



Home Office

Protocol for membership of the Home Office Register of Forensic Pathologists

October 2019

1. The purpose of this document is to set out the expectations that the Pathology Delivery Board (PDB / 'the board') has of members of the Home Office Register of Forensic Pathologists ('the register') in their dealings with the criminal justice system. This protocol does not create and is not intended to create any employment or other contractual relationship between you and the home secretary, the Home Office, the board or any organisation which hosts the PDB. Any appendices attached to this protocol do not form part of the protocol but are included for information as documents that have been issued by the board; and which may be amended by the board from time to time. This protocol does not supersede or amend the constitution of the board issued by the home secretary.
2. You are expected to manage your workload efficiently to ensure that the highest standards and quality are maintained, and that the integrity of the criminal justice system is not compromised in any way. If the annual number of post mortem examinations conducted for the police is less than **20**, or more than **95**, the PDB may enquire into your workload and may request further information to ensure that this does not present a potential threat to the criminal justice system.
3. If there is any matter (whether temporary or permanent) that would prevent you from providing an effective service to a police force, you are required to inform the secretary to the PDB and discuss options as to how this may be addressed.
4. If you are in your first year as a new member of the register, the board recommends that you should participate in the examination of at least **30** and no more than **60** suspicious deaths.

5. You agree to comply with the joint Home Office and Royal College of Pathologists, Code of Practice and Performance Standards, the GMC Code of Conduct (Good Medical Practice) and to work in a group practice.
6. You agree to comply with the board's requirement that all forensic post mortem examinations carried out for the coroner and police or other prosecution authority must be the subject of 'critical conclusions checking' and you also agree to undertake such checks on colleagues' work.
7. The board expects you to comply with your employers, Royal College of Pathologist's and GMC's requirements for continuous professional development, appraisal and revalidation.
8. All forensic pathology group practices provide statistics to the board on a quarterly basis for management information purposes, to enable the board to monitor changes or trends in the provision of forensic pathology services. You agree to provide the necessary information to your group practice in respect of your post mortem examination reports and critical conclusions checks of colleagues' reports for the purposes stated.
9. As part of any audit you may be required to provide a sample of your autopsy reports that you have produced for use in the criminal justice system.
10. You must comply with the latest version of 'GMC Good Medical Practice' guidance relating to probity and reporting of convictions and all associated guidance documents and amendments to such guidance.
11. To protect you, your colleagues and the integrity of the register, you must notify the secretary to the PDB as soon as possible once you become aware of any matter which could damage public confidence in the register. Notification allows the board to put in place mechanisms to protect the interests of any forensic pathologist subjected to criticism - whilst at the same time protecting the interests of the criminal justice system.
12. In the event of the following matters occurring, the chair - on behalf of the board may (after giving you an opportunity to make written or oral representations directly or through a legal representative), make a recommendation to the home secretary that you be removed from the register:
 - Failure to provide DNA and fingerprint samples for police elimination purposes if so requested,
 - Ceasing to be fully registered with the GMC,
 - Ceasing to hold a current licence to practise medicine in the UK,
 - Ceasing to have the legal right to work in the UK,
 - Ceasing to practice forensic pathology in the UK,

- Ceasing to have appropriate security clearance if this is a condition of your local MOU or contract with an instructing police force.
13. If you cease to be a member of the register you shall, if requested, return to the PDB secretary any document, electronic media, information or other materials provided by the Home Office, or the board.
 14. A new or returning member of the register will join the register on a temporary basis for a period of six months - or longer if so determined at the discretion of the board. Your performance over this period will be reviewed by the board's Registration & Training Committee, which may recommend permanent membership of the register or further training and experience if deemed necessary.
 15. You agree and accept that as part of the board's obligation to protect the public interest and maintain the integrity of the register, that the board may need to disclose information relating to concerns about your medical practice; your professional conduct or competence; and any allegations of a criminal nature to the following bodies as deemed appropriate:
 - Crown Prosecution Service,
 - General Medical Council,
 - Chief Officers of Police,
 - Coroners including the Chief Coroner,
 - Human Tissue Authority (if the matter relates specifically to human tissue incidents),
 - Forensic Science Regulator,
 - Home Office or any relevant government department,
 - Legal Services Commission,
 - Royal College of Pathologists,
 - Criminal Cases Review Commission,
 - other relevant bodies involved in the administration of criminal justice;

and you consent to such disclosure and waive any copyright you may have in any document or report to allow such disclosure.

16. The board shall circulate to all coroners, chief officers of police and chief crown prosecutors in England and Wales a version of the register which details:
 - Your GMC registration number,
 - The date you (most recently) joined the register,
 - Any previous periods as a member of the register,
 - Your medical and medico-legal qualifications,
 - If applicable the name of your employer and your job title,
 - Your business telephone and email contact details.

17. The board shall publish a public version of the register on the .GOV website; setting out the names and group practice details for members of the register.
18. From time to time the board and the Home Office are contacted by defence lawyers and other organisations seeking contact details or recommendations for forensic pathologists. The board and the Home Office will not disclose your contact details to defence lawyers without your express permission.
19. During your period on the register (save for any period of suspension from the register) you may represent yourself as 'a member of the Home Office Register of Forensic Pathologists' or a 'registered Home Office forensic pathologist'.
20. If you are suspended from the register you may only represent yourself as a member of the register if you indicate that your membership has been suspended.
21. If you are suspended from the register or subjected to disciplinary proceedings under the Suitability Rules, you must co-operate with notifications to the prosecution and defence in any criminal justice system with which you are involved (whether for the prosecution or the defence).
22. You are responsible for maintaining professional indemnity cover. The board, the home secretary and any other organisation hosting the PDB accept no liability for alleged professional negligence by members of the register.
23. You are bound by the General Data Protection Regulations (GDPR) and Data Protection Act 2018 and must ensure that you handle secure personal data and data privacy appropriately. Although the term 'personal data' does not apply to deceased individuals; you will be dealing with other people and organisations in the course of your practise as a forensic pathologist, which will require you to handle their data accordingly. Further advice can be found here:
<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>
24. You are required to take all reasonable steps to ensure that any computer device, smart phone, tablet or any other IT equipment used in connection with your role as a Home Office registered forensic pathologist are (as far as is reasonably practicable) secured against any unauthorised third-party access or misuse. This may include:
 - using a firewall to secure internet connections,
 - securing your settings on your device,
 - controlling who has access to your devices,
 - protecting yourself from viruses and other malware,
 - keeping your devices up to date.

In order to support compliance, it is strongly recommended that you read and adhere to the Cyber Essentials, available here:

<https://www.cyberessentials.ncsc.gov.uk>

25. The board undertakes on the behalf of members of the register to:

- Support the revalidation process,
- Consider and recommend applications to join the register,
- Fund forensic pathology trainees,
- Investigate all complaints fairly and impartially in accordance with the Home Secretary's Suitability Rules,
- Support research, where this assists the advancement of the profession
- Maintain and publish the register on a regular basis,
- Consult with the members of the register in respect to changes to the protocol,
- Represent the interests of the PDB at relevant national fora,
- Facilitate negotiation of the annual case fee with NPCC and the members of the register (via the office of Chair of the BAFM).

Signature:

Signature:

Member of the register

Chair of the Pathology Delivery Board

Print name:

Print name:

Date:

Date:

Version: 11

Last amended: 08 October 2019

Approved by: Pathology Delivery Board (in correspondence)

Approved on: 01 February 2020

Next Review: two-year intervals

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Version History

Version Number	Date Approved	Approved By	Brief Description
V.11 RW20191008	01/02/2020	Pathology Delivery Board and chair, Mark Greenhorn	08/10/2019 – Rebranded protocol on to HO branded report. section inserted before v.10 s. 24 to include GDPR / cyber security. Sections renumbered as version 10 did not include a section 16; therefore s.17 is now s.16; s.18 is now s.17, etc.
V.10 DWJ10120905	29/12/2012	Minister of State for the Home Department	Ministerial approval obtained on 29/11/2012. Circulated to PDB at meeting on 18/12/2012



Home Office

Appendices to the Protocol for membership of the Home Office Register of Forensic Pathologists

Amended March 2021

Appendix 1

Critical Conclusion Checking

Issued by the Pathology Delivery Board May 2006 (Revised March 2021)

1. The sole purpose of the critical conclusions check (CCC) is to ensure that a completed forensic post mortem examination report is internally consistent before it is submitted to the senior investigating officer.
2. The CCC is not a certificate of verification of fact like the joint post mortem examination report ('double doctor examination') of Scotland.
3. It is not intended to offer differences in interpretation of the facts provided as in a second post mortem examination ('defence pm').
4. It is not intended to replace audit or peer review.

- The principal criterion to be applied by the checker is this: on the facts given in the report, are the conclusions valid?

5. No attempt should be made to examine scene or post mortem examination photographs.
6. No attempt should be made to verify the nature or size of injuries from photographs, diagrams or the like.
7. No attempt should be made to review histological material.
8. However, the checker should consider the findings of any ancillary tests quoted in the body of the original report, such as histology, toxicology, neuropathology, microbiology etc, in considering the validity of the conclusions.
9. In considering the adequacy of the scientific evidence available, the checker should also consider significant omissions from the report: for example, failure to conduct histology when appropriate, or failure to carry out a crucial test on which the validity of a conclusion depends.
10. The checker should carefully guard against introducing matters of mere personal preference or local custom in identifying significant omissions.

End of appendix 1

Appendix 2

Group Practice

Approved by the Pathology Delivery Board on 1st July 2010 (Revised March 2021)

A group practice will only be recognised by the board if it:

1. comprises a minimum of three forensic pathologists drawn from the register. (A forensic pathologist can be a “full member” of only one practice but may work for other practices as an associate) who have signed the protocol for membership of the register. For the avoidance of doubt, an associate can (at the discretion of the board) be counted as one of the three required members of a group practice
2. has a signed a contract or memorandum of understanding with at least one police force in England and Wales.
3. has a “rota coordinator” with responsibility for scheduling forensic pathologists’ rotas ensuring that there are at least three members of the register on a rota and that there is an equitable distribution of rota time between the forensic pathologists on the rota
4. meets storage requirements as agreed by the board.
5. is committed to ensuring that ‘Rapid Interim Accounts’ (reports) are supplied to the coroner and senior investigating officer within 14 days of the post mortem examination; where agreed on a case by case basis in accordance with para 7.2.2 of the Code of Practice.
6. complies with the board’s requirements for critical conclusions checking, audit and appraisals
7. ensures that all persons with access to draft reports, final reports, images or other information or material relating to forensic pathology case work have the appropriate security clearance as agreed at a local level with the instructing police force.
8. discloses to the board on an ‘as required’ basis its strategy for short medium and long-term workforce planning (including recruitment, retention and succession planning).

Where police, pathologists and coroners all wish to change the group practice boundaries, a joint application should be made to the board to do so.

End of appendix 2

Appendix 3

Post Mortem Reporting

Issued by the Pathology Delivery Board on 1st July 2010 (Revised March 2021)

Members of the register are required to provide post mortem reports in accordance with this note.

1. In accordance with para 7.2.2 of the Code of Practice; upon request, a 'rapid interim account' (report) in a locally agreed format, should be provided to the coroner and the senior investigating officer – separate signed copies – within 14 days of the forensic post mortem examination.
2. If a subsequent forensic post mortem examination is arranged, then the forensic pathologist appointed to conduct it, should contact the first pathologist to discuss arrangements. The first forensic pathologist should have the opportunity to attend the subsequent post mortem if they wish. In order to facilitate early release of a body, the first forensic pathologist should be prepared to provide a draft copy of the report so that findings of fact can be confirmed. Although such a draft would ultimately be disclosable within the criminal justice system its primary purpose is to inform the second pathologist.
3. A final report is produced in criminal justice system statement format, incorporating any further findings such as the results of toxicology and neuropathology. As this can take some months to prepare (whilst awaiting the results of histology and other ancillary investigations), it is important that those involved in case management keep the prosecution team aware of likely delays at plea and directions hearings. Some forensic pathologists may choose to issue interim reports (again in statement format) prior to completion of all outstanding tests depending on the nature of the case.

End of appendix 3

Appendix 4

The Code of Conduct

Approved by the Pathology Delivery Board on 1st July 2010 (Revised March 2021)

Good Medical Practice in Forensic Pathology

This document is based on the General Medical Council's (GMC's) 'Good Medical Practice' – the duties of a doctor registered with GMC (April 2013 (updated on 29 April 2014 and 29 April 2019)) – and should be read in conjunction with that document, which can be accessed at: https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530 (last accessed: 10/03/2021).

Good medical practice applies to every registered medical practitioner.

In addition to the GMC guidance, forensic pathologists have other additional important responsibilities and, as an expert witness, their primary duty is to the courts (criminal, civil and coronial) and the interests of the criminal justice system; whether acting for the prosecution or the defence.

Good forensic medical practice

1. To provide a good standard of practice in forensic pathology you must:

1.1. Preparation

- a) take all reasonable steps to ensure you have the information necessary to carry out the work required,
- b) take all reasonable steps to gain access to all relevant available evidential materials necessary to reach a meaningful conclusion,
- c) seek advice or help from other medical or other specialists as and when necessary.

1.2. Examination

- a) carry out all your work in accordance with the established principles of your profession,
- b) provide or arrange specialist investigations where necessary,
- c) ensure that, except when it is necessary to conduct destructive tests, the integrity and security of evidential materials are maintained whilst in your possession, and

the integrity and security of any information derived from all evidential material is also maintained,

- d) accept full responsibility for all work done under your direction,
- e) conduct all your professional activities in a manner which protects the health and safety of yourself, your colleagues and the public.

1.3. Responsibility to others

- a) conform to the appropriate law relating to the retention of material from post mortem examinations, and to guidelines on these matters issued by the board, the Royal College of Pathologists, or any other relevant body.

1.4. Reporting your results

- a) provide the results of your investigations to the instructing coroner as expeditiously as possible,
- b) provide the results of your investigations to the investigating officer as expeditiously as possible,
- c) present your advice and evidence, whether written or oral and whether for the prosecution or defence, in a balanced and impartial manner,
- d) Evidence prepared for the judicial process must represent your own independent and unbiased opinion and must not be influenced by the case of any of the parties involved,
- e) be prepared to reconsider and, if necessary, change your advice, conclusions or opinion, in the light of new information or new developments in the relevant field, and to take the initiative in informing those who have a legitimate interest in your advice, conclusions or opinion promptly of any such changes made,
- f) take appropriate action if you have good grounds for believing there is a situation which could result in a miscarriage of justice.

2. In undertaking your work, you must:

- a) recognise the limits of your competence and provide advice and evidence only within those limits,
- b) decline to undertake work you are not competent to perform or do not have access to the necessary facilities or equipment,
- c) be willing to consult colleagues,
- d) be competent in undertaking examinations and making diagnoses,

- e) keep clear, complete contemporaneous records of the relevant medical and scientific findings and the information given to those who use your expertise,
 - f) provide all appropriate information to colleagues who may be assisting you.
3. If you have good reason to think that your health and safety or that of those who assist you is compromised by inadequate premises, equipment, or other resources you should draw the matter to the attention of the coroner, the police force and others who may legitimately have an interest (local authority, health trust etc). You should record your concerns and the steps taken to inform others.

Maintaining good medical practice

4. In keeping up to date, you must:
- a) keep your knowledge and professional skills up to date throughout your working life. You should take part regularly in educational activities which maintain and further develop your competence and performance,
 - b) take all reasonable steps to maintain professional competence, taking account of relevant research and developments.
5. In maintaining your performance, you must:
- a) work with colleagues to monitor and maintain the quality of your work. In particular, you must participate openly and honestly in regular and systematic audit,
 - b) respond to the results of audit to improve your practice by taking whatever steps you, the board, the Royal College of Pathologists or GMC, consider necessary,
 - c) respond constructively to the outcome of reviews, assessments or appraisals of your performance,
 - d) keep up to date with and follow the law, guidance and other regulations relevant to your work,
 - e) fully engage with the annual appraisal system and GMC revalidation process.
6. In teaching and training, appraising and assessing, you should be willing to contribute to the education of students or colleagues. In order to do so, you must:
- a) develop the skills, attitudes and practices of a competent teacher,
 - b) ensure that students are properly supervised.
7. In making assessments and providing references, you must:
- a) be honest and objective when appraising or assessing the performance of any doctor including those you have supervised and trained,

- b) provide only honest and justifiable comments when giving references for, or writing reports about, colleagues. When providing references, you must include all relevant information which has any bearing on your colleague's competence, performance and conduct.
8. When obtaining consent, you must ensure that you have obtained consent from the coroner, or from some other appropriate body or individual, before undertaking any procedure for which specific consent is required.
 9. Respecting confidentiality. You must preserve confidentiality unless:
 - a) it is mandatory to disclose specified information, or you have been explicitly authorised by a relevant person or body to do so,
 - b) ordered by a court or tribunal to disclose specified information,
 - c) required by the law to disclose specified information to a designated person,
 - d) there is an overriding duty to the court and the justice system for disclosure.
 10. Good communication. You must:
 - a) describe your findings as fully as possible and in a manner, which is fair and comprehensible to the users of your reports, who may have no medical or scientific knowledge,
 - b) adduce appropriate and properly reasoned conclusions, wherever possible giving a cause (or causes) of the death.

