



Minutes

Title of meeting	Pathology Delivery Board		
Date	1 st November 2016	Time	11:00hrs
Venue	Conference Room 4, 2 Marsham Street, London, SW1P 4DF		
Chair	Mr Alan Pratt	Secretary	Mr Dean Jones
		Copies to	Ms Sonya Baylis

Attendees

Dr Jeff Adams (JA)	Forensic Science Regulation Unit, Home Office
Mr Martin Allix (MA)	Forensic Pathology Officer, Home Office
Ms Sonya Baylis (SBa)	National Crime Agency
Mr Mark Bishop (MBi)	Operational Policy, Crown Prosecution Service
Dr Simon Bramble (SB)	Head of Regulatory & Strategic Support Unit, Home Office
Ms Caroline Browne (CB)	Head of Regulation, Human Tissue Authority
Mr Martin Bottomley (MB)	National Police Homicide Working Group
Dr Nathaniel Cary (NC)	Chair of the Forensic Pathology Specialist Advisory Committee, Royal College of Pathologists
Dr Naomi Carter (NCr)	President of the British Association in Forensic Medicine
Prof Jack Crane (JC)	The Board's Independent Responsible Officer
Dr Russell Delaney (RD)	Forensic Pathologist, Group Practice representative
Mr John Foster (JF)	Operational Forensic Consultant, Metropolitan Police Service
Ms Brenda Jones (BJ)	Representing the Chief Coroner's Office
Mr Dean Jones (DJ)	Forensic Pathology Manager, Home Office
Mr Glenn Palmer (GP)	Head of Coroners, Burials, Cremations & Enquiries, MOJ
DI Mark Samuel (MS)	Representing Chief Constable Simpson, Dorset Police
Mrs Rachel Webb (RW)	Minute-taker, Home Office
Dr Fiona Wilcox (FW)	H.M Senior Coroner for London (Inner West), representing the Coroners' Society of England and Wales

Apologies

Det Supt Kevin Connolly (KC)	Representing Chief Constable Simpson, Dorset Police
Mr Russell Jackson (RJ)	Representing the Homicide Working Group
CC Debbie Simpson (DS)	National Police Lead on Forensic Pathology
Ms Jo Taylor (JT)	Representing the College of Policing

1. **Welcome and Apologies**

1.1 The chair opened the meeting by thanking those present for attending. Members were asked to introduce themselves for the benefit of new members. The apologies above were noted.

1.2 It was also noted that the Board had recently welcomed Mr Glenn Palmer, head of Coroners, Burials, Cremations & Enquiries within the Ministry of Justice who replaces Ms Judith Bernstein, joint head of the same division.

2. **Minutes from the meeting on 25th May 2016**

2.1 The minutes were agreed as an accurate account of discussion that took place within the meeting, notwithstanding a slight amendment to the use of initials within the attendees.

2.2 **Actions from the previous meeting**

2.3 DJ went through the actions of the previous meeting in chronological order as follows:

2.4 PDB25052016, item 3.6.2 – Report discussed within item 3.6. Action completed.

2.5 PDB25052016, item 4.4 – Potential redraw of group practice boundary areas – this was a Hutton recommendation to redistribute the workload to ensure that Home Office registered forensic pathologists stay within the recommended workload of between 20 – 95 police cases per year. DJ presented the board with an options paper on possible scenarios; however the message from the group practices was that they did not wish to redraw group practice boundaries. Action completed.

2.6 One of the main drivers for a boundary change had come from the Wales Institute of Forensic Medicine (Mid & South Wales & Gloucestershire Forensic Pathology Group Practice) situated within Cardiff University, which was undergoing a review; with one option being the disbanding of the group practice. Although the university had not yet completed its review, the pathologists have been assured of continued employment until September 2017.

2.7 The board members were concerned that its responsibility was to maintain a service to the police in the south Wales area and so continuity of service was paramount. DJ assured the chair that a service would be maintained whatever the outcome of the Wales Institute of Forensic Medicine, with neighbouring group practice areas absorbing the caseload of approximately 80 per annum. This was accepted by members.

2.8 PDB25052016, item 4.8 – Discussed within other agenda items. Action completed.

2.9 PDB25052016, item 4.10 – Critical Conclusion Checks (CCC's) - There was concern at the last PDB meeting that group practices were not conducting CCC's in 100% of police cases. The results of cases carried out within Q2 2015 (1st April – 30th June) showed that there was almost 100% compliance, with only 11 cases outstanding. These cases were reported to be waiting on specialist test results.

2.10 Members discussed the need to understand where the delays were in reports being

completed and subsequent delays of evidence going to court. The chair felt that there was a requirement for better insight into this and suggestions from members were to gather information on the date that the CJS statement is signed. All members agreed that the way forward would be to gather more information. Action completed.

- 2.11 **ACTION:** RW to collect additional data within the quarterly returns, namely the CJS statement date.
- 2.12 PDB25052016, item 4.15 – Review storage facilities – this Hutton recommendation was in response to the need for storage of files holding such documents as forensic contemporaneous notes and photographs from retiring pathologists. The FPU applied to use the facilities at Forensic Archive Ltd, however following a review by the Home Office, the recommendation was that they should not receive further material, as the intention was to gradually wind down the facility over time.
- 2.13 JA as part of the Forensic Science Regulator's, Forensic Pathology Specialist Group (FPSG) has produced a draft document which covers storage in general and should incorporate best practice and minimum standards for the storage of pathologist's files. This will be reviewed in the Code of Practice guidelines.
- 2.14 Members discussed the different facilities for storage, methods of storage and the subsequent security risks and/or arrangements for that storage, whether it is kept electronically or as paper files, or both.
- 2.15 JA confirmed that this matter was to be discussed at the FPSG meeting in the afternoon. The aim is that the drafted document becomes a College of Policing (CoP) document setting out how all forensic material, including pathology material is held. This would be incorporated into a standardized CoP document on retention as there are inconsistencies across some areas of forensic science. Members were content that their views would be represented at that meeting. The board was also content that this would alleviate the issue. Action in progress.
- 2.16 PDB25052016, item 4.17 – Training in multi-cultural issues – The board embraced the recommendation that forensic pathologists should be aware of the racial and religious requirements for the diverse population that is served in England and Wales. Members believed it was the fundamental principle of being a doctor to treat everyone equally and respectfully. The board had recognised the issue raised within Professor Hutton's report; which highlighted a call by people with religious backgrounds having funeral rights that were incompatible with the current investigation of death. However this was outside of the remit of the board and more of a problem with routine post-mortem examinations than forensic. It was noted that it was a legal requirement of the coroner to investigate the cause of death using the tools available within the current system.
- 2.17 It had been raised as a recommendation which the board had looked at and debated, at length. The board was reassured that it is not a practical issue which requires specific CPD nevertheless it will be encouraged moving forward in implementing the wider Hutton recommendations. Action closed.
- 2.18 PDB25052016, item 9.3 – Status of the emeritus register - The emeritus list has now been decommissioned. Action completed.
- 2.19 PDB25052016, item 10.2 – Histology in forensic post-mortem examinations – Caroline

Browne has clarified the legal position in respect of blocks and slides in her letter of 17th October to members of the register. It confirms that tissue held for a criminal justice purpose is exempt from the Human Tissue Act 2004 by virtue of Section 39.

2.20 PDB25052016, item 11.1 – Next PDB meeting. Action completed.

2.21 PDB25052016, item 12.2 – Care quality Commission change in remit. No further action required. Closed.

3. **Standing Items – Updates from:**

3.1 **Complaints**

3.1.1 The board was content with the way in which complaints were handled by the board's secretariat.

3.2 **The Royal College of Pathologists**

3.2.1 There was nothing of note from the College and its points of interest were for discussion further within the agenda.

3.3 **Group Practices**

3.3.1 No issues to report.

3.4 **The Forensic Science Regulator's Forensic Pathology Specialist Group (FPSG)**

3.4.1 JA presented his paper update on the work of the FPSG, of particular note was:

3.4.2 The Code of Practice and Performance Standards for Forensic Pathology in England, Wales and Northern Ireland were now in the process of being redrafted and are out for consultation with the view of issuing the new version in 2017.

3.4.3 The Forensic Science Regulator's 2015 Audit on forensic pathology reports had now been published. A number of issues resulting from the audit and that of previous audits were subject to ongoing work and issuing of advice.

3.4.4 The document 'Legal Issues in Forensic Pathology and Tissue Retention' has been updated to reflect the legal position of the foetus and still-born child and the consequences of that position on examinations of such remains.

3.4.5 Guidance on sampling from deceased bodies for forensic science purposes (trace evidence and toxicology) has been drafted. Consideration is now being given to the order of some of these examinations.

3.4.6 The use of imaging methods as an adjunct to the post-mortem examination is increasing. The outline of the standard of imaging to be used in forensic pathology was to form the basis of discussions with the governing bodies to establish whether this can be incorporated into existing standards or whether a new documented was needed.

3.4.7 The Forensic Science Regulator has agreed to provide ongoing, independent oversight of the revalidation process for forensic pathologists. The Home Office Forensic Pathology Unit has provided a report for 2016 for discussion within the next FPSG meeting.

3.5 **National Policing Homicide Working Group (HWG)**

3.5.1 MBo was concerned that cases that did not meet the criteria of the ongoing study were

filtering through to the Home Office and subsequently out to police forces.

3.5.2 **ACTION:** A reminder, reiterating the requirement for cases that were scheduled for a routine post-mortem examination before being referred for a forensic examination to form part of data return from group practices for this specific study, should be sent to practices/pathologists. FPU

3.6 Forensic Pathology Management Information

3.6.1 RW produced a report detailing observations of the number of cases being carried out by Home Office registered forensic pathologists over the last 4 financial years.

3.6.2 Contrary to calculations in mid 2015 there has been an upward trend in the number of cases being carried out by members of the register. The decline seen in 2013/14 has now been reversed, with figures showing the number of cases referred to forensic pathologists in 2015/16, is 85 cases higher than the caseload in 2012/13.

3.6.3 Members discussed the disparity between forces when looking at the percentage of homicide within force areas; however it was noted that some forces covering smaller areas may only have 1 or 2 homicide cases a year and carry out only 2 – 4 forensic post-mortem examinations in that period, therefore equating to inconsistent percentages.

3.6.4 The recommended lower and upper limit of caseload for each pathologist (20 - 95) was brought in following concern that without sufficient cases a pathologist's continued professional development and lack of consistency in cases was deskilling. The reason for the upper limit was a concern that an unmanageably high caseload would be unsustainable for the pathologist and put pressure on them which in turn might affect timeliness of reports. The chair commented that if there is a legitimate concern then a pathologist being consistently above the recommended upper limit was not acceptable.

3.6.5 The ideal caseload for each pathologist is 60 which was calculated based on pathologists workload, balancing out the most difficult and time-consuming cases with that of the more straight-forward cases. It was also based on 70% of an NHS consultant level employees working week, with 30% being devoted to professional development; therefore 60 should equate to a full time job. Members were concerned that going above that figure would have a detrimental impact on the work/life balance of a pathologist.

3.6.6 DJ explained the measures that he implemented in such cases and was hopeful that the addition of 3 new members to the register would alleviate the pressure on the pathologist's caseload in some group practices.

3.6.7 The chair was interested to see the interrelationships between different parts of the system: a mapping of the number of cases within a group practice area, how they are processed within the practice allocation system, and how that maps onto each forensic pathologist.

3.6.8 The chair concluded that the board wished to see a sensible workload for all members of the register and that if forensic pathologists are repeatedly above the threshold level then it is a danger sign. The board would not expect to see or tolerate this on a long term basis. It is understandable that there should be peaks and troughs; however a continual pattern would indicate a failing of the pathologist to pay attention to the control guidelines.

3.6.9 **ACTION:** Map overall caseload of each group practice against available pathologists that

are able to respond to that caseload and reinforce the role of the group practice in helping to smooth the balance of caseload within tolerance levels.

- 3.6.10 NC brought up the additional point of resilience of the service, especially when under strain of a mass event such as a terrorist incident. NC wished to see more registered forensic pathologists on the list.

3.7 **Appraisal and Revalidation**

- 3.7.1 JC formally let the Board know that when he steps down as State Pathologist in April 2017 he will also step down as the Board's Independent Responsible Officer (BIRO) at the same time. Therefore the Board need to consider a new RO now. JC was open to a transition period.

- 3.7.2 The chair and members of the board wished to take this opportunity to formally thank JC for his huge amount of work and goodwill that he had put into supporting the profession and this board and wider community.

- 3.7.3 **ACTION:** HO FP team to start the open competition RO recruitment process.

