

i. What is your name?

Name – **Dr Giles Maskell**

ii. What is your email address?

This is optional, but if you enter your email address then you will be able to return to edit your consultation at any time until you submit it. You will also receive an acknowledgement email when you complete the consultation.

Email – [consultations@rcr.ac.uk](mailto:consultations@rcr.ac.uk)

iii. Please choose the capacity in which you are responding

NHS /Social Care Organisation  
Professional and Regulatory Bodies  
Healthcare Professionals  
Religious Faith Groups  
Local /Central Government  
Funeral Industry  
Cremation and Burial Authorities  
Member of the public  
**Other**

If other, please specify...

**A medical royal college**

iv. If you are responding for an organisation please say which one.

Organisation – **The Royal College of Radiologists**

v. Please also say what your role is?

State your role here – **President**

**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?

**Yes**

**2**

Should the person prescribed be the individual that collects the MCCD from the medical examiner, or the death registration informant?

**Yes, the individual that collects the MCCD**

**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?

**Yes**

**4**

Should there be a 28 day or three month period for payment of the medical examiner fee?

**Yes, 28 days**

**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?

**Not applicable for the RCR**

**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?

**Yes**

Please add your comments

**The list of information provided is reasonable in order that a reliable assessment of the cause of death is achieved.**

**7**

Do you agree that the medical examiner should have discretion about whether an independent non-forensic external examination of the body is necessary?

**Yes**

**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?

**Yes**

Please add comments

**Arrangements should be satisfactory provided appropriate protocols are in place**

**9**

Under regulation 26, do you agree that the medical examiner process should be suspended during a period of emergency?

**Yes**

**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?

**Yes**

Are the proposed certificates and medical examiner forms set out in schedules 2- 7 fit for purpose? If not, please say why.

**Yes**

Please add comments

**12**

In relation to regulation 5 of the NME regulations, what other aspects should standards cover for monitoring medical examiners' levels of performance?

Please provide details

**No further suggestions**

**13**

Do you agree with the estimates of costs and benefits of the death certification reforms set out in the consultation impact assessment?

**Yes**

Please add comment

**The costs seem reasonable given that currently relatives are charged for cremation certificates. In fact the charges are very small compared with overall funeral costs.**

**14**

Do you agree that a death should be notifiable if it is “otherwise unnatural”?

**Yes**

**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.

**Yes**

**16**

Do you agree that provision needs to be made with regard to poisoning, given that cases of poisoning are rare?

**Yes**

**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?

**No**

Please add comment

**It is the opinion of the RCR that there needs to be a clearer definition of which deaths related to medicinal products need to be reported to the coroner. In the area of oncological practice, where a patient is treated with intensive chemotherapy there is a small risk of death related to bone marrow suppression (febrile neutropenia). We assume that these deaths are already reported to the coroner but we are not certain that this is universally applied across the UK. It would be important for this to be clarified. Furthermore, there are also deaths during chemotherapy which are due to progressive cancer which is not responding to the chemotherapy. We are not sure how many of these deaths are currently reported, but for consistency and as the process is being updated we would recommend that these issues are addressed.**

**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?

**Yes**

**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.

**Yes**

Please add comments

**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?

**Yes**

**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.

**Yes**

**22**

Do you have any other comments about the draft Regulations?

**Yes**

Please provide comments

**The RCR is generally supportive of the proposals which will improve the accuracy and consistency of death certification. However it will need to recognised that the system will not be perfect. Referring to the Shipman case seems inappropriate as these reforms will not be guaranteed to reveal cases of wrongdoing.**

**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.

**Yes**

**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)?

**Yes**

**25**

Do you have any other comments about the guidance?

**No**

**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?

**Yes**

**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?

**Yes, inappropriate for the RCR to comment**

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

**Yes**