This Statutory Instrument has been printed to correct errors in S.I. 2024/492 and is being issued free of charge to all known recipients of that Statutory Instrument.

STATUTORY INSTRUMENTS

2024 No. 1064

MEDICAL PROFESSION, ENGLAND AND WALES

CORONERS, ENGLAND AND WALES

The Medical Certificate of Cause of Death (Amendment) Regulations 2024

Made - - - -	*24th October 2024*
Laid before Parliament	*25th October 2024*
Coming into force - -	*22nd November 2024*

The Secretary of State makes these Regulations in exercise of the powers conferred by sections 20(1)(a) to (k), (m) and (o), and 176(3) of the Coroners and Justice Act 2009(**a**) and section 26(2) of the Welsh Language Act 1993(**b**).

In accordance with section 20(3) of the Coroners and Justice Act 2009, the Secretary of State has consulted the Welsh Ministers, the Registrar General and the Statistics Board in relation to the forms prescribed under section 20(1)(m) of that Act.

Citation, commencement and extent

1.—(1) These Regulations may be cited as the Medical Certificate of Cause of Death (Amendment) Regulations 2024 and come into force on 22nd November 2024.

(2) These Regulations extend to England and Wales.

Amendments of the Medical Certificate of Cause of Death Regulations 2024

2. The Medical Certificate of Cause of Death Regulations 2024(**c**) are amended in accordance with regulations 3 to 5.

Supply of information

3. After regulation 25 insert—

(**a**) 2009 c. 25.
(**b**) 1993 c. 38. *See* section 27(4) for the meaning of "the appropriate Minister".
(**c**) S.I. 2024/492.

"Supply of information

25A.—(1) A supply of information under these Regulations—

(a) does not breach any obligation of confidence owed by the person supplying the information; and

(b) does not operate to require or authorise the disclosure or use of information which would contravene data protection legislation.

(2) In this regulation, "data protection legislation" has the same meaning as in section 3(9) of the Data Protection Act 2018."(**a**).

Amendment to Schedule 3

4. In Schedule 3, for Part 2 (medical examiner's certificate - live-born child dying within the period of 28 days beginning with the day of the child's birth; English and Welsh form) substitute the form as set out in Part 1 of the Schedule.

Amendment to Schedule 4

5. In Schedule 4, for Part 2 (medical examiner's certificate - other cases; English and Welsh form) substitute the form as set out in Part 2 of the Schedule.

Signed by authority of the Secretary of State for Health and Social Care

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

24th October 2024

(**a**) 2018 c. 12, as amended by The Data Protection, Privacy and Electronic Communications (Amendments etc) (EU Exit) Regulations 2019 (S.I. 2019/419).

SCHEDULE

Regulations 4 and 5

MEC3 and MEC4

PART 1

English and Welsh form

Rhif Adnabod Unigryw / Unique ID .....

Deddf Crwneriaid a Chyfiawnder 2009

Ffurflen a ragnodir gan Reoliadau Tystysgrifau Meddygol Achos Marwolaeth 2024.

Tystysgrif Feddygol Achos Marwolaeth gan yr Archwilydd Meddygol ar gyfer Plant Byw-anedig a Fu Farw o fewn yr Wyth Diwrnod ar Hugain Cyntaf o'u Bywyd

At ddefnydd archwilydd meddygol pan nad oes ymarferydd meddygol yn bodloni'r meini prawf i gwblhau'r dystysgrif. Mae'r dystysgrif hon i gael ei throsglwyddo cyn gynted ag y bo'n ymarferol i'r Cofrestrydd Genedigaethau a Marwolaethau.

Coroners and Justice Act 2009

Form prescribed by the Medical Certificate of Cause of Death Regulations 2024.

Medical Examiner Medical Certificate of Cause of Death of Live-Born Child Dying Within the First Twenty-Eight Days of Life

For use by a medical examiner where no medical practitioner meets the criteria to complete the certificate. This certificate is to be delivered as soon as practicable to the Registrar of Births and Deaths.