3.8 **Training Courses for Pathologists**

- 3.8.1 MA produced a paper detailing the different courses that he had organised for pathologists, namely:

3.8.2 **Criminal Justice/Forensic Eye Pathology Training**

The one week criminal justice training course which took place at Harperley Hall, College of Policing, was in July and was dedicated to forensic eye pathology as part of the effort to encourage pathology practitioners to engage in the specialism in order to build some resilience for the future.

- 3.8.3 Feedback was excellent, and 5 out of the 10 delegates stated that as a result of attending, they would actively seek to undertake further 'on the job' training in the specialism, with a view to eventually taking on police case work.

3.8.4 **Criminal Justice/Forensic Neuropathology Course 2017**

It is proposed that next year's criminal justice training course will be dedicated to forensic neuropathology. Initial planning for this is already underway. It is hoped that (like the forensic eye pathology course), this will attract established neuropathology consultants who are interested in taking on medico legal case work to assist Home Office registered forensic pathologists in their investigations. The course will take place at the College of Policing Harperley Hall on the week commencing 17th July 2017.

3.8.5 **CPD Event for Forensic Pathologists**

The first Home Office sponsored, one day CPD event for forensic pathologists, was held at Ryton on Dunsmore, College of Policing, and was attended by twenty plus practitioners from around the UK.

- 3.8.6 The day's programme consisted of a variety of lectures and presentations on topics such as forensic eye and bone pathology and a presentation on research into bridging veins and was arranged following concerns from both pathologists on the Home Office register and

the BIRO, that some members of the register did not have enough opportunity to gain CPD points to support their annual appraisal and future revalidation. The BIRO felt that it was the board's responsibility to host such events and so MA had provided the first of these. One member of the board recommended the subject matter of the annual CPD event remain specifically aligned to forensic pathology and not become too broad, otherwise it was likely that some members of the register would decline to attend.

3.8.7 Members of the board who attended the CPD event thanked MA for organising it. The day was considered worthwhile and informative, and it is intended that this will now become an annual event. The chair thanked MA for his work and asked him to continue to arrange them in the future.

3.8.8 **ACTION:** For future CPD events send out a standing invitation to the right technical audience and a representative invitation for the wider criminal justice interests.

3.8.9 **ACTION:** Produce a 'medium-weight' synopsis to provide information on the day without getting into technical detail.

3.9 **Home Office Register of Forensic Pathologists ('the register')**

3.9.1 The register is available at: <https://www.gov.uk/government/publications/home-office-register-of-forensic-pathologists-february-2013/home-office-register-of-forensic-pathologists>. No amendments to membership have been made since the board last met.

3.10 **Forensic Pathology Trainees Update**

3.10.1 MA provided board members with a list of those doctors currently in forensic pathology training posts in Leicester, Liverpool and Newcastle.

3.10.2 Board members discussed pathways for trainees to enter the profession and obtain Home Office registration. Capacity for the addition of new consultants was an issue. Members considered that a rolling placement programme with continued funding from the Home Office would ensure that trainees are not lost before membership can be sought in a group practice and registration obtained.

3.10.3 **ACTION:** The chair asked for a position paper on this for the next meeting and to develop an agenda item on the wider issue of pipeline and training routes into the profession.

4. **The Hutton Review Recommendations Update of Progress**

4.1 Since the completion of Professor Hutton's review the Home Office Forensic Pathology Unit has been consulting with stakeholders on a range of options for implementing the Review's recommendations. This includes an assessment of the strengths and weaknesses of various options to take forward the main recommendation of establishing a 'National Death Investigation Service'.

4.2 Although there has been a change in minister following the EU referendum there has been no change in the course of direction and so, recommendations on the preferred option was presented to Home Office ministers in October 2016.

