

## **FORENSIC PATHOLOGY SPECIALIST GROUP**

**Note of the fifth meeting, held at 11:00am on Monday 14 December 2009  
at the Home Office, London**

Present:

Harry Millward-Sadler	(Chair)
Jeff Adams	Home Office
Martin Bottomley	ACPO
James Grieve	Scottish Executive
Anne Harrison	NPIA
Colin Kettley	NPIA
Paul Johnson	RCPATH
Basil Purdue	BAFM
Kenny Chigbo	Home Office (Secretary)

### Apologies

Caroline Browne	Human Tissue Authority
Linda Cockburn	COPFS
Jack Crane	NIO
Dean Jones	NPIA
Nigel Meadows	Coroners Society
Trevor Rothwell	Consultant
Charlie Wilson	BAFM

### **Introductions**

1.1 Harry Millward-Sadler welcomed all to the fifth meeting of the Forensic Pathology Specialist Group, especially Colin Kettley who has just joined the group and was attending his first meeting.

### **Apologies**

2.1 Apologies were received from Caroline Browne, Linda Cockburn, Jack Crane, Dean Jones, Nigel Meadows, Trevor Rothwell and Charlie Wilson.

### **Minutes of the fourth meeting 14 September 2009**

3.1 The minutes of the fourth meeting were agreed.

### **Matters arising**

4.1 Code of Practice: Nigel Meadows agreed at the last meeting to circulate the forms used for interim reports in the Northwest. He was not available to provide an update.

**Action: Nigel Meadows**

4.2 Other actions from the last meeting were either cleared or were agenda items.

**Code of Practice**

5.1 Jeff Adams introduced this item saying the draft Code was close to completion. There had been some objection to the inclusion of reference to the critical conclusions check in reports and statements. The next step will be to provide the document to the RCPATH which should allow it to be considered at the February meeting of RCPATH sub-committee. There will be consultation through the 12 week consultation run by the College.

**Mortuary Standards**

6.1 Paper FPSG-141209-2 is a discussion document that sets out options for enforcing standards. Option 1 involves the HTA formally adopting the standards and using them in assessments for licensing, while Option 2 involves the HTA assisting the FPSG in maintaining the standards. Overall option 2 was considered preferable.

6.2 The FPSG suggested that it would be helpful if the HTA could undertake a gap analysis during inspections between the agreed standards and the reality of mortuary operations. Jeff Adams agreed to find out from the HTA and practices which mortuaries would be in urgent need of such a gap analysis.

**Action: Jeff Adams**

**Audit**

7.1 James Grieve reported on the meeting he had with in Newcastle with Bill Lawler and Nat Cary. The group was pleased that Trevor Rothwell was to be part of the audit in an administrative capacity. The meeting agreed on the premise that professional standards should be dealt with by professionals in that domain and that it was not appropriate for those from other fields to be involved. The aim was to lay out the mechanism for the new audit. It would also be able to refine parts of the Code of Practice that can be assessed and the proposal is to conduct the assessment in an anonymous manner.

7.2 The FPSG discussed the merits of involving CJS colleagues that were not pathologists in the audit. It was accepted that having a coroner on board would be useful. His interpretation as a non-specialist would add value to the process. As the people that receive pathologists' reports, a coroner's views on the report could be a pointer on how well the report was written. It was also suggested that senior investigation officers should be involved in assessing the audit reports for clarity because of their perspective to an investigation. Anne Harrison had secured the agreement of two senior investigation officers to participate in the audit.

7.3 Responding, James Grieve said that the appraisal process should take care of the end-user requirement. He did not think that it was right to let what an end-user wants to swamp the audit. He suggested taking the issues raised back to the audit team to decide whether one non-pathologist – a coroner or senior investigation officer – should take part. His view was that it was necessary for the precision of the audit for it to be entirely pathologist-based.

7.3 The Chair stated that the audit will validate the Code of Practice. It was about looking at forensic pathology and enhancing its standards, by identifying good and bad practice. The work needs to be significantly advanced before March because of budget deadlines. The view of the FPSG was to have additional non-pathologists to provide laypersons' perspectives to the assessments.

7.4 The FPSG also discussed feedback in case the audit discovers issues such as a potential miscarriage of justice, and agreed that the situation should be reviewed after the initial audit run. The primary area for the audit to concentrate on should be head injuries. The next area could be suspicious death cases that involved a scene of crime officer.

## **Tissue Retention**

8.1 Jeff Adams reported that a meeting was held in October and seizure of tissues under PACE was identified as the simplest way to deal with tissue retention. A paper has been drafted and circulated to the HTA for comment. There is an issue on funding and the model being proposed is based on the situation in London. How long tissue should be kept needs to be addressed. Where tissues are not held under PACE they are likely to fall under the remit of the HTA. The police should inform the pathologist in non-suspicious deaths that control of tissue samples would be transferred to the coroner's jurisdiction. Another meeting is scheduled to be held in Wyboston on 16 December to clarify the issues for senior investigation officers and forensic pathologists. The guidance is expected to be issued early in the New Year.

## **Radiology**

9.1 It was reported that various groups were trying to set up radiology services, and this probably included MRI and CT scanning. The Royal College of Radiologists will decide whether to produce standards on these techniques.

### **Any Other Business**

10.1 Paul Johnson gave an update on the Certificate of Completion of Specialist Training (CCST) and specialist registration situation. The decision to go for specialty rests with GMC. A proposal with a curriculum is being put together by RCPATH and the Chair has written a letter expressing the FPSG's support for the approach.

### **Date of next meeting**

11.1 Dates for meetings in the New Year will be on the following dates:

29 March  
28 June  
20 September  
2 December