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Minutes

Title of meeting	Pathology Delivery Board		
Date	19 th September 2013	Time	14:00hrs
Venue	Conference Room 6, 2 Marsham Street		
Chair	Mr Alan Pratt	Secretary	Mr Dean Jones
		Copies to	Ms Sonya Baylis

Attendees

Dr Jeff Adams (JA)	Home Office, Forensic Science Regulation Unit
Mr Martin Allix (MA)	Home Office Forensic Pathology Officer
Det Supt Kevin Connolly (KC)	Dorset police
Prof Jack Crane (JC)	The Board's Independent Responsible Officer
Dr Russell Delaney (RD)	Forensic Pathologist, Group Practice Representative
Mr Ian Elkins (IE)	Crown Prosecution Service
Dr James Grieve (JG)	President of the BAFM
Ms Anne Harrison (AH)	Head of Specialist Operations, SOCA
Ms Rachel Humphrey (RH)	Head of the Home Office Science Secretariat
Mr Colin Kettley (CK)	Forensic Pathology Development Manager
CC Debbie Simpson (DS)	National Police Lead on Forensic Pathology
Dr Marjorie Turner (MT)	Chair of the Forensic Pathology Committee, Royal College of Pathologists
Mrs Rachel Webb (RW)	Minute-taker, Home Office
Mr Derek Winter (DW)	Senior Coroner for the City of Sunderland on behalf of Dr Roy Palmer

Apologies

Ms Judith Bernstein	MOJ, Head of Current Coroner Policy, Coroners and Burials Division
Mr Martin Bottomley	National Police Homicide Working Group
Dr Harry Millward-Sadler	Forensic Science Regulator's – Forensic Pathology Specialist Group
Dr Roy Palmer	Senior Coroner, Southern District of Greater London
Mr James Parker	Head of the Chief Coroner's Office
Mr Chris Morris-Perry	Deputy Head of the Chief Coroner's Office

1. **Welcome and Apologies**

- 1.1 AP welcomed all those present at the meeting and asked members and observers to introduce themselves.
- 1.2 Since the last meeting took place on 18 December 2012, there had been a change in the membership of the Board as follows:
- 1.3 Ms Karen Squibb-Williams had resigned from her position within the Crown Prosecution Service (CPS). Ian Elkins was welcomed as Karen's replacement as the representative for the CPS.
- 1.4 Apologies were read out and noted as above.

2. **Minutes and actions from the last meeting**

- 2.1 The minutes of the last meeting of 18th December 2012 had been agreed in correspondence and no amendments had been received.
- 2.2 The summary of the activities of the PDB Secretariat (the Forensic Pathology Unit) since the last PDB meeting had been circulated on 9th July 2013.
- 2.3 Members were updated on the actions that had taken place during the intervening months.
- 2.4 PDB 31.01.2012 Item 7.4 – HTA/PDB/ACPO Protocol - (Protocol to ensure the provision of forensic pathology services in the event of regulatory action taken by the Human Tissue Authority in England and Wales) – pending changes to be agreed this item can be closed. (Further discussion at item 8)
- 2.5 **ACTION:** The Chair requested that a member of the HTA be invited as a guest to the next PDB meeting with the recommendation that she sits as an observer at future meetings.
- 2.6 **ACTION:** PDB G2. Request a response from the Chief Coroner. It was noted that the Chief Coroner is including these issues in his review.
- 2.7 PDB G6. – Completed (see item 8)
- 2.8 PDB G9. – Members discussed the need for a more robust process to ensure that the status of tissue held by the forensic pathologist is fed back to the forensic pathologist.
- 2.9 **ACTION:** DW will be updating the Chief Coroners Office on the PDB meeting at which time he will bring to the Chief Coroners' attention the discussions surrounding the difficulty in the flow of information between coroners and forensic pathologists and the retention of tissue.
- 2.10 **ACTION:** RW to invite the Head of the Chief Coroner's office to the next PDB meeting.

