Article

Death certification reform, England and Wales: 2025

Assessment of data quality for death registrations since death certification reform. Includes analysis of certification type, time taken to register death and cause of death data.

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Correction

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We have identified a labelling error in the 2025 edition of this article. The error was in Table 1, which displays the top five ICD-10 code blocks for the most common ill-defined causes of death. In row 1 we used the label ICD-10 code R68.8 (Other specified general signs and symptoms), when we should have used R68 (Other general symptoms and signs). The figures in the table remain unchanged and have a negligible impact on the interpretation of this data, as almost all deaths with an underlying cause within the R68 block were R68.8. This has occurred because of human error when formatting the table.

We have improved our quality assurance process and consistency checks to prevent similar errors in future. We apologise for this error.

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1 . Main points

- The majority of the 570,988 deaths registered in England and Wales in 2025 remained certified by a doctor (81.7% of total deaths), however there was a 13.3% decrease in deaths certified by a coroner without inquest compared with 2023 – the last full year of data before death certification reform (DCR); this suggests there were more appropriate referrals to the coroner since DCR.

- There has been a near-complete reduction in Unknown or Uncertified deaths from 13,676 (2.4% of total deaths registered) registered in 2023 to 4 (less than 0.1% of total deaths registered) in 2025; it is expected that this change will improve data quality by ensuring these deaths follow the most appropriate certification route.

- While the overall median time to register deaths certified by a doctor increased in England and Wales from six days in 2023 to eight days in 2025, this change to timeliness is not considered sufficient to materially affect the accuracy, interpretation, or reliability of our current death registration statistics.

- In 2025, line 1d on the medical certificate of cause of death (MCCD) was used in 1.1% of deaths in England and 2.3% of deaths in Wales, following its introduction to improve the recording of the sequence of conditions leading to death.

- Over three-quarters (75.6%) of ill-defined deaths registered in England and Wales in 2025 were among those aged 80 years and over, reinforcing the importance of age as an indicator of ill-defined deaths and reflecting circumstances where old age may be reported alone on the MCCD.

- There is limited evidence from death registrations of change in the quality of cause of death data; although specific measures indicate improvement, death registrations analysis may not fully capture the impact of medical examiner scrutiny across the breadth and complexity of causal sequences reported.

2 . Death certification reform

Death certification reform (DCR) was implemented in England and Wales on 9 September 2024. Led by the Department of Health and Social Care (DHSC), the reforms had four main aims:

- provide greater safeguards for the public through independent scrutiny of all non-coronial deaths
- improve support for bereaved people and provide an opportunity for them to raise concerns with someone not involved in caring for the deceased
- ensure the appropriate referral of deaths to the coroner
- improve the quality of death certification and mortality data

Changes included (but were not limited to):

- the introduction of a statutory medical examiner (ME) system, where all non-coronial deaths must undergo independent review by a medical examiner before registration
- the introduction of a ME medical certificate of cause of death (MCCD)
- the requirement that a death must be registered by the informant within five days of the registrar receiving the completed MCCD from the ME, rather than five days from the date of death

Additionally, there were changes to the MCCD covering:

- the addition of line 1d in Part 1 of the cause of death section
- the addition of ethnicity of the deceased, as self-declared by the patient on their medical record
- additional questions about whether the deceased was pregnant, and whether the pregnancy contributed to the death

Although DCR applies across both England and Wales, there are differences in how the statutory ME system operates in each country. Wales operates a nationally coordinated centralised All Wales Medical Examiner Service, whereas England operates through multiple local medical examiner offices. These different organisational models may influence implementation, operational processes and local arrangements, meaning that direct comparisons should be interpreted with appropriate caution.

Further information on DCR changes and the role of a medical examiner can be found in our Death Certification Reform, England and Wales: 9 September 2024 to 30 June 2025 article and Section 8 of our User guide to mortality statistics.

Assessing the quality of mortality data

Since DCR implementation, mortality data have been monitored to assess changes to existing trends and statistical quality. Further information about the aims of DCR and changes implemented are available in Section 8: Data sources and quality.

In this article we assess the quality of mortality data for understanding and interpreting statistics, considering the implementation of DCR.

Our analysis compares deaths registered in 2025, the first full calendar year of mortality data since the reforms, with 2023 and 2024 registrations. Three themes are assessed for changes in statistical quality:

- certification type
- time taken to register death
- cause of death

Separate publications assess the quality of new data fields on:

- ethnicity of the deceased
- pregnancy status of the deceased

This article does not evaluate policy outcomes for DCR, the effectiveness or quality of the medical examiner service, or the impact of DCR on the bereaved.

The National Medical Examiner publishes an annual report setting out how the National Medical Examiner, medical examiners and attending medical practitioners have exercised their functions under the Medical Certificate of Cause of Death Regulations 2024.

NIHR BRACE Rapid Evaluation Centre at the University of Birmingham are producing a full evaluation of DCR, due to conclude in December 2026.

The figures in this article are based on the date a death was registered, which is usually later than the date it occurred. The number of days between a death happening and it being registered will be longer for deaths that are referred to the coroner. Further information is available in Section 8: Data sources and quality.

3 . Certification type

In 2025, there were 570,988 deaths registered in England and Wales, of which:

- 81.7% were certified by a doctor and were scrutinised by a medical examiner (ME) under the statutory ME system
- 17.2% were certified by a coroner
- 1.1% were certified by a medical examiner
- less than 0.1% were uncertified or unknown

Provisional 2026 registrations (for deaths registered up to 28 August 2026) show a similar pattern in certification types in England and Wales.

