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Originator	Diane Robertson
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Document Title	Consultation on the Medical Certificate of Cause of Death (MCCD Consultation)

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East Lothian Council

Additional information:

This is a response by officers to a consultation by the National Records of Scotland about proposed changes to the Medical Certificate of Cause of Death.

Authorised By	Tom Shearer
Designation	Head of Policy and Partnerships
Date	9 October 2013

For Office Use Only:	
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From: [Robertson, Diane](#)
To: lou@gro-scotland.gsi.gov.uk
Cc: [Morrison, Eileen](#); [Dora, Christine](#)
Subject: FW: Consultation on the Medical Certificate of Cause of Death (MCCD Consultation)
Date: 09 October 2013 11:26:31
Attachments: [Consultation Letter Sept 2013.doc](#)
[Form 11 Appendix A.pdf](#)
[2013 Draft Form 11 Appendix B.doc](#)
[Form 11 Rol sheet Appendix C.doc](#)
[2013 Draft Form 14 Cert of Reg of Death Appendix D.doc](#)

Dear Deputy Registrar General,

Please find below comments from East Lothian Council's Registration staff with respect to your proposals to change the content and format of the Medical Certificate of Cause of Death.

In general it is welcomed that Form 11's are being reviewed as the general consensus is that they are dated in relation to current needs and practices. For a lot of death registrations we are faced with either missing information or incomplete data.

Retention period

We don't think we need to keep the Form 11(MCCD) for three years. One year would be enough. Once the Registers have been examined and audited by the District Examiner are these still required?

Removal of Time of Death

We have no objection to the time of death being removed.

Appendix A

No comments

Appendix B

We like the layout of the form and extremely pleased to see contact details for the certifying doctor. Whether the time of death should continue to be recorded, we are unsure about this. We think the majority of informants like to see it, however from a registration point of view, it is probably not necessary. But is it needed for legal purposes, i.e. by insurance companies?

Appendix C

To ensure that the Form 11 (MCCD) is completed in Block Capitals and therefore more legible, we would like to see individual boxes completed for each letter (passport application style). From experience, despite requests for Block Capitals on the forms, doctors do not do this and we often have to phone up the hospitals to confirm the information. This can be quite a lengthy process.

Appendix D

We do not like the format or wording of the new Form 14. I think families might find it extremely upsetting to be given a form from the registrar stating that "The body poses a risk to public health" we feel strongly that these sensitive issues should have been dealt with before the family come into register.

Should you require any further information please do not hesitate to contact me.

Kind Regards

Diane Robertson | Service Improvement Manager | John Muir House |
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From: Scott.McGlashan@gro-scotland.gsi.gov.uk [<mailto:Scott.McGlashan@gro-scotland.gsi.gov.uk>]

Sent: 04 September 2013 12:09

Subject: Consultation on the Medical Certificate of Cause of Death (MCCD Consultation)

Dear Stakeholder,

I attach a letter from the Deputy Registrar General for Scotland seeking your views on proposals to change the content and format of the Medical Certificate of Cause of Death.

I should be grateful if you would send your reply directly to the LOU Mailbox Mailto:lou@gro-scotland.gsi.gov.uk or by post to the address below, by **17th October 2013**.

Kind Regards,

ROD BURNS
Deputy Registrar General
National Records of Scotland
New Register House
Edinburgh.
EH1 3YT.

Telephone: 0131 314 4434

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Tha am post-d seo (agus faidhle neo ceanglan còmhla ris) dhan neach neo luchd-ainmichte a-mhàin. Chan eil e ceadaichte a chleachdadh ann an dòigh sam bith, a' toirt a-steach còraichean, foillseachadh neo sgaoileadh, gun chead. Ma 's e is gun d'fhuair sibh seo le gun fhiosd', bu choir cur às dhan phost-d agus lethbhreac sam bith air an t-siostam agaibh, leig fios chun neach a sgaoil am post-d gun dàil.

Dh'fhaodadh gum bi teachdaireachd sam bith bho Riaghaltas na h-Alba air a chlàradh neo air a sgrùdadh airson dearbhadh gu bheil an siostam ag obair gu h-èifeachdach neo airson adhbhar laghail eile. Dh'fhaodadh nach eil beachdan anns a' phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

4th September 2013.

Dear Stakeholder,

My predecessor wrote to a number of you in November 2010 to let you know that we were proposing to make changes to the medical certificate of cause of death (MCCD).

At that time, we proposed adding to the MCCD the Community Health Index (CHI) number and the certifying doctor's General Medical Council reference number. In addition, and in anticipation of further changes flowing from the Certification of Death (Scotland) Act 2011, which was being considered by the Scottish Parliament at that time, we proposed making provision for a counter signature by a second doctor, and for information to be provided in respect of the handling of the deceased person's body.

