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DEVELOPING THE WORKFORCE

Education and training for
physicians in death certification

CRVS Development Series
August 2017



Target audience

Government policy-makers, in-country CRVS staff, CRVS partners, medical professionals and teaching institutions, health-related ethicists and legal experts, academic institutions.

Description

Concise and easily accessible, the CRVS development series form a lasting archive of synthesised evidence on topics related to CRVS systems and data strengthening. The content of this series is based on a combination of international standards and guidelines, Bloomberg Philanthropies Data for Health Initiative technical knowledge, country (and comparative country) experience, as well as the scientific literature. The series is intended to stimulate debate and ideas for in-country CRVS policy, planning, and capacity-building, and promote the adoption of best practice to strengthen CRVS systems world-wide.

Other products available from the Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies Data for Health Initiative:

Resources and tools

Capacity-building resources and tools are designed to assist countries improve their systems and to influence and align CRVS practice with established international or best practice standards. These resources, which are used extensively in Bloomberg Philanthropies Data for Health Initiative training courses, aim to both change practice and ensure countries benefit from such changes, by developing critical CRVS capacity among technical officers and ministries.

CRVS technical outcome series

The series focuses on filling a range of scientific knowledge gaps offering new tools, methods, findings and approaches for CRVS systems and data improvement. The series has a strong empirical focus, reporting on works in progress, particularly for large or complex technical initiatives, or on specific components of projects that may be of more immediate relevance to stakeholders.

CRVS country stories

CRVS country stories describe the capacity building experiences and successes of strengthening CRVS systems in partner countries. The series serves to describe the state of CRVS systems improvement in partner countries, lessons learnt, and provides a baseline for comparison over time and between countries.

CRVS roadmaps for action

Roadmaps for action present a succinct overview of the wide-spectrum of common issues and challenges in CRVS systems and provide a suggested way forward for countries. This series is intended to inform health system dialogue in and between countries and a range of development partners.

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Abbreviations

BD4H	Bloomberg Philanthropies Data for Health Initiative
COD	cause of death
CRVS	civil registration and vital statistics
MCCOD	medical certification of cause of death
WHO	World Health Organization

Purpose of this paper

This CRVS Development Series paper serves to fill a much-needed gap by proposing a Best Practice plan for both the timing and content of medical certification of cause of death education and training for physicians at three career stages.

This paper has been compiled by doctors and civil registration and vital statistics experts from the Bloomberg Philanthropies Data for Health Initiative that are experienced in the medical certification of cause of death capacity building field.

Key points

- High quality death certification is critically important for good quality national mortality statistics.
- Quality mortality statistics are drawn from cause of death (COD) data, and are key for governments and their partners to develop evidence-based health policy and planning to maximise a country's population health.
- Medically trained doctors, who are directed by domestic law and policy, are routinely utilised by governments to ensure accurate recording of COD information.
- Physicians must be able to record the underlying COD on a certificate that is aligned with the International Form of Medical Certificate of Cause of Death, developed by the World Health Organization (WHO).
- Medical certification of cause of death (MCCOD) education and training to improve correct death certification practices among physicians will be fundamental for countries seeking high-quality mortality statistics – yet very few physicians from around the world have received training on MCCOD.
- Notwithstanding the importance of the content and method of instruction, timing of MCCOD educational interventions is crucial.
- Increasingly, evidence shows that physicians require education and training on MCCOD at three career stages:
 - Stage 1 – pre-service (medical students)
 - Stage 2 – junior physicians and interns
 - Stage 3 – experienced practicing physicians
- The content and focus of the MCCOD education and training at each career stage will differ.
 - Stage 1 will focus on the principles of MCCOD in the context of vital statistics
 - Stage 2 will focus on hands-on experience filling in death certificates
 - Stage 3 will focus on refresher training on MCCOD rules and significance
- Ensuring that MCCOD is a priority area for practising physicians requires an element of advocacy with senior physicians, medical boards, primary health care accreditation bodies, private and public health agencies and institutes, as well as hospital administrators or managers. Tertiary institutions (medical schools) must advocate for the importance of MCCOD with its students.
- Part of this advocacy strategy should involve convincing public and private hospitals and other health care facilities to consider implementing quality reviews and systems of monitoring and assessment for death certificate completion.

Education and training for physicians in death certification

Summary of content

Why is it important to build capacity for medical certification of cause of death (MCCOD) among the medical community?

What is the best practice plan for MCCOD education and training?

- Stage 1 – pre-service (medical students)
- Stage 2 – medical interns and junior physicians
- Stage 3 – experienced practicing physicians

What is the role of advocacy in integrating MCCOD education and training into the professional development of physicians at key learning stages?

Why is it important to build capacity for medical certification of cause of death (MCCOD) among the medical community?

Reliable mortality data, which is drawn from quality cause of death (COD) information, is essential for countries and their partners to monitor the health of their populations, study disease distribution and emerging or neglected health problems, address health inequities, as well as develop evidence-based health policy initiatives and implement cost-effective public health programs.¹ Ideally, COD information is provided by a well-functioning civil registration and vital statistics (CRVS) system, where every death is registered and given a medically certified cause by a medical practitioner.

Worldwide, death certification is routinely conducted by trained medical doctors, supported by national policy and legal frameworks. The physician is often thus tasked – in the ordinary course of performing their professional duties – with recording the underlying COD on a certificate that is aligned with the World Health Organization (WHO) International Form of Medical Certificate of Cause of Death (often referred to as the ‘medical death certificate’) (see **Annex 1**). To correctly fill in the medical certificate, the physician must identify the disease directly causing the death, and then trace the sequence of events back to the underlying COD. The physician must also enter other diseases contributing to the death in the death certificate form.

However, very few physicians have received MCCOD training. This is the case in low-, middle- and high-income countries alike. MCCOD education and training to improve correct

¹ Phillips DE, AbouZahr C, Lopez AD, Mikkelsen L, de Savigny D, Lozano R, Wilmoth J, Setel PW. Are well functioning civil registration and vital statistics systems associated with better health outcomes? *The Lancet*. 2015;386:1386-1394.

death certification practices among physicians will be fundamental for countries seeking high-quality mortality statistics.² These statistics will not only be crucial for countries monitoring progress of national health goals, but country achievement of goals and targets under the global Sustainable Development Goal (SDG) agenda (Agenda 2030).³

What is the best practice plan for MCCOD education and training?

Studies show that interactive workshops are the most effective way to teach death certification to physicians at any stage of their career.^{3,4} For community or remote area physicians in hard-to-reach areas, however, methods like interactive training websites, online study tools, videos, and printed materials may be the best options.

Regardless of how the MCCOD education and training is offered, ensuring that it is offered at key learning points in a physician's career will be pivotal.

The recommended timing for MCCOD training curriculum is:

- Stage 1 – Medical students
- Stage 2 – Junior physicians and interns
- Stage 3 – Practising physicians/clinicians

Education on the principles of death certification and the importance for public health, and later instruction on how to complete a death certificate alongside options for refresher training, should be provided as distinctive phases for medical students, interns, and practicing physicians.

Improvements in death certification will be underpinned by the medical community's understanding of the importance of this task and the obligation physicians have towards their patients for recording their deaths correctly. Throughout the MCCOD capacity-building process, statements like *"We owe it to the dead to record their passing with accuracy"* should be used to remind physicians of their responsibility.

The three stages are summarised in a proposed plan for a MCCOD training curriculum as follows. These three stages have been consolidated and compiled by physicians and CRVS experts from the *Bloomberg Philanthropies Data for Health Initiative* that are experienced in the MCCOD capacity building field, complemented by a review of the scientific literature on MCCOD education and training.

² Pillay-van Wyk V, Bradshaw D, Groenewald P, Laubscher R. Improving the quality of medical certification of cause of death: The time is now! *South African Medical Journal*. 2011;101(9):626.

³ Sankoh O, Byass P, on behalf of INDEPTH Network and Partners. New INDEPTH strategy for the SDGs using robust population data. *The Lancet*. 2017;e648.

³ Walker S, Rampatige R, Wainiqolo I, Aumua A. An accessible method for teaching doctors about death certification. *Health Information Management Journal*. 2012;41(1):4-10.

⁴ Aung E, Rao C, Walker S. teaching cause-of-death certification: lessons from international experience. *Postgraduate Medical Journal*. 2010;86(1013):143-152.



Stage 1 – Curriculum for medical students

The simplest and most sustainable way to train these young doctors is to add a learning module on the importance of COD certification in the medical curriculum. This knowledge can then be tested through examination questions. Students should understand that they are not only responsible for caring for living patients, but that they have both ethical *and* legal obligations to accurately record what their patients die from.

MCCOD principles must also be put into the context of vital statistics and population health information for policy and planning for governments. Indeed, while MCCOD is often taught under the category of forensic medicine, it is best-placed to be framed as a public health or community medicine issue. MCCOD principles can also be framed in the context of the contribution of vital statistics data for country achievement of the SDGs, thus aligning the importance of vital statistics with the content usually found in global health and development policy and practice subjects offered to medical students.



Recommendation 1: Frame accurate COD reporting as an essential medical duty that contributes to an important overarching public health imperative.

Accurate MCCOD reporting is framed by educators as an essential duty that forms part of the future physician's professional role – a role that will directly impact and shape national health policy, and contribute to the monitoring and evaluation of global health and development goal achievement by countries.

Activity example: Simple age and sex-specific mortality data by disease in a given country is displayed to medical students. Encourage these students to reflect upon where the data came from, what it shows, its utility, and whether or not the data is of a high scientific quality and can be trusted as accurate and reliable.



Recommendation 2: Highlight how medical students (as future physicians) will be responsible for contributing to health information systems through accurate MCCOD reporting.

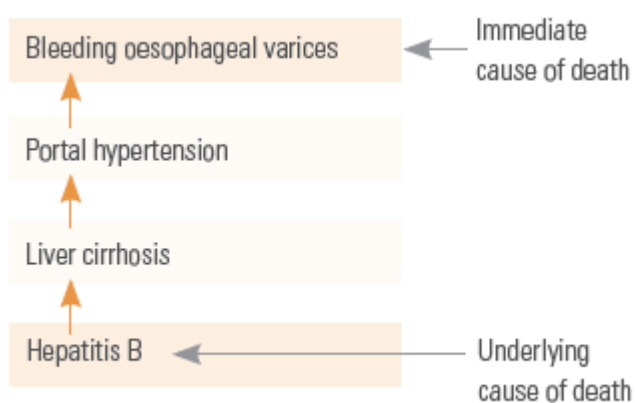
Educators need to emphasise that accurate death certificates ensure that a country's vital statistics data on COD are reliable, and thus provide health policy-makers with population-level mortality data they can use. Medical students should know that they will be responsible, as future physicians, for contributing to information systems with the most basic piece of public health data.

Activity example: Use case studies⁵ to highlight the importance of correctly identifying and certifying the underlying COD on medical certificates, and the implications this has on public health priorities.

Example case study

A 50-year-old woman was admitted to the hospital vomiting blood and was diagnosed as having bleeding oesophageal varices. Investigation revealed portal hypertension. The woman had a history of hepatitis B infection. Three days later, she died. The figure below outlines the sequence/chain of events that led to her death.

It is extremely important that the underlying cause of each death is correctly determined and accurately recorded. In this case, bleeding oesophageal varices was the immediate COD. **Hepatitis B was the underlying COD.** Knowing this, the public health response is to implement immunisation programs against hepatitis B virus to prevent such deaths in future.



Recommendation 3: Identify and discuss other uses for medical certificates

Educators should encourage medical students to consider other important uses for medical death certificates, especially for surviving family members of the deceased, and for society more broadly.

Activity example: Identify with students how the content of medical certificates can support next-of-kin access to health care services, benefits, and entitlements related to the social determinants of health.

⁵ A number of case studies are provided in the following resource: University of Melbourne. *Handbook for doctors on cause of death certification*. 2017. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.



Recommendation 4: Examine a medical death certificate example

From this broad understanding of the utility of the medical death certificate, educators can then focus on the certificate itself. Educators can begin by discussing the International Form of Medical Certificate of Cause of Death in general terms (this certificate was developed by the WHO to facilitate the correct national and international reporting of ICD-coded cause of death data). Educators must explain the structure and logic of the two parts of the certificate that require the certifier to first detail the sequence of events leading to death, and then list the contributory causes.

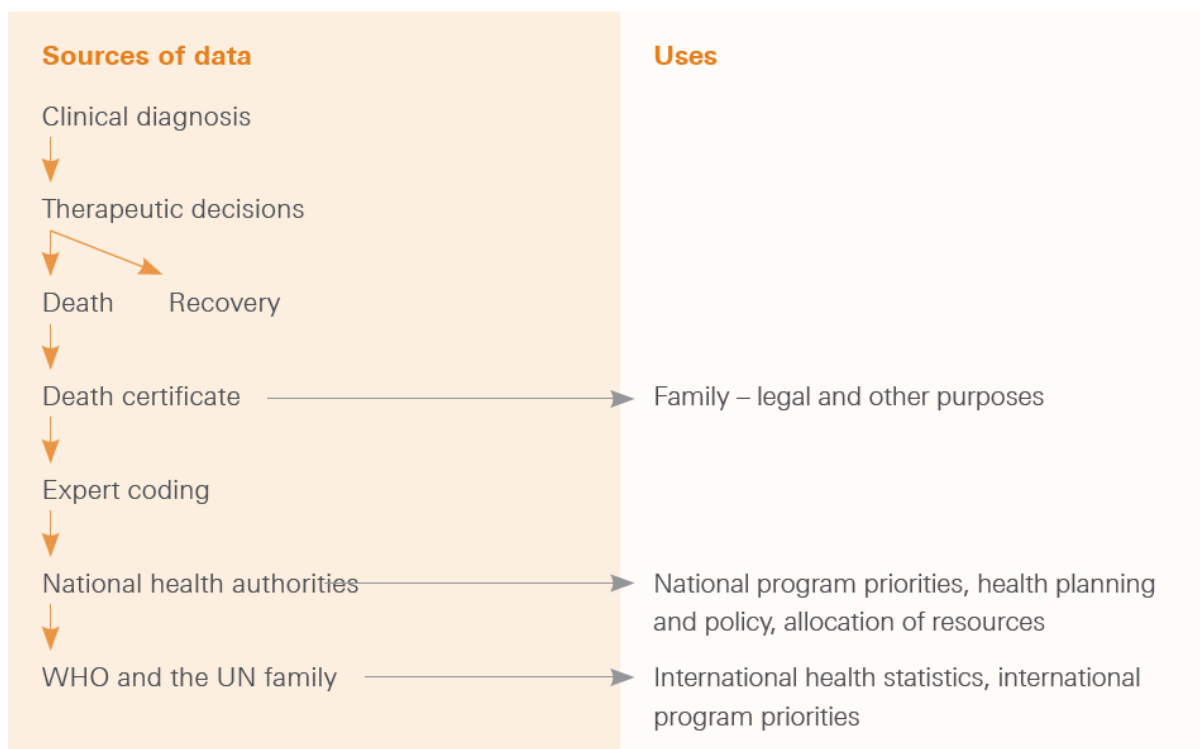
Activity example: Several mock patient death scenarios can be provided to students, who are then tasked with completing the medical death certificate. A small research project involving a group of medical students from the Fiji School of Medicine observed that students who used a WHO-developed web-based training tool were able to complete medical death certificates with improved accuracy according to best practice.



Recommendation 5: Conclude by reiterating that the MCCOD is both a statistical and diagnostic system

Educators can conclude by emphasising that MCCOD is both a statistical and diagnostic tool. It acts as a cornerstone of the health information system and at the same time provides essential knowledge for clinical care and treatment of patients.

Activity example: For medical students to discuss the figure below -





Stage 2 - Curriculum for medical interns or junior physicians

It is ideal to begin Stage 2 MCCOD education when medical interns first begin their residencies.⁶ This is the time to translate the formative education into hands-on experience, by learning the rules around certification, as well as how to fill in medical death certificates. This is assuming that interns focused more on MCCOD theory (as opposed to practical experience in cause of death recording) during medical schools.

Short, practical training on MCCOD for interns is preferable. Effective, time-efficient methods of instruction on MCCOD must be carefully slotted into interns' schedules, particularly given the array of demands placed on them.



Recommendation 1: Reiterate to interns the concepts from Stage 1 education and training

Briefly summarise and reiterate the concepts from Stage 1 training: Accurate COD reporting as an essential medical duty (ethically and legally) that contributes to an important overarching public health imperative



Recommendation 2: Teach interns how to complete a medical death certificate, step-by-step

Educators can begin by discussing the International Form of Medical Certificate of Cause of Death in general terms. Educators must explain the structure and logic of the two parts of the certificate that require the certifier to detail the sequence of events leading to death, and then list the contributory causes.