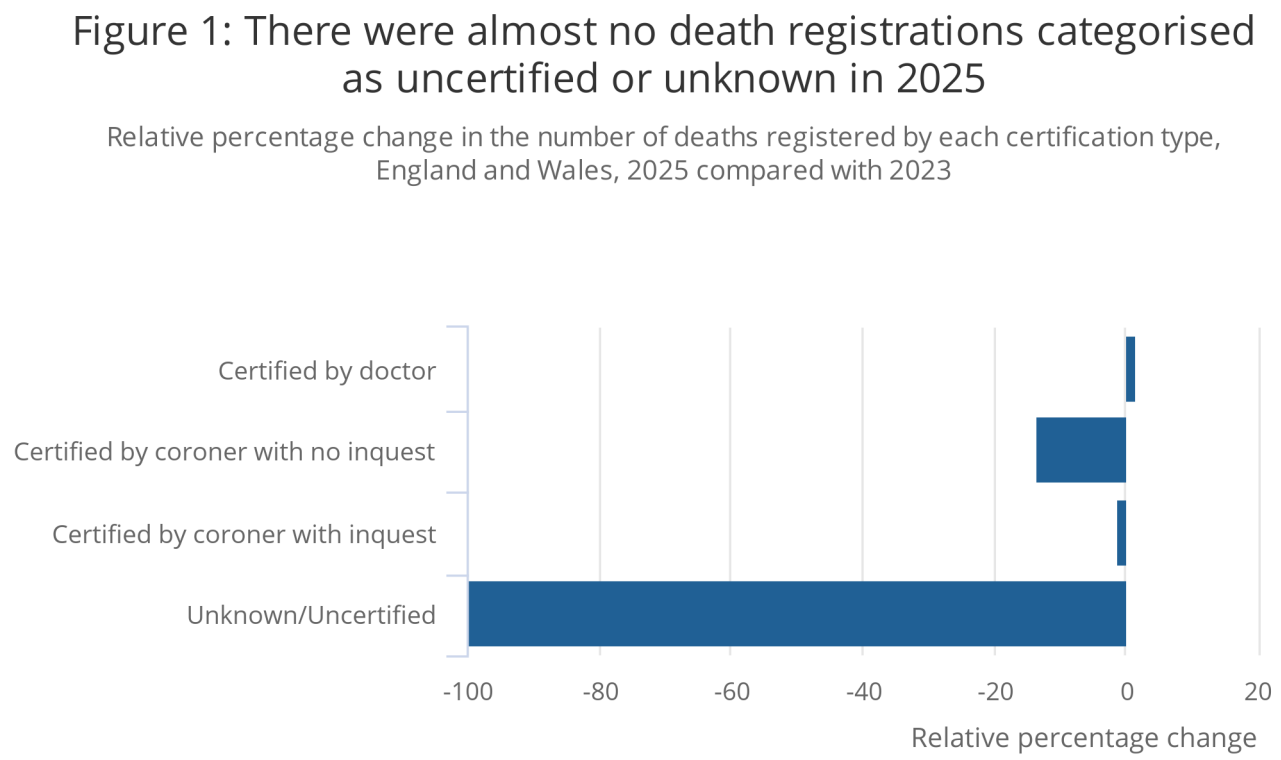
Although the number of deaths certified by a doctor in England and Wales increased by 1.5% (6,705 more deaths) between 2023 and 2025, deaths certified by a coroner decreased by 8.9% (9,549 fewer deaths) in the same period. This decrease was largely because of a fall in deaths certified by a coroner without inquest.

This trend is supported by the Ministry of Justice's (MOJ's) Coroner Statistics 2025, which reported that the number of deaths reported to coroners decreased to its lowest level since the annual time series began in 1995. Of these deaths, almost a quarter (24%) went to inquest in 2025, the highest proportion since 1995. These trends reflect more appropriate referrals to the coroner since the introduction of a statutory medical examiner system in 2024.

The number of uncertified or unknown deaths registered in England and Wales has decreased by over 99.9%, from 13,676 deaths in 2023 to 4 deaths in 2025. This decrease can be explained by death certification reform (DCR) expanding the eligibility of attending practitioners and introducing ME certification as a new certification type. Deaths certified by an ME accounted for 1,402 deaths registered in 2024 and 6,141 deaths registered in 2025, in England and Wales.

Figure 1: There were almost no death registrations categorised as uncertified or unknown in 2025

Relative percentage change in the number of deaths registered by each certification type, England and Wales, 2025 compared with 2023



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Based on deaths registered in each calendar year.
2. Figures include deaths of non-residents.
3. Before death certification reform (DCR) in 2024, it was not possible for deaths to be certified by a medical examiner and therefore these data are not present in this chart; in 2025, 6,141 deaths were certified by a medical examiner (1.1% of all deaths registered).

Patterns in certification type by country

ME certification was introduced on 9 September 2024. In England, 1,387 deaths were certified by an ME in the final four months of 2024 (0.3% of total deaths registered), compared with 6,034 registered in the full calendar year of 2025 (1.1%).

Provisional 2026 data (for deaths registered up to 28 August 2026) indicate a continued use of this certification type, with 4,490 (1.2%) registered. In Wales, the number of ME-certified deaths increased from 10 (less than 0.1% of all deaths) in the final four months of 2024 to 70 (0.2%) in 2025, with 23 deaths registered so far in 2026.

In England, the proportion of deaths certified by a coroner with inquest remained stable between 2023 and 2025, both accounting for 6.9% of deaths registered (37,585 and 36,626 deaths, respectively). A similar proportion (6.8%) has been reported in provisional 2026 registrations (for deaths registered up to 28 August 2026).

However, in Wales the proportion of deaths certified by a coroner with inquest increased from 6.2% in 2023 to 7.5% in 2025 (2,218 and 2,673 deaths, respectively). Provisional 2026 data appear to continue this upward trend, with this group accounting for 7.8% of all deaths registered up to 28 August 2026.

The proportion of deaths certified by a coroner without an inquest in England decreased from 11.6% (63,140) in 2023 to 10.2% (54,282) in 2025. This decreasing trend appears to continue in provisional 2026 data, with this certification type accounting for 9.9% (35,636) of deaths registered in England up to 28 August 2026. However, in Wales the proportion of deaths certified by a coroner without an inquest fluctuated between 12.3% in 2023, 11.9% in 2025 and 13.3% (provisional 2026 data).

From a statistical perspective, the almost complete reduction in uncertified deaths should improve data quality by ensuring the most appropriate certification route is followed to accurately record causes of death. The reduction in unnecessary referrals to the coroner may have also have a positive effect on the timeliness of registration data for these deaths, although the overall average time to register across all deaths is complex (more information is available in Section 4: Time taken to register death).

