



Forensic Pathology Specialist Group (FPSG)

**Minutes of the meeting held on 21 May 2019
Home Office, 2 Marsham Street, London, SW1P 4DF**

1. Opening and welcome

1.1 The Chair welcomed all to the meeting. See Annex A for a list of representatives present.

2. Minutes of previous meeting and matters arising

2.1 The previous minutes were approved with no further comments. The minutes were published on Forensic Science Regulator's website.

2.2 Most previous action points were completed or included in the agenda of this meeting.

2.3 Action 1 -The Group was updated that progress of the imaging standards draft was on hold until the discussion on Code of Practice was complete.

2.4 Action 4 - Guidance on photographs has been obtained and the draft of the Code of Practise has been updated to include that pathologists should not normally take photos themselves independently in a forensic autopsy, but if they must, they should clearly state they have done so. This update was approved by the Group.

2.5 Action 9 -The 2017 audit report has now been published.

2.6 Action 11 – Dr Hamilton has agreed to act as a member of the audit team.

2.7 Action 12 – Dr J Bolton from Newcastle has been recruited and the team is now fully operational.

2.8 Action 16 – The document is being reviewed in consultation with the Crown prosecution Service.

2.9 Action 17 - A letter containing guidance on collecting samples from corpses that had been interfered with was sent to all members of the Group. The guidance states it should not be an issue for forensic pathologists to take these samples, no practical or legal difficulties were identified. While there are no legal blockers from police crime scene staff obtaining the sample, forensic pathologists are in the best position to do so. The family would not have to provide permission, but the issue would be discussed with the family. The letter will remain in the current format unless any strong views to another format were raised.

2.10 It was noted that if a forensic pathologist was to take samples at a funeral home for non-CJS purposes (e.g. a DNA sample in relation to burial at sea), the premises would have to be licensed by the Human Tissue Authority.

3. Code of Practice

3.1 Current draft has been distributed and comments were requested.

3.2 Regarding 'organ donation' in section 3.3; The statements regarding organ donation were valid, while they were based on an existing document agreed by police, coroners and East Midlands forensic pathology practice some terminology had been updated. Guide for non-forensic pathologists (published by college) should appear in the near future. It was ensured that guidance on practise relating to the wishes of those related to deceased was included. The Chair asked how common it is that forensic pathologists should recommend against donation due to the pattern of injuries and potential medical legal consequences. It was noted that saying 'no' was rare. The donation is usually agreed but may exclude specific organs depending on cause of death/ level of trauma. No further comments on organ donation in the draft document were provided and no further changes were requested.

3.3 The draft contains proposed text to make clear that post mortems in forensic investigations should be the responsibility of forensic pathologists and not anatomical pathology technologists (APTs). APTs can aid under guidance of the forensic pathologist. It was suggested that this guidance should be passed on to The Royal College of Pathologists to recommend in non- forensic investigations that the work should be carried out by the pathologist and not solely by an APT, but it was noted the College was already aware and reviewing. It was noted that the draft states all stages of the examination must be in the presence of the forensic pathologist. It was acknowledged that this is unreasonable for some stages of the investigation and the wording could be changed to state a 'suitably qualified medical professional' or similar wording, with roles such as anthropologist or odonatologist being specified. It was commented a line pertaining to forensic pathologists giving evidence in the criminal justice system may be superfluous.

Action 1: Forensic Science Regulation Unit (FSRU) representative to update the Code of Practice wording to indicate a suitably qualified medical professional should be involved at all relevant stages of examination.

3.4 There is nothing in the Code that specific addresses the issue of post- mortems on children. There is a proposed text that can be inserted regarding this, additionally the text could also be added into the Royal College of Pathologists guidance. The wording was preliminarily agreed but a question was asked to clarify why the text stated up to age 16 years old, not 18 or 12 years old (12 being the age after which physiological effects of drugs/ treatment do not differ from adult). It was clarified that this related to when a paediatric pathologist should be involved. It was agreed that the age should be increased to 18 years old, clarifying that a forensic pathologist should always be involved, and a paediatric pathologist consulted at the forensic pathologist's discretion.

Action 2: FSRU representative to update the Code of Practice age of paediatric patient to be revised to 18 years.

