Be kind to families – get it right first time

Did you know in 2021/22, 41% of MCCDs 'not in order' had an admin error?

MEDICAL CERTIFICATE OF CAUSE OF DEATH (Form 11)

Serial number:

one of the form is optional and al parts and questions on both sides should be considered and answered as appropriate

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

The completed certificate should be taken to the Registrar of Births, Deaths and Marriages and will be retained by them.

GUIDANCE FOR COMPLETION OF THIS FORM IS AVAILABLE AT www.nrscotland.gov.uk/MCCDGuidance

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE USE BLACK



Time of death (24-hour clock – hh:mm)	When the patient died, NOT the time death was verified	16% incorrect
Place of death	Ensure full address noted including postcode	3% incorrect
Business address ← Ward 407 → Ward 408	Include ward details if died in hospital	
Business contact telephone number	Business/Ward telephone number NOT personal mobile	
Signature of certifying doctor	YOU MUST REMEMBER TO SIGN THE FORM	Л

Allowed abbreviations: HIV, AIDS, COVID-19 Disease and SARS-CoV-2,
CREST, CADASIL and CARASIL, SCID, IgG, IgA and IgM

16% incorrect —
Approximate between onset and upper leading to death *
(a) CMO guidance: COVID-19 disease or SARS-CoV-2 are acceptable

Antecedent causes — Merbid conditions of any spidenties to the above cause station the underlying and disease.

I Disease or condition directly leading to death *

(a) CMO guidance: COVID-19 disease or SARS-CoV-2 are acceptable

Antecedent causes – Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last due to (or as a consequence of)

(b)

due to (or as a consequence of)

(c)

due to (or as a consequence of)

Oldest

Always complete or certificate MUST be re-issued

PART D - HAZARDS

Only use
To the best of your knowledge and belief;

YN

To the	To the best of your knowledge and belief;				
DH1	Does the body of the deceased pose a risk to public health: for example, did the				
	deceased have a notifiable infectious disease or was their body "contaminated",				
	immediately before death?				
DH2	Is there a cardiac pacemaker or any other potentially explosive device currently present				
	in the deceased?				
DH3	Is there radioactive material or other hazardous implant currently present in the				
1	deceased?				

As COVID-19 disease is a notifiable disease, consideration should be given to ticking the hazard box – for up-to-date guidance: https://www.gov.scot/coronavirus-covid-19/

PART E - ADDITIONAL INFORMATION

Post n			
PM1	Post mortem has been done and information is included above		
PM2	Post mortem information may be available later	(2% inc	orrect
PM3	No post mortem		

Atten	dance 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	12% incorrect
	provide the certificate	12% incorrect
A3	No doctor was in attendance on the deceased	

Consider if cared for the patient during the illness or condition that led to death

Extra information for statistical purposes (tick if applicable)		11% incorrect
Х	I may be able to supply the Registrar General with additional information	22/0 meorrect

Only if waiting for Histology/Toxicology/Microbiology/other results which may add detail to stated cause of death



Now quality check the information you have provided:
Spelling is correct
Writing is legible

All parts are completed to the best of your knowledge and belief



DCRS Website https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx