Chief Medical Officer Directorate

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The Scottish Government
Riaghaltas na h-Alba

Dear Colleague

COMMENCEMENT OF THE CERTIFICATION OF DEATH (SCOTLAND) ACT 2011

Purpose

1. This letter is to inform you that the Certification of Death (Scotland) Act 2011 (2011 Act) comes into force on **13 May 2015,** and the changes required by the 2011 Act.

Background

2. The Certification of Death (Scotland) Act 2011 will:

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

Key Changes from 13 May 2015

3. The key changes include:

- A more equally applied system i.e. same level of scrutiny of cause of death regardless of whether burial, cremation or any other form of disposal.
- Cessation of statutory cremation forms B and C, with abolition of associated fees, resulting in reduced costs to the bereaved of approximately £170 per cremation.
- The end of the statutory role of Crematoria Medical Referees.

From the Chief Medical Officer
Dr Catherine Calderwood MA MRCOG FRCP(Edin)

11 May 2015

SGHD/CMO(2015)8

Addresses

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
Heads of Midwifery, NHS Boards
Consultant Obstetricians and Gynaecologists
Bereavement Co-ordinators of Health Boards

For information
Chief Executives, NHS Boards and Special Health Boards
Chairs, NHS Boards
Chief Executives, Local Authorities
NRS to cascade to registrars
Directors of Public Health, NHS Boards
Primary Care Leads, NHS Boards
Academy of Medical Royal Colleges and Faculties in Scotland
Association of Anatomical Pathology Technology Chairs
Institute of Cemetery and Crematorium Management
Federation of Burial and Cremation Authorities
National Association of Funeral Directors
National Society of Allied and Independent Funeral Directors
British Medical Association
Hospices
Private Healthcare providers
COPFS to cascade to Forensic Pathologists
General Medical Council
Royal College of Nursing
Royal College of Midwives
Directors of Nursing, NHS Boards
MDDUS
MPS
MDU
Police Scotland

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- The establishment of independent MRs, employed and appraised by Healthcare Improvement Scotland (HIS), which is the national healthcare improvement organisation. The Medical Reviewers will review a random sample of MCCDs provided by National Records of Scotland, for accuracy, and work collaboratively with the medical profession to improve standards in the completion of the MCCD.
- Random scrutiny of around 14% of MCCDs excluding those deaths reported to the Procurator Fiscal (PF) and Stillbirths (SB).
- Statutory provision of information and clinical records to MRs by certifying doctors and Health Boards to allow the MRs to undertake the scrutiny function.
- A new stillbirth certificate (Form 6) - **See Annex B.**
- New Forms 8, 11 and 14 to include additional information such as about hazards – **See Annex B.**
- Authorisation of disposal of repatriated bodies by MRs, by burial, cremation or other methods (currently cremation authorised by Scottish Government).

Actions

The key action is to reduce unnecessary delays to funerals and minimise any additional distress caused to the bereaved, while improving the quality of MCCDs, the clinical governance around the certification of death, and improved public health information.

I would be grateful if you could ensure that the certifying doctors undertake the relevant actions described in **Annex C.** Health Board Implementation Leads, working with their Local Authority colleagues and others, need to take note of actions required in **Annexes D and E.**

I would like assurance that staff are aware of this Act, have received appropriate training and that there are processes in place to enable smooth implementation e.g. access to doctors and clinical notes. I would therefore ask Health Board Implementation Leads to report to Sarah Manson, Policy Lead and Dr Mini Mishra, Clinical Lead by 12 June 2015.

Thank you very much for your help and co-operation.

Yours sincerely

Catherine Calderwood

DR CATHERINE CALDERWOOD

ANNEX A

Implementation of *the Certification of Death (Scotland) Act 2011*

NHS Education for Scotland (NES) has been commissioned by the Scottish Government to develop educational resources to support the scheduled implementation of *The Certification of Death (Scotland) Act 2011* on May 13th 2015.

The detail and availability of these educational resources from NES (23 04 15) as follows:

Target Audience	Resource	Status	Cascaded to / hosted by	Availability date (2015)
All training grades of medical staff including junior medics	Package of resources for DMEs to support transition induction and local meetings Leaflet for junior doctors and non-certifying staff Do's and don'ts cards of what to say to bereaved families and friends (made in association with Cruse) Poster (based on leaflet content)	Completed Completed Completed	Numbers agreed with DMEs and / or Implementation Leads. Initial print run reduced due to time constraint. To order additional resources please email contact details at the end of this table.	All initial materials couriered to Boards on 31 March.
	LearnPro module (or other format to comply with existing NHS Board learning management systems - LMS) Testing in LearnPro and other LMS	Content completed Module built Completed	DMEs Implementation Leads LearnPro (other LMSs)	Now available
Junior medical staff	Bespoke face to face facilitated sessions, for Boards that wish to receive this, regarding owning difficult conversations with bereaved relatives (as a response to the recommendations in the Vale of Leven Report). Sessions approx 75 minutes each	Commenced (12 Boards have agreed sessions and the other 2 Boards are arranging dates)	DMEs have been sent dates to coordinate locally	From March onwards on a limited basis but with scope to extend over 2015

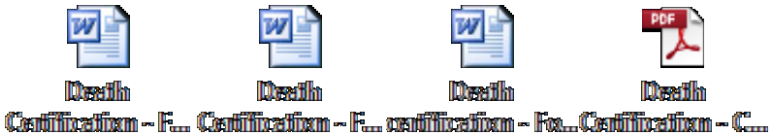
Non training grades of medical staff (e.g. consultants, GPs, SAS)	Two 20 minute STAR video modules: *The Scottish Review Process of the MCCD* *The completion of the MCCD: what you need to know* Both videos to be tested and hosted in STAR Transcripts of both videos will be available in PDF format Short version summaries of both scripts will be available in PDF format DVD version of Star videos for GPs and DMEs with summary leaflets (additional resource requested over that initially commissioned)	Content Completed (videos, Q+A, resources) Both modules built Completed Completed Completed Content completed	DMEs Implementation Leads STAR To be sent to DME for distribution	Now available Sent to DMEs by courier on 21 04 2015
Non certifying staff	Powerpoint presentation (approx 20 minutes) Leaflets, cards and posters as above Bespoke website	Completed Completed Architecture designed and commissioned Content drafted Discussion with stakeholders regarding extent of material to be hosted	DMEs Implementation Leads Directors of Nursing Group Directors of AHP Group Link on NES website	Despatched 31 March Despatched 31 March End April

For further information or to order additional resources please e-mail: supportarounddeath@nes.scot.nhs.uk

Background

- There are around 55,000 deaths in Scotland, annually but this can fluctuate from year to year.
- An “independent” review system, of the Medical Certificate of 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).
- The registration process will be put on “hold” until the review is complete.
- Options, on application to the Medical Reviewer for “Advance Registration”, will be available for certain circumstances e.g. faith, cultural, compassionate and practical reasons.
- 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.
- Of the remainder of MCCDs, 10% 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. This should be completed within one working day.
- Level 2 review will be undertaken on a minimum of 1,000 of the MCCDs, which is more comprehensive and involves, in addition to the activities under Level 1 review, looking at the relevant clinical records. The MRs can also speak to relevant healthcare professionals and others if required. It is anticipated that a further 1,000 MCCDs will be reviewed “for cause”, either due to significant trends or requests from “interested persons” specified in legislation. Each case may take up to 3 working days.
- Local Implementation Groups (LIGs) have been set up by Health Boards involving other partner agencies to jointly address local issues regarding the implementation of the Act.
- An emergency Death Certificate Review Service will be available for out of hour requests for scrutiny to support the out of hours registration service of local authorities.
- A Flow Chart of the process is attached in **Annex F.**

New Forms


Death
Certification – F...
Death
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Death
Certification – C...

ANNEX C

Relevant Actions Required by Certifying Doctors

- ***From August 2014 onwards:*** A new version of the Medical Certificate of Cause of Death (MCCD or Form 11) was rolled out by National Records of Scotland (NRS). The MCCD is in paper format and when ***completed manually, black ink should be used.*** The CMO/NRS guidance gives further details - http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf

- You will wish to be aware that:

  - In addition, numbers should be included in the boxes relating to time intervals in Part C of the MCCD. If there are more than 2 conditions in one line, then times for both conditions should be clearly written, linking it to the appropriate condition (by hand if necessary). The only exception is when "Old Age" is the only cause of death, when these boxes can be left blank.

