



The Royal College of Pathologists

Pathology: the science behind the cure

Death Investigation Committee (DIC)

A meeting of the Death Investigation Committee was held on Thursday 10 October 2024 at 14:00pm-16:00pm via Microsoft Teams.

Registrar
Prof Sarah Coupland

Present:

Dr Esther Youd, Chair
Dr Kathryn Griffin, Autopsy Pathologist
Dr Adam Bickers, Autopsy Pathologist
Dr Abigail Sharp, Autopsy Pathologist
Dr Preethi Gopinath, Autopsy Pathologist
Dr Anna Rycroft, Autopsy Pathologist
Dr Richard Shepherd, Autopsy Pathologist
Dr Lisa Barker, Autopsy Pathologist
Dr Ben Swift, Series Editor of RCPATH Autopsy Guidelines
Dr Frances Cranfield, RCPATH Medical Examiners Committee representative
Professor Tim Dawson, Neuropathology Representative
Dr Ralph Bouhaidar, RCPATH Forensic Pathology SAC Chair
Dr Nicholas Shaw, Coroners Society of England and Wales
Mr Mark Wrigley, Human Tissue Authority
Dr James Simpson, Radiologist
Dr Erin Whyte, Histopathology Trainee
Mr John Pitchers, Association of Anatomical Pathology Technology

In attendance Miss Shelaine Kissoon, Governance & Committee Services Officer (*minutes*)

Apologies:

Mr Andy Shanks, Crown Office Procurator Fiscal Service
Dr Gemma Kemp, Forensic Pathologist
Dr Sophie Wallace, Forensic Pathology Trainee
Dr Katherine Syred, Lead Examiner, CHAT exam
Dr Ian Scott, Autopsy Pathologist
Professor Atholl Johnston, RCPATH Toxicology SAC representative
Ms Louisa Fee, Coroners Service for Northern Ireland
Ms Diane Gaston, RCPATH Director of Communications

Absent:

Dr Martin Goddard, Autopsy Pathologist
Prof Adrian Bateman, RCPATH Cellular Pathology SAC Chair
Dr Deirdre McKenna, Autopsy Pathologist
Dr Stephen Morley, RCPATH Assistant Registrar (ex-officio)
Ms Giselle Terry, Chief Coroner's Office
Dr Srinivas Annavarapu, Prenatal, Perinatal and Paediatric Pathology SAC Chair



DIC.11/24 1. Welcome, declaration of interests and apologies for absence

- 1.1 The Chair welcomed all members to the meeting.
- 1.2 Apologies for absence had been noted and listed above.
- 1.3 There were no declarations of interests.

DIC.12/24 2. Minutes of the previous meeting

- 2.1 The minutes of the meeting held on 11 April 2024 were reviewed and approved as a correct record subject to the following amendments:

DIC.7/24 (point 7.3) Forensic pathology trainee report to be changed to state: *The posts are part Home Office funded, and part NHS funded, the funding has changed (reduced) within the Home Office but that the same number of positions would still be available in England and Wales (6). Ideally there would be a further 1 or 2 training posts available, but Home Office funding is a limiting factor.*

- 2.2 There were no matters arising.

2.3 Action log

The action log was reviewed, and the following updates were noted:

DIC.03/21 Precautions for infectious autopsies:

The guideline was finalised and circulated for member consultation. Action declared closed.

DIC6/24 Update on Paediatric Pathology workforce shortage:

The Chair informed that she had contacted The President, Dr Bernie Croal regarding the matter and no response had been received; and the Chair of the Prenatal, Perinatal and Paediatric Pathology SAC was invited to join as a member of the DIC. Action declared closed.

DIC7/24 CHAT exam information and guidance to be published on the RCPATH website:

It was noted that Dr Syred had produced the exam information and guidance and submitted it to the College, however it is yet to be published on the website. Action declared closed.

DIC.13/24 3. Outside committee business

3.1 Kings College Masters course

It was noted that Kings College are in the process of developing a Masters course in Forensic Medicine and had asked for oversight and endorsement from the RCPATH on the ME content. The DIC had a brief discussion, and it was felt that the matter is within the remit of the Medical Examiners Committee to take this forward.

3.2 Coroners post mortems in Gwent

An enquiry had been received from a pathologist from Gwent in South Wales regarding a new coroner's instruction form that had been introduced. The pathologists are dissatisfied as they were not consulted before the form was introduced and they were given strict instructions on when they must take histology and toxicology and when they cannot take histology and toxicology. The pathologists in Wales are concerned about this and feels it is ignoring their professional judgement, and instead dictates to them what actions are permitted.

The DIC had a discussion and shared their experiences in relation to the instruction form. Dr Shaw mentioned that he would discuss the enquiry and ways to improve

coroner and pathologist's relationships at the next medicolegal meeting (of the CSEW).

3.3 Request for slides from autopsy cases

An email had been received from Professor Mary Sheppard regarding issues with requesting slides from autopsy cases for specialist cardiac review. An example was where a family had requested cardiac slides to be sent to Professor Sheppard for review and they were faced with difficulties getting slides due to several roadblocks that were being put by coroners or by the hospitals that are holding the slides.

The DIC had a brief discussion, and pathologists and coroners gave reassurance about their own positive experience with such requests.

3.4 Hillsborough enquiry report on forensic pathology

The DIC received and noted the Hillsborough enquiry report on forensic pathology.

3.5 Post mortem samples and digital pathology

The DIC received and noted an email enquiry in relation to post mortem samples and digital pathology which stated that an HTA representative was recommending that all digital PM samples have a unique identifier rather than the name of the deceased. Mr Wrigley advised that the HTA position remains the same and that digital images are not within their jurisdiction. He was happy to respond to the enquiry directly.

3.6 Draft TOR for an RCPATH short life working group on coronial autopsies in England & Wales

The Chair informed that the RCPATH 'Short Life Working Group' is being established to address concerns from the Justice Committee about Coronal autopsy provision in England and Wales.

The DIC had a discussