

**PATHOLOGY DELIVERY BOARD**  
**Meeting Room 8, 9<sup>th</sup> Floor New King's Beam House,**  
**22 Upper Ground, London, SE1 9QY**  
**1100hrs on Thursday 29<sup>th</sup> September 2011**



**MINUTES**

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**Attending:**

Dr Simon Bramble (SB)  
Mr Martin Allix (MA)  
Dr Nat Cary (NC)  
Dr Russell Delaney (RD)  
Ms Anne Harrison (AH)  
Mr Dean Jones (DJ)  
Dr Roy Palmer (RP)  
Prof Guy Ruty (GR)  
ACC Debbie Simpson (DS)  
[REDACTED]

Chair, NPIA, Head of Police Science & Forensics  
NPIA, Forensic Pathology Officer  
Forensic Pathologist, President of the BAFM  
Forensic Pathologist, Group Practice Representative  
NPIA, Head of Specialist Operational Support  
NPIA, Senior Forensic Pathology Manager  
HM Coroner, Southern District of G. London  
Forensic Pathologist, Royal College of Pathologists  
ACPO lead on Forensic Pathology  
Minute-taker, NPIA

**Also in Attendance:**

[REDACTED]  
Ch Inspector Jane Taylor (JT)

[REDACTED]  
Devon & Cornwall Police (Staff Officer to DS)

**Apologies:**

Jeff Adams (JA)  
Ms Judith Bernstein  
Mr Martin Bottomley (MB)  
Mr Colin Kettley (CK)  
Mr James Lynas (JL)  
Dr Harry Millward-Sadler (HMS)  
Ms Karen Squibb-Williams (KSW)

Home Office, Forensic Science Regulation Unit  
(Guest and Observer)  
MOJ, Head of Current Coroner Policy, Coroners and  
Burials Division  
Greater Manchester Police, ACPO Homicide Working  
Group  
NPIA, Forensic Pathology Development Manager  
Winckworth Sherwood Solicitors (Guest)  
Forensic Science Regulator's – Forensic Pathology  
Specialist Group  
Policy Lead, Crown Prosecution Service

**1 Welcome and Apologies**

1.1 SB welcomed all those present to the meeting. Apologies had been received as above.

**2.1 Minutes from the meeting on 16<sup>th</sup> December 2010**

2.1.1 There were no comments to make on the minutes of the 16<sup>th</sup> December 2010 and the Board accepted them as being a true account of the meeting that took place.

**2.2 Minutes of the meeting on 17<sup>th</sup> March 2011**

2.2.1 There were no comments to make on the minutes of the 17<sup>th</sup> March 2011. The Board therefore accepted them as being a true account of the meeting that took place.

**2.3 PDB Resume – 22<sup>nd</sup> June 2011**

2.3.1 There were no comments regarding the PDB Resume dated 22<sup>nd</sup> June 2011 which was an update on the work of the PDB secretariat to date.

## 2.4 **Open Action Log**

The following actions were noted as being closed and moved to the Closed action log which is available upon request:

PDB161210 Item 11.4.1; PDB170311 Item 3.3.7; PDB170311 Item 4.3.

2.4.1 **Separate Action from the Homicide Working Group (HWG)** – The Forensic Pathology Section and the National Injuries Database team (NID) make contingency plans in relation to neuropathology. Please refer to item 7. Action closed and work stream moved to normal business. **CLOSED**

2.4.2 **PDB161210 Item 2.2.22 – Update on actions – Emeritus status** – Please refer to item 10. **CLOSED**

2.4.3 **PDB170311 Item 3.7.11 – MI Data on the internet** – DJ confirmed that they were restricted as to what could be put on the internet, as well as the fact that NPPIA will be closed down in the near future. DJ therefore proposed that the data per police force is reported on the internet. The Chair agreed that this was proportionate considering the future transition. **CLOSED**

2.4.4 **PDB170311 Item 6.5.2 – Sheffield Group Practice Update** – A letter had not yet been written to Andrew Rennison, however DJ had spoken to JA concerning this issue. Further clarification was required as to what the Forensic Science Regulator could do further to audit and monitor forensic pathologists.

