

MCCD User Profiles



Attending Practitioner (AP)

"I never do an MCCD before speaking with MEs, colleagues and the family. I don't want to redo it."

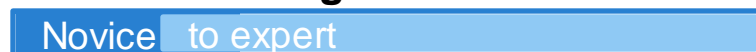
Stages involved



MCCD frequency



MCCD knowledge



Role summary

APs are doctors who were responsible for the deceased's care, who assume responsibility for completing the MCCD. They work in NHS and private settings, across primary, secondary and tertiary care. APs can be any grade of doctor, from juniors to consultants. Completing the MCCD is one of many responsibilities which must be prioritised alongside other tasks. Many APs have extremely high workloads and are engaged in emotionally demanding work. Reducing unnecessary administrative burden and rework is a chief concern. APs often use several digital systems at work and navigating these/remembering passwords is a challenge. Accessing IT that has not been installed/endorsed by the AP's organisation can be a blocker. Experienced APs can also work as Medical Examiners.

User needs

- ✓ to **complete the MCCD as quickly as possible** so that I can move onto working on my next task.
- ✓ to **complete the MCCD accurately first time** so I don't have to waste my time re-doing it causing delays to others.
- ✓ **a way to access the MCCD that I can remember**, so that it does not take a lot of time each time I try.
- ✓ **to be able to complete the MCCD from outside the office** as I regularly work from home, and this should not cause delays to registering the death.
- ✓ I need **help to correctly write then MCCD**, so that it does not get rejected and delay the informant from registering the death.
- ✓ **to know when I need to know when the MEO/ME needs me to review an MCCD**, so that I do not cause delays in the MCCD being sent to the registrar.

Important AP variations

Neonatology, specialist or consultant led services

The cause of death is often discussed/agreed amongst the clinical care team and a consultant or senior doctor completes the MCCD

Less experienced MCCD completers

In some settings, such as medical wards or hospices, the MCCD may be more often completed by junior doctors. Junior doctors receive little training in MCCD completion so seek advice from their senior colleagues and receive support from the MEOs/bereavement office during completion. Experienced doctors working in areas with lower mortality rates may also have less MCCD experience and need support

APs in private settings

May not have access to NHS systems or email credentials

Hospital-based APs

APs attend the bereavement office where the MCCD books are held, to complete the MCCD. MEOs/bereavement officers, provide support to all AP, but particularly for less experienced APs.

General Practitioners (GPs)

Often work part-time and may undertake some work at home. They are usually notified that an MCCD is needed by their reception team. Staff working patterns/absences and patients often being seen by only one doctor, or in some cases no doctor, can mean that there can be no one to act as AP. For anticipated deaths, practices mitigate potential delays by having another doctor see the patient in-person or remotely. If a patient dies whilst a doctor is away, some will come into their practice where the MCCD book is held, to complete the MCCD so there are no delays.



Medical Examiner (ME)

"I couldn't do without my MEOs, they are invaluable. They know the doctors and they mediate the questions from the informants."

Stages involved

Inform

Check

Record

Scrutiny

Issue

Register

MCCD frequency

Monthly to weekly

MCCD knowledge

Cause of death specific

Role summary

MEs are usually doctors in more senior roles, with 5 years' experience post-qualification. They may simultaneously hold a clinical position as a GP or hospital AP. Their role as an ME is to independently decide the causes of death of those who died in the hospital or the community and compare this to what the AP has proposed. This process is called "scrutinising". This is key in facilitating the completion of accurate MCCDs; improving patient safety and identifying malpractice.

User needs

- ✓ **access to the patient notes** so that I can complete my scrutiny.
- ✓ **to write what I believe the cause of death is based on current medical knowledge** so that the death certificate can reflect the most accurate account of the patient's passing and the MCCD does not get rejected based on outdated restrictions.
- ✓ **to be confident that the MCCD sent to the registrar reflects what was agreed in scrutiny**, so I know that the right cause of death is being registered.
- ✓ **access to communicate with the AP who wrote the MCCD** so that I can clarify questions I may have.
- ✓ **to be able to access both writing the MCCD and viewing other MCCDs for scrutiny** so that I can fulfil both my roles, as ME and an AP.
- ✓ **to be able to identify what cases are the highest priority** so that I can complete the most urgent first.



Registrar

"some days it will be a whole day of death. Quite a lot of the challenge in that is getting the one appointment done, and then making sure all the paperwork is ready for the next"

Stages involved



MCCD frequency

Daily

MCCD knowledge

Non-medical expert

Role Summary

Based within a Local Registry Service (LRS). Registrars receive an MCCD in advance direct from the MEO, or at the time of the death registration appointment directly from the informant. They check the MCCD for any errors, omissions or unacceptable responses which would prevent the death from being registered. If they encounter any issues, they will contact the MEO and return the MCCD to the AP for amendments. Once the MCCD is acceptable, they can work with the informant to register the death.

User needs

- ✓ **to receive an MCCD** which has been completed fully and accurately so that there are no unnecessary delays in registering the death.
- ✓ **to receive the MCCD** as soon as possible so that I do not cause any delays to the process.
- ✓ **to be able to query and/or reject MCCDs** when there are errors or missing information, preventing death registration.
- ✓ **to be able to contact the relevant professionals involved in the death** so that any issues with the MCCD can be resolved and the death can be registered timely.

Opportunities

- 💡 Receiving an MCCD digitally, prior to the death registration appointment, will allow registrars to identify any mistakes before the appointment.
- 💡 Reduce delays to death registration



Informant

"Trust me, there's a million things going on in your head, so you want things to be as succinct and clear as possible"

Stages involved

Inform

Check

Record

Scrutiny

Issue

Register

MCCD frequency

Once to a few times a lifetime

MCCD knowledge

None

Role summary

The informant is the individual responsible for registering a death. They are usually a close relative or friend of the deceased. In some cases, individuals may have registered a death before, for others, it is a new experience. Informants may receive advice from health professionals, administrative staff, funeral directors, religious associations and family/friends about what to do. Often when informants are given the MCCD, they will read this before attending the registry office. Whether the death was expected or unexpected, during this period of acute grief, processing the situation and what needs to be organised is all consuming and those in this situation find it hard to take in information. At such times, having physical information is valued. When the deceased was of a particular faith or if relations are only available for a defined period, there may be increased urgency to complete registration and funeral.

User needs

- ✓ I need an opportunity to know the COD so that I understand what has happened and feel the COD reflects the truth
- ✓ I need clear, succinct information, about what I need to do, so that I can adequately process the information and understand what I need to do
- ✓ I need to be able to register the death in a time frame that allows me to observe any religious requirements or practical constraints, so that I can arrange an acceptable funeral