2.11 **ACTION:** Write a position paper on the outstanding issues surrounding the Gold Group actions given to the PDB and how these might be progressed. – FPU

2.12 PDB 18.12.2012 Item 3.7.7 – Review of MI Data – Complete.

2.13 PDB 18.12.2012 Item 7.6.1 – Publication of PDB minutes – Complete.

3. **Standing Items – Updates from:**

3.1 **The Registration & Training Committee**

3.1.1 There were 4 applicants accepted onto the Home Office Register of Forensic Pathologists between January and September 2013.

3.1.2 There were a number of new recruits into forensic pathology training, bringing the figure of forensic pathology trainees to 8.

3.2 **Complaints**

3.2.1 A verbal update of the progress of 2 complaints was given by MA.

3.3 **The Royal College of Pathologists**

3.3.1 Following the approval of the forensic pathology specialism the sub-committee is now a Specialty Advisory Committee in its own right, the last meeting of which took place on 10th September.

3.3.2 Discussions within the Specialty Advisory Committee on Forensic Pathology centered on the recruitment into training under the new curriculum and the review of 3 documents in conjunction with the Forensic Science Regulator. In particular was the guidance on the release of specimens. JA and DJ had provided comments on this document and it was now felt by MT and JA that the document would require restructuring. JA noted that he had agreed, if the College desired, that he and DJ could provide an outline for the document.

3.3.3 **ACTION:** DJ and JA to assist in re-writing the Royal College of Pathologists document on laboratories producing human tissue exhibits to the police.

3.4 **Group Practices**

3.4.1 No comments received on this item.

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

3.5.1 JA spoke of 2 documents which had been provided to the Royal College of Pathologists; a guidance document on completing the history section of post-mortem examination reports and a document setting out mortuary standards.

3.5.2 A document providing guidance on time of death estimates is being finalised before being sent to the Royal College of Pathologists.

- 3.5.3 JA also mentioned one other document is currently being drafted. It is a document on forensic sampling from the body and is being progressed by JA, DJ and JG together with a forensic biologist from SOCA - Kirsty Potter. AP noted that this is a significant document and asked how the information is disseminated to forensic pathologists and the wider forensic community. MA noted that at the recent College meeting there had been discussion of how to maintain communications with pathologists. The idea of a newsletter was raised and MA/JA had agreed to consider. Such a newsletter could include material from the PDB, the Regulator's Group, the College and the BAFM.

3.6 **National Policing Homicide Working Group**

- 3.6.1 The issues discussed within the Homicide Working Group are discussed within the agenda items below.

3.7 **Forensic Pathology Management Information**

- 3.7.1 CK reported on the management information for quarters 1 and 2 of 2013. A declining trend in the number of cases and a corresponding decline in the number of homicides were noted.
- 3.7.2 Letters will be sent to those pathologists who have exceeded or fallen short of the recommended case load within a rolling 12 month period.
- 3.7.3 AP confirmed that a review of the data had taken place and the figures should now be correct.

3.8 **Appraisal and Revalidation**

- 3.8.1 The forensic pathology unit has put a system in place to support the Board's Independent Responsible Officer (BIRO) and forensic pathologists; thereby all Home Office registered forensic pathologists have been notified of their appraisal dates for 2013.
- 3.8.2 JC has piloted the 360° multi-source feedback tool and 5 Home Office registered forensic pathologists will go through the process before the end of the year. All Home Office registered forensic pathologists will carry out the 360° multi-source feedback in 2014.
- 3.8.3 The forensic pathology unit/BIRO submitted to the NHS Revalidation Support Team – an Organisational Readiness Self-Assessment (ORSA) exercise between April and May 2013. It was noted that the PDB received a 'Green' in the RAG rating along with 65.90% of organisations within the same sector (Independent Government Department). AP asked the Board not to become complacent and highlighted the recommendations for improvement within the report, although none related to the PDB process put in place.
- 3.8.4 **Revalidation of Neuropathologists (A.O.B listed item)**
- 3.8.5 DJ re-iterated the problem of the lack of neuro and paediatric pathologists willing to assist the criminal justice system. DJ said that one such neuropathologist had recently retired, which meant that he would no longer be able to be appraised or

revalidated as he would no longer be attached to a Designated Body.