2.4.5 AH shared with the Board that the Forensic Science Regulator had completed the first audit and the second audit was being arranged with a couple of senior investigating officers had been approached to help with the audit.

2.4.6 Members discussed the variety of ways in which pathologists are and can be monitored.

2.4.7 **ACTION:** DJ agreed to take an action to review the different forms of monitoring that the currently is on the work of Home Office Registered Forensic Pathologists.

2.4.8 **PDB170311 Item 6.7 – Sheffield Group Practice – interim rota – CLOSED**

2.4.9 **PDB170311 Item 8.2 – Protocol** – See Item 6 for update.

2.4.10 **PDB170311 Item 9.7 – Forensic Neuropathology** – See item 7 for update.

## 3.1 **The Registration and Training Committee**

3.1.1 DJ provided members with a written update of the committee's movements since its last meeting which took place on 6<sup>th</sup> September 2011.

3.1.2 The main points were:

1. The North West Group practice is taking over the call out arrangements of the Humberside, West and South Yorkshire area until a group practice can be formed in about 2 years.
2. Coroner Michael Burgess, legal secretary to the Coroners Society has drafted a National Standard form for all post-mortem examinations in England and Wales. The Forensic Pathology team have been consulted on this and the RTC have made

comments.

3.

4. The RTC agreed the Terms of Reference for the Committee.

3.1.3 Board members discussed the 'Standard Form' drafted by Mr Burgess. RP was interested to know what the Forensic Pathologists on the Board felt about this standardised form. Members discussed this at length and the forensic pathologist members' had a negative response to the Standard form as a whole.

3.1.4 **ACTION:** MA to circulate the 'Standard Form'.

3.1.5 The Board did not make any further comments on the RTC Terms of Reference and they are therefore agreed by the Board.

3.1.6 GR questioned the continuing funding beyond the demise of the NPIA for trainees across England and Wales. He stated that no current trainee would qualify before the end of 2012.

3.1.7 The Chair considered whether he should write to all training centres, although one member considered it would be better coming from the Home Office. The Chair will take the funding issue away from the table and discuss within the business of the NPIA moving forward.

### 3.2 **The Disciplinary Committee**

3.2.1 DJ provided a written update to the Board in connection with the last meeting of the DC on 22<sup>nd</sup> August 2011.

3.2.2 The main points were:

1. Disciplinary Rules still in re-drafting stage
2. Protocol with the GMC to reduce the chances of 'double jeopardy' is still being considered by the GMC
3. The tribunal of a pathologist is taking place on 14<sup>th</sup> November 2011
4. A complaint had been received regarding the general timeliness of reports

3.2.3 A complaint was received against a forensic pathologist from a colleague who felt that the pathologist in the first post-mortem examination did not provide information in a timely manner and did not attend the 2<sup>nd</sup> post-mortem examination. MA wrote a report to the Secretary of the Disciplinary Committee and was raised at the last meeting. It was not formally referred to the Committee but it was discussed and decided that it would be put down to a professional difference of opinion.

3.2.4 Board members discussed the need to revisit the make-up of the Committees.

### 3.3 **The Royal College of Pathologists**

3.3.1 GR submitted a paper to the Board of his work as the Chair of the Royal College of Pathologists, Forensic Pathology Sub-Committee which met on 27<sup>th</sup> September 2011.

3.3.2 The next 24 months will see substantive and significant changes for forensic pathology. Further to the written update which was submitted before the most recent meeting took place:

3.3.3 1. The sub-speciality application has been approved pending the submission of further documents by the Department of Health and GR wished to thank everyone who

wrote letters in support as they went up to Ministerial level.

