

## Medical Examiner FAQ

### *Q - What is the Medical Examiner (ME) System?*

The ME system will be a national statutory system from April 2023 whereby all non-coronial deaths in England and Wales are reviewed by a Medical Examiner (a senior doctor with specific training who is independent to the case). By working closely with QAP the aim of the review is to ensure an accurate cause of death is agreed, patients are referred to the coroner where appropriate and any concerns about care and treatment are identified – this is done by undertaking a proportional review of the medical records and speaking to the bereaved relatives.

### *Q - Is it optional?*

No. The ME system is statutory for all non-coronial deaths

### *Q - How can GPs help prepare families / carers for the input from the medical examiner service?*

As the ME service is a new step in the process of expected death, it may take clinicians and families a little time to adapt to the changes, However, is a similar way to explaining why a “statement of intent” is issued, it would be advisable to prepare the family for what will happen after death -i.e. explain to the family that they will receive a call from the medical examiner office, and this not because anything has “gone wrong”, but simply a further part of the process around death certification.

### *Q – What is the process in the community?*

You will receive training to outline the process in detail but broadly you will be asked to complete a ME referral form briefly detailing the patient’s history and proposing a cause of death. This form is very similar to the section on current cremation forms where a brief history is given.

This is sent to the ME team along with an EMIS summary of the patient’s clinical records. the Medical Examiner team reviews the case (conducts proportional scrutiny and contacts family/the bereaved. They may contact you to discuss the cause of death or communicate that they agree with your proposal and that an MCCD can be issued. This will take place via email or telephone: you can communicate your preference.

The cause of death form can auto populate information. You will be asked to provide a brief medical summary and cause of death.

The brief medical summary allows clinicians to enclose relevant consultations. Making good, clear medical records that outline clearly that a patient is expected to die and why this is the case can really help in minimising the amount of additional information sent to the ME office (i.e., if the medical records are of good quality, then it will be very clear to the ME service why a patient has died and why the proposed cause of death is suggested.

It is also important to provide up to date contact details for the bereaved.

### *Q – What about coronial deaths*

These are dealt with in the usual way. The ME team do not need to be involved but are very happy to be contacted for advice about whether coroner referral is needed (as well as any advice or guidance about proposed cause of death).

*Q – Why are we being ‘scrutinised’?*

The purpose of the ME system is not to ‘check-up’ on doctors and clinical teams but to improve transparency and quality assurance around the death certification process as well as giving a voice to the bereaved and ensuring any learning from deaths is actioned. The experience to date is that positive feedback has far outweighed any concerns raised. The phrase “scrutiny of deaths” is part of national communications, but it is acknowledged that this phrase does cause concern for clinicians.

*Q – Will this create a delay in being able to issue a death certificate?*

It should not necessarily create a delay as the Medical Examiner will usually review the case the same day the form is sent, and the practice will then be notified that an MCCD can be issued as soon as practical. Deaths need to be registered within 5 days and this is what the whole service is working towards. Please inform the ME office on sending forms if there is any truly urgent need to review the case (i.e. this could be that a GP will not be available due to annual leave in the very near future (i.e. the next day onwards), or maybe in deaths where an expedited funeral is required.

*Q – Many GPs work less than full time – can any GP complete the initial paperwork (i.e. cause of death form) that is sent to the ME?*

Yes. Any doctor from the practice (maybe duty GP) can complete the initial documentation to be provided to the ME Service, to avoid any delays in the death being reviewed. However only a doctor that has seen the patient in the preceding 28 days can issue the MCCD. It does not have to be the same doctor completing the cause of death form and the MCCD.

In the event that a GP QAP may be off for some time following a death they can issue an MCCD at the time of death with the caveat that there may be a change to cause of death necessitated once reviewed. If no change is required that MCCD can be sent via the usual process to the registrars after ME scrutiny.

*Q – Will this not take a lot of time for already busy GPs?*

We appreciate this is an extra step in the care after death process and teams are already very stretched. It is important that we still maintain responsibility to our patients and their loved ones after death and this is a valuable part of the process. The ME referral form should take no longer than 10 minutes to complete, a lot of detail is not needed, especially if accompanying EMIS records are of good quality.

*Q – What happens if concerns about care are identified or raised by family?*

Depending on the concern identified different courses of action will be initiated. This may take the form of informal feedback to practices by the ME team (including positive feedback) for local reflection and consideration. The family may be advised to contact the practice through their complaints process. If the Medical Examiner identifies serious concerns about care this will be addressed through local systems.

*Q-Is there a reason why the ME office cannot contact the family to pick up the MCCD from the registrar's office?*

The bereaved need to make an appointment to register a death then will collect the death certificate at the end of the appointment.

Currently we understand that GP practice staff inform the family when an MCCD has been sent to the registrars. We are happy for this to continue however the ME service is happy to change the process to inform the family when the GP surgery send the MCCD.

*Q-What happens if GP's do not follow the process?*

The bereaved will be unable to register the death. The national KPI for registering deaths is within 5 days of death (including weekends). A funeral cannot take place until a death is registered (or when the case a death has been referred to the coroner the coroner provides funeral paperwork)

*Q-What happens to expected deaths over the weekend and out of hours if the ME office is only open during office hours?*

The death would still need to be referred to the ME service to be scrutinised the next working day. Providing it is a death that does not meet the criteria for referral to HMC your patient can be taken into the care of their funeral directors.

*Q-What hours are the ME officers available on the phone if GP had a query?*

Currently MEOs are available 08:30-17:00 Monday to Friday

*Q-Is there a similar process in secondary care/hospices etc?*

Yes, as this will be a statutory process all deaths will have to go through the ME service. The majority of GM hospices already routinely refer deaths to their local ME service.

In other areas of secondary care it would be extremely rare that a death would not require referral to HMC.

*Q-Will families be contacted the same day as the death, so they are aware of what to expect?*

The process is designed so that the bereaved will be contacted the same working day that the death is reported to the ME service unless this is not practicable for any reason.

*Q-Do "Statements of intent" have any role going forward?*

Absolutely, a statement of intent is extremely helpful especially if the patient was not previously known to a clinician first attending at end of life or for death verification.

SOIs prevent unnecessary referrals to HMC.

*Q-Does crem form process remain same?*

As the ME referral 'brief medical summary' is very similar to question 9 on current cremation 4 forms a QAP can 'cut and paste' the information from the ME referral into the cremation form.

If your surgery does not have an electronic version of the Cremation 4 form this can be provided.