Enw'r plentyn (enw cyntaf, canol, ac olaf) / Name of child (first, middle, and last)

.....

Dyddiad geni (DD/MM/BBBB) / Date of birth (DD/MM/YYYY) ..... Rhif GIG (os yw ar gael) / NHS number (if available) .....

Dyddiad marw yn ôl a ddywedwyd wrthyf (DD/MM/BBBB) / Date of death as stated to me (DD/MM/YYYY) .....

Oedran adeg marw / Age at death ..... diwrnod (cyfnod cyflawn o 24 awr) / days (completed period of 24 hours)

..... awr / hours ..... munud / minutes

Man geni / Place of birth .....

Man y farwolaeth / Place of death .....

Rhif Adnabod Unigryw / Unique ID .....

Achos y Farwolaeth	Cause of Death
a. Prif glefyd neu gyflwr gan y baban.	a. Main disease or condition in infant.
b. Clefydau neu gyflyrau eraill gan y baban.	b. Other diseases or conditions in infant.
c. Prif glefyd neu gyflwr gan y fam yn effeithio ar y baban.	c. Main maternal disease or condition affecting the infant.
d. Clefydau neu gyflyrau eraill gan y fam yn effeithio ar y baban.	d. Other maternal diseases or conditions affecting the infant.
e. Ffactorau neu amgylchiadau perthnasol eraill (nid clefydau gan y baban na'r fam).	e. Other relevant factors or circumstances (not diseases of infant or mother).

Rhif Adnabod Unigryw / Unique ID .....

Rhowch gylch o gwmpas y digid priodol / Circle the appropriate digit

Mae achos ardystiedig y farwolaeth yn ystyried gwybodaeth a gafwyd o'r post-mortem	1	The certified cause of death takes account of information obtained from post-mortem
Efallai y bydd gwybodaeth o'r post-mortem ar gael yn ddiweddarach	2	Information from post-mortem may be available later
Ni chynhelir post-mortem	3	Post-mortem not being held
Efallai y byddaf mewn sefyllfa i roi gwybodaeth ychwanegol, ar gais y Cofrestrydd Cyffredinol, ynghylch achos y farwolaeth ar gyfer dosbarthiad ystadegol manylach	☐	I may be in a position to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification

Dyfeisiau meddygol wedi eu mewnblannu

Yn ystod oes yr ymadawedig a osodwyd unrhyw ddyfeisiau wedi eu mewnblannu yn yr ymadawedig?

Do / Naddo

Os do, rhowch fanylion am y ddyfais a'i lleoliad

.....

.....

Os do, a ydy'r ddyfais wedi ei thynnu?

.....

Implantable medical devices

Did the deceased have any implantable medical devices fitted during their lifetime?

Yes / No

If yes, provide details of the device and its location

.....

.....

If yes, has the device been removed?

.....

Rhif Adnabod Unigryw / Unique ID .....

Ethnigrwydd

Rhowch gylch o gwmpas digid yr ethnigrwydd fel y'i cofnodir yng nghofnod y claf.
Os nad yw'n cyd-fynd â'r rhestr, neu os nad oes ethnigrwydd wedi ei gofnodi, cylchwch '19. Anhysbys'.