As many of you will be aware, the Certification of Death (Scotland) Act 2011 received royal assent on 20 April 2011 and full implementation is due to take place early in 2014. Provisions in the Act are designed to:

- introduce a single system of independent, effective scrutiny applicable to deaths that do not require a Procurator Fiscal investigation;
- improve the quality and accuracy of Medical Certificates of Cause of Death (MCCDs);
- improve public health information and clinical governance in relation to deaths.

As a result, we now intend to re-prescribe the MCCD and wish to give you a further opportunity to comment on the proposed changes and to suggest any additional changes that you think should be made.

For ease of reference, I have attached the existing MCCD (Appendix A) and a draft of the proposed new version (Appendix B). In particular, you will note that we are now proposing a double sided form with information to be provided on both sides. We are also proposing that there be a record of issue sheet with each pad of forms, instead of the existing counterfoil and a draft of that is also attached (Appendix C). You will also wish to note that we propose that the guidance on completion of the form will be published only on an NHS website: it will not be part of the pad of MCCDs. This will allow the guidance to be updated as appropriate without the need for it to be re-printed.

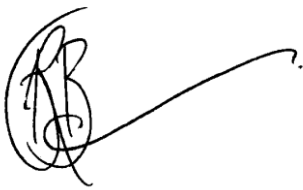
You will note that we have retained the space requiring the "Time of death". However, this is one of the areas that causes the greatest difficulty for doctors. The time given can vary from the actual time the deceased died to the approximate time, to the time the body was found and it is not always clear what the time given on the form represents. We would therefore invite your views on whether recording the time of death on the MCCD and the death register serves any purpose, and whether we should continue to record it.

Registrars are currently instructed to retain completed MCCDs for 3 years and your views on whether this retention period is appropriate and should continue would also be appreciated.

As part of the new process, we also need to re-prescribe the Certificate of Registration of Death (Form 14) which is the certificate the person having charge of the place of interment or cremation must have before the interment or cremation takes place. A copy of the re-prescribed Form 14 is attached at Appendix D. Any comments on this form would also be welcome.

Can I ask for responses by **17th October 2013**.

Yours faithfully



Rod Burns
Deputy Registrar General

Direct telephone: 0131 314 4434
Email: rod.burns@gro-scotland.gsi.gov.uk

Medical certificate of cause of death

(Section 24(1) of the Registration of Births, Deaths, and Marriages (Scotland) Act 1965)

The completed certificate is to be taken to the Registrar of Births, Deaths and Marriages

**Form 11
F(11)**

For registration office use
Year:
RD number:
Entry number:

Name of deceased

Date of death

Day	Month	Year

Time of death

Fill in an approximate time if you do not know the exact time (Please use the 24-hour clock)

Hour	Minute

Place of death

Cause of death

I hereby certify that to the best of my knowledge and belief, the cause of death was as stated below:

Approximate interval between onset and death

		Years	Months	Days
I	Disease or condition directly leading to death* (a)			
	Antecedent causes (b)			
	Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (c)			
	(d)			
II Other significant conditions contributing to the death, but not related to the disease or condition causing it				
.....				

* This does not mean mode of dying, such as heart or respiratory failure; it means the disease, injury or complication that caused death.

Please tick the relevant box

Post mortem

- PM1** Post mortem has been done and information or is included above
- PM2** Post mortem information may be available later or
- PM3** No post mortem is being done

Attendance on deceased

- A1** I was in attendance upon the deceased during last illness
- A2** I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate
- A3** No doctor was in attendance on the deceased

Procurator fiscal

- PF** This death has been reported to the procurator fiscal

Maternal deaths

- M1** Death during pregnancy or within 42 days of the pregnancy ending
- M2** Death between 43 days and 12 months after the end of pregnancy

Extra information for statistical purposes

- X** I may later be able to supply the Registrar General with additional information

Signature: Date:

Name in BLOCK CAPITALS:
Official address: Registered medical qualifications

For a death in hospital
Name of the consultant responsible for deceased as a patient

Counterfoil – Medical certificate of cause of death

Name of deceased:

Date of death:

Place of death:

Please circle the appropriate letters and figures using the information above

Post mortem	PM1	or	PM2	or	PM3
Procurator fiscal	PF				
Extra information	X				
Attendance on deceased	A1		A2		A3
Maternal deaths	M1		M2		

**Form 11
F(11)**

I Cause of death

(a)

(b)

(c)

(d)

II

Date of certificate:

The doctor has given you this form so that you can arrange for the death to be registered. Once the death is registered, the local registrar will keep this form, but can advise you what other documents you may need and can issue extracts of the entry in the register of deaths.

Who should tell the local registrar about the death

One of the following people must go to the registration office and tell the local registrar about the death.