4 . Time taken to register death

We routinely assess timeliness as a dimension of data quality, which can affect data completeness and planned publication of statistics. Since death certification reform (DCR), deaths must now be registered by the informant within five days of the registrar receiving the completed medical certificate of cause of death (MCCD) from the medical examiner (ME), rather than five days from the date of death.

Alongside the steps required for death registration, it is accepted that MEs will take time to complete their work and fulfil their duties under the new legislation. For ME certification, an ME can only certify a death once a coroner has completed preliminary inquiries and decided there is no duty to investigate. This process can also increase the time taken to register these deaths.

Time taken to register death by week in England and Wales

In both England and Wales, the median time taken to register doctor certified deaths (between date of death and date of registration) increased following the introduction of DCR, peaking at 10 days in England and 14 days in Wales in January 2025.

Winter periods typically see longer time taken to register deaths, and the DCR process was still new in January 2025. Looking at the same period in 2026, the median time taken to register deaths peaked at 9 days in England and 11 days in Wales, a decrease across both countries. This decrease has continued throughout 2026. In the week ending 28 August (week 35), the median time to register deaths was 7 days in England and 9 days in Wales.

Figure 2: The median time to register deaths in England and Wales remains slightly above levels seen before death certification reform (DCR)

Median time taken to register deaths certified by a doctor (days), England and Wales, weekly, between 1 January 2023 and 28 August 2026

Notes:

1. Based on deaths registered between 1 January 2023 and 28 August 2026. Data from 1 January to 28 August 2026 are provisional.

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Since DCR implementation, in addition to date of death and date of registration, we also receive information on the date that the:

- attending practitioner (AP) signed the MCCD (date of issue)
- ME authorised the MCCD (ME authorisation date)
- registrar received the MCCD

Variations in local practice in ME offices can affect the sequence of these dates. In some cases, the process is sequential, where the AP submits a draft MCCD that may be returned for corrections before the ME authorises the MCCD as complete and sends the MCCD to the registrar. In other cases, the AP and ME will agree a formulation of the cause of death before the MCCD is completed by the AP and then authorised by the ME.

These additional variables allow us to assess the total time taken between date of death and date of registration, for doctor-certified deaths, in two parts:

1. Medical certification: the days between the date of death and the date the registrar received the MCCD.

In many cases the date the registrar received the MCCD will be the same day as the ME authorisation date.

2. Registration: the days between the date the registrar received the MCCD and the date of registration.

This registration time period reflects the updated five-day requirement to register the death since DCR.

Once the ME scrutiny of doctor certified deaths has been completed and the MCCD has been received by the registrar, the median time taken to register was two days in England, and one day in Wales, in 2025 (Figure 3).

Figure 3: The median time between the date the medical certificate of cause of death (MCCD) is received by the registrar and registration date remains low for doctor certified deaths

Median, upper and lower quartile of days to register doctor certified deaths, by medical certification and registration parts of the process, England and Wales, 2025

Notes:

1. The median number of days between the death occurring and registration taking place will not necessarily equal the sum of the medians of each component which are calculated independently.
2. Deaths that fall at the median for one stage are not necessarily the same deaths that fall at the median for another stage.

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While total median registration times increased following the implementation of DCR, the change is not considered sufficient to materially affect the accuracy, interpretation, or reliability of our death registration statistics.

The impact on weekly mortality registration statistics is limited and is negligible for annual registration statistics. Exceptions may occur in specific circumstances, such as periods of higher mortality associated with pandemics or winter pressures.

Changes in the distribution of time taken to register a death

In both England and Wales, the percentage of doctor certified deaths registered within 7 and 14 days has decreased since the introduction of DCR (Figure 4). In England, 65.8% of deaths were registered within 7 days in 2023, compared with 49.7% in 2025. However, the percentage of deaths registered within 14 days are over 90% in both 2023 (93.5%) and 2025 (90.3%). Provisional 2026 data up to the week ending 28 August shows a slight decrease in the percentage of deaths registered within 7 days (48.9%). However, the percentage of deaths registered within 14 days increased slightly (90.8%).

In Wales, 65.8% of deaths were registered within 7 days in 2023, decreasing to 24.8% in 2025. The gap remained at 14 days, with 79.1% of deaths registered within the period, compared with 96.2% in 2023. Provisional 2026 data indicate an increase in both the percentage of deaths registered within 7 days (27.2%) and within 14 days (85.2%).

In both England and Wales, the percentage of deaths registered within 7 and 14 days for deaths certified by a medical examiner was lower than those certified by a doctor in 2025. In England, 73.2% of deaths certified by a medical examiner were registered within 14 days, and in Wales 54.3% of medical examiner certified deaths were registered within 14 days.

Figure 4: The proportion of deaths registered by a doctor within 14 days in England remains similar since death certification reform

Cumulative percentage of death registrations certified by a doctor, by time between death occurrence and registration, England and Wales, 2023, 2025 and 2026

Notes:

1. Based on deaths registered in each calendar year.
2. Data for 2026 covers the period 1 January to 28 August. These data are provisional and subject to revision.
3. Data from 2024 have not been included because death certification reform was implemented part way through the year.
4. Deaths with 35 or more days between occurrence and registration are grouped into the final category "35+".
5. The dashed vertical line marks 14 days since death occurrence.
6. Data for all years are shown in each panel, with the relevant year's series highlighted in colour to aid comparison of annual trends.

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In England, the percentage of deaths registered within 182 days (approximately six months) for deaths certified by a coroner, both with and without inquest, is largely unchanged. Of deaths certified by a coroner with inquest, 55.8% were registered within 182 days in 2025, compared with 53.6% in 2023. Of deaths certified by a coroner without inquest, 94.5% were registered within 182 days in 2025, compared with 95.0% in 2023.

In Wales, there was an increase in the percentage of deaths registered by a coroner with inquest within 182 days of death in 2025 (40.4%) compared with 2023 (23.0%). This trend continues in 2026, with 51.4% of deaths registered by a coroner within 182 days of death, in the provisional data (up to the week ending 28 August).

