

Version 4. July 2024

In 2023/24, 42% of Medical Certificates of Cause of Death (MCCDs) that were reviewed had administrative errors

Be kind to families, get it right first time

None of the form is optional.

All parts and questions on both sides should be considered and answered as appropriate

This content was created by the Death Certification Service (DCRS) in 2023. Some Parts of the MCCD have been replicated to demonstrate where common admin errors occur. This does not contain all Parts of the MCCD

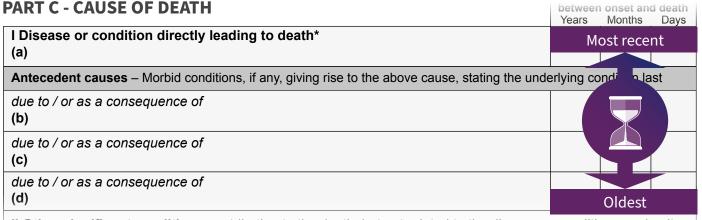
PART A - DETAILS OF DECEASED

Date of death (dd/mm/yyyy)			
Time of death (24-hour clock - hh:mm)		When the patient died, <u>not</u> the time death was confirmed	22% incorrect
Place of death	→ Ward 22		llicorrect
	← Ward 23	Include ward details if died in hospital	
Health Board area in which death occurred			

PART B - DETAILS OF CERTIFYING DOCTOR

GMC number					
Business address	Ensure full address noted, including postcode				
Business contact telephone number	Business/Ward telephone number, not personal mobile				
For a death in hospital Name of the consultant responsible for the deceased					
I hereby certify that to the best of my knowledge and belief the information contained in this Medical Certificate of Cause of Death is correct.					
Signature of certifying doctor	You must remember to sign the form				
Date					

PART C - CAUSE OF DEATH



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

PART D - HAZARDS

Always complete or certificate **must** be re-issued. **Use only**

To the	e best of your knowledge and belief;		Υ	N
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 in the deceased? As COVID-19 disease is a n	otifiable	e disea	se,
DH3	hazard box. For up-to-dat	consideration should be given to ticking the hazard box. For up-to-date guidance: https://www.gov.scot/coronavirus-covid-1		

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

Attendance on deceased (tick one)		
A1	I was in attendance upon the deceased during last illness	00/
A2	I was not in attendance upon the deceased during last illness: the doctor who was is upprovide the certificate	9%
А3	No doctor was in attendance on the deceased	incorrect

Extra information for statistical purposes (tick if applicable)

Only if waiting for histology/toxicology/microbiology/other results which may add detail to cause of death

NO doctor was in attendance on the deceased

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

Before sending to the local registration office, check:

- ▶ Writing is in black ink in BLOCK CAPITALS and is legible
- ► All parts of both sides of the form are completed to the best of your knowledge and belief
- Spelling is correct

38% incorrect

To watch a short animation on how to complete a paper-based MCCD in Scotland visit:

> https://vimeo.com/707891717

Further guidance on MCCD completion / death certification can be found at:

- > Death Certification Review Service (DCRS) Healthcare Improvement Scotland
- > www.nrscotland.gov.uk/MCCDGuidance
- > www.sad.scot.nhs.uk/atafter-death/