

FORENSIC PATHOLOGY SPECIALIST GROUP

Note of the meeting held at 11:00 am on 20th May 2015 at the Home Office, 2, Marsham Street, London SW1P 4DF

Introductions

1.1 The acting chair, Jeff Adams, welcomed the Forensic Pathology Specialist Group (FPSG) members to the meeting, and members introduced themselves. A full list of attendees is at the end of this note.

1.2 The new Forensic Science Regulator, Gill Tully, unfortunately was not able to attend this FPSG meeting. Ch Supt Russ Jackson had joined in place of Anne Harrison, representing the Homicide Working Group. Dr Grieve was attending the meeting for the last time, as he was retiring from forensic pathology practice. Kenny Chigbo had been replaced by Mike Taylor as Secretary to the Group.

Apologies

2.1 Trevor Rothwell had sent apologies for the meeting, and had provided comments on the papers. There were also apologies from Nigel Meadows, Linda Cockburn, Colin Kettley and Kenny Chigbo.

Minutes of last meeting

3.1 Members agreed the minutes of the previous meeting on 16th January 2014 as correct.

Matters arising from the previous minutes

4.1 In section 4.3 of the previous minutes, to date it had not proved possible to locate an official in Public Health England who could agree to the circulation of the document.

4.2 Jeff Adams will attempt obtain the document, and Naomi Carter is to assist Jeff with redacting and adapting it for forensic pathology purposes, or to produce a document specific to forensic pathology.

Action: Jeff Adams and Naomi Carter

4.3 In section 10.2 on the guidance on the use of time of death estimates based on heat loss from the body, Guy Ruddy had considered that the content may have been considered to be disparaging of the research in the area. That was not the intention. This was discussed with Prof Ruddy. However, the technique did not establish the time of death to the level of confidence required for some of the uses to which it was being put. This guidance was now published on the FSR website, and the action was closed.

4.4 In section 10.3, the guidance on provision of human tissue to the defence has been updated and published on the FSR website.

4.5 Chapter 11 of the Murder Investigation Manual needed updating to reflect changes to the legislation, and was to become part of an "Approved Professional

Practice". However, this would be dealt with at the Pathology Delivery Board, not FPSG.

Terms of Reference of FPSG

5.1 The terms of reference of FPSG had been updated as follows:

- The low number of Home Office registered forensic pathologists recently on the Group was a concern, so the Terms of Reference have been modified.
- The lead of the FPSG's Audit Group, and the Responsible Officer nominated by the Pathology Delivery Board, would now become members of FPSG.
- The President and two members of the British Association in Forensic Medicine would be members of FPSG.

5.2 FPSG made the following comments:

- The term "ex officio" was needed to distinguish those who became members of FPSG because of their posts.
- The section dealing with the nominee of the Human Tissue Authority should make clear that there was a need for appreciation of the Human Tissue Act 2004.
- Reference to ACPO needed updating to the National Police Chiefs' Council.

New chair of FPSG

6.1 As the previous FPSG chair, Dr Millward-Sadler, resigned, a new chair was being sought.

6.2 Following his resignation Dr Millward-Sadler died. The Chair noted that the members had expressed their views as to the considerable contribution he had made to a field which was not his own.

6.3 The selection of a new chair had been delayed by a review of the governance of all the FSR specialist groups. A potential new chair has been identified, who is a pathologist, and some forensic pathologists had been consulted. It was hoped that the appointment could be confirmed shortly.

Work following the 2012 Audit of Forensic Pathologists

7.1 The 2012 audit concerned suspicious death cases that had been transferred to a forensic pathologist from another pathologist. 33 cases were submitted to the Audit Group, which agreed that all should have been deemed suspicious deaths. One Road Traffic Accident case was then removed from further consideration. There was further analysis of the remaining 32 cases by the Forensic Pathology Unit. The FPU also sought views of Senior Investigating Officers and found that 15 of these cases were suspicious. Of these 16, 10 were confirmed to be homicides. Some of the others were likely to have been homicides, but the evidence did not allow a firm conclusion to be reached. It is likely that further homicides were missed because of inappropriate initial allocation of the case.

7.2 A quarterly collection then began of such transferred cases, which obtained 103 cases in the first year. Again the full details would be obtained and studied, to

establish whether the deaths were suspicious. This ongoing review would make forensic pathologists and police forces aware of the monitoring of this issue.

7.3 The audit report was submitted to the relevant Minister, but embargoed until after the recent General Election, as there was no time for the existing Government to deal with the matter. Once considered by the Minister, the report will be circulated to the Group.

7.4 Focus groups were held with crime scene managers, and they felt that finance might be an issue in deeming deaths suspicious. One conclusion is that training may be needed for the police who first attend scenes, so a checklist and training will be discussed with the College of Policing. Training is also needed for non-forensic pathologists, as they have a “gatekeeper” role in identifying deaths as suspicious.