- 3.8.6 Doctors with no link to a Designated Body have no way of being revalidated. DJ suggested that Prof Crane could possibly fulfill the recommendation similar to a Responsible Officer if Prof Crane became his 'Suitable Person'. JC stated that he had submitted an application to the GMC in order to become a Suitable Person' which is a requirement in order to be able to carry out revalidation on doctors not linked to a Designated Body.
- 3.8.7 The importance of these specialisms within the criminal justice system and the continuation of their expertise in support of it was an important principle carried by the Board.
- 3.8.8 It was felt that JC could only act as 'Suitable Person' for those who supported the CJS by providing rare specialist skills in support of a Home Office registered pathologist, and not those who had opted out of the Home Office registration process or any other category of pathologist who was not authorised by the PDB.
- 3.8.9 The Chair was keen to see that the Board had a mechanism going forward, which could involve the PDB approving any requests for the Board's Independent Responsible Officer (BIRO) to revalidate a doctor.
- 3.8.10 **ACTION:** The Chair asked for a policy document to be written in relation to the Board's policy of appraising and revalidating of non Home Office registered forensic pathologists through the BIRO as a 'Suitable Person' where they had specific skills necessary for the CJS.

3.9 Training Courses for Non Forensic Pathologists

- 3.9.1 The last Criminal Justice System training course took place from 3rd – 7th June this year and the next course is due to take place from 2nd – 6th June 2014.
- 3.9.2 Delegates included 5 paediatric pathologists and 1 neuro pathologist, with contributions from the CPS, Home Office registered forensic pathologists and the police.
- 3.9.3 To date 24 practitioners have been through the former NPJA; now the Home Office run criminal justice system training course; which attracts 30 CPD points from the Royal College of Pathologists.
- 3.9.4 **ACTION:** The Chair asked for each standing item representative to submit a written paper for the next and subsequent meetings. - All

4. 2013/14 Agreement of Case Fee

- 4.1 The Board was formally notified of the 2013-14 case fee agreed in February this year. The fee where storage is not included is £2,466. The fee where storage is included is £2,485. ('Storage' – the forensic pathologist retains the samples and tissue.)

5. Use of Non-Home Office Registered Forensic Pathologists

- 5.1 DJ spoke regarding a paper submitted to the Board which highlighted the attempted use by some coroners of non-Home Office registered forensic pathologists in suspicious death cases.
- 5.2 Board members discussed this in further detail. The PDB supported the position that the police and coroners should use Home Office registered forensic pathologists in cases of suspicious death; although it was accepted that it was the legal right of a coroner to appoint a pathologist of their choosing.
- 5.3 **ACTION:** DS to write to the Chief Coroner requesting that he support the use of Home Office registered forensic pathologists by directing coroners to use them for forensic cases.
- 5.4 **ACTION:** DW to brief the Chief Coroner's office on this issue.
6. **FPSG Audit**
- 6.1 DJ discussed, progressing issues that had been identified during the course of the Forensic Pathology Specialist Group's 2012 audit of Home Office registered forensic pathologists case reports.
7. **Review of Forensic Pathology**
- 7.1 AP has become responsible for forensic pathology since the Unit moved from the NPIA to the Home Office. Because of the move forensic pathology has been brought to the attention of Ministers. It is therefore time to take stock and look at the model for the future.
- 7.2 AP wished to re-iterate to members that he will not pre-judge the outcome of the review of forensic pathology. It was noted that this review would be the 3rd review since the late 1980's
- 7.3 The review has been agreed by Ministers and the terms of reference have been drafted. An initial project plan has also been drafted.
- 7.4 Discussion moved on to who would be best placed to lead on the review. Members agreed that it was not in the best interests of a fair and open review if a stakeholder was to lead.
- 7.5 **ACTION:** The chair asked for any comments on the Terms of Reference or recommendations for an appropriate 'Lead' on the review to be made to the PDB outside of the meeting.
8. **Protocol to Ensure the Provision of Forensic Pathology Services in the Event of Regulatory Action Taken by the Human Tissue Authority in England and Wales**
- 8.1 *Administrative note: DS left before this item was discussed.*
- 8.2 DJ gave a short background on how the Protocol had come about. The Protocol is scheduled for an annual review.