3.3.4 Neuro and paediatric pathology have also been given sub-speciality approval which becomes interesting for those forensic pathologists who carry out their own neuropathology as they will have to be trained and accredited as a neuro pathologist to function in that field as of 2013.

3.3.5 DJ asked if it is possible to introduce some elements of the CJS training into the current curriculum. The current training does have some elements of the CJS training but the new curriculum will have it in there. It all has to be approved by March 2012 when the Medical Act comes into being. We then go ahead in 2013.

3.3.6 As part of that, all training centres will have to be reassessed and accredited. Trainers have to be reassessed and accredited but there will be grandfather clauses for those already there. There will be new examinations to get the speciality of forensic pathology is Fellowship and Diploma exams.

3.3.7 2. Revalidation – a huge project that is falling behind because of the amount of work, but still progressing. The current situation is all guidance, appraisal, major incidents documentation relating to revalidation has been completed and has been circulated. Documents have been amended in light of comments made and will be circulated to the whole of the profession. Appraisers training and will take place in January 2012.

3.3.8 An outstanding issue on relation to this is that 1 appraiser in each group practice is required and they have to be appraised and all of it has to be done every single year of which there is a time table. You cannot have the same appraiser more than twice in the 5 year period. It has to be a different person from a different group practice. These are GMC regulations not the Royal College.

3.3.9 The audit which is part of the revalidation, you only have to produce 1 audit return every 5 years, however it is recommended that one is done every year. There are concerns as to whether the audit is valid for revalidation and Prof Crane is taking this to the relevant Forensic science Regulator's Committee.

3.3.10 The eQA system is a multi-source feedback system for doctors to gain feedback from patients, APT's, police officers etc as to their performance. This brought about a number of questions and concerns as to disclosure issues, and defence barristers asking for such information. The person giving the feedback needs to be aware of the potential use of such information in a court of law. The system will be in pilot form in early 2012.

3.3.11 3. Re-organisation of the College – the most critical subject. The Royal College of Pathologists is being completely re-structured from support staff to financial arrangements, which includes forensic pathology.

The Board discussed the issue of a forensic pathology committee within the Royal College and forensic pathology members were urged to make comments on the website concerning the continuation of a committee on this subject.

3.3.12 The Chair wished to formally thank Professor Guy Ruddy for his input over his time as representative of the Royal College on the Board. Since his input there has been more written input circulated to relevant members and they have been made more aware of the work of the College.

### 3.4 **Group Practices**

3.4.1 The main problem that member of group practices have is the protocol document.

3.4.2 The secondary issue was brought by one group practice member who wished to know if there was clear guidance on the timeliness of reports. The member wished to know if they were required to produce a single final report or a staged set of reporting, such as, with one police force where the procedure is to put in an initial report covering all the objective findings, then to submit a supplementary report of opinions on subsequent tests.

3.4.3 Members discussed who required a staged report whether it was the requirement of the police, the Crown Prosecution Service or the Coroner. Guidance was requested from whoever required staged reporting. Although it was felt that there should be some guidance from the PDB.

3.4.5 **ACTION:** DJ and RD to discuss producing a document which sets out a timeline of reports required by police and the Crown Prosecution Service by the next PDB meeting.

3.4.6 RP stated that there is no requirement under Coroners Action Section 20 for a written report.

### 3.5 **The Forensic Science Regulator's – Forensic Pathology Specialist Group**

3.5.1 A written paper was submitted by JA and HMS however this item was lead by DJ.

3.5.2 The first audit has been completed and the second audit letter has gone out.

3.5.3 The Code of Practice and Performance Standards for Forensic Pathologists has to be agreed by the Histopathology Committee of the Royal College of Pathologists but there have been further amendments due to the fact that histopathologists do not want to adhere to guidelines on Section 20 post-mortem examinations which are specialist examinations.

3.5.4 Nomograms – it was identified that the fault with nomograms was with the print not with the science behind the tables. This problem has been resolved, however the Criminal Cases Review Commission have been alerted and may review cases where the time of death was a factor in the outcome of the case.