7.5 The Forensic Science Regulator is to write to Royal College of Pathologists about the 2012 audit results. This will take place after the embargo has ceased.

Action: FSR

7.6 Dean Jones invited comments on the three questionnaires that were used in the consideration of the cases by FPU. The report would be circulated in a few weeks time.

7.7 Members to provide any comments to Dean Jones on the audit questionnaires.

Action: FPSG members

7.8 Although it was unfortunately late in the process, Anatomical Pathology Technologists could identify deaths as suspicious when the body reached the mortuary. This had been a factor in the training of APTs.

Draft of last audit report (2010-2013)

8.1 Appreciation was expressed for Trevor Rothwell’s work on the last audit report. The following points were made on the draft:

- In para 25 the standard could be termed “high” not “satisfactory”.
- In para 37 although the pathologist might gain nothing from attendance at the scene, the other parties might benefit from their attendance.
- In para 43 there was a typo: “bums” should be “burns”.
- In para 54 the points were regarded as debatable.
- In para 66 “effects of smoke and fire” was a reasonable term to use.
- In the conclusions, a phrase could be added “as part of improving quality”.
- A customer satisfaction exercise could be carried out to ask Senior Investigating Officers whether they requested a pathologist to attend the scene of death, and whether this happened.
- The critical conclusions check needed to be timely, and might need to include identifying minor typos if numerous, as well as highlighting more significant errors.

8.2 Future audits would be scheduled from April to April each year. It was recommended to have a formal note from the audit author to each forensic pathologist on their case, which would then be seen by the pathologists’ appraisers.

Next Audit

9.1 The proposed subject of the next audit was agreed.

Audit Protocol

10.1 The audit protocol sets out the process by which the audit is to be performed.

10.2 It was noted that the current process, based on anonymity, restricts the provision of information to the Responsible Officer, which may allow him to deal with issues with pathologists' practice before they become serious.

10.3 There is a conflict between the approach to the audit and the aims of the Responsible Officer. It was agreed that the production of a formal "certificate" for each participant following the audit which might note patterns combined with a requirement to produce such "certificates" as part of the revalidation process may be sufficient.

10.4 Members to send any reports of typos in the draft audit protocol to Jeff Adams.

Action: FPSG members

Audit Review

11.1 The Chair introduces the review of recent audits with comparison to historical audits. It was noted that the Dr Rothwell (the audit co-ordinator) had produced this report outside the requirements of the role and without recompense.

11.2 The Group noted its appreciation of the review and the work of Dr Rothwell in preparing it. The findings indicate a general improvement in quality which is to be welcomed.

11.3 The issue of potential publication was raised and options identified were publication through the College or submission to the Journal of Clinical Pathology. Members agreed to consider alternative publication routes.

11.4 Suggestions were requested on where to publish the audit review, in order to reach a wide audience.

Action: FPSG members

Pathology Delivery Board

12.1 The Pathology Delivery Board (PDB) was meeting on the same afternoon, and most members of FPSG would attend PDB.

Role of Responsible Officer report

13.1 The "Role of the responsible officer" report had been sent to the FSR. There were no major concerns. FPSG members were invited to raise any points. The origin of this exercise was a Department of Health request for an annual review of the process, which had accordingly been set up.

13.2 FPSG agreed that the procedures were working well, and no members raised any issues on this report.

Review of Forensic Pathology

14.1 The Review of Forensic Pathology report had been submitted to Ministers, but embargoed. Once the Minister for Crime Prevention, Rt Hon Mike Penning MP, had approved it, it would be circulated to members. A special meeting of Pathology Delivery Board may be held in July for its discussion. A number of members of the FPSG had already provided its views.

Continuing Professional Development

15.1 Forensic pathologists needed opportunities for Continuing Professional Development (CPD). Currently the only option was to attend British Association in Forensic Medicine meetings. External CPD was needed in the form of additional meetings.

15.2 Suggestions for CPD were requested to Dean Jones, who would consider a meeting suitable for CPD during the next year, and provide advance notice for it.

Action: FPSG members and Dean Jones

Non-invasive Post Mortems

16.1 The Chief Coroner has issued guidance on non-invasive post mortem examinations. The Regulator has written to the Chief Coroner to point out differences between the guidance and the standards for forensic pathology.

16.2 A private imaging company sought to expand its imaging services into forensic pathology. However, in suspicious death cases a scan could only be an adjunct to an invasive post mortem.

16.3 There are a number of issues relating to the approach to scanning, the quality of the scan and the handling of the data that need to be considered. It was suggested to investigate the approach taken by Guy Rutty's East Midlands Forensic Pathology Unit.