11. Working with colleagues

11.1 Treating colleagues fairly

You must always treat your colleagues fairly and with respect. You must not:

- a) discriminate against colleagues on grounds of their sex, race or disability, or any other protected characteristic under the Equality Act 2010; nor must you allow your views of colleagues' lifestyle, culture, beliefs, colour, gender, sexuality or age to prejudice your professional relationships with them,
- b) undermine trust by making malicious or unfounded criticisms of colleagues.

11.2. Conduct or performance of colleagues

If you observe problems in the performance, conduct or health of a colleague you must take appropriate steps to ensure such problems are made known to relevant authorities, including if appropriate, the board or its responsible officer and the GMC.

11.3. Arranging cover

You must be satisfied that, when you are off duty, suitable arrangements are in place within your group practice to provide continuity of service to the coroners and the police forces with whom you have an agreement to provide a service.

12. In adherence to probity, you must act at all times with honesty, integrity and objectivity, recognising that your overriding duty is to the judicial system. In so doing your behaviour must:

- a) demonstrate due respect for the deceased/human remains that you are required to examine,
- b) not discriminate on grounds of race, beliefs, gender, language, sexual orientation, social status, age, lifestyle or political persuasion,
- c) declare any prior involvement or personal interest which may give rise to a conflict of interest, real or perceived,
- d) declare any external pressure which might influence the result of an examination.

13. If you undertake research, you must:

- a) ensure that prior approval where necessary has been obtained from an independent research ethics committee for all aspects of that research,
- b) conduct research with honesty and integrity.

14. You must be honest in all your financial and commercial dealings.

15. In relation to your health, if you know, or suspect, that you have a serious condition which could affect your judgement or your performance you must take and follow advice from a consultant in occupational health or another suitability qualified colleague. You should not rely on your own assessment of your condition.

End of appendix 4

Version Control

Version: 2.0

Last amended: 10 March 2021

Approved by: Pathology Delivery Board

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Next Review: 31 March 2023

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Version History

Version Number	Date Approved	Approved By	Brief Description
Version 2	31 March 2021	Pathology Delivery Board	<p>Appendix 1 – remove “autopsy” and replace with “post mortem examination”.</p> <p>Appendix 2 – removed requirement for MOU to be provided to board; amended various points.</p> <p>Appendix 3 – renamed to ‘Post Mortem Reporting’ and updated in line with para 7.2.2 of Code of Practice.</p> <p>Appendix 4 – minor amendments.</p> <p>Appendix 5 – deletion. This appendix was redundant following the appraisal and revalidation process of all doctors.</p> <p>Approved by the PDB in correspondence following submission to the board at its meeting in Dec 2020.</p>

Appendix 1 – Critical Conclusion Checking v.1	May 2006	Pathology Delivery Board	Appendix 1 was derived from 'Critical Findings Check' (PDB/05/25) revised by the PDB at its meeting on 05 May 2005.
Appendix 2 – Group Practice v.1	1 st July 2010	Pathology Delivery Board	Appendix 2 was derived from 'Definition of a Group Practice (revised 12 August 2005)' and agreed at the PDB meeting on 1 st July 2010.
Appendix 3 – Staged Reporting v.1	1 st July 2010	Pathology Delivery Board	Appendix 3 first submission to PDB on 1 st July 2010.
Appendix 4 – The Code of Conduct v.1	1 st July 2010	Pathology Delivery Board	Appendix 4 was derived from 'Draft Code of Conduct' first circulated for comment in June 2003. Approved by PDB on 1 st July 2010.
Appendix 5 – Procedure for the 6 month Assessment Period for Newly Registered Forensic Pathologists v.1	1 st July 2010	Pathology Delivery Board	First issue of document.

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