3.5 There is a proposed amendment to the draft code regarding the use of less invasive autopsy in criminal investigations. The Code currently states that these less invasive examinations are not sufficient. The amendment proposed that in specific criminal justice cases it may not be required to do the full invasive autopsy; for example, in some road traffic accidents (RTA) or in homicide cases caught on CCTV. It was noted that even with the amendment, a forensic pathologist would still be involved in all stages. For the record, it was stated the Hutton Report recommended this a number of years ago, stating that the Code of Practice should be reviewed to consider if the autopsy should be more tailored to the individual circumstances of each case so as to be more cost effective and reduce unnecessary examination, considerations should also be given to defining a minimum high quality photographic set of stills that are timed and dated and clearly set out the details of the external and internal examinations of the body and relevant organs. The point was debated, and it noted extreme caution was required but it was agreed that text would be drafted to outline that an exception to the code was allowed in some RTAs and in other situations where the code was deviated from, very careful case-by-case analysis was required, and a clear statement of the reasoning is included. The draft should specify this may change in the future.

Action 3: Code of practice: FSRU representative and Forensic Pathology Unit representative to draft text pertaining to exceptional cases wherein full invasive autopsy is not required in criminal justice cases, to be approved by the Group.

4. Audit 2018

4.1 A representative from the British Association in Forensic Medicine was requested to provide an update on audit of cases which this year covers death of an infant and death in the workplace. It was stated that all cases have been submitted and were awaiting review, aiming to complete in August 2019. It was noted that the tone of language in some of the audit comments was critical and may be managed better as some of the cases in question had not yet gone to court.

5. Audit 2012

5.1 The 2012 audit highlighted cases being sent for non-forensic post mortem examination when that may not be appropriate. A draft of a document regarding indicators of suspicion was circulated, comments were invited by the Chair. One Member commented on whether the title was appropriate, and it was confirmed this is a working title only. It was noted there should be a statement to identify the certain circumstances in which cases must proceed to autopsy by a forensic pathologist, including cases of deaths in hospitals that might be related to malpractice or technical area. Comments were largely positive, and the document will be progressed to the next stage taking onboard suggestions.

Action 4: Royal College of Pathologists representative to update the guidance report to include circumstances in which cases must be referred to forensic pathologist.

6. Documents- approval

6.1 Regarding the use of 'excited delirium' as a cause of death, it was agreed this is a description as opposed to a cause of death. The document was approved.

6.2 The report on post-mortem sampling for forensic science laboratory investigation had been debated a number of times. It was noted that the document includes recommended content for crime scene investigators, including what equipment is required. It was recommended to amend this to equipment that should be available during the case, as opposed to in every kit. The amendment was agreed.

Action 5: FSRU representative to update the post mortem sampling report to reflect required equipment availability.

6.3 A document pertaining to legal issues in forensic pathology and tissue retention has been discussed previously. This was further updated following recent problems with examination of fetuses and still born children, with written modifications to include a section to set out the legal position on tissue retention, with wording agreed with the Human Tissue Authority. Another significant change in the document pertains to how class 3 tissues are defined following being put in a block. A comment was made regarding retention of tissue for educational purposes, and it was agreed this would be included in the document.

Action 6: Legal issues in forensic pathology report; clarifications regarding tissue retention as agreed with Human Tissue Authority to be included. British Association in Forensic Medicine representative to email FSRU representative with this information.

7. Document review

7.1 A document was debated pertaining to inclusion of confidential medical history comments in a forensic pathologist's report and it was agreed that they should be included if relevant to the death. However full medical history irrelevant to death should not be included.

7.2 A document relating to time of death estimates based on heat loss from the body was discussed. It was agreed there is no need to change the document.

7.3 Pertaining to a report regarding the provision of tissue to the defence was published several years ago, it was stated that very little has changed since publication. It was noted that it includes a statement regarding having written permission, including email permission, from the police about releasing slides and sending by special delivery to forensic pathologists, and it was agreed this is still appropriate. It was agreed there were no other comments.

8. Reporting requirements

8.1 The Group was updated for information only that Criminal Procedure Rules were changed in two ways. The first was to limit the number of 'assistants' which had to be

named in any report. Secondly, to include that there is now a legal obligation of any expert witness to disclose information that may undermine their credibility.

9. Any other business

9.1 Clarifications on the imaging document were made, it was agreed it would be restarted.

9.2 The next meeting is planned for November 2019.

Annex A

Representatives present from:

University of Bristol (chair)
Forensic science Regulation Unit
Human Tissue Authority
President – British Association in Forensic Medicine
The Crown Office and Procurator Fiscal Service
University of Leicester - PDB Responsible Officer
State Pathologist for Northern Ireland, Department of Justice
Ho Science Secretariat
Forensic Pathologist – Crown Office and Procurator Fiscal Service
National Police Chiefs' Council Homicide Working Group
Forensic Pathologist - British Association in Forensic Medicine
Forensic Pathologist - British Association in Forensic Medicine
Forensic Pathologist - British Association in Forensic Medicine
Royal College of Pathologists
Forensic Pathology Unit, HO