Figure 5: The proportion of deaths registered by a coroner with inquest within six months in Wales has increased since death certification reform

Cumulative percentage of death registrations certified by a coroner, by time between death occurrence and registration, England and Wales, 2023, 2025 and 2026

Notes:

1. Based on deaths registered in each calendar year.

2. Data for 2026 covers the period 1 January to 28 August. These data are provisional and subject to revision.

3. Data from 2024 have not been included because death certification reform was implemented part way through the year.

4. Deaths with 728 or more days between occurrence and registration are grouped into a final category "728+ days".

5. The dashed vertical line marks 182 days (approximately six months) since death occurrence.

6. Data for all years are shown in each panel, with the relevant year's series highlighted in colour to aid comparison of annual trends.

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5 . Cause of death

The International Classification of Diseases 10th Edition (ICD-10) is used to code causes of death from certifiers text recorded on the medical certificate of cause of death (MCCD), and to determine the underlying cause of death in non-neonatal deaths.

Part 1 of the MCCD captures the chain of events leading to the death, with the underlying cause usually reported on the lowest completed line. Part 2 captures any associated conditions that contributed to the death but are not part of the causal sequence.

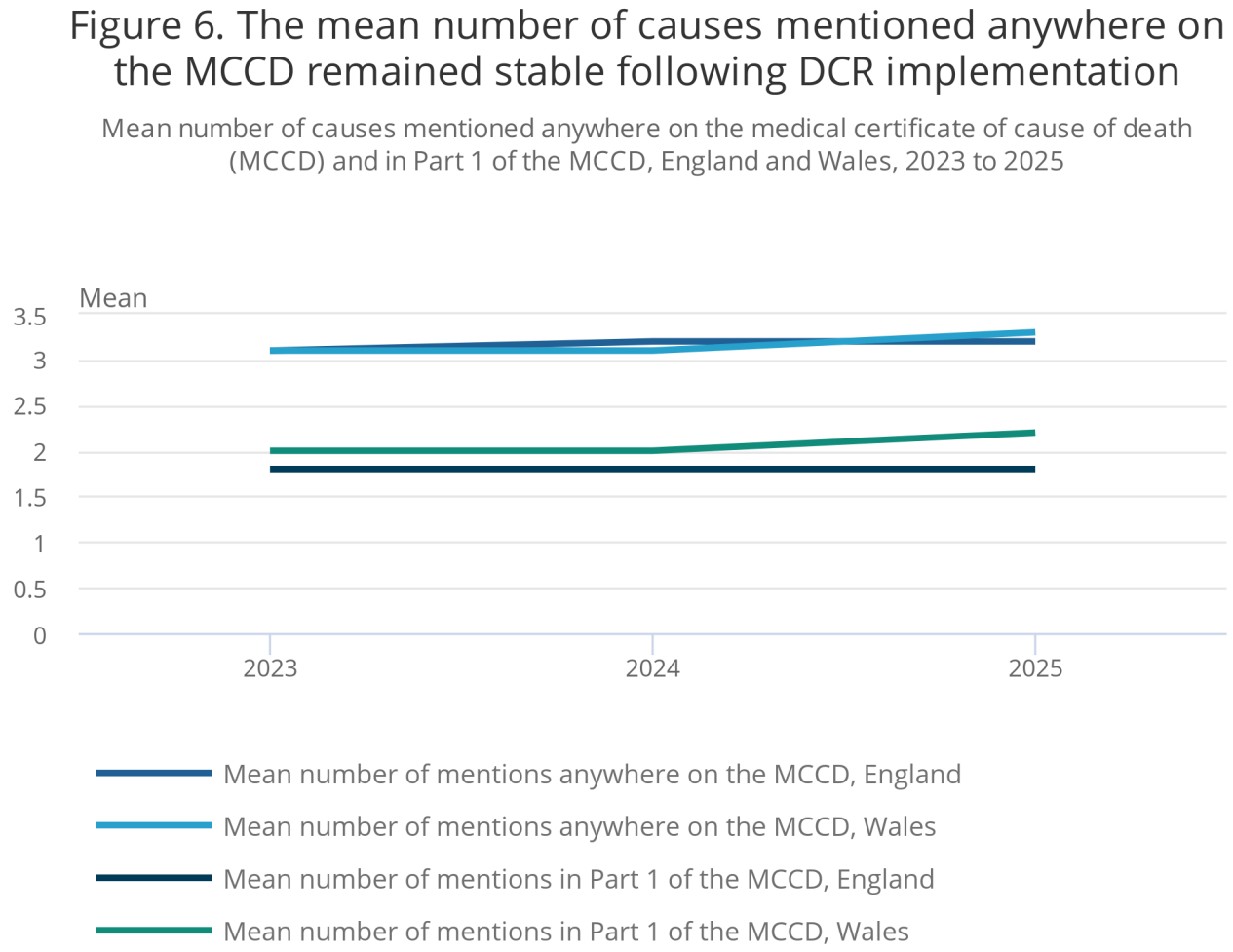
Cause of death has been examined using ICD-10 codes and their position reported on the MCCD for non-neonatal deaths. Analysis assesses whether the statutory medical examiner (ME) system and the addition of line 1d has changed data quality.

Number of causes mentioned on the death certificate

With the introduction of ME scrutiny, we may expect to see changes in the number of causes mentioned on the MCCD. However, the average number of causes mentioned remained broadly stable in both England and Wales. This is in line with advice from the Royal College of Pathologists who report that ME scrutiny can both add relevant conditions and remove unnecessary ones from any single MCCD, depending on the individual circumstances.

