

7 May 2015

Dear Colleague

Rapid Provision of Medical Certificate of Cause of Death (MCCD) in Exceptional Circumstances

Summary

1. This letter is to provide guidance for the provision of the Medical Certificate of Cause of Death (MCCD) out of hours (weekends and public holidays only) in primary care and specialist settings and the interface with the Death Certification service.

Background

2. When a patient dies it is the statutory duty of the doctor who has “attended” the deceased during the last illness to issue the MCCD. Further details are in the **Annex 1**.

3. The Certification of Death (Scotland) Act 2011 will come into force on 13 May 2015. Information about the Act can be accessed from the link below.

<http://www.gov.scot/Topics/Health/Policy/BurialsCremation/Death-Certificate>. (See **Annex 1**).

4. From 13 May 2015 all deaths must be registered before burial, cremation or any other form of disposal. This change will impact on all burials and could lead to delays in funerals whether or not the MCCD has been randomised by National Records for Scotland (NRS) for review by Medical Reviewers (MRs) in Healthcare Improvement Scotland (HIS).

5. Most doctors try to provide the MCCD as soon as is practical, to minimise the distress to the bereaved families. However, in exceptional circumstances, there may be reasons for a quick burial, such as for religious or cultural reasons. Although such requests can be accommodated during the working week, delays may occur during weekends and public holidays which may be unacceptable to e.g. certain faith groups.

DL (2015) 8

For action

Medical Directors, NHS Boards
To be cascaded to all doctors and
primary care out of hours hubs
NHS Board Local Implementation
Leads for Death Certification
Bereavement Co-ordinators of
Health Boards

For information

NHS Chief Executives (including
Special Boards)
NHS Board Chairs
NHS Board Directors of Public Health
NRS (to cascade to Registrars
Primary Care Leads, NHS Boards
Directors of Nursing Heads of Midwifery
Hospices
Private Healthcare Providers
Association of Anatomical Pathology
Technology Chairs
Institute of Cemetery and Cremation
Managers
Federation of Burial and Cremation
Management
National Association of Funeral Directors
National Society of Allied and
Independent Funeral Directors
Crown Office Procurator Fiscal
Service (to cascade to Forensic
Pathologists
Royal College of Nursing
Royal College of Midwives
BMA
MDDUS
MPS
MDU
GMC
Academy of Medical Royal Colleges and
Faculties in Scotland
Police Scotland

Enquiries to:

Policy Issues

Sarah Manson
3EN, St Andrew's House
Edinburgh, EH1 3DG
Sarah.Manson@scotland.gsi.gov.uk

Medical Issues

Dr Mini Mishra
3E.06, St Andrew's House
Edinburgh, EH1 3DG
Mini.Mishra@scotland.gsi.gov.uk


6. The attached guidance in **Annex 2** is intended to assist doctors working in primary care and specialist out of hours services, only at weekends and public holidays, to address the Equality duty under the Act, accessed through the link <http://www.gov.scot/Topics/People/Equality>

7. The General Medical Council (GMC) also emphasises the importance of showing respect for and responding sensitively to the wishes and needs of the bereaved, and of being prepared to offer help and support, for example by explaining where they can get information about or help with the administrative practicalities following the death. In addition, the GMC provides guidance on death certification, particularly in paragraphs 85-87 and footnote xix "treatment and care towards end of life: good practice in decision making"
http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_certification_post-mortems_and_referral.asp

Action

8. I would be grateful if you could ensure that this Director Letter (DL) is circulated as widely as possible to all doctors, including in the primary care out of hours services, sessional doctors and locums for information and action.

Yours sincerely

A handwritten signature in black ink that reads "Andrew Scott". The signature is written in a cursive style. Below the signature is a horizontal line.

DR ANDREW SCOTT

Provision of the Medical Certificate of Cause of Death (MCCD)

The Certification of Death (Scotland) Act 2011 will come into force on 13 May 2015. Information about the Act can be accessed from the link below

<http://www.gov.scot/Topics/Health/Policy/BurialsCremation/Death-Certificate>.

This will abolish the statutory requirement for cremation forms or crematoria referees. Instead the quality assurance of the MCCD will be undertaken by Medical Reviewers of the Death Certification Review Service of Healthcare Improvement Scotland. More information can be accessed through the link below.

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx

There is no clear legal definition of “attended”, but it is generally accepted to mean a doctor who has cared for the patient during the illness or condition that led to death and so is familiar with the patient’s medical history, investigations and treatment.

There are circumstances where it is not possible for the doctor who was in attendance to provide the certificate or no doctor was in attendance. In these circumstances another doctor in the team, with knowledge of the deceased and/or access to the relevant clinical records, can complete the MCCD.

Doctors who work as locums from overseas can complete the MCCD if they have access to the relevant clinical information. If there are queries from the registrar or MR, other members of the clinical team can clarify them. In cases where a replacement MCCD is required, this can be provided by another doctor if the locum has returned overseas. However, relevant employers of the locum need to be notified about the issues with the MCCD.

MCCDs can also be completed by a pre-registration doctor in training (FY1), with the involvement of a senior doctor. The Consultant in charge of the patient’s care must also be made aware of all deaths which result in a report to the PF.

Reporting to the Procurator Fiscal

A death reported to the PF according to the PF guidance is excluded from the review process, even if the PF agrees the cause of death with the doctor and agrees for the doctor to go ahead with the MCCD. In this case, the PF has decided not to investigate further.

A death discussed with the PF if the doctor is unsure but not reportable (as decided by the PF) will go through the randomisation process when the MCCD is issued by the doctor following the discussion. The certifying doctor should complete the MCCD **without** ticking the PF box.

The link to the CMO/NRS guidance and the link to the PF guidance go into some detail about when to report to the PF and the outcome of discussions with the PF.

Durations

In line with the CMO guidance, it is important to record the approximate interval between the onset of each disease, injury, condition or event and death. This information provides confirmation that the entries are in the correct order, and is essential for the accurate classification of the causes of death. Ticking the box, without the specified time intervals, will not be acceptable. Nor will terms such as so many minutes/hours/days/weeks/months/years before “x” or after “y” be acceptable.

The duration of the conditions requires to be completed in number of minutes/hours/days/weeks/months/years as explained in the guidance. Generally where a doctor can complete an MCCD, with all the conditions, they will be aware of the times as this is part of the clinical history.

Also, doctors who work as locums from overseas can complete the MCCD if they have access to the relevant clinical information. If there are queries from the registrar or MR, other members of the clinical team can clarify them. In cases where a replacement MCCD is required, this can be provided by another doctor if the locum has returned overseas. However, relevant employers of the locum need to be notified about the issues with the MCCD.

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2014\)27.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf)

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)03.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)03.pdf)

Outline Guidance for the provision of Medical Certificate of Cause of Death (MCCD) out of hours (weekends and public holidays only) in exceptional circumstances in primary care and specialist settings and the interface with the death certification review service

Purpose

This guidance is to address the situation where burial is required to take place within 24 hours as well as supporting Scottish Government policy, including Equality duties, and legislation passed by the Scottish Parliament.

Background

The Certification of Death (Scotland) Act 2011 will come into force on 13 May 2015. Information can be accessed from the link below:

<http://www.gov.scot/Topics/Health/Policy/BurialsCremation/Death-Certificate>

The Act will:

- Introduce a new death certification system in Scotland - through a single system of independent effective scrutiny.
- Improve the quality and accuracy of Medical Certificates of Cause of Death (MCCD) – through electronic completion of the MCCD where possible, the new scrutiny ('review') process and revision of MCCD content.
- Provide improved public health information – through enhanced data monitoring, analysis and trends identification.
- Strengthen clinical governance in relation to deaths – through linkages between the new review system and Health Boards.

From 13 May 2015 all deaths **must be registered before burial or cremation** can take place. Prior to this burials could take place prior to registration. This change will impact on **all burials** and could lead to delays to funerals.

In exceptional circumstances, there may be reasons for a quick burial e.g. the Jewish and Muslim communities in particular require burial to be on the day of death if at all possible as their formal grieving process cannot start until the burial has taken place. Any delay could lead to further distress and the underlying principle of the implementation of the Act is to minimise delays to funerals as much as possible.

Anyone who requires a funeral within a tight timescale will now require prompt provision of the MCCD before establishing if their MCCD has been selected, via an independent process at National Records of Scotland (NRS), for a review by the new Medical Reviewer service. If selected for a review, the Advance Registration application if granted by the Medical Reviewer (MR), will enable the required quick burial.

A national review system of medical certificates of cause of death (MCCDs) begins on Wednesday 13 May 2015 to provide independent checks on the quality and accuracy of the completion of MCCDs. The 2 types of reviews will be carried out by

the Death Certification Review Service of Healthcare Improvement Scotland. Level 1 review (shorter) will apply to about 10% of deaths not reportable to the Procurator Fiscal or involving stillbirth and is expected to be completed within one working day. It will involve a MR who will review the MCCD and have a conversation with the certifying doctor.

Level 2 review (comprehensive) is expected to be completed within 3 working days and will apply to approximately 2,000 deaths per year. It will involve the MR's review of the MCCD, conversation with the certifying doctor, and also review of appropriate clinical records + / - a conversation with other healthcare staff or the family or carer of the deceased.

The review process is described in **Annex A**.

In general, the swift provision of an MCCD is more likely to be accommodated in hospitals and hospices in the community, but different arrangements are required where patients are being cared for in their own home or in a homely environment in the community e.g. residential care. In this situation, it will be the Out of Hours Primary Care service that will provide this service.

Provision of MCCDs in a Hospital Setting

In the circumstances of deaths in a hospital out of hours, the provision of the MCCD, which is a statutory duty, may be provided by the doctor involved in the care of the patient or by another doctor from the clinical team with access to the clinical records of the deceased.

Doctors in training (including FY1) would need to discuss the cause of death with their senior colleagues. The provision of MCCD and the release of the body of the deceased from the mortuary usually occurs in a hospital setting during normal working hours. In exceptional circumstances during out of hours, weekends and public holidays, rapid certification may be requested due to e.g. religious and cultural reasons. There may be circumstances which prevent the available doctor from complying with this request. Therefore, it is recognised that it may not always be possible to accede to requests for accelerated certification. Hospitals should also have arrangements in place to release the body of the deceased as soon as practical.

Provision of MCCDs by Out of Hours Doctors in a Primary Care setting

At present, the likelihood is that the doctor on call in primary care is not the doctor who has been attending the deceased person during their last illness.

During the working week, where the on-call service is informed of a verified death during the out of hours period (which varies in different Health Boards), then the on-call service should ensure that the deceased's registered GP practice is notified at the first possible opportunity in the next period of normal working hours i.e. the next day (if before midnight or the same day if after midnight).

However, if the death occurs on a weekend or public holiday the MCCD may not be made available for 3 or 4 days by the deceased's registered GP practice.

In the interests of national consistency and reducing unnecessary delays for grieving families who must make funeral arrangements quickly, this guidance clarifies that primary care out of hours doctors are expected to provide MCCDs (to the best of their knowledge and belief) for deaths occurring in the out of hours period during weekends and public holidays, but only in those exceptional circumstances where a burial is required within 24 hours. GPs will need to assess the request and make a judgement on a case by case basis on whether they are able to agree to provide the MCCD. It may not always be possible to accede to requests to provide MCCDs out of hours in primary care.

We anticipate that the numbers would be very low e.g. one a day in Scotland equating to between 150-200 across Scotland annually (excluding emergencies such as mass fatalities or pandemics). Provision of MCCDs out of hours at weekends and public holidays in exceptional circumstances will make a significant difference to faith groups where funerals need to be arranged quickly.

The process and the numbers of requests made and granted will be monitored in the year post implementation.

As most doctors will not encounter this situation (the need for a swift burial) very frequently, it is particularly important to take account of the General Medical Council (GMC) guidance in paragraph 84 of [Treatment and Care Towards The End of Life](#), when engaging with those close to the deceased. The GMC emphasises the importance of showing respect for and responding sensitively to the wishes and needs of the bereaved, and of being prepared to offer help and support for example, by explaining where they can get information about or help with the administrative practicalities following the death.

Process for Provision of MCCD and Review During Out of Hours Services in a Primary Care Setting

Death occurs in a primary care setting (e.g. home, care home or some community hospitals).

Deaths outside such a primary care setting will be reported to the Procurator Fiscal and are excluded from this guidance.

The call to primary care out of hours hub regarding an expected death can come from a range of sources e.g. NHS 24, professional to professional lines or the family/carers of the deceased. The call may also include a request for early burial from the relatives.

For deaths which are non-suspicious in a primary care setting, MCCDs should where possible be provided during weekends (inclusive of Friday after 6.30 pm or any other local arrangements) and bank holidays where a burial is required within 24 hours e.g. for people of certain faith or cultural groups.

The emergency Palliative Care Summary (ePCS), Key Information Summary (KIS) or information accessed via the clinical portal should provide the necessary information to facilitate the provision of a good quality MCCD by the out of hours doctor, after deciding that the criteria for the provision of a certificate is fulfilled. Whilst for some deaths there will be a religious or cultural expectation of rapid certification, there will be circumstances when the available doctor has insufficient information to issue an accurate and legal medical certificate of the cause of death. In these circumstances, it may not always be possible to accede to requests for accelerated certification.

At the same time as the MCCD is handed to the informant out of hours by the doctor or another member of the out of hours services, 2 additional information leaflets (see Annex D) need to be provided – one about the Review process, and one for Advance Registration (the application for which will be supported by the registrar during registration of the death). The informant/funeral director should be aware of the contact details of the registrar service for out of hours in their local authority area. Health Boards, via their Local Implementation Groups Leads, will also have an up to date list of contact numbers for the local authority out of hours registration services in their areas which should be provided to the out of hours hubs.

Paper MCCDs and replacements will be provided by National Records of Scotland (NRS). Copies of the 2 required information leaflets will be provided by the Scottish Government to the contact points in each hub of the out of hours services initially and replacements by Healthcare Improvement Scotland.

Most MCCDs will not be selected for a review at the point of registration of the death, and will be able to proceed for burial once the death is registered by the out of hours registrar. It is also important that all relevant parts of the MCCD are completed so that the registrar is able to facilitate the Advance Registration process if the MCCD is randomised for review, or (as in the majority of cases) register the death if the MCCD is not randomised for review. Registrars are unable to assess the clinical accuracy of the MCCDs and will focus mainly on the administrative aspects of the MCCD.

If at the point of registration of the death the MCCD is selected for review, the Advance Registration application form should be completed and sent to the on-call Medical Reviewer, with the help of the registrar. The registrar will be aware of the contact details of the out of hours Reviewer service.

The Medical Reviewer will usually be able to confirm within 2 hours of the application being made if the registration of the death can go ahead, with the review continuing to completion in the background. If the MCCD does not appear to be in order then the Advance Registration will not be granted, and registration will need to wait for the outcome of the review.

If the Advance Registration is granted, the level 1 or level 2 review (as randomly selected) will continue in the background. The Medical Reviewer can contact the GP involved in the care of the deceased or another doctor in the deceased's registered GP practice on the next working day to have the required conversation for the review. If there are any errors which need to be corrected, then the Medical Reviewer would need to contact the certifying doctor via the out of hours service hub

by telephone/email as the availability of such doctors working for the out of hours services in primary care will vary.

Minor errors can then be agreed and emailed back to the Medical Reviewer who will inform the registrar.

In the case of significant errors, Advance Registration will not be granted as it will require a Level 2 review and the MCCD will not be “in order”. In such circumstances, or in the unusual circumstances that the significant errors are discovered after the death has been registered, following a Level 2 review, a new MCCD may be required, which the certifying doctor will fax/email to the Medical Reviewer service for agreement. Following agreement with the MR, the original replacement MCCD should be sent by the certifying doctor (e.g. posted/couriered) to the original registry office. In the rare occasion, if the certifying doctor is unavailable for a significant length of time, a replacement (not duplicate) MCCD may be provided by another doctor for significant errors. This is explained in the CMO/NRS guidance accessed through the link below:

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2014\)27.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf)

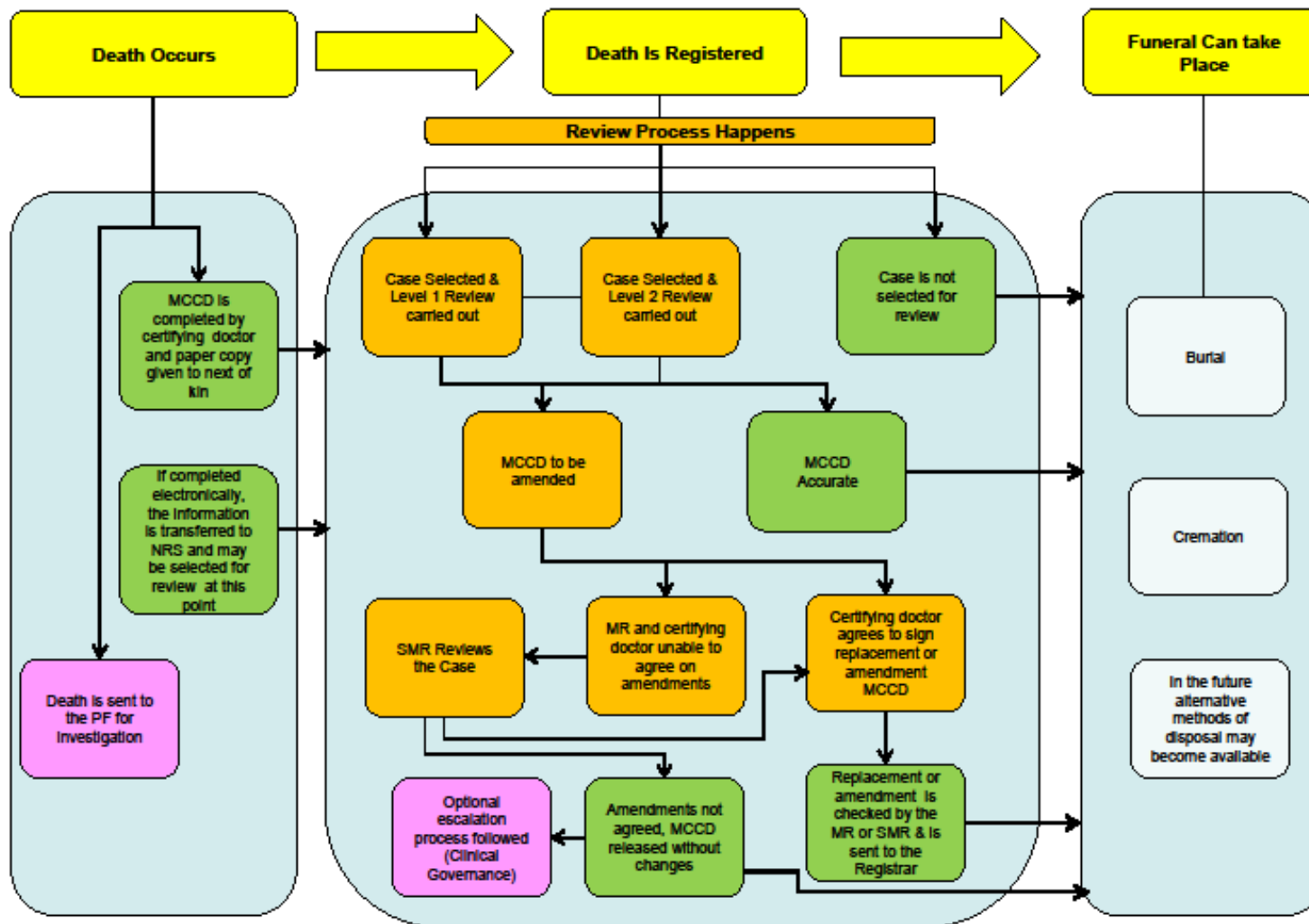
Crown Office and Procurator Fiscal Service (COPFS) guidance for Medical Practitioners on reporting deaths can be found under the header of 'Reporting Deaths to the Procurator Fiscal' section. <http://www.copfs.gov.uk/publications/deaths>