  - The number of the MCCD should be written by hand on the reverse side on manual MCCDs.

  - As a reminder, the time of death is the estimated time of death and not the time of attending the deceased to pronounce life extinct, unless the 2 are the same.

  - There is no requirement to see the body of the deceased unless death has not been verified by someone else.

  - The box for the Procurator Fiscal (PF) should only be ticked if the death has been reported to the PF and the PF decides not to investigate. The PF box should not be ticked if the death is merely discussed with the PF but is not reportable according to the guidance in the bottom of the page on the link via the section "Reporting deaths to the Procurator Fiscal" - http://www.copfs.gov.uk/publications/deaths

  - The numbers of reports to the PF will be monitored by registrars and the PF.

  - GP practices are encouraged to keep summaries such as KIS and ePCS up to date so that another doctor can have the required clinical information to provide the MCCD in the absence of the doctor providing usual care prior to death e.g. if there is a request to issue an MCCD out of hours. This will also assist the Medical Reviewers in conducting reviews of MCCDs.

  - All doctors should aim to provide the MCCD during the same working day of the request, irrespective of the method of disposal to reduce any delay and subsequent distress caused to the bereaved.

  - All junior doctors in post graduate training completing the MCCD should discuss the content of the MCCD with a senior doctor and document this discussion in the deceased's clinical records.

  - MCCDs should be completed as accurately as possible. Registrars will quality check all MCCDs e.g. abbreviations, incompletely completed time sequences, etc. Registrars will contact certifying doctors to discuss "minor errors", agree any necessary changes and ask for a confirmatory email as soon as possible from the certifying doctor. Such incidences, which add delay to the registration and review

processes, will be monitored by the registrars, including the time taken to confirm the correction of any minor error/s by email. The electronic completion of MCCDs, where this facility is available, could reduce some minor errors.

- Wherever possible and appropriate, clinical staff should discuss the death certificate with the relatives of the deceased. Discussing the death and its causes with the family sensitively and issuing the MCCD should be regarded as separate but complementary activities. To assist, 2 leaflets covering the Advance registration process and a general information leaflet available in healthcare settings in Health Boards can be provided to the informant. An example is available at the website below. http://www.gov.scot/Topics/Health/Policy/BurialsCremation/Death-Certificate

- It is good practice to note the cause of death, as described in the MCCD, in the clinical records of the deceased.

- Encouragement to register the death as soon as possible and not wait for 8 days to reduce delays, particularly if the MCCD is randomised by NRS for scrutiny.

- From 13 May 2015 onwards (implementation date of the new scrutiny system): Cremation certificates B and C, with their associated payments for doctors, will no longer exist under the new system. All cremations and burials will be subject to the same random sampling scrutiny system via the new independent Medical Reviewers. ***There will, therefore, be no requirement for doctors to complete the Cremation certificates B and C for death occurring after midnight on 12 May 2015***. In addition, burials cannot proceed without first registering the death.

- ***From 13 May 2015 onwards:*** Certifying doctors will increasingly be able to complete the new MCCD electronically via NHS systems. This will be provided in the first instance to GP practices and, thereafter, will be rolled out across the wider NHS and independent hospitals and hospices. Electronic completion should reduce avoidable errors in the content of the MCCD, as well as the workload for certifying doctors e.g. as much as possible of the patient information will be automatically populated. Importantly, although the MCCD will be completed electronically, a paper copy of the MCCD will still require to be printed off and provided to the next of kin. This will continue to be the case until National Records of Scotland update the relevant legislation such that a paper copy is not required.

- ***From 13 May 2015 onwards:*** Any doctor who certifies a death (or a clinical member of the team with knowledge of the patient and/or access to the clinical records) which is then subject to independent review by Medical Reviewers, will be required to make themselves available to discuss the case with the Medical Reviewer when contacted. ***This is a legal requirement under the 2011 Act*** and so the certifying doctor, or a clinical member of the team with knowledge of the patient and/or access to the clinical records, must respond to such requests. ***Access to relevant clinical records is also a legal requirement under the 2011 Act***. A timely response to an approach from the Medical Reviewer will minimise delays to the funeral and distress to the bereaved.