1. Gwyn: Seisnig, Cymreig, Albanaidd, Gwyddelig Gogledd Iwerddon neu Brydeinig
   White: English, Welsh, Scottish, Northern Irish or British
2. Gwyn: Gwyddelig
   White: Irish
3. Gwyn: Sipsi neu Deithiwr Gwyddelig
   White: Gypsy or Irish Traveller
4. Gwyn: Unrhyw gefndir Gwyn arall
   White: Any other White background
5. Grwpiau cymysg neu amlethnig: Gwyn a Du Caribïaidd
   Mixed or multiple ethnic groups: White and Black Caribbean
6. Grwpiau cymysg neu amlethnig: Gwyn a Du Affricanaidd
   Mixed or multiple ethnic groups: White and Black African
7. Grwpiau cymysg neu amlethnig: Gwyn ac Asiaidd
   Mixed or multiple ethnic groups: White and Asian
8. Grwpiau cymysg neu amlethnig: Unrhyw gefndir cymysg neu amlethnig arall
   Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background
9. Asiaidd neu Asiaidd Prydeinig: Indiaidd
   Asian or Asian British: Indian
10. Asiaidd neu Asiaidd Prydeinig: Pacistanaidd
    Asian or Asian British: Pakistani
11. Asiaidd neu Asiaidd Prydeinig: Bangladeshaidd
    Asian or Asian British: Bangladeshi
12. Asiaidd neu Asiaidd Prydeinig: Tseineaidd
    Asian or Asian British: Chinese
13. Asiaidd neu Asiaidd Prydeinig: Unrhyw gefndir Asiaidd arall
    Asian or Asian British: Any other Asian background
14. Du, Du Prydeinig, Caribïaidd neu Affricanaidd: Caribïaidd
    Black, Black British, Caribbean or African: Caribbean
15. Du, Du Prydeinig, Caribïaidd neu Affricanaidd: Affricanaidd
    Black, Black British, Caribbean or African: African
16. Du, Du Prydeinig, Caribïaidd neu Affricanaidd: Unrhyw gefndir Du, Du Prydeinig neu Garibïaidd arall
    Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background
17. Grŵp ethnig arall: Arabaidd
    Other ethnic group: Arab
18. Grŵp ethnig arall: Unrhyw grŵp ethnig arall
    Other ethnic group: Any other ethnic group
19. Anhysbys
    Not known

Ethnicity

Circle the digit of the ethnicity as it is recorded in the patient record.
If there is no match with the list, or there is no ethnicity recorded, please circle '19. Not known.'

Yr ymarferydd meddygol sy'n atgyfeirio / Referring medical practitioner

Enw (cyntaf, canol, ac olaf) / Name (first, middle, and last) .....

Yr uwch-grwner sy'n atgyfeirio / Referring senior coroner

Enw (cyntaf, canol, ac olaf) / Name (first, middle, and last) .....

I'r archwilydd meddygol ei gwblhau / For the medical examiner to complete

Enw llawn / Full name .....

Rhif GMC / GMC number ..... Cymwysterau (fel y'u cofrestrwyd gan GMC) Qualifications (as registered by GMC) .....

Datganiad: Yr wyf yn archwilydd meddygol a benodwyd yn briodol ac ar ôl fy adolygiad cadarnhaf fod achos y farwolaeth fel y'i nodir yn y dystysgrif hon hyd eithaf fy ngwybodaeth a'm cred.

Declaration: I am a duly appointed medical examiner and following my review I confirm that the cause of death is as stated in this certificate to the best of my knowledge and belief.

Llofnod / Signature ..... Dyddiad DD/MM/BBBB / Date DD/MM/YYYY .....

PART 2

English and Welsh form

Rhif Adnabod Unigryw / Unique ID .....

Deddf Crwneriaid a Chyfiawnder 2009

Ffurflen a ragnodir gan Reoliadau Tystysgrifau Meddygol Achos Marwolaeth 2024.

Coroners and Justice Act 2009

Form prescribed by the Medical Certificate of Cause of Death Regulations 2024.

Tystysgrif Feddygol Achos Marwolaeth gan yr Archwilydd Meddygol

At ddefnydd archwilydd meddygol pan nad oes ymarferydd meddygol yn bodloni'r meini prawf i gwblhau'r dystysgrif. Mae'r dystysgrif hon i gael ei throsglwyddo cyn gynted ag y bo'n ymarferol i'r Cofrestrydd Genedigaethau a Marwolaethau.

Medical Examiner Medical Certificate of Cause of Death

For use by a medical examiner where no medical practitioner meets the criteria to complete the certificate. This certificate is to be delivered as soon as practicable to the Registrar of Births and Deaths.

Enw'r ymadawedig (enw cyntaf, canol, ac olaf) / Name of deceased (first, middle, and last)

.....

Dyddiad geni (DD/MM/BBBB) / Date of birth (DD/MM/YYYY) .....Oedran / Age .....

Rhif GIG (os yw ar gael) / NHS number (if available) .....

Dyddiad marw yn ôl a ddywedwyd wrthyf (DD/MM/BBBB) / Date of death as stated to me (DD/MM/YYYY) .....

Man y farwolaeth / Place of death .....

Rhif Adnabod Unigryw / Unique ID .....

Achos y Farwolaeth Dylai'r cyflwr y credir ei fod yn achos sylfaenol y farwolaeth ymddangos yn y llinell isaf a lenwir yn rhan I.	**Cause of Death** The condition thought to be the underlying cause of death should appear in the lowest completed line of part I.	**Amcangyfrif o'r cyfnod rhwng dechrau'r cyflwr/clefyd a'r farwolaeth. (Nid yw'r manylion hyn i gael eu nodi yn y gofrestr marwolaethau)** **Approximate interval between onset and death. (These particulars not to be entered in the death register)**
I (a) Clefyd neu gyflwr yn arwain yn uniongyrchol at farwolaeth.	I (a) Disease or condition leading directly to death.	
(b) Clefyd neu gyflwr arall, os oedd un, yn arwain at I (a).	(b) Other disease or condition, if any, leading to I (a).	
(c) Clefyd neu gyflwr arall, os oedd un, yn arwain at I (b).	(c) Other disease or condition, if any, leading to I (b).	
(d) Clefyd neu gyflwr arall, os oedd un, yn arwain at I (c).	(d) Other disease or condition, if any, leading to I (c).	
II Cyflyrau arwyddocaol eraill yn cyfrannu at y farwolaeth ond heb fod yn gysylltiedig â'r clefyd neu'r cyflwr a'i hachosodd.	II Other significant conditions contributing to the death but not relating to the disease or condition causing it.	

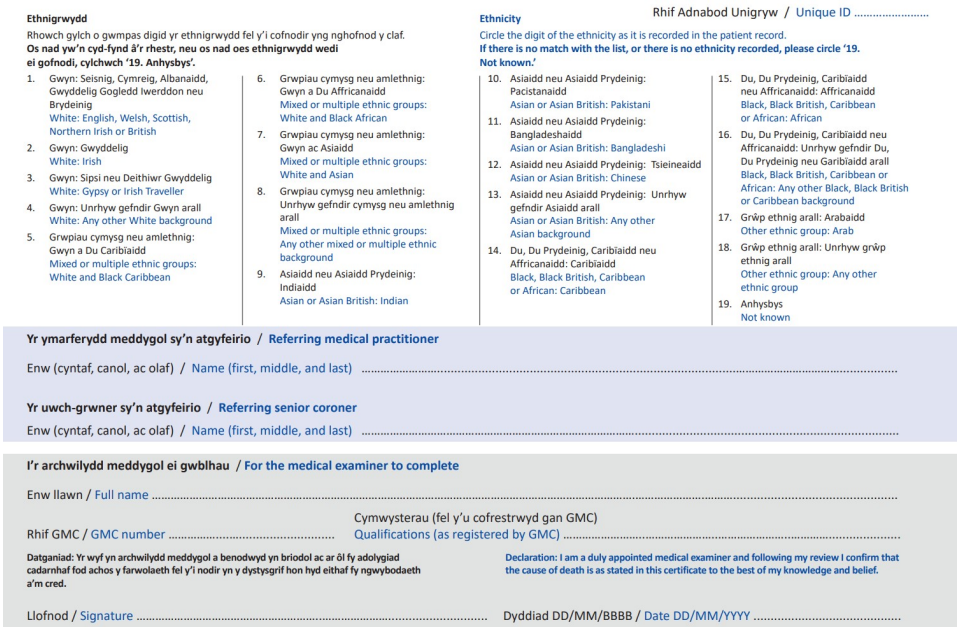
Rhif Adnabod Unigryw / Unique ID .....