4.3 There will be a meeting with the minister on 2nd November to discuss a way forward.

- 4.4 The Chief Coroner's report 2016 which was published in September supports the Hutton Report in respect of coronial pathology issues.
5. **Forensic Pathology Research into 33 cases – Recommendations Update**
- 5.1 Following on from the previous item DJ submitted a paper on the current status of the actions against those recommendations within the study into 'Decision Making at the Initial Scene of Unexplained Death'.
- 5.2 Members were content with the update provided on the recommendations and actions as well as the tactical Hutton actions.
6. **2017/18 Forensic Case Fee Uplift**
- 6.1 As the board would not be sitting until after the next financial year begins, MA wished to notify the board that the Home Office would start opening the lines of negotiation between the NPCC and the BAFM for the 2017-18 forensic post-mortem case fee. The fee is negotiated in line with the public sector average pay award, which has of late seen a 1% rise.
- 6.2 The current fee is £2540 for cases where police retain human tissue in licensed police facilities, and £2560 where forensic pathologists pay for human tissue to be retained in licensed forensic facilities.
- 6.3 Members discussed the coronial case fee which has remained unchanged for the past 20 years at £96.80; and the difference between the forensic case fee and the coronial case fee with the latter being stated in regulations owned by the Ministry of Justice. There is a mechanism of bringing the coronial case fee in line with current market demands and this is a matter for the Chief Coroner to pursue with the Ministry of Justice.
7. **Redrafting of the Appendices of the 'Protocol For Membership of the Home Office Register of Forensic Pathologists'**
- 7.1 MA's proposed amendments to the appendices of the 'Protocol For Membership of the Home Office Register of Forensic Pathologists' and had circulated these with the board papers.
- 7.2 The pathologist members of the board discussed the need for careful wording around the use of imaging within the Critical Conclusion Checks appendix as the uncertainty about whether the reviewing pathologist should or should not view the photographic evidence could delay the completion of the Critical Conclusion Check.
- 7.3 **ACTION:** MA to send out original protocol appendices to member of the register with tracked changes by BAFM Council meeting on 17th November and to request feedback by 31st January.
8. **Organ Specific Forensic Pathology Update**
- 8.1 The HOFPU has been working to raise awareness of the requirement for organ specific forensic pathologists to assist Home Office registered forensic pathologists in forensic investigations.

- 8.2 Following the forensic eye pathology course in July, various pathologists in different specialties have agreed to take on ophthalmic pathology to assist in the forensic examination of eyes. This marks success in this particular area of interest as there are only 3 consultants in this field, 2 of which are nearing retirement.
- 8.3 MA is going to run a similar course for neuro pathologists in 2017 and it is hoped that this will encourage more neuro-specialists to engage. Additionally MA managed to get another bone pathologist to agree to do police case work.
- 8.4 In the background the HOFPU are keeping on top of situation by actively encouraging organ specific pathologists to engage in police cases and liaises with Sonya Baylis (SBa) within the National Injuries Database team at the National Crime Agency (NCA) which maintains a register of other specialists.
- 8.5 SBa confirmed that 180 medical/forensic experts are now on their National Injuries Database (NCA) list, including paediatrics and other medical experts. The National Injuries Database team do not accredit the experts but provide suggestions based on references from the police, their medical qualifications, experience, costs and timescales. The National Injuries Database team carry out checks into their professional accreditation and registration of practitioners, ensuring they have a license to practice. They also gather information into the expert's level of performance operationally and their court experience so that they can give a level of assurance to the police.
- 8.6 If there are issues with the expert, then they are raised or whether there is a gap in availability, this will be raised with the HOFPU.
- 8.7 There is also the Specialist Operations Centre's Expert Advisers Database (NCA), which lists a wider range of advisers including those in CCTV, psychiatry, podiatry, etc, for law enforcement. This database is separate from the National Injuries Database Medical List which stores details of medical experts for law enforcement only including pathology experts and organ specific pathologists. The introduction of the paediatric organ specific experts process was launched in July this year having been presented at the National Child Death Conference in March 2016 and advertised in their professional magazine, making forces aware that for these types of experts they should consult the National Injuries Database team (NCA).
- 8.8 Some members suggested that the information would be of great benefit to coroners who are independent and require an expert to assist in some cases whether forensic or coronial.
- 8.9 JF stated that the Metropolitan Police Service also has a list of medical experts they maintain, including their fees and response times and he was happy to share that with FW.
- 8.10 **ACTION:** Sonya Baylis and John Foster to collate their lists of specialists to ensure that the lists are up to date.
- 8.11 The chair agreed that it was important to reflect on the important work that had been progressed over the last 2 years in respect of recruitment of paediatric and organ specific pathologists.

9. **Home Office Forensic Pathology Unit involvement in Coroner's Officers training**

9.1 DJ wished to share with the board that he and MA have been invited by Senior Coroner Derek Winter to attend a 2-day national Coroner's Officer training event, with a view to looking at the training provided and next year, and help to deliver some training relevant to forensic pathology. Although there will be seven events next year which will pose a large commitment, it was thought that this will be of long term benefit to the profession and to coroners.

