corresponding requirement for medical examiner offices to develop out-of-hours arrangements that facilitate timely completion of MCCDs in the following scenarios:

- **for deaths at acute hospitals/trusts:** where shift patterns in the hospital make it difficult for an attending doctor to conclude the interaction with the medical examiner and complete the MCCD during office hours, and within 24 hours of the death. This includes weekends and bank holidays, where some teams may have fewer doctors on shift, creating additional challenges for attending practitioners to complete MCCDs within 24 hours.
- **for deaths in the care of all other healthcare providers** (including GP practices and other non-acute settings): where shift patterns or out-of-hours provision at the non-acute provider (or lack of it) make it challenging for an attending doctor to conclude the interaction with the medical examiner and complete the MCCD during office hours, and within 24 hours of the death.

An important point to consider is whether the medical examiner office's standard hours are optimal. If doctors are often not available to visit the medical examiner office on weekdays until it has closed, the medical examiner office may need to adjust its standard operating hours to avoid delays in completing MCCDs. Alternatively, it may be possible for a medical examiner to facilitate this by adjusting the time their working hours start and finish (specifically timing of the programmed activity session for medical examiner work).

If it is not feasible for practical or logistical reasons to complete the entire medical examiner process out of hours, but there is sufficient demand to justify out-of-hours provision, it may be appropriate to consider arrangements to provide an initial medical examiner view of the causes of death to enable urgent release of the body. Some medical examiner offices have implemented such arrangements in the non-statutory phase. In all such arrangements, there are a number of caveats that must be adhered to:

- there must be robust processes in place to ensure that the quality and depth of final scrutiny and causes of death are equivalent to deaths that are scrutinised in office hours
- processes need to make clear to all parties including bereaved people that the medical examiner's initial view of causes of death is not final but subject to confirmation once full access to records has been possible. Template communications should be developed that reflect this.
- the final scrutiny and confirmation of causes of death must follow as early as possible the next day
- processes must be in place for scenarios where access to full records leads to a different view of the causes of death to those in the original opinion. Although such a scenario is likely to be rare, nevertheless the possibility must be acknowledged and robust processes setting out the approach must be agreed with all local stakeholders including coroners and registrars. The process should also set out clearly who is responsible for communicating the confirmed causes of death and reasons for the change to bereaved people.

Aims of medical examiners out-of-hours arrangements

Where appropriate, out-of-hours medical examiners should facilitate completion of MCCDs at weekends and on bank holidays so that registrars can complete the green form to authorise release of the body. Registrars offer this facility at weekends and on bank holidays in some but not all locations.

Medical examiner out-of-hours arrangements should align with local coroner and register office availability. In most cases, it is unlikely that out-of-hours provision at weekends and bank holidays need be available for more than a couple of hours, but they should normally be available in the early part of the day, leaving time for the register office and coroner to complete their input on the same day.

Geographical location of medical examiners out of hours

It should not be automatically assumed that out-of-hours medical examiners will be located at the largest site. Medical examiners should consider the optimal location for out-of-hours work by all relevant factors in conjunction with their regional team. Decisions should be based on the optimal arrangements for access by the public (which can be through video/telephone) and operational effectiveness such as availability of records. There may be more demand for out-of-hours arrangements at a smaller site, for example if there is a large faith community in a particular geographical area, if a site offers specialist services, or if a site offers easier remote access to patient records from all healthcare providers. Out-of-hours arrangements that are delivered through a network of medical examiner offices should focus resources on the areas that need it most.

Enablers

Local circumstances will vary, but certain factors will make out-of-hours provision more straightforward. In scenarios where it is possible to anticipate the imminent death of a patient, such as palliative care, preparation is encouraged in advance for processes such as handover at shift changes to reduce unnecessary obstacles and delays to releasing the body. However, the duty to provide independent scrutiny must be maintained, along with data protection and information governance requirements.

Electronic patient records can enable network or cross-system out-of-hours solutions, because access to patient records can be more flexible and may enable remote working by medical examiners. Remote working is perfectly acceptable, as long as the arrangements provide equivalent scrutiny for out-of-hours cases and medical examiners' independent scrutiny is not diluted. NHS England is working with the Department of Health and Social Care and NHS Digital to identify options for streamlined access to electronic GP records for medical examiners, though some options may already exist at local level. A digital MCCD is also under development and may offer further opportunities to support out-of-hours services.

Find out more

- UK government. *The Equality Act 2010 (Specific Duties) Regulations 2011*. Available at: www.legislation.gov.uk/uksi/2011/2260
- NHS England and NHS Improvement. *Implementing the Medical Examiner System: National Medical Examiner's Good Practice Guidelines*. Available at: https://www.england.nhs.uk/wp-content/uploads/2020/08/National_Medical_Examiner_-_good_practice_guidelines.pdf
- Royal College of Pathologists. *National Medical Examiner's Good Practice Series No. 2. How Medical Examiners can Facilitate Urgent Release of a Body*. Available at: https://www.rcpath.org/uploads/assets/3590bf7f-a43e-4248-980640c5c12354c4/Good-Practice-Series-Urgent-release-of-a-bodyFor-Publication.pdf

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