Rhowch gylch o gwmpas y digid priodol / Circle the appropriate digit

Mae achos ardystiedig y farwolaeth yn ystyried gwybodaeth a gafwyd o'r post-mortem	1	The certified cause of death takes account of information obtained from post-mortem
Efallai y bydd gwybodaeth o'r post-mortem ar gael yn ddiweddarach	2	Information from post-mortem may be available later
Ni chynhelir post-mortem	3	Post-mortem not being held
A oedd yr ymadawedig yn feichiog o fewn y flwyddyn cyn y farwolaeth?		**Was the deceased pregnant within the year prior to their death?**
Amherthnasol	0	Not applicable
Beichiog adeg y farwolaeth	1	Pregnant at the time of death
Beichiog 1-42 o ddiwrnodau cyn y farwolaeth	2	Pregnant 1-42 days before death
Beichiog 43 o ddiwrnodau i flwyddyn cyn y farwolaeth	3	Pregnant 43 days to a year before death
Nid oedd yn feichiog	4	Not pregnant
Anhysbys	9	Unknown
Os oedd yr ymadawedig yn feichiog o fewn y flwyddyn cyn y farwolaeth, a gyfrannodd y beichiogrwydd at y farwolaeth?	Do Yes [1] Naddo No [2] Anhysbys Unknown [9]	**If the deceased was pregnant within the year prior to their death, did the pregnancy contribute to the death?**

Gallai'r farwolaeth hon fod o ganlyniad i'r gyflogaeth a ddilynwyd ar ryw adeg gan yr ymadawedig, neu gallai'r gyflogaeth fod wedi cyfrannu at y farwolaeth	Gallai Yes Na allai No	This death may have been due to, or contributed to, by the employment followed at some point by the deceased
Efallai y byddaf mewn sefyllfa i roi gwybodaeth ychwanegol, ar gais y Cofrestrydd Cyffredinol, ynghylch achos y farwolaeth ar gyfer dosbarthiad ystadegol manylach	☐	I may be in a position to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification

Dyfeisiau meddygol wedi eu mewnblannu	**Implantable medical devices**
Yn ystod oes yr ymadawedig a osodwyd unrhyw ddyfeisiau wedi eu mewnblannu yn yr ymadawedig?	Did the deceased have any implantable medical devices fitted during their lifetime?
Do / Naddo	Yes / No
Os do, rhowch fanylion am y ddyfais a'i lleoliad	If yes, provide details of the device and its location
.....	.....
.....	.....
Os do, a ydy'r ddyfais wedi ei thynnu?	If yes, has the device been removed?
.....	.....



Ethnigrwydd

Rhowch gylch o gwmpas digid yr ethnigrwydd fel y'i cofnodir yng nghofnod y claf.
Os nad yw'n cyd-fynd â'r rhestr, neu os nad oes ethnigrwydd wedi ei gofnodi, cylchwch '19. Anhysbys'.

1. Gwyn: Seisnig, Cymreig, Albanaidd, Gwyddelig Gogledd Iwerddon neu Brydeinig
   White: English, Welsh, Scottish, Northern Irish or British
2. Gwyn: Gwyddelig
   White: Irish
3. Gwyn: Sipsi neu Deithiwr Gwyddelig
   White: Gypsy or Irish Traveller
4. Gwyn: Unrhyw gefndir Gwyn arall
   White: Any other White background
5. Grwpiau cymysg neu amlethnig: Gwyn a Du Caribïaidd
   Mixed or multiple ethnic groups: White and Black Caribbean
6. Grwpiau cymysg neu amlethnig: Gwyn a Du Affricanaidd
   Mixed or multiple ethnic groups: White and Black African
7. Grwpiau cymysg neu amlethnig: Gwyn ac Asiaidd
   Mixed or multiple ethnic groups: White and Asian
8. Grwpiau cymysg neu amlethnig: Unrhyw gefndir cymysg neu amlethnig arall
   Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background
9. Asiaidd neu Asiaidd Prydeinig: Indiaidd
   Asian or Asian British: Indian

Ethnicity

Rhif Adnabod Unigryw / Unique ID .....

Circle the digit of the ethnicity as it is recorded in the patient record.
If there is no match with the list, or there is no ethnicity recorded, please circle '19. Not known.'