Figure 6. The mean number of causes mentioned anywhere on the MCCD remained stable following DCR implementation

Mean number of causes mentioned anywhere on the medical certificate of cause of death (MCCD) and in Part 1 of the MCCD, England and Wales, 2023 to 2025



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

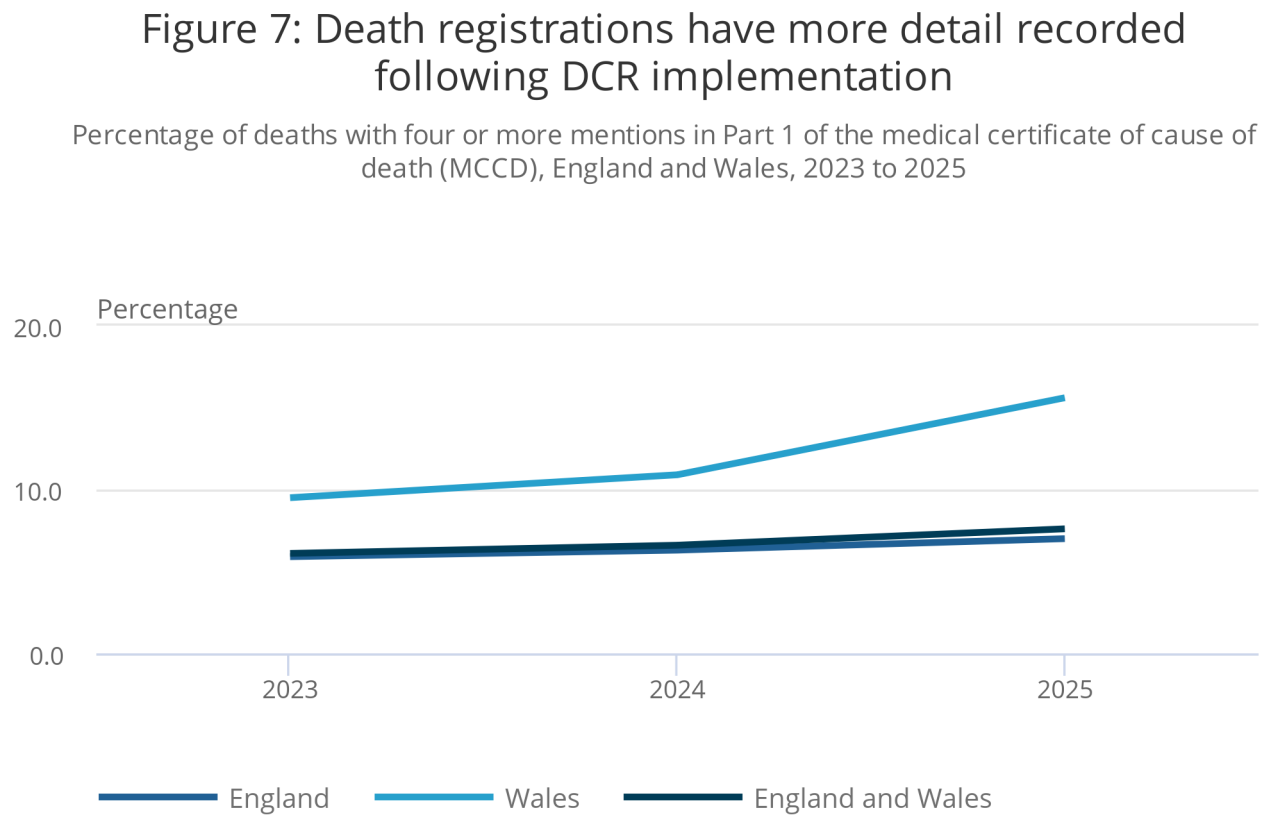
1. Death certification reform (DCR) was implemented on 9 September 2024.
2. Based on non-neonatal deaths.

A fourth line, line 1d, was added to Part 1 of the MCCD as part of death certification reform (DCR) to allow attending practitioners (APs) and MEs more space to record the sequence of causes leading to death. There must be a minimum of four conditions recorded in the Part 1 sequence to allow the use of line 1d. This requirement was met in 7.6% of all deaths in England and Wales (including non-residents) with a completed Part 1 in 2025, up from 6.1% in 2023. There has been a marked increase in the proportion of deaths in Wales with four or more Part 1 mentions, increasing from 9.5% to 15.6% over the same period (Figure 7).

However, in 2025, the new line 1d was only used in 1.1% of deaths in England and 2.3% of deaths in Wales.

Figure 7: Death registrations have more detail recorded following DCR implementation

Percentage of deaths with four or more mentions in Part 1 of the medical certificate of cause of death (MCCD), England and Wales, 2023 to 2025



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Death certification reform (DCR) was implemented on 9 September 2024.
2. Based on non-neonatal deaths.

Ill-defined causes of death

The World Health Organization (WHO) classifies a selection of ill-defined conditions (PDF, 866KB) for mortality analysis. These conditions include those in the ICD-10 chapter "Signs, symptoms and ill-defined conditions" and a selection of other terms that are either ill-defined or describe a mode of dying rather than a cause of death. See Section 8: Data sources and quality for the full list of ICD-10 codes.

The guidance for medical practitioners completing MCCDs was reviewed and updated as part of DCR. While it is sometimes necessary to use ill-defined conditions and terms, certification will ideally be more specific. As such, the guidance provided to medical practitioners completing death certificates advises certifiers to:

- avoid using "old age" alone as a cause of death (unless specific circumstances apply)
- never use "natural" causes alone
- avoid using "organ failure" alone
- avoid terminal events, modes of dying and other vague terms

One potential indicator of data quality is the proportion of deaths where the underlying cause is ill-defined. The proportion of deaths with an ill-defined underlying cause in England and Wales combined decreased slightly from 8.9% in 2023 to 8.6% in 2025. This decrease was greater for Wales, falling from 8.6% (3,087) to 7.5% (2,672), over the same period.

Deaths with an underlying cause of R68 (Other general symptoms and signs) consistently made up the largest proportion of ill-defined deaths across the 2023 to 2025 period, increasing from 23.1% (11,835) in 2023, to 30.4% (14,933) in 2025.

The proportion of ill-defined deaths with an underlying cause of R54 (Senility) decreased from 13.7% in 2023 to 5.9% in 2025.