16.4 Jeff Adams to ask Guy Rutty about potential standards for post mortem imaging.

Action: Jeff Adams

Sampling post mortem

17.1 Kirsty Potter (a forensic biologist) with the assistance of James Grieve and Dean Jones had produced draft guidance on collection of post mortem samples, and circulated it to FPSG for comments. Use of a speculum to sample might produce artefacts, and a standardised speculum kit could be advisable, or it might be preferable to dissect instead. Different pathology practices varied in these procedures, so it was proposed to only suggest use of a speculum, and to describe the risks of its use. Similar issues applied to use of proctoscopes.

17.2 Jeff Adams to revise the guidance, and Charlie Wilson and Andrew Davison to review, and to circulate it to FPSG members.

Action: Jeff Adams, Charlie Wilson and Andrew Davison

LGC guidelines for post mortem toxicology

18.1 This guidance was circulated for information, in case guidance was needed on this topic. It was commented that vitreous humour was used for many purposes besides post mortem alcohol measurements.

Provision of human tissue to the defence

19.1 The guidance on provision of human tissue to the defence had been circulated to FPSG for information only, as it did not raise controversial issues.

External Quality Assessment

20.1 A proposal was raised to carry out External Quality Assessment (EQA) using digital histology images. The histology slides would be scanned on a computer, and sent to forensic pathologists online. This required a licence from a private company, which needed renewing. There was also a pilot in Manchester using a similar system of scanning slides.

20.2 Jack Crane to speak to Dean Jones about funding for the EQA scheme, using digital histology images.

Action: Jack Crane

Histology

21.1 FPSG agreed earlier not to make any changes to the codes on use of histology. Histology could be useful in a post mortem, but this was not predictable. Jeff Adams would arrange for a letter to be sent to the Chief Coroner accordingly.

Action: Jeff Adams

Any Other Business

22.1 A query was raised on potential research on the statistics, especially the decline in numbers of scenes being attended by forensic pathologists. Dean Jones might be involved in such research.

22.2 Caroline Browne reported that the Human Tissue Authority (HTA) were revising their codes of practices and statistics. She welcomed any comments.

22.3 On section 9.3 of the previous minutes, it is hoped that this process will be included in the business of the new Parliament. HTA are having their triennial review which will provide a suitable opportunity. This process follows the earlier McCracken recommendations.

22.4 A lack of capacity in mortuaries in Winter had been observed, which risked a large incident involving transport of bodies.

22.5 There was a request for Senior Investigating Officers not to seek a second opinion from another pathologist, when a forensic pathologist was already dealing with a case, without discussing the matter with the pathologist.

22.6 In a recent homicide case, the forensic pathologist was refused permission by the police for a National DNA Database[®] search to identify the victim. However

searches for victims should be permissible. As the victim was deceased, the standard issues of rights that apply with a live victim would not be relevant.

22.7 Jeff Adams to check permissibility of Database searches for deceased victims, with Home Office database experts.

Action: Jeff Adams

22.8 Jeff Adams to email the police force involved to clarify the force's view on the use of the Database.

Action: Jeff Adams

22.9 Dr Grieve was retiring from forensic pathology practice, and therefore leaving FPSG. Dr Grieve noted that he had found his involvement with the Group both enjoyable and rewarding. Although somewhat sceptical at the start he has been pleased with what the Group has achieved. The chair thanked Dr Grieve for his commitment to the Group and, in particular, his role as the first chair of the Audit Group.

22.10 Crown Office to be contacted to seek a new FPSG representative for Scotland.

Action: Jeff Adams

Date of Next FPSG Meeting

23.1 The next FPSG meeting is to be arranged in six months.

Action: Mike Taylor

Present:

Jeff Adams	Forensic Science Regulation Unit, HO (Acting Chair)
Martin Bottomley	National Police Chiefs' Council Homicide Working Group
Caroline Browne	Human Tissue Authority
Nat Carey	Forensic Pathologist - Royal College of Pathologists
Naomi Carter	Forensic Pathologist - British Association in Forensic Medicine
Jack Crane	Forensic Pathologist - Department of Justice, Northern Ireland
Andrew Davison	Forensic Pathologist - Cardiff University
James Grieve	Forensic Pathologist - Scottish Government
Russ Jackson	National Police Chiefs' Council - Homicide Working Group
Dean Jones	Forensic Pathology Unit, HO
Charlie Wilson	Forensic Pathologist - British Association in Forensic Medicine
Mike Taylor	HO Science Secretariat (Secretary)

Apologies:

Linda Cockburn	Crown Office and Procurator Fiscal Service
Colin Kettley	Forensic Pathology Unit, Home Office
Nigel Meadows	Coroners' Society
Basil Purdue	British Association in Forensic Medicine
Trevor Rothwell	Consultant
Kenny Chigbo	Home Office Science Secretariat