- 8.3 The review of the Protocol took place earlier this year, with 2 major changes. The 1st being the removal of the section on mortuary contingency planning and the 2nd being the inclusion of a section on the inspection of police exhibits held on Human Tissue Authority (HTA) licensed premises.
- 8.4 The mortuary contingency planning provision was removed following the implementation of Sct 15 of the Coroners and Justice Act 2009 which repealed previous legislation restricting the movement of bodies; thereby dispensing with the need to plan for contingencies in the event of unexpected mortuary closures.
- 8.5 The inclusion of a section on the inspection of police exhibits held on HTA licensed premises sets out the process and procedure in relation to the HTA inspection of human tissue held under police powers which is currently outside their regulatory remit. It describes the role of the FPU in assisting and acting as intermediary between the HTA and police service. AP thanked the HTA for their agreement to this process which was in response to Recommendation 6 of the ACPO report on police held human tissue.
- 8.6 Board members agreed to the changes in the Protocol, however JC commented that one of the issues which remained to be resolved was the current definition of tissue under the Act. A discussion ensued
- 8.7 **ACTION:** The Chair agreed to write a letter to the HTA agreeing the new scope of the Protocol and include the issues raised in respect of concerns discussed (*Administrative note: It was subsequently learned that the definition of tissue is being reviewed following the recommendations of the McCracken review*).
9. **Mortuary Contingency Planning**
- 9.1 Discussed within the previous item.
10. **National Clinical Assessment Service (NCAS)**
- 10.1 The Board was asked to note for general information and possible further investigation, a service provided by NCAS. The NCAS provide advice on case management and performance issues affecting medical practitioners, and could be used by the forensic pathology unit to deal with matters that fall short of disciplinary action.
11. **AOB**
- 11.1 **Forensic Pathology Bulletin/Newssheet**
- 11.1.1 During discussions it was agreed that forensic pathologists needed more readily available information including updates on guidance documents and important links from a central source.
- 11.1.2 **ACTION:** FPU to collate material which may be of interest to forensic pathologists and circulate in a regular news sheet. This would include information from the PDB, FPSG and the RCPPath group. It is anticipated that the 1st

publication will be in November.

11.2 Forensic Pathology R&D

11.2.1 There is no process of funding for forensic pathology research within the Home Office. There needs to be formal policy for application and prioritisation of funding and members were asked what specific areas of research were required.

11.2.2 **ACTION:** The Chair endorsed the development of a process for applications for funding for forensic pathology research and asked for a policy paper to be written in support of research within this area.

11.3 Composition of the Board

11.3.1 The PDB Constitution states that the APA should be represented in the composition of the Board; however the APA has been replaced by Police and Crime Commissioners. Board members were asked whether Crime Commissioners should be represented on the Board.

11.3.2 **ACTION:** KC agreed to seek the views of DS and report back to the Board.

11.3.3 Board members were also asked if the Chief Coroner (or a representative) should be included in the composition of the Board. Members agreed and views were that the membership of the Chief Coroner should be in addition to representation from the Coroner's Society.

11.3.4 **ACTION:** DW to seek the views of the Chief Coroner.

11.4 What is included in the Case Fee

11.4.1 One member asked whether the case fee included attendance at court or histology as this affects both police and local authority budgets.

11.4.2 Members of the PDB confirmed that the 2013-14 case fee does not include attendance at court.

11.4.3 *Administrative note: RH left during this item.*

11.4.4 However histology fees were dealt with differently across different group practices. Histology was not defined within case fee policy but local arrangements were made.

11.4.5 **ACTION:** The Chair requested that this should be examined and that the issue could form part of the proposed review. What the case fee includes should be defined.

12 PDB meetings for 2014:

- 14:00 – 16:30hrs on Thursday 16th January – Conference Room 6, 2MS
- 14:00 – 16:30hrs on Thursday 15th May – Conference Room 6, 2MS
- 14:00 – 16:30hrs on Thursday 18th September – Conference Room 4, 2MS

There being no further business, AP thanked everyone for their attendance and the meeting closed at 16:10hrs.

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