Table 1: Other general symptoms and signs (R68) remains the most common ill-defined underlying cause in England and Wales

Top five ill-defined underlying causes of death in England and Wales, 2023 to 2025

Top 5 ranked ill-defined underlying causes	Percentage of all ill-defined deaths in 2023 (%)	Number of deaths in 2023	Percentage of all ill-defined deaths in 2024 (%)	Number of deaths in 2024	Percentage of all ill-defined deaths in 2025 (%)	Number of deaths in 2025
R68 [Other general symptoms and signs]	23.1	11,835	26.6	13,528	30.4	14,933
I50 [Heart failure]	16.8	8,648	18.2	9,261	18.7	9,184
C80 [Malignant neoplasm, without specification of site]	16.8	8,625	17.2	8,744	16.9	8,280
A41 [Other sepsis]	7.9	4,075	8.3	4,249	8.6	4,211
R54 [Senility]	13.7	7,057	9.5	4,856	5.9	2,902

Source: Deaths in England and Wales from the Office for National Statistics

Notes

1. Based on non-neonatal deaths.

Age is an important indicator of ill-defined deaths

ICD-10 codes R68.8 (Other specified general symptoms and signs) and R54 (Senility) are commonly assigned when the medical practitioner writes terms such as “old age”, “senility” or “frailty” on the MCCD. R68.8 may also be assigned for other specific terms that do not necessarily relate to old age, as they reflect a range of general symptoms or signs. The international coding rules (PDF, 1,033KB) for cause of death mean the exact phrasing and order of the certifier text will determine which ICD-10 code becomes the underlying cause.

The example in Table 2 shows that R68.8 becomes the underlying cause due to “frailty” being the first condition mentioned in Part 1.

Table 2: Certifier text and ICD-10 codes assigned for an underlying cause of death of R68.8
Example of a completed medical certificate of cause of death (MCCD) and assigned International Classification of Diseases (ICD-10) codes

Part of the medical certificate of cause of death (MCCD)	Conditions recorded on each line of the MCCD by the certifier	Assigned ICD-10 codes
Part 1, line 1a	Frailty of old age	R68.8, R54
Part 1, line 1b	[blank]	[blank]
Part 1, line 1c	[blank]	[blank]
Part 1, line 1d	[blank]	[blank]
Part 2	[blank]	[blank]

Source: Office for National Statistics

However, in Table 3, R54 becomes the underlying cause due to the term “old age” being the only condition recorded in Part 1.

Table 3: Certifier text and ICD-10 codes assigned for an underlying cause of death of R54
Example of a completed medical certificate of cause of death (MCCD) and assigned International Classification of Diseases (ICD-10) codes

Part of the medical certificate of cause of death (MCCD)	Conditions recorded on each line of the MCCD by the certifier	Assigned ICD-10 codes
Part 1, line 1a	Advanced old age	R54
Part 1, line 1b	[blank]	[blank]
Part 1, line 1c	[blank]	[blank]
Part 1, line 1d	[blank]	[blank]
Part 2	[blank]	[blank]

Source: Office for National Statistics

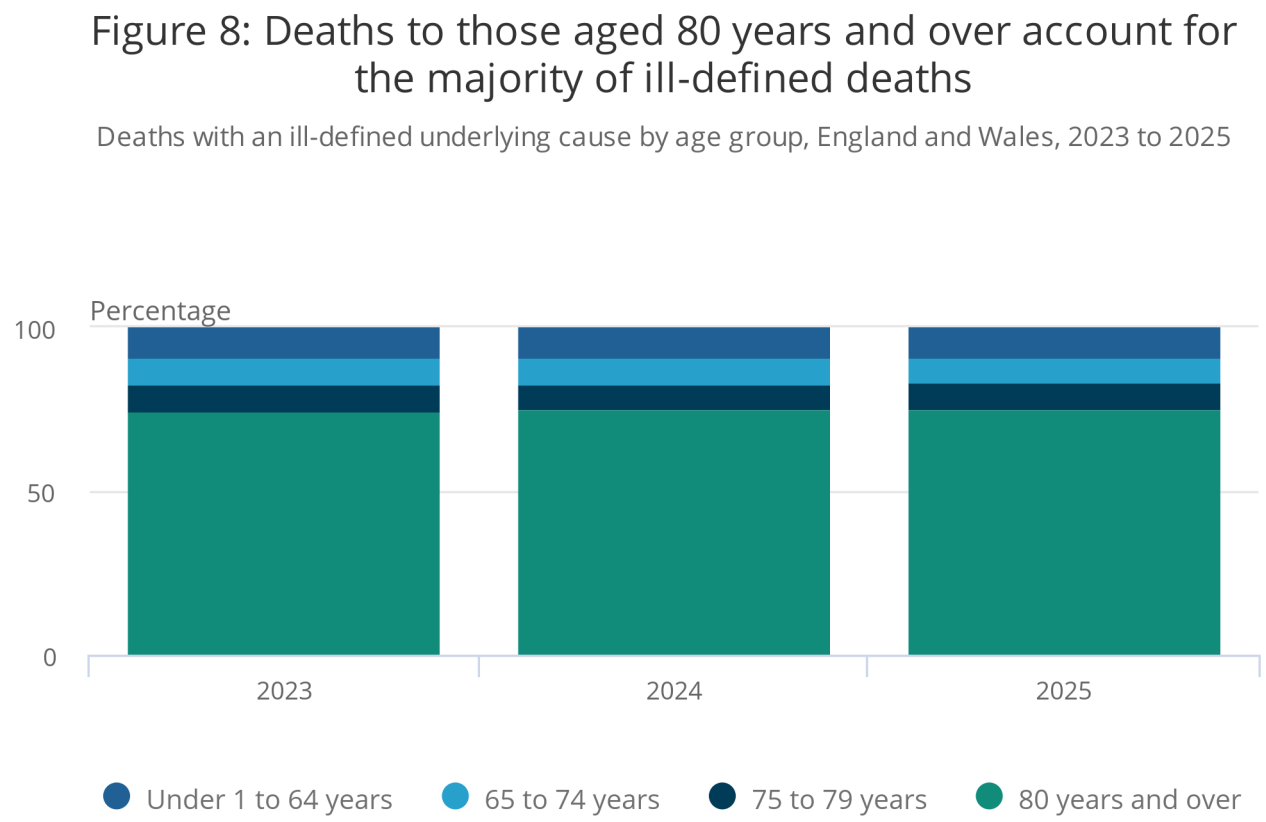
The guidance for medical practitioners advises that these terms (“old age”, “senility” and “frailty”) should only be used alone when specific circumstances are met:

- the deceased was over 80 years old
- the attending practitioner has personally cared for the deceased over a long period
- the attending practitioner has observed a gradual decline in the patient's general health and functioning
- the attending practitioner is not aware of any identifiable disease or injury that contributed to the death
- the attending practitioner is certain that there is no reason that the death should be reported to the coroner

The deceased was aged 80 years or over in 75.6% of ill-defined deaths in England and Wales (including non-residents) in 2025 (Figure 8). This age group accounted for over 99% of deaths where the underlying cause was R68.8 or R54.

Figure 8: Deaths to those aged 80 years and over account for the majority of ill-defined deaths

Deaths with an ill-defined underlying cause by age group, England and Wales, 2023 to 2025



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Death certification reform was implemented on 9 September 2024.
2. Based on non-neonatal deaths.

ICD-10 code R54 was the only mention on the MCCD in 76.5% of deaths to those aged 80 years and over, where the underlying cause was R54, in 2025.

Table 4: Deaths to those aged 80 years and over with an underlying cause of R68.8 [Other specified general signs and symptoms] were most likely to have two mentions on the MCCD
Number and percentage of MCCD mentions, for deaths of those aged 80 and over with an underlying cause of R68.8 [Other specified general signs and symptoms] or R54 [Senility], England and Wales, 2025

Number of mentions on the MCCD	Number of deaths with an underlying cause of R54	Percentage of deaths with an underlying cause of R54 (%)	Number of deaths with an underlying cause of R68.8	Percentage of deaths with an underlying cause of R68.8 (%)
One mention	2,211	76.5	219	1.5
Two mentions	669	23.1	14,500	97.7
Three mentions	11	0.4	118	0.8
Four mentions	0	0	4	0.0

Source: Deaths in England and Wales from the Office for National Statistics

Notes

1. Based on non-neonatal deaths to those aged 80 years and over with an underlying cause of R68.8 or R54.

Where the underlying cause of death was R68.8 and there were two mentions on the MCCD, R54 was the other mention on over 99.9% of registrations. Similarly, when the underlying cause was R54, the other mention was R68.8 in 97.8% of registrations. This provides further evidence that variation in the certifier text and order of terms can influence the underlying cause.

In summary, there has been a small reduction in the proportion of ill-defined causes of death since the introduction of DCR. Analysis of ICD-10 codes assigned to frailty and old age reinforce the importance of age as an indicator of ill-defined deaths.

Although the proportion of ill-defined deaths is a useful measure of data quality given WHO recommendations, it is to be expected that there will always be a proportion of deaths that are ill-defined. This is especially true for those aged 80 years or over, where often the certifier will not be able to report anything other than age-related conditions.

Alternative indicators of cause of death quality

ICD-10 allows supplementary codes to be used alongside certain cause of death codes to provide additional clinical detail, for example:

- for infectious diseases, supplementary codes B95 to B98 (Bacterial, viral and other infectious agents) can be used to identify the infectious agent or organism that caused the infection

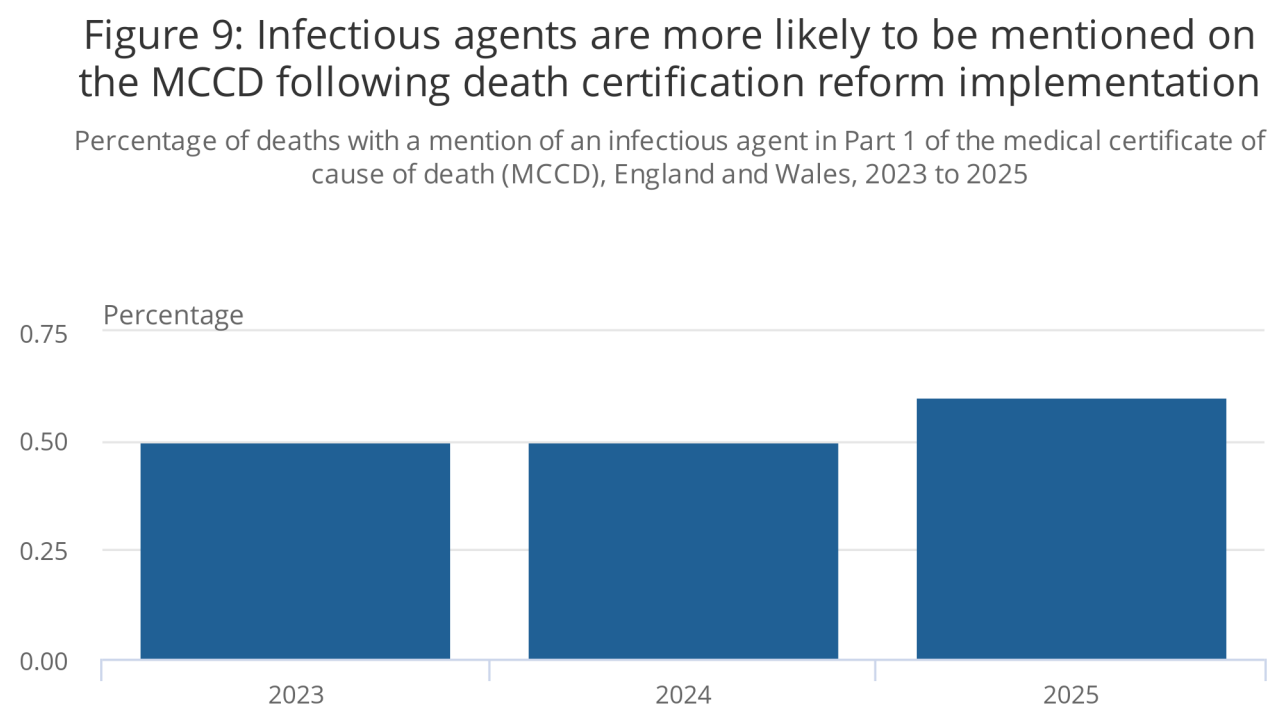
- for conditions involving antimicrobial resistance, supplementary codes U82 to U85 (Resistance to antimicrobial and antineoplastic drugs) can be used to specify the pattern of drug resistance

The presence of these supplementary codes can provide a further indicator of quality for specific scenarios. The percentage of deaths in England and Wales that mentioned an infectious agent (B95 to B98) in Part 1 of the MCCD have increased slightly from 0.5% of all non-neonatal deaths in 2023 (2,683), to 0.6% in 2025 (3,531) (Figure 9).

This pattern is similar for deaths that mentioned antimicrobial resistance (U82 to U85) in Part 1 of the MCCD, but is based on very few deaths (175 deaths in 2023, increasing to 207 deaths in 2025).

Figure 9: Infectious agents are more likely to be mentioned on the MCCD following death certification reform implementation

Percentage of deaths with a mention of an infectious agent in Part 1 of the medical certificate of cause of death (MCCD), England and Wales, 2023 to 2025



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Based on non-neonatal deaths.

It is difficult to definitively determine from these analyses whether the statutory ME system has led to overall improvements in data quality for cause of death, as the specific indicators assessed do not capture the full breadth and complexity of causal sequences reviewed by MEs.

Additionally, our analysis is based on the frequency and position of ICD-10 codes on the MCCD (after we have converted certifier text into ICD classification codes for statistical analysis). Some possible improvements, such as the clarity of the text for the bereaved, are not in the scope of our assessment of data quality relevant to statistical use.

6 . Data on death certification reform

Death certification reform, England and Wales
Dataset | Released 25 September 2026
Data comparing certification type, time taken to register deaths and cause of death, before and after death certification reform.

7 . Glossary

Attending practitioner (AP)

The medical practitioner responsible for completing a medical certificate of cause of death (MCCD).

Coroner

A coroner is a public official responsible for the investigation of violent, sudden or suspicious deaths.

Informant

An informant is the person who provides the registrar with the information required to register a death.

Medical certificate of cause of death (MCCD)

A legal document that records the cause of a person's death.

Medical examiner (ME)

Senior medical practitioners who are employed by an NHS body to provide independent scrutiny of the causes of death.

Non-neonatal deaths

Deaths of people aged 28 days or over.

Statistical significance

The term "significant" refers to statistically significant changes or differences. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between estimates indicate the difference is unlikely to have arisen from random fluctuation. More information is available on how we measure and communicate uncertainty for our surveys.

Time taken to register death

Mortality statistics for a given time period can be based on occurrence (death date) or registration (registration date). Time taken to register a death is the difference between the date of occurrence and the date of registration.

8 . Data sources and quality

Data coverage

This release is based on deaths registered in England and Wales between 1 January 2023 and 31 December 2025. Death certification reform (DCR) was implemented partway through 2024 (9 September 2024), therefore the first complete annual dataset for death registrations following the reform is 2025.

For comparison purposes, the most recent complete annual dataset prior to the reform is 2023. Some analyses have been supplemented with provisional 2026 registration data, based on our weekly deaths statistics.

Where figures are presented for England and Wales combined, these data include deaths of non-residents.

Figures presented are based on the date of death registration, not the date of death (date of occurrence). The number of days between death occurrence and registration depends on many factors and the time taken to register can vary significantly by types of death certification. Annual death registration data will be missing some coroner-certified deaths that occurred during the time period because of the time taken to investigate.

Our certification type analysis also uses data from the Ministry of Justice Coroner Statistics 2025 report.

Cause of death

The cause of death section of the medical certificate of cause of death (MCCD) is set out in two parts. Part 1 gives the condition or sequence of conditions leading directly to death, while Part 2 reports any associated conditions that contributed to the death but are not part of the causal sequence. Cause of death is classified using the International Classification of Diseases (ICD-10).

The underlying cause of death is the condition or conditions reported by the certifier, selected using ICD rules. More information is available in Section 10: Cause of death coding of our User guide to mortality statistics

Ill-defined conditions

The World Health Organization (WHO) also classifies a selection of ill-defined conditions (PDF, 866KB). In this subsection, each condition is listed using its ICD-10 code, followed by the name of the condition.

- A40 to A41: Streptococcal and other septicaemia
- C76, C80, C97: Ill-defined cancer sites
- D65: Disseminated intravascular coagulation [defibrination syndrome]
- E86: Volume depletion
- I10: Essential (primary) hypertension
- I26.9: Pulmonary embolism without mention of acute cor pulmonale
- I46: Cardiac arrest
- I47.2: Ventricular tachycardia
- I49.0: Ventricular fibrillation and flutter
- I50: Heart Failure
- I51.4: Myocarditis unspecified
- I51.5: Myocardial degeneration
- I51.6: Cardiovascular disease, unspecified
- I51.9: Heart disease, unspecified
- I70.9: Generalized and unspecified atherosclerosis
- I95.9: Hypertension, unspecified
- I99: Other and unspecified disorders of the circulatory system
- J81: Pulmonary oedema
- J96: Respiratory failure, not elsewhere classified
- K72: Hepatic failure, not elsewhere classified
- N17: Acute renal failure
- N18: Chronic renal failure
- N19: Unspecified renal failure
- P28.5: Respiratory failure of new-born
- R00 to R99 (excluding R95): Symptoms, signs and ill-defined conditions (excluding sudden infant death syndrome)
- Y10 to Y34, Y87.2: External cause of death not specified as accidentally or purposefully inflicted

Strengths and limitations

Quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in our Mortality statistics in England and Wales quality and methodology information (QMI) report and our User guide to mortality statistics.

Statistical designation

The Office for Statistics Regulation independently reviewed these accredited official statistics in February 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled "accredited official statistics".

9 . Related links

An overview of the death certification reforms
Guidance | Updated 14 August 2024
Guidance released by the Department of Health and Social Care (DHSC) on death certification reform.

Deaths registered weekly in England and Wales
Dashboard | Updated weekly
Provisional number of deaths registered in England and Wales in the latest weeks.

Deaths registered in England and Wales: 2025
Bulletin | Released 25 September 2026
Registered deaths by age, sex, selected underlying causes of death and the leading causes of death. Death rates and registrations by residence area and single year of age.

User guide to mortality statistics
Methodology | Last revised 9 October 2025
Supporting information for mortality statistics, which present figures on deaths registered in England and Wales in a specific week, month, quarter or year.

10 . Cite this article

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