

**PATHOLOGY DELIVERY BOARD**  
**Conference Room 5a, The Conference Suite,**  
**2 Marsham Street, London, SW1P 4DF**  
**1400hrs on Tuesday 31<sup>st</sup> January 2012**  
**MINUTES**



**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)  
Mr Colin Kettley (CK)  
Dr Roy Palmer (RP)  
DCC Debbie Simpson (DS)  
Ms Karen Squibb-Williams (KSW)  
Dr Marjorie Turner (MT)

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  
NPIA, Forensic Pathology Development Manager  
HM Coroner, Southern District of G. London  
ACPO lead on Forensic Pathology  
Policy Lead, Crown Prosecution Service  
Consultant Forensic Pathologist, Chair of the Royal  
College of Pathologists - Forensic Pathology Sub-  
Committee  
Minute-taker, NPIA

**Also in Attendance:**

Jeff Adams (JA)  
Mr Martin Bottomley (MB)  
Mr Kevin Connolly (KC)  
Mr James Lynas (JL)

Home Office, Forensic Science Regulation Unit  
(Guest and Observer)  
Greater Manchester Police, ACPO Homicide Working  
Group  
Staff Officer to DCC Simpson  
Winckworth Sherwood Solicitors (Guest)

**Apologies:**

Ms Judith Bernstein  
Dr Harry Millward-Sadler (HMS)

MOJ, Head of Current Coroner Policy, Coroners and  
Burials Division  
Forensic Science Regulator's – Forensic Pathology  
Specialist Group

**1 Welcome and Apologies**

1.1 The Chair wished to extend a warm welcome to two new members of the Pathology Delivery Board: those being Dr Marjorie Turner who is representing the Royal College of Pathologists as Chair of the Forensic Pathology Sub-Committee in the place of Prof Guy Ruttly, and Detective Chief Inspector Kevin Connolly who is staff officer to DCC Debbie Simpson in her new position as Deputy at Dorset Police and her continued role as ACPO lead on Forensic Pathology.

1.2 Board members introduced themselves for the benefit of the new members and their roles and representations are given above.

**2.1 Minutes and Actions from the meeting on 29<sup>th</sup> September 2011**

- 2.1.1 A slight amendment was offered to minute 3.3.10, as the eQA system should read as a 'multi-source feedback system' opposed to a "360° feedback system".
- 2.1.2 With this amendment, the members of the Board were happy to accept the minutes as a true and accurate record of the meeting which took place.
- 2.1.3 The actions were discussed and updated.

### 3. **Standing Items – Updates from:**

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

- 3.1.1 Although a committee meeting had not taken place since the last PDB meeting, a written note of the Registration and Training committee's (RTC) work since then was submitted to the Board.

1.



- 2. The RTC has decided to reduce its meetings to only have those when there is an application to consider. Therefore the committee will only deal with strictly recruitment and training. Any other business that is currently dealt with at the RTC will now be dealt with by the PDB.

#### 3.2 **The Disciplinary Committee**

- 3.2.1 Although a committee meeting had not taken place since the last PDB meeting, a written note of the Disciplinary Committee's (DC) work since then was submitted to the Board and was.

- 1. The disciplinary tribunal of Dr Shorrocks was adjourned part-heard on 18<sup>th</sup> November 2011 having sat for the week, and will re-sit on 2 separate dates, 1 sitting was 14<sup>th</sup> January and a further sitting will be on 31<sup>st</sup> March 2012. The tribunal panel are likely to take 2 - 3 months to deliberate and publish its findings.
- 2. A complaint has recently been received and is in the process of being evaluated. It has not been submitted to the committee.
- 3. The draft GMC Protocol this is a protocol about information sharing to reduce the number of cases which are subject to double-jeopardy. It is currently with the GMC for their approval.
- 4. The process involved in discipline is being reviewed. JA, JL DJ and MA had a meeting last week to discuss re-drafting the Disciplinary Rules. The final version will be circulated next week. It was stated that the Disciplinary Rules belonged to the Home Secretary and it was therefore for her to decide what she does with the consultation process. Once the final version has been completed a submission will be sent to the Home Secretary for agreement.

The principles of the new Rules were shared with the Board and discussed further.

Representation of Home Office registered forensic pathologists on a future disciplinary committee or panel was discussed at length with the consensus that the profession should be represented by the profession.

The chair discussed who would be responsible for drafting a submission to the Home Secretary when the new Rules were ready. It was agreed to make a discussion when appropriate.

3.2.2 A question as to why the process of the disciplinary tribunal took so long and it was suggested that lessons should be learned from this.

3.2.3 **ACTION:** DJ to produce a 'Lessons Learned' document following the recent tribunal and how it could be better handled in the future.

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

3.3.1 Dr Marjorie Turner thanked Prof Ruddy (not present) for submitting as written report on the activities of the Forensic Pathology Sub-Committee since the last PDB meeting on 29<sup>th</sup> September 2011.

3.3.2 The committee has not met since the last PDB meeting so there is little that can be added to Prof Ruddy's report.

3.3.3 The sub-specialty transfer to forensic pathology sub-specialty recognition is ongoing and the curriculum consultation closes on 31<sup>st</sup> January and will be submitted to the GMC in about a month's time.

### 3.4 **Group Practices**

3.4.1 The main issue for the members of group practices was the protocol but this would be discussed in agenda item 6.

3.4.2 A member from each group practice yesterday attended an Appraisers training course at the Royal College of Pathologists and are now full trained as Appraisers for their group practice. The members of the Board that attended the course found it to be helpful and informative. A pilot for appraisers will begin shortly and it is hoped that the PDB will support what has been set up for the forensic pathologists.

3.4.3 DJ explained that it was anticipate that the Responsible Officer would take on the existing package that had been put together.

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

3.5.1 The specialist group had not met since the last PDB meeting. A situation report was submitted by HMS, although he was not present to report on it. JA spoke on this item.

3.5.2 The first round of audit has been completed and the report finalised. It was noted that the standard of reports was far higher than when the audit was carried out by the former Scientific Standards Committee within the Home Office.

3.5.3 There were issues with the use of weighing mechanisms, forensic pathologists doing their own neuropathology work, and certain chemistry tests on neuropathology work.

3.5.4 One member made comment about point 4 within the submitted report to the Board as the member felt that the situation had not been resolved and that the paper should be amended to reflect that.

3.5.5 The second round of audit is now taking place although an issue has already arisen

which may be as a feature of the redaction process, one of the auditors pointed out that quite a few of the statements did not appear comply with the legal requirements for statements.

- 3.5.6 One member did not agree with item 4 of the FPSG update as the issue had not been agreeably resolved. The member wished the paper to be amended to omit point 4.
- 3.5.7 **ACTION:** JA to discuss point 4 with HMS and amend the submitted paper as necessary.
- 3.5.8 Another member also asked for clarification on what the word 'code' applied to in the context of point 4 of the report. It was confirmed that 'code' applied to the code of the audit not to the Code of Practice guidelines.
- 3.5.9 The purpose of the audit is to improve performance. It is designed in such a way that the auditor (who is a registered forensic pathologist) does not know who's report he or she is checking - although it is understood that due to the profession being small in number some auditors may be aware of another pathologists style and therefore total anonymity is not always possible.
- 3.5.10 Each pathologist is given code and only Dr Trevor Rothwell has the names and codes. It was agreed that the names referring to the codes would not be divulged unless there was a potential miscarriage of justice.
- 3.5.11 Prof Crane provided a presentation into the EQA system which is an internet based EQA system. The start up cost is £10 - £20k and the proposal looks very good. It's continued maintenance would be subscription based.
- 3.5.12 The Code of Practice has been amended to reflect recommendations for changes but will now be returned to the Royal College of Pathologists tomorrow.
- 3.5.13 The remaining points within the FPSG update were briefly reviewed.

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

- 3.6.1 The last meeting was on 20<sup>th</sup> January 2012.
- 3.6.2 Two issues had arisen from that meeting. One issue followed on from Prof Guy Rutty's talk regarding paediatric pathology centres being set up around the country. The HWG were looking at timescales and service solutions and have an agenda item which DJ will be updating on.
- 3.6.3 The second issue was regarding difficulty in the north east with sourcing expertise in eye pathology.
- 3.6.4 NC stated that this was an ongoing problem as there were only 2 specialists [REDACTED]. A lot of these cases were for babies in particular.
- 3.6.5 RD gave an example of a case where bone pathology was a specialism with dwindling numbers of experts willing to assist in cases, especially paediatric cases. A recent case took 2 months to find a specialist willing to take on a paediatric case.

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

- 3.7.1 CK produced a report to the Board by way of a written update.
- 3.7.2 His main concern was the decline in the number of cases being CCC'd. This could be a result of 2 things; 1. timeliness of data being submitted, or 2. a real decline in the

number of cases being CCC'd.

3.7.3 NC thought there may be a fundamental error in the spreadsheet formulas. RW confirmed that, that could be a possibility and would look further into it.

3.7.4 **ACTION:** CK to review the data and processes for collecting the data.

3.7.5 RP questioned the whole process of the CCC and this was discussed in detail including the review of the CCC guidance. The validity of the process was also questioned and discussed and it was accepted that it was limited in its capacity to rule out some incapacities.

### 3.8 **Current Home Office Register of Forensic Pathologists**

3.8.1 Noted by members. The membership of the Register is at its lowest to date and 1 out of the 10 trainees has resigned.

### 3.9 **Closure of the NPIA – Transition of PDB Secretariat**

3.9.1 This item was discussed within 3.1 but has been moved to 3.9 for ease of reference.

3.9.2 The Chair and head of the Police Science and Pathology Unit which act as secretariat to the PDB stated that the budget had been obtained for 2012/13 but there was no further guarantee of funding past that.

3.9.3 The profession has already lost 1 year of possible recruitment because of the embargo on the allocation of funding. DJ has met with the finance team and is due to put up a submission to Ministers regarding the potential for loss to the profession if funding cannot be guaranteed for trainees in the next 3 years moving forward.

3.9.4 The Chair stated that as part of the process the Home office recognised that certain long-term funding support continues.

3.9.5 Many members would have heard that Forensic Pathology will be moving back to the Home Office. However timescales are not yet known. It was accepted that the governance of the PDB would be subject to due diligence.

### 4. **Training Courses – Moving Forward**

4.1 MA shared with the Board that 2 one week training courses had been arranged for pathology specialism's such as neuro and paediatric with the emphasis in training them in the role of an expert witness (courtroom training) and is similar to that run for the trainee pathologists.

4.2 CPD workshops will also be run for registered pathologists and it is anticipated that there will be 2, two-day workshops, in July and September 2012. The programme has been circulated but there has not been any interest from anyone on the Register, so it would be helpful if members of the PDB could take this back to their group practices as appropriate.

4.3 MA confirmed that the courses were open to England, Wales, Scotland and Northern Ireland. He also confirmed that NC could open it up to members of the BAFM as requested.

### 5. **Protocol with the GMC concerning disciplinary issues**

Covered under the actions.

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

- 6.1 DJ opened the item by drawing the revised Protocol to member's attention. A version with tracked changes was distributed to members of the PDB along with a 'clean' version.
- 6.2 RD stated that he would like to distribute the Protocol to members of the Register to acknowledge the comments that had been received by members.
- 6.3 One comment was received in relation to the differences between Professional Indemnity and insurance of Pathologists.
- 6.4 The Board agreed that the Protocol would then be sent for Ministerial approval.
- 6.5 **ACTION:** The Chair asked for the Protocol document to be circulated to the PDB by 1<sup>st</sup> February, asking for comments within a week of circulation, ensuring that a version control sheet is attached to the document. **RW**
- 6.6 **ACTION:** Once the deadline for comments and amendments to the PDB Protocol has expired, the document should immediately be circulated to all Home Office registered Forensic Pathologists with a 1 month deadline. **RD**

## 7. **HTA Protocol – Update**

- 7.1 DJ explained that there are 2 Human Tissue Authority protocols that have been negotiated; the first one has been signed and is available on the internet. It is the undertaking of the HTA, that if they are considering regulatory action that they first consult with the police in the local area, the Home Office and any interested party which may be affected. The other part of that is that we will ensure there are contingency plans in place for forensic post-mortems.
- 7.2 The other protocol in negotiation, is the HTA prosecution policy that is currently with the Human Tissue Authority awaiting approval. This will then be placed on the internet.
- 7.3 There was a long discussion about section 12 with arguments around the use of mortuaries and who's responsibility it is to ensure that the mortuaries are up the standard necessary for a forensic post-mortem examination to take place. (Note: A recording of this discussion is available upon request.
- 7.4 **ACTION:** When the HTA Protocol is next reviewed (which takes place on a yearly basis) section 12 should be removed. **FP Team.** This was agreed by the PDB.

## 8. **Situation of Forensic Specialism's (formerly Forensic Neuropathology – Situation Update) now encompassing agenda item 10 – Future Paediatric Pathology**

- 8.1 DJ met with specialists in the fields of paediatrics and neuro-pathology over a year ago, to discuss the lack of availability of these specialists in forensic cases. A number of points were agreed and 10 issues were highlighted; such as: their necessity to take their own time off to give evidence in court, their requirement to attend court in person without the ability to give evidence remotely.
- 8.2 A number of these issues have been addressed in section 51 of the Criminal Justice Act 2003. DJ has been to see the ACPO Homicide lead, Chief Constable Jon Stoddart and it has been discussed within the Homicide Working Group to action. Expert witness pre-trial agreements before the court will assist with some of the issues.
- 8.3 When we organised the event in November 2011 for other specialisms, they said they

were willing to assist the police but pointed out that no-one is available to train them in criminal justice issues or working in court. The Forensic Pathology Section wish to rectify this issue by holding courses to enable specialists to gain greater awareness of their requirements as expert witnesses.