10. Asiaidd neu Asiaidd Prydeinig: Pacistanaidd
    Asian or Asian British: Pakistani
11. Asiaidd neu Asiaidd Prydeinig: Bangladeshaidd
    Asian or Asian British: Bangladeshi
12. Asiaidd neu Asiaidd Prydeinig: Tsieineaidd
    Asian or Asian British: Chinese
13. Asiaidd neu Asiaidd Prydeinig: Unrhyw gefndir Asiaidd arall
    Asian or Asian British: Any other Asian background
14. Du, Du Prydeinig, Caribïaidd neu Affricanaidd: Caribïaidd
    Black, Black British, Caribbean or African: Caribbean
15. Du, Du Prydeinig, Caribïaidd neu Affricanaidd: Affricanaidd
    Black, Black British, Caribbean or African: African
16. Du, Du Prydeinig, Caribïaidd neu Affricanaidd: Unrhyw gefndir Du, Du Prydeinig neu Garibïaidd arall
    Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background
17. Grŵp ethnig arall: Arabaidd
    Other ethnic group: Arab
18. Grŵp ethnig arall: Unrhyw grŵp ethnig arall
    Other ethnic group: Any other ethnic group
19. Anhysbys
    Not known

Yr ymarferydd meddygol sy'n atgyfeirio / Referring medical practitioner

Enw (cyntaf, canol, ac olaf) / Name (first, middle, and last) .....

Yr uwch-grwner sy'n atgyfeirio / Referring senior coroner

Enw (cyntaf, canol, ac olaf) / Name (first, middle, and last) .....

I'r archwilydd meddygol ei gwblhau / For the medical examiner to complete

Enw llawn / Full name .....

Rhif GMC / GMC number .....

Cymwysterau (fel y'u cofrestrwyd gan GMC)
Qualifications (as registered by GMC) .....

Datganiad: Yr wyf yn archwilydd meddygol a benodwyd yn briodol ac ar ôl fy adolygiad cadarnhaf fod achos y farwolaeth fel y'i nodir yn y dystysgrif hon hyd eithaf fy ngwybodaeth a'm cred.

Declaration: I am a duly appointed medical examiner and following my review I confirm that the cause of death is as stated in this certificate to the best of my knowledge and belief.

Llofnod / Signature .....

Dyddiad DD/MM/BBBB / Date DD/MM/YYYY .....

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the Medical Certificate of Cause of Death Regulations 2024/492 ("the MCCD Regulations 2024").

Regulation 3 inserts a new provision into the MCCD Regulations 2024 which provides that the supply of any information under those Regulations does not breach any obligation of confidence. It also provides that those Regulations do not require or authorise the disclosure or use of information which would contravene data protection legislation.

Regulation 4 substitutes the MEC4 form contained in Part 2 of Schedule 3 to the MCCD Regulations 2024, to update the medical examiner's declaration in order to correctly state the role of the medical examiner in relation to the death and to replace the field which states "name of deceased" with "name of child".

Regulation 5 substitutes the MEC3 form contained in Part 2 of Schedule 4 to the MCCD Regulations 2024, to remove a redundant field and to update the medical examiner's declaration in order to correctly state the role of the medical examiner in relation to the death.

Assessments of the impact the MCCD Regulations 2024 would have had on the costs of business, the voluntary sector and the public sector were prepared. These assessments apply equally to these Regulations and are available from https://www.gov.uk/government/consultations/death-certification-reforms and https://www.gov.uk/government/publications/health-and-care-act-2022-combined-impact-assessments. Hard copies can be obtained by writing to the Department of Health and Social Care, 39 Victoria Street, London, SW1H 0EU.

© Crown Copyright 2024

Printed and published in the UK by The Stationery Office Limited under the authority and superintendence of Saul Nassé,

Controller of His Majesty's Stationery Office and King's Printer of Acts of Parliament.

ISBN 978-0-34-826478-4



£8.14

http://www.legislation.gov.uk/id/uksi/2024/1064