3.5.5 Continuity of exhibits – paper produced by Dr Rothwell. There is concern over continuity of exhibits, due to the uncertainty of dates of significant events, such as, the time the exhibit was moved between specialists – documentation relating to the movement of exhibits. Once a tissue sample is taken as an exhibit it should enter the police system for maintaining good integrity of that exhibit. This is proper practice, but is not 'normal' practice across the country.

3.5.6 Body farm in Lincolnshire – Prof Rutty brought this subject to the College as a concern over its appropriateness, positioning and importation of bodies. The organisation proposing to have a body farm, have passed all the regulations and the HTA have no authority over this.

### 3.6 **ACPO Homicide Working Group**

3.6.1 A paper was not submitted as there have been no meetings about forensic pathology since June 2011.

3.6.2 There will be a Committee meeting on 30<sup>th</sup> September 2011 and any issues will be updated at the next meeting of the PDB.

### 3.7 **Forensic Pathology Management Information**

- 3.7.1 A report was submitted to the Board. DJ wished to report a reduction in cases.
  - 3.7.2 DJ highlighted the high level of homicides in the East Midlands Group Practice. GR commented that they are only being given suspicious or known homicide cases. However their workload had also increased.
  - 3.7.3 Forensic pathology members discussed why this may be the case. It was suggested that the police are requesting Home Office Registered forensic pathologists to do 'specials' at 'routine' prices.
  - 3.7.4 It was also reported by GR that histopathologists were carrying out post-mortem examinations with a SOCO team and police.
  - 3.7.5 One member highlighted the minimum number carried out by pathologists in one group practice and was worried about the ongoing experience of those pathologists. Especially considering that when group practices request help from the group practice concerned, the help is not forthcoming.
  - 3.7.6 Board members discussed what sanctions can be put in place.
  - 3.7.7 The Chair asked DJ to look at this in greater depth away from the meeting.
- 3.8 **Current Home Office Register**

3.8.1 No changes were reported.

3.9 **Closure of the NPIA**

- 3.9.1 No further information has been received as to the fate of forensic pathology, however SB had a meeting with key stakeholders including Jon Stoddart and ACPO agreed that they still require a central oversight (whatever that may be) for forensic pathology opposed to local force management. SB has taken this forward to the Transition Board.
- 3.9.2 A large number of functions that sit under the NPIA have a natural home under the 3 new bodies being set up. Police IT naturally sits under the ICT NewCo body, many crime-fighting functions will go to the NCA, and police training will go to the Training, Learning and Assessment (TLA) body.
- 3.9.3 Forensics is one of the NPIA functions that don't sit naturally within those bodies however it could sit within another body, such as the police service itself, or the Home Office from whence it came. Those areas that do not have a natural home have put forward pros and cons for a different range of scenarios, including moving functions in their entirety to existing bodies, setting up new bodies, or splitting them up amongst those organisations already mentioned.
- 3.9.4 The SRO for transition is Stephen Webb Director at the Home Office. The SRO for the entire police landscape is Stephen Rimmer. We anticipate because of the Home Affairs Select Committee that was held on national policing landscape a short time ago, that ministers will be keen to respond and make a decision on where the remaining functions will sit.
- 3.9.5 To pick up on pathology under SB's jurisdiction, in terms of the residual NPIA capability and the year on year decreasing money to 2015; pathology has been given a priority 1 by police forces. This is not a guarantee of continued funding but more of a guarantee than those functions placed in lower priorities. Once we know where pathology is going then the finances linked to pathology, the money will move with the function. This is not a cast-iron decision that funding is available but it is highly likely that it will be.

3.9.6 Members believed that the NPIA were managing the forensic pathology service on behalf of the Home Office therefore it is the obligation of the Home Office to ensure continuing funding in order that the service is not compromised.