- 8.4 It may be possible to see if there are any more eye or bone specialists who may be able to assist with expert cases.
- 8.5 **ACTION:** Ask NC for contact details for bone and eye specialists in order to invite them to the CJS course. **MA**
- 8.6 **ACTION:** Write a submission to Ministers concerning the lack of bone/eye specialists (as highlighted by forensic pathologist Board members saying that NHS Trusts should have this as core business). **DJ**

## 9. **Revalidation and the Role of the Responsible Officer**

- 9.1 DJ explained the role of the PDB within the requirements for a Responsible Officer. The Department of Health agreed a change in the Responsible Officer regulations to make the PDB a tier 3 organisation for the purposes of the Responsible Officer. The Home office will be legally required to provide a Responsible Officer for all self-employed forensic pathologists.
- 9.2 One member stated that all registered forensic pathologists were keen to come under the umbrella of the PDB Responsible Officer; however DJ explained that an employer is in tier 1 and therefore responsible for the doctors within their employment. Because the PDB are in tier 3 they will not be able to appraise employed forensic pathologists.
- 9.3 The next stage will be to advertise the post and invite the wider forensic pathology community to apply for the position if the Board are in agreement.
- 9.4 Members discussed the application form and it was agreed to send it out for comment to all those who have been on the Appraisal training.
- 9.5 DJ will be sending it to the Department of Health and the GMC for comment before it is advertised to all pathologists within the United Kingdom.
- 9.6 **ACTION:** Circulate the RO advert for comment to all those pathologists who attended the appraisal training with a 2 week deadline. **DJ**

## 10. **Future Paediatric Pathology**

### 11. **Forensic Autopsies in Road Traffic Deaths**

- 11.1 A number of coroners have raised this as a inconsistency within England and Wales of police requesting a special post-mortem in road deaths.
- 11.2 A paper has been circulated by the Metropolitan police who has a system whereby a road death is graded. If the death is classed as A+ or A it attracts a special post-mortem examination.
- 11.3 DJ enquired whether this could be incorporated into the Approved Professional Practice in respect of Road Deaths. AH stated that this could be appropriate and revisions of doctrine would soon take place. AH recommended that DJ contacts Giles Herdale who will pass this on to the ACPO lead when appropriate.

### 12. **A.O.B**

## 12.1 **12.1 Storage – Code of Practice Amendment**

12.1.1 An amendment to the Code of Practice was discussed at the Regulator's meeting last week. The amendment is to be made in order to avoid the accumulation of files by forensic pathologists. The pathologists will be required to give up all unused material to the disclosure officer within the force of the case.

12.1.2 It is understood that there may be requirements by the GMC, for doctors to keep case notes for as long as necessary. This was discussed by members and noted that this was an action being taken forward by DJ.

12.2

[REDACTED]

[REDACTED]

## 12.3 **12.3 Human Tissue Retention**

Some news articles have been written around the country in relation to the retention of organs. Members discussed various articles.

DJ confirmed that the report was in its early stages and force figures would be verified nearer the publication of the report.

## 12.4 **12.4 Forensic Pathology Fees for 2012/13**

CK reported to the Board that Dr Cary and DCC Simpson of the Finance and Contracts Committee had been given the Options paper outlining the options available.

Board members were in agreement that the fee should remain at the current rate.

## 12.5 **12.5 Representation of Home Office Registered Pathologists on the PDB**

12.5.1 The PDB were made aware that concerns had been raised by one member that once all ex-officio members of the PDB had been selected due to re-appointment in their various organisations, there would no longer be a Home Office registered forensic pathologist on the PDB. The concern was that those forensic pathologists not within England and Wales would not be familiar with current issues affecting those on the Home Office Register.

12.5.2 Members around the table did not foresee a problem with this and concerns were allayed.

12.5.3 No further action from the PDB.

## 13. **Future PDB Meetings**

❖ **Thursday 17<sup>th</sup> May 2012** – The preference for this meeting was to hold it in London opposed to Dorset as previously agreed. Meeting Rm TBC

❖ **Thursday 27<sup>th</sup> September 11:00 – 13:30hrs – Conference Rm 3a**