Flow charts of the process are in **Annex B**.

Death Certification Policy team
7 May 2015

The Review System

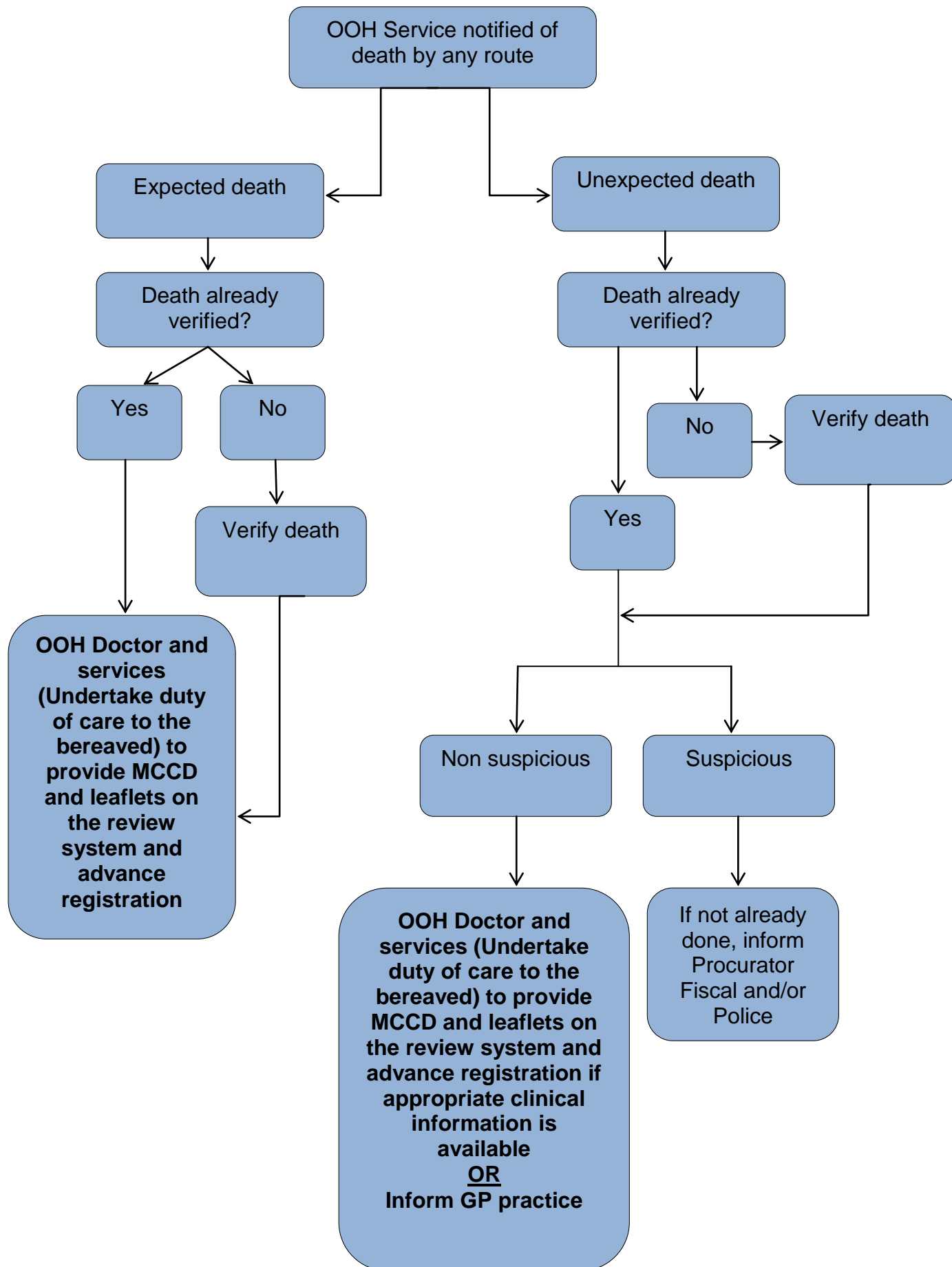
- There are around 55,000 deaths in Scotland, annually but this can fluctuate from year to year.
- Even if the MCCDs are completed electronically, they have to print and manually signed as required by legislation, and handed to the “informant” who registers the death. Manual MCCDs will always be available as they may be required in certain areas and circumstances.
- An “independent” review system, of the Certificate of the Medical Cause of Death (MCCD) will be in place from **13 May 2015**, where cases will be randomly selected at the point of registration (or at the point of certification of death when MCCDs are completed electronically i.e. eMCCD).
- It is estimated that 25% of deaths are investigated by the Procurator Fiscal in Scotland, and are therefore **excluded** from the new review system.
- Stillbirths are also **excluded** from the new review system.
- The registration process will be put on “hold” until the review is complete.
- A remainder (10%) of MCCDs will go through randomisation for a review (around 4,000 deaths per year) at Level 1. This involves scrutiny of the MCCD and a conversation with the doctor certifying death or a member of the clinical team with access to the clinical records of the deceased and is expected to take one working day; 1,000 of the MCCDs will go through a Level 2 review which is more comprehensive and involves, in addition to the activities under Level 1 review, looking at the relevant clinical records and is expected to take 3 working days. It is anticipated that a further 1,000 MCCDs are anticipated to be reviewed “for cause”, either due to significant trends or requests from “interested persons” specified in legislation.
- Options, on application to the Medical Reviewer for “Advance Registration”, will be available for certain circumstances e.g. faith, cultural, compassionate and decisions on such an application will be made within 2 hours.
- NHS National Service Scotland Information Technology (NSS IT) is working towards providing doctors with the ability to complete MCCD forms electronically via NHS IT systems. This will be gradually rolled out, starting with GP practices from 13 May 2015, with availability in hospitals, out of hours services in primary care and hospices, thereafter.
- Certain pre-defined ‘interested persons’ in legislation (generally, close relatives or professionals with a clear interest or involvement in a particular case) can request a review, provided it is within 3 years of the death, does not pre-date the new legislation, and has not already been reviewed or subject to Procurator Fiscal investigation. The review will be explicitly about the MCCD and not the care of the deceased. **Local Implementation Groups (LIGs)** have been set up by Health Boards involving other partner agencies to jointly address local issues regarding the smooth implementation of the Act.
- Medical Reviewers will help with post-mortem arrangements and associated costs in relevant cases, in the event of a death abroad where cause of death is unclear despite reasonable enquiries.



Out of Hours

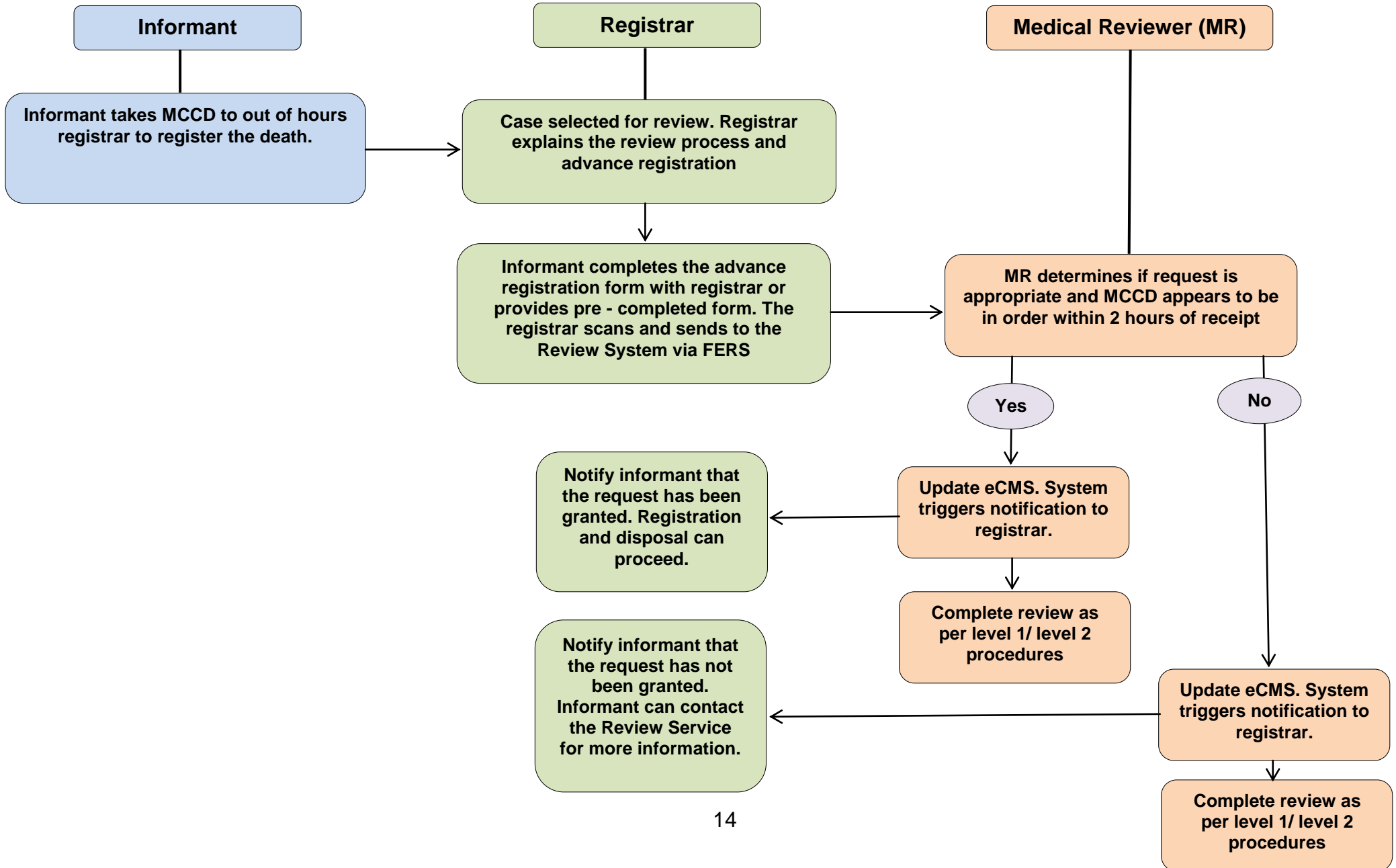
ANNEX B

(Weekends and Public Holidays)



Out of Hours Advance Registration Process – For cases selected for review only

ANNEX C



Patient Information leaflets – Advance Registration and Changes to the Death Certification and Registration process



Death Certification -
Advance registration