3.9.7 SB assured the Board that funding for training was budgeted for the next financial year 2012-2013.

#### 4 **Training Course – Feedback**

4.1 The training course hosted by the training facility at NPIA Harperley Hall, was for 2 weeks, from Monday 12<sup>th</sup> September – 23<sup>rd</sup> September. A total of 11 trainees came from around the whole of the United Kingdom.

4.2 The course was a complete success, with excellent feedback from both students and speakers alike. Feedback from Barristers to students was also positive. DJ commented that he had never come across such an attentive group of people.

4.3 The Board discussed the need for a 'legal issues' refresh for all forensic pathologists and a programme of 2 days was discussed.

4.4 Harperley Hall were considering creating a package based on the training course and selling it to a wider audience for 1 week.

#### 5 **Protocol with the GMC concerning Disciplinary Issues**

5.1 The information sharing protocol between the GMC and the NPIA was formulated in order to avoid the situation of 'double jeopardy' for forensic pathologists who were subject of a complaint with the GMC and/or the NPIA although it was accepted that it could not always be avoided.

5.2 The protocol is still being considered by GMC management.

#### 6 **Amended PDB Protocol Document**

6.1 The Board discussed the most recent version of the Protocol which was amended following comments from the most recent PDB Registration and Training Committee meeting and is marked version 07/09/2011.

6.2 It was reported that feedback was still negative, ranging from some clauses in the protocol not being necessary as they are covered elsewhere; to the number of cases permitted being unobtainable. At the opposite end of the spectrum individuals were in total agreement with the Protocol and would sign it.

6.3 DJ suggested that RD, NC and he get together and go through the document to identify the areas in the current draft which duplicate existing GMC and RCPATH or any other obligations.

6.4 **ACTION:** The Chair requested that the Protocol – version 07/09/2011 be used as a baseline document and audit why certain clauses were taken out. By the next meeting.

#### 7 **Forensic Neuropathology – Situation Update**

7.1 MA reported to the Board that arrangements had been made for the Forensic Neuropathology Seminar, hosted at NPIA Ryton by Dr Du Plessis was organised for 3<sup>rd</sup> – 4<sup>th</sup> November 2011. This event will provide a forum for providing updates in this specialist area of forensic neuropathology and for discussing future forensic neuropathology service provision to the Criminal Justice System.

## 8 **Revalidation and the Role of Responsible Officer**

- 8.1 The GMC has agreed to amend the Act to encompass bodies such as the PDB who oversee professional doctors who require revalidation and become a Designated Organisation under tier 3. The PDB agree that it should take on the responsibility of a Designated Organisation and this has agreement from Paul Minton and Steve Mortimore.
- 8.2 Some members of the PDB thought it would be beneficial for all forensic pathologists to be revalidated by the same organisation however that might not be possible given that employed forensic pathologists are under tier 1 of the Act.  
(RW note: I'm not quite sure I have fully grasped this concept)
- 8.3 **ACTION:** DJ to place the subject of Revalidation and the PDB being a Designated Organisation under the Responsible Officer Regulations on the agenda with Transition Board.

## 9 **Burials at Sea**

- 9.1 There are still outstanding unidentified bodies which have been washed up on the south coast. These bodies may have come from legitimate burials at sea but they don't know this in all cases.
- 9.2 The proposal from the NPIA is that, as part of the license to be buried at sea, a DNA sample is taken from the body.
- 9.3 All relevant stakeholders have been consulted and the draft report has gone to Marine Management Organisation for their consideration. They are supportive of this approach.
- 9.4 Item now transferred to PDB actions to be taken forward.

## 10 **Emeritus List**

- 10.1 At the previous meeting, the PDB had issue with the title 'Emeritus' and so it was passed back to the Registration and Training Committee (RTC) for consideration of a new title.
- 10.2 The RTC had no issue with the title and passed it back to the PDB for approval.
- 10.3 The RTC have agreed the criteria for inclusion onto the Emeritus List.
- 10.4 The proposal for the Emeritus list has been taken forward and now nominations were requested from the PDB.
- 10.5 Item now transferred to PDB actions for monitoring.