- Any relative of the deceased, or
- any person present when the person died, or
- the deceased's executor or other legal representative, or
- the occupier of the property where the person died,
or if there is no such person,
- anyone else who knows the information to be registered.

Where to take the form

In Scotland, a death may be registered

- either in the registration district where the person died
- or in the registration district where the deceased lived (the district of "usual residence") if that was in Scotland.

Usual residence means the deceased's permanent home, not at an address such as a holiday address where he or she may have been staying at the time of death.

If you need advice about what to do with the form, please telephone any local registrar in Scotland (see 'Registration of Births, Deaths and Marriages' in the telephone book).

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Section 24(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

GUIDANCE FOR COMPLETION OF THIS FORM IS AVAILABLE AT www.-----

The completed certificate is to be taken to the Registrar of Births, Deaths and Marriages

DETAILS OF DECEASED – PLEASE PRINT CLEARLY AND DO NOT ABBREVIATE

Name of deceased (IN BLOCK CAPITALS)	
Date of death	
Time of death (24-hour clock) <i>Please fill in an approximate time if you do not know the exact time of death</i>	
Place of death (IN BLOCK CAPITALS)	
Community Health Index (CHI) number <i>if available from medical records</i>	

CERTIFYING DOCTOR'S DETAILS

Name (IN BLOCK CAPITALS)	
GMC number	
Official address (IN BLOCK CAPITALS)	
Contact details - tel/mobile number	
Signature	
Date	

<i>For a death in hospital</i> Name of the consultant responsible for the deceased	
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MEDICAL REVIEWER (*if appropriate*)

Name (IN BLOCK CAPITALS)	
GMC number	
Counter signature	
Date	

For registration office use	RD Number	Year	Entry Number
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CAUSE OF DEATH (IN BLOCK CAPITALS)

I hereby certify that, to the best of my knowledge and belief, the cause of death was as stated below:

	Approximate interval between onset and death		
	Years	Months	Days
I Disease or condition directly leading to death * (a)			
Antecedent causes - Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last			
<i>due to (or as a consequence of)</i> (b)			
<i>due to (or as a consequence of)</i> (c)			
<i>due to (or as a consequence of)</i> (d)			

II Other significant conditions contributing to the death, but not related to the disease or condition causing it			

* This does not mean mode of dying, such as heart or respiratory failure; it means the disease, injury or complication that caused death.

DISPOSAL HAZARD

I confirm the following to the best of my knowledge and belief:

	Y	N	Unknown
DH1 The body poses a risk to public health			
DH2 The deceased had a notifiable infectious disease, or was contaminated, immediately before death			
DH3 The deceased was fitted with a cardiac pacemaker			
DH4 Radioactive battery or other hazardous implants present in the body of the deceased at time of death			
DH5 Fixion nails			

OTHER INFORMATION

Post mortem examination by a pathologist (tick one)		
PM1	Post mortem has been done and information is included above	
PM2	Post mortem information may be available later	
PM3	No post mortem	

Attendance on deceased (tick one)		
A1	I was in attendance upon the deceased during last illness	
A2	I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate	
A3	No doctor was in attendance on the deceased	

Procurator Fiscal (tick if applicable)		
PF	This death has been reported to the procurator fiscal	

Extra information for statistical purposes (tick if applicable)		
X	I may be able to supply the Registrar General with additional information	

Maternal Deaths (tick if applicable)		
M1	Death during pregnancy or within 42 days of the pregnancy ending	
M2	Death between 43 days and 12 months after the end of pregnancy	



**MEDICAL CERTIFICATE OF
CAUSE OF DEATH**

(Section 24(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

PRINTED BY AUTHORITY OF THE REGISTRAR GENERAL FOR SCOTLAND

This RECORD OF ISSUE sheet must be completed for each Form 11 issued.

Serial No.	Name of Deceased	Date of Death	Cause of Death	Certifying doctor
00001				
00002				
00003				
00004				
00005				
00006				
00007				
00008				
00009				
00010				
00011				
00012				
00013				
00014				
00015				
00016				
00017				
00018				
00019				
00020				
00021				
00022				
00023				
00024				
00025				



CERTIFICATE OF REGISTRATION OF DEATH

(Section 27(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

This is to certify that the death of

Name

Address

.....

..... Postcode

was registered by me on

The certifying registered medical practitioner has confirmed the following to the best of their knowledge and belief:

	Y	N	Unknown
The body poses a risk to public health			
The deceased had a notifiable infectious disease, or was contaminated, immediately before death			
The deceased was fitted with a cardiac pacemaker			
Radioactive battery or other hazardous implants present in the body of the deceased at time of death			
Fixion nails			

..... Registrar

District of

Note: This certificate must be transmitted either directly or by the hand of the undertaker to the person having charge of the place of interment or cremation, before the interment or cremation takes place.