  From 13 May 2015 onwards: Separate guidance has been issued for the provision of MCCD out of hours (in exceptional circumstances (at weekends and public holidays) where there is a requirement for quick burial e.g. for faith and cultural reasons – (DL (2015) 8) – see attached link.
  http://www.sehd.scot.nhs.uk/dl/DL(2015)08.pdf

This could require rapid certification and registration of death out of hours. Whilst for some deaths there will be a cultural or religious expectation of rapid certification, there will be circumstances when the available doctor has insufficient information to issue an accurate and legal certificate. In these circumstances, it may not be always possible to accede to requests for accelerated certification. The general public sector Equality duty under the Act, accessed through the link below, is an overarching duty for services in NHSScotland.
http://www.legislation.gov.uk/ukpga/2010/15/part/11/chapter/1

- ***From August 2014 onwards:*** NES training resources have been available for the updated MCCD form (Form 11). Since March 2015, online training on new scrutiny process has also been available, via Directors of Medical Education, including video based modules for non-training grade doctors (in DVD format with PDF transcripts for GPs) and a LearnPro module for training grades of doctors. NHS Board Implementation Leads and Directors of Medical Education should ensure that all doctors are aware of the requirement to complete the relevant modules.

- ***There are no changes to the Procurator Fiscal reporting criteria (and processes).*** However, if professional staff have general uncertainties about reporting deaths to the PF, then a Medical Reviewer, in their supportive and education role, can provide advice and guidance. In specific cases, they should continue to seek advice from the PF via the Scottish Fatalities Investigation Unit (SFIU). The contact details are available at the bottom of the page on the link via the section "Reporting deaths to the Procurator Fiscal" - http://www.copfs.gov.uk/publications/deaths

- The General Medical Council (GMC) has also emphasised 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" in the link below.
http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_certification_post-mortems_and_referral.asp

ANNEX D

Relevant Actions Required by Health Boards via Local Implementation Leads

Implications

- From 13 May 2015, the arrangements for death certification and registration in Scotland will change.
- From this date all deaths must be registered before burial or cremation can take place. This change will impact on all burials. Some faith and other population groups who require burials quickly, and who are currently able to do so by undertaking a burial before registration of the death, will have to register the death before burial. This could impact on the time taken to bury.
- Anyone who requires a funeral within a tight timescale will now require prompt certification of death and access to registrar services for registration of the death, in hours and out of hours, to establish if their case has been selected for review by the new Death Certification Review Service. Prompt release of the body, if kept in a hospital mortuary will also be required. The Advance Registration via registrars process to expedite registration can be used by the informant if the MCCD is randomised for a review. Information about the process is available through the attached link:
  www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx
- The removal of the statutory duties of Crematoria Medical Referees will involve the crematoria managers making decisions on whether a body is safe to cremate. They will be assisted by the new Forms 14 and 8 (Certificates of Registration of Death and Stillbirth respectively – **see Annex B**), which will include information about public health and other hazards and implants. It will also include the contact details of the certifying doctors. A revised application Form A for cremation (prescribed in legislation – **see Annex B**) will also help by requiring the informant to provide information about public health and other hazards and implants on the application form.
- All NHS Board staff should be made aware of their new statutory responsibilities under the Act, including a duty to co-operate with information and training requests from Medical Reviewers, and Equality duties related to e.g. faith and belief groups.
- Local information materials related to bereavement needs to be updated.

Some changes for Health Boards

There are a number of key changes arising from the introduction of the new system on 13 May 2015 which all Health Boards should be aware of.

The main issues are:

Local awareness raising:

Health Boards need to be assured regarding awareness raising of the 2011 Act and its implications for the services, some of which is as described below:

- Changes to the death certification, scrutiny of the MCCD and disposal activity using information and materials available on the relevant sections of the Scottish Government website: http://www.scotland.gov.uk/Topics/Health/Policy/BurialsCremation/Death-Certificate

- Changes affecting certifying doctors, including legislative duties from the 2011 Act which include being available to respond to the Medical Reviewer when contacted. Details are **in Annex B.**

- Legislative requirements of access to relevant clinical records by the Medical Reviewers.

- Requirements of quick funerals by certain faith and other population groups and reasonable processes to address their needs in hours and out of hours, including the Advance Registration process.

- Links to the bereavement services of the Health Boards and to those in partner agencies e.g. local authorities, local registrars, local funeral industry and crematoria and burial staff, spiritual care, faith communicates, third sector bereavement organisations such as Cruse Bereavement Care Scotland.

- Particular issues in remote and/or rural areas who may not have to deal with many deaths annually.

- Keeping the Local Medical Committees (LMCs) informed.

- Procurator Fiscal referral criteria (and processes) remaining unchanged. Separately COPFS have started introducing changes to the forms for doctors used for reporting a death to the PF, including electronic reporting. The new forms and the required IT infrastructure are currently in development, starting with primary care and hospices. See relevant CMO/COPS letter - www.sehd.scot.nhs.uk/**cmo**/**CMO**(2015)03.pdf

Training of staff in hospitals, community and general practice:

- NHS Education for Scotland (NES) has been commissioned by the Scottish Government to develop educational resources to support the implementation of the 2011 Act.

- Health Boards need to be assured that those responsible for organising or overseeing training of staff will ensure that all relevant staff are trained by 13 May 2015, with on-going training for new staff, including locums and sessional doctors. The training resources are in **Annex A.**

Information, Management & Technology issues:

- Health Boards need to ensure that staff have access to relevant IT equipment/terminals to complete the MCCD electronically, as well as access to duplex printers with appropriate printing paper (minimum 80 g/m^2), scanning and faxing capabilities, to provide a signed paper copy of the MCCD to the “informant” and any follow up required by the Death Certificate Review Service or the registrar.

- In the interest of an audit trail and identification of the doctor who completes the MCCD, updated log-ins should be available to staff working in hours and out of hours.

- IT equipment will also enable relevant and timely communications with the Death Certificate Review Service.

Timely access to the certifying doctor or a clinical member of the team with knowledge of the deceased and/or access to the relevant clinical records:

- Health Boards should have central points of contact for the Death Certificate Review service, to contact certifying doctors or a member of the clinical team with knowledge of the patient and/or access to clinical records of the deceased, and to access such clinical records in rare circumstances.

- Health Boards need to design an internal process to facilitate access to the relevant clinicians in hours and out of hours, in different settings, including primary care out of hours services hubs, from the above central point of contact, e.g. in hospitals, community hospitals, GP practices, etc.

- MCCDs are only expected to be provided by primary care out of hours services in exceptional circumstances such as the requirement for early burial, and where the doctor has knowledge of the deceased and/or has access to the relevant clinical records. http://www.legislation.gov.uk/ukpga/1965/49/section/24

Timely access to relevant Medical Records:

- Health Boards need to ensure that a reliable process is in place for prompt access to hospital clinical records when they are required by the Medical Reviewer to complete the review, particularly as this is not expected to be required very frequently. Medical Records Managers may have a key role in this area. GP clinical records will be accessed via SCI Gateway or the GP practice.

- A central point of contact for each Health Board for access to clinical records of the deceased also needs to be provided to the Death Certificate Review Service.

Hospital Mortuary:

- Health Boards need to be aware that a national "notification" form from the hospital ward staff, to communicate relevant specific information to the mortuary staff and funeral directors about the deceased before the Certificate of Registration of Death (Form 14), is being designed. This will alert the mortuary staff and the funeral directors to any hazards on the body of the deceased e.g. communicable diseases, radioactivity, contamination with poisons, toxins, or any hazardous implants. Informing relevant staff about communicable diseases is also a part of the Public Health etc. (Scotland) Act 2008. Health Board Implementation Leads need to customise this form and ensure its use locally in all hospitals.

- The mortuary staff also need to be aware if the body should be retained for a hospital post mortem examination or for the opinion of the Procurator Fiscal.

Further information can be accessed via the Scottish Government website

http://www.scotland.gov.uk/Topics/Health/Policy/BurialsCremation/Death-Certificate

ANNEX E

Actions by Local Authorities

Implications

- From 13 May 2015, the arrangements for death certification and registration in Scotland will change.

- From this date all deaths must be registered before burial or cremation can take place. This change will impact on all burials. Some faith and other population groups who require burials quickly, and who are currently able to do so by undertaking a burial before registration of the death, will have to register the death before burial. This could impact on the time taken to bury.

- Anyone who requires a funeral within a tight timescale will now require prompt access to registrar services, in hours and out of hours, to establish if their case has been selected for review by the new Death Certificate Review Service, and register the death. The Advance Registration via registrars process to expedite registration can be used by the informant if the MCCD is randomised for a review. . Information about the process is available through the attached link. www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx

- The removal of the statutory duties of Crematoria Medical Referees will involve the Crematoria Managers making decisions on whether a body is safe to cremate. They will be assisted by the new Forms 14 and 8 (Certificates of Registration of Death and Stillbirth respectively – **see Annex B**), which will include information about public health and other hazards and implants and the contact details of the certifying doctors. A revised application Form A (prescribed in legislation – **see Annex B**) will also help by requiring the informant to provide information about public health and other hazards and implants on the application form.

- The contracts with Crematoria Medical Referees will need to be addressed.

- Transportation and any necessary processes for the preservation of the deceased can take place while a review of the MCCD is under way.

- As informants will not know if their MCCD is one selected for review until they visit the registrar, funeral directors and burial and cremation authorities will need to work collaboratively and flexibly to book the funeral. They will require processes in place to respond to the time taken for registration of the death.

- The fees for Cremation Forms B and C should be removed from funeral invoices and future funeral plans.

Some changes for local authorities

There are a number of key changes arising from the introduction of the new system on 13 May 2015 which all local authorities should be aware of. The 2 main issues are:

Capability issues such as

- In order to minimise delays to registration and minimise inconvenience to the individual registering the death, it is important that the review process be carried out as quickly and efficiently as possible. This means a number of new IT requirements have been identified, including faxes, scanning capability, and digital signature pads (with some attached funding for which prompt responses are required).

- The digital signature pads are particularly important to reduce delays in cases which are being reviewed. For example, the informant does not need to return to the Registrar's office after the completion of the review to sign for and receive the Form 14 if they have already provided a signature on a digital pad.

- Manual offices need to be compliant with legislation by using fax to email/pdf capability.

- Training of registrars, particularly those in the remote and or rural areas who may not have to deal with many deaths annually.

Capacity issues, such as:

- Two appointments per informant, instead of the current one appointment, to complete the registration process In the absence of digital signature pads - initial appointment, followed by an emergency appointment

- Monitoring the need for and the impact of the longer time taken than the currently available 45 minutes slot for registration of death (and "tell us once"), at the first appointment, and could take up to 60 minutes to explain the review process. The waiting times for in hours appointments for registration will need to be monitored.

- Monitoring the demand for the requirement for registrars to be on call in the out of hours period will require the assessment of the need for out of hours services, and design/redesign of the current processes to address this need e.g. on weekends and public holidays.

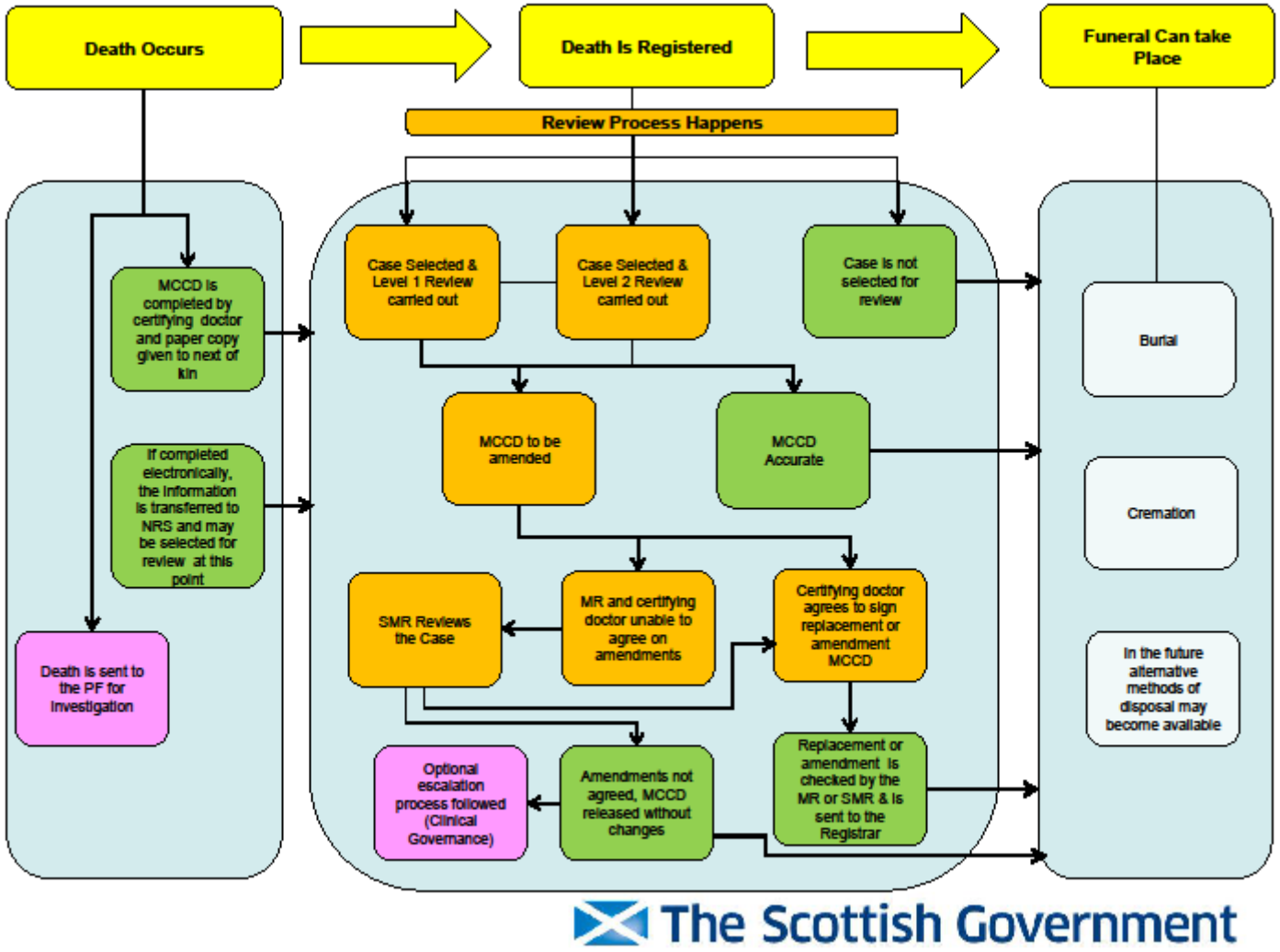
- Capacity of registrars in hours to provide appointments for death registration in addition to their other duties and monitoring waiting times for appointments for death registration.

- Monitoring the impact on the time and workload of registrars due to minor errors such as incompletely completed MCCDs which require them to contact the certifying doctor or a member of their team to correct the error. The number of MCCDs received electronically or manually, the number of contacts made with certifying doctors for minor errors (and the time taken) with numbers of subsequent confirmatory emails received (and the time taken), and the numbers reported to the PF should be monitored.

Further information can be accessed via the Scottish Government website

http://www.scotland.gov.uk/Topics/Health/Policy/BurialsCremation/Death-Certificate

ANNEX F


Death Occurs
Death Is Registered
Funeral Can take Place
Review Process Happens
MCCD is completed by certifying doctor and paper copy given to next of kin
If completed electronically, the information is transferred to NRS and may be selected for review at this point
Death is sent to the PF for Investigation
Case Selected & Level 1 Review carried out
Case Selected & Level 2 Review carried out
Case is not selected for review
MCCD to be amended
MCCD Accurate
SMR Reviews the Case
MR and certifying doctor unable to agree on amendments
Certifying doctor agrees to sign replacement or amendment MCCD
Optional escalation process followed (Clinical Governance)
Amendments not agreed, MCCD released without changes
Replacement or amendment is checked by the MR or SMR & is sent to the Registrar
Burial
Cremation
In the future alternative methods of disposal may become available
The Scottish Government