## 11 **Formal Title of Forensic Pathologists**

- 11.1 JA who had brought the subject to the PDB was not available. The Chair decided that this subject be left for the next management body to take up should they wish to do so.

## 12 **Future Paediatric Pathology**

- 12.1 DJ had received an email from the Metropolitan police regarding their concern about the dwindling number of paediatric pathologists. The Greater London and South East Group Practice are also concerned about this but have matters in hand. This is a service that they provide and are taking measures to ensure that the service can continue.
- 12.2 GR reported that paediatric pathology would soon be changing and that there would be 6



centres around the United Kingdom where paediatric pathology was situated.

12.3 Board members discussed how this may impact on the services and it was highlighted that until the Coroner Act is amended, the movement of bodies more than one jurisdiction away was still illegal.

### 13 **Forensic Autopsies in Road Traffic Deaths**

13.1 RP reported that the Metropolitan Police were delaying decisions to request Special post-mortem examinations for road traffic collisions due to money constraints. More often than not they were deciding to have routine coronial post-mortems as these were cheaper.

13.2 The Board discussed and agreed the need for Special post-mortem examinations for road traffic collisions and this was fully supported by DS, the ACPO forensic pathology lead.

13.3 One member believed that some guidance was necessary however it was stated that ACPO would not be changing the Road Traffic Death manual due to the need to reduce bureaucracy.

13.4 **ACTION:** DJ to Liaise with NC over the Thames Valley model of dealing with Road Death. Progress with the ACPO lead for a common policy.

### 14 **AOB**

#### 14.1 **Storage**

14.1.1 DJ asked for this subject to be deferred to the next meeting.

14.2

14.2.1

#### 14.3 **Dr Patel**

14.3.1 The GMC tribunal of Dr Patel is postponed until the New Year. The Tomlinson case will soon be in Court.

#### 14.4 **Human Tissue Retention**

14.4.1 It was reported that the next Human Tissue Retention Audit Gold Group meeting was to take place on 6<sup>th</sup> October 2011.

14.4.2 Some police forces were at the stage of being ready to tell families, however there were still forces that weren't ready.

14.4.3 The Gold Group cannot give any more guidance on the subject. It is now down to the individual forces to carry out the audit to completion.

#### 14.5 **Forensic Pathology Fees for 2012/13**

14.5.1 Members of the 'virtual' Finance and Contracts Committee were still negotiating next years' fee.

#### 14.6 **FSS ranked 5<sup>th</sup> in the World for Citations**

14.6.1 Since the demise of the FSS, GR's area will be the only active research facility in forensic work, however funding is required.

14.7 **Attendance at 2<sup>nd</sup> Post-Mortem Examinations**

14.7.1 DJ shared with members that an issue had arisen (as detailed in minute 3.2.3 above) in relation to whether there was a requirement for the pathologist who carried out the 1<sup>st</sup> post-mortem examination to attend the 2<sup>nd</sup> post-mortem examination.

14.7.2 Board members discussed this question, with some members saying that they did not think pathologists should be required to attend. It was pointed out however that according to the Code of Practice, pathologists were required to attend.

14.7.3 **ACTION:** DJ agreed to request this subject be put onto the agenda for the Regulator.

15 **PDB Meetings in 2011:**

15.1 The next meeting is currently scheduled for Monday 12<sup>th</sup> December 2011 in Conference Room 4, 2 Marsham Street; however members discussed the need for 4 meetings a year.

15.2 The Board agreed that the frequency of 4 a year may not be necessary but that dates for 3 meetings a year should be pencilled in for 2012 and moving forward to accommodate members' diary commitments.

15.3 **ACTION:** RW to cancel the meeting on 12<sup>th</sup> December 2011 and schedule a meeting in for late January 2012.

15.4 **ACTION:** RW to pencil in Board meeting dates for 2012 with the frequency of 3 meetings evenly spaced over the year.

There being no further business the meeting was closed.