Activity example: Provide examples of incorrectly completed medical death certificates⁷ to interns, and task them with reviewing the certificates, correcting the errors, and discussing potential implications of the errors. Interactive feedback and discussion with interns and junior physicians will be crucial.

⁶ Pandya H, Bose N, Shah R, Chaudhury N, Phatak A. Educational intervention to improve death certification at a teaching hospital. *National Medical Journal of India*. 2009;22(6):317-319.

⁷ Examples of incorrectly completed medical death certificates are provided in the following resource: University of Melbourne. *Assessing the quality of death certification*. 2017. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.

Examples of incorrectly completed medical death certificates

Two causes recorded in line 1a

Frame A: Medical data: Part 1 and 2				
1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line		Cause of death	Time interval from onset to death	
		a	<i>Cardiovascular bleed and community acquired pneumonia</i>	<i>unknown</i>
		b	Due to:	
		c	Due to:	
d	Due to:			
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)				

Line 1b is blank

Frame A: Medical data: Part 1 and 2				
1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line		Cause of death	Time interval from onset to death	
		a	<i>Cardiogenic shock</i>	
		b	Due to:	
		c	<i>Acute coronary syndrome, cannot rule out pulmonary embolism</i>	
d	Due to:			
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)				



Stage 3 - Curriculum for experienced practicing physicians

All clinical interns practice under a senior clinician, who is responsible for signing off on the intern's training. This means that interns and junior physicians have incentive to follow their senior clinicians' instructions. Thus, if senior physicians understand what MCCOD is and why it is important that deaths are certified correctly, they will in turn likely urge their juniors to complete medical death certificates correctly. Of course, improving the quality of death certification requires that experienced physicians have the necessary skills and expertise, and also that they fully understand the importance of correct certification for public health purposes.⁸



Recommendation 1: Provide a refresher course for experienced physicians on accurate MCCOD

A short-course on MCCOD would preferably be integrated into the continuing professional development (CPD)-accredited training which doctors obtain through Continuing Medical Education so as to retain their medical licence.

Activity example: Several mock patient death scenarios can be provided to experienced physicians, who are then tasked with completing the death certificate. Interactive feedback and discussion with the physicians will be crucial.

⁸ Burger EH, Groenewald P, Rossouw A, Bradshaw D. Medical certification of death in South Africa – moving forward. *South African Medical Journal*. 2015;105(1):27-30.

Summary table

Table 1 identifies the areas of emphasis for MCCOD training content for each stage of education.

Table 1. Emphasis of course components by target audience.

	Stage 1 Medical students	Stage 2 Junior physicians / interns	Stage 3 Practicing physicians
Uses of underlying COD data for public health	+++	++	+
Principles of death certification	+++	++	+
Certification rules and guidelines	++	+++	+
Practical experience (completing certificates)	+	+++	++
Training strategies for physicians in hospitals	-	-	++
Quality assurance and monitoring	-	-	++

Source: Adapted from - University of Melbourne. *Improving the quality of cause of death data in hospitals. CRVS technical outcome series*. 2017. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.

What is the role of advocacy in integrating MCCOD education and training into the professional development of physicians at key learning stages?

Ensuring that MCCOD is a priority area for practicing physicians requires an element of advocacy with senior physicians, medical boards, primary health care accreditation bodies, private and public health agencies and institutes, as well as hospital administrators or managers, among others. Advocacy must also extend to key leaders in medical departments and institutes in university environments worldwide. Face-to-face meetings to advocate for MCCOD are always preferable in the first instance.

Advocacy must not only be directed to facilitate individual medical student and physician MCCOD capacity-building and up-skilling, but also directed at the systems-level to progress policy and planning change for inclusion of MCCOD education and training at the three stages in a physician's professional journey, which are identified in this *CRVS Development Series* paper.

Part of this advocacy strategy should involve convincing public and private hospitals and other health care facilities to consider implementing quality reviews and systems of monitoring and assessment for death certificate completion.⁹ Ways that quality can be reviewed may be via clinical audit committees, which would oversee the quality of clinical records and MCCOD practices. Such a committee would be responsible for setting training requirements in MCCOD, auditing clinical records and death certificates (and ensuring that these are in-line with international best practice), and reporting and disseminating results from the audit process. The committee may also be able to suggest and develop training plans for physicians around observed problem areas as part of physicians' continuing medical education.

⁹ Weeramanthri T, Beresford W, Sathianathan V. An evaluation of an educational intervention to improve death certification practice. *Australian Clinical Review*. 1993;43(12):185-190.

Bloomberg Philanthropies Data for Health Initiative also run courses on MCCOD training:

For more information please contact: CRVS-info@unimelb.edu.au

Related resources and products from the Bloomberg Philanthropies Data for Health Initiative:

- University of Melbourne. *Doctors need ongoing education and training death certification. CRVS roadmaps for action*. 2017. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.
- University of Melbourne. *Improving the quality of cause of death data in hospitals. CRVS technical outcome series*. 2017. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.
- University of Melbourne. *Handbook for doctors on cause of death certification*. 2017. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.
- University of Melbourne. *Medical certification of cause of death [Summary Flyer]*. 2016. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.
- University of Melbourne. *Medical certification of cause of death. Quick reference guide*. 2016. Civil Registration and Vital Statistics Improvement Group, Bloomberg Philanthropies, Data for Health Initiative: Melbourne, Australia.

Recommended further reading:

- Selinger CP, Ellis RA, Harrington MG. A good death certificate: improved performance by simple educational measures. *Postgraduate Medical Journal*. 2007;83(978):285-6.
- Villar J, Pérez-Méndez L. Evaluating an educational intervention to improve the accuracy of death certification among trainees from various specialties. *BMC Health Services Research*. 2007;7:183.
- Keirns CC, Carr BG. From the emergency department to vital statistics: cause of death uncertain. *Academic Emergency Medicine*. 2008;15(8):768-75.

Annex 1.

International Form of the Medical Certificate of Cause of Death, i.e. the WHO 2016 medical certificate

Administrative Data (can be further specified by country)																	
Sex	<input type="checkbox"/> Female				<input type="checkbox"/> Male				<input type="checkbox"/> Unknown								
Date of birth	D	D	M	M	Y	Y	Y	Y	Date of death	D	D	M	M	Y	Y	Y	Y
Frame A: Medical data: Parts 1 and 2																	
1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line					Cause of death				Time interval from onset of death								
	a																
	b				Due to:												
	c				Due to:												
d				Due to:													
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)																	

Continued on following page.

Frame B: Other medical data														
Was surgery performed within the last 4 weeks?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown					
If yes please specify date of surgery					D	D	M	M	Y	Y	Y	Y		
If yes please specify reason for surgery (disease or condition)														
Was an autopsy required?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown					
If yes were the findings used in the certification?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown					
Manner of death:														
<input type="checkbox"/> Disease				<input type="checkbox"/> Assault				<input type="checkbox"/> Could not be determined						
<input type="checkbox"/> Accident				<input type="checkbox"/> Legal intervention				<input type="checkbox"/> Pending investigation						
<input type="checkbox"/> Intentional self-harm				<input type="checkbox"/> War				<input type="checkbox"/> Unknown						
If external cause or poisoning:				Date of injury			D	D	M	M	Y	Y	Y	Y
Please describe how external cause occurred (if poisoning please specify poisoning agent)														
Place of occurrence of the external cause:														
<input type="checkbox"/> At home		<input type="checkbox"/> Residential institution		<input type="checkbox"/> School, other institution, public administrative area			<input type="checkbox"/> Sports and athletics area							
<input type="checkbox"/> Street and highway		<input type="checkbox"/> Trade and service area		<input type="checkbox"/> Industrial and construction area			<input type="checkbox"/> Farm							
<input type="checkbox"/> Other place (please specify):							<input type="checkbox"/> Unknown							
Foetal or infant death														
Multiple pregnancy				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown						
Stillborn?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown						
If death within 24h specify number of hours survived						Birth weight (in grams)								
Number of completed weeks of pregnancy						Age of mother (years)								
If death was perinatal, please state conditions of mother that affected the foetus and newborn														
For women, was the deceased pregnant?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown					
At time of death					<input type="checkbox"/> Within 42 days before the death									
Between 43 days up to 1 year before death					<input type="checkbox"/> Unknown									
Did the pregnancy contribute to the death?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown					

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