10. **Standardisation of the Critical Conclusion Checking process**

10.1 JC stated that appraisers have concerns about how CCC's have been carried out. JC set out in his paper that the CCC process and recording of the fact that a CCC has taken place, needs to be standardized.

10.2 The pathologist members of the board described the CCC process and sign-off that takes place within their respective group practices.

10.3 JC confirmed that the information had come to him confidentially and as the board's independent responsible officer, his responsibility was to ensure that the mechanisms in place for CCC were being adhered to.

10.4 Members discussed the importance of CCC's and the implications to both the pathologist being checked and the checker if there is not a robust, reviewable system of checking reports.

10.5 The chair said that there was an opportunity in putting out the guidance to reinforce the importance of the CCC in the first place; stating that this is the opportunity to review and reinforce good practice to ensure consistency.

10.6 The chair would welcome a working group of pathologists to take this issue forward and prepare a substantive response to the next board meeting; that builds on the work of the Protocol appendices work in January and broadens the scope of that work. The Board would welcome concrete examples of where this has not been working as well as it might.

10.7 **ACTION:** FPU to initiate a working group of pathologists from the group practices to produce a standardized method for CCC certification and report back with a proposal in time for the next meeting.

11. **Future PDB Meetings**

11.1 ➤ 17th May 2017, 11:00 – 13:30hrs – Conference Rm 6, Home Office HQ

12. **AOB**

12.1 **PDB Support for Appraisal and Revalidation of Dr Richard Bonshek**

12.1.1 Dr Richard Bonshek a forensic ophthalmic pathologist has copied a letter to the Home Office informing the FPU that he is retiring. Dr Bonshek has agreed to continue to take on police work until those training in this field are ready to take over. However, once he retires and is no longer employed he will not have a prescribed connection with a designated body; therefore he will not be able to follow the appraisal and revalidation

process to maintain his license to practice.

12.1.2 Therefore the board will allow its responsible officer to act as 'Suitable Person' to Dr Bonshek as it has done with other specialists who have agreed to take on police work following retirement. Dr Bonshek will be supplied with an annual appraisal using Home Office selected appraisers and the board's independent responsible officer, acting as a suitable person will make recommendations to his revalidation.

12.2 **Time of death interval research and decomposition research – Huddersfield University**

12.2.1 Huddersfield University are keen to open a body farm and have approached the Home Office to send a letter of support, however the Home Office has declined to support its work. There are 6 'body farms' in America and 2 in Australia. There were no dissenting views from the board on this subject.

12.3 **Secure email addresses**

12.3.1 This subject was visited 3 years ago, when Colin Kettley from the Home Office FPU asked all members of the Home Office register whether they would like a CJSM secure email account for the transmission of sensitive material like photographs.

12.3.2 Some have taken up this email facility and the Home Office FPU are of the mind that all members of the register should be using some form of secure email transmission. DJ is offering all members of the register sponsorship in order to give them a CJSM email account.

12.3.3 Members of the board who had the system reported the difficulties they had faced with the CJSM system, from the inability to attach files to emails, to the inability to reply to incoming emails at all. It was suggested, that if members of the register are required to have a secure email system, that alternative systems are looked into.

12.3.4 The chair agreed that it was a solution of its time, not the easiest or efficient, however it is what there is at this time and if the government decides that a secure email system is required, then it has to be a government approved system.

12.3.5 SBa said that the NCA has advice on the required level of encryption for all the doctors that are on their list of expertise and that she was happy to pass this to DJ.

12.3.6 **ACTION:** SBa to forward to DJ, guidelines for the required level of encryption for transmission of information via email; which should be used to inform the government on a way forward with advice for pathologists on the use of email.

12.4 **Proposed Amendment to the Suitability Rules**

12.4.1 The Home Office FPU proposes an amendment to the Suitability Rules, previously known as Disciplinary Rules. The Home Office has recently received complaints against Home Office registered forensic pathologists, where, by following the Suitability Rules, it has been identified that the addition of a disposal mechanism for a complaint is required. A complaint may be valid; however the fault does not lie with the pathologist, but with management within the group practice.

12.4.2 Amending the Rules to accommodate the addition of a disposal mechanism for such complaints will ensure that the complaint is suitably dealt with and in line with the Rules, without following a route with wholly inadequate sanctions.

There being no further business the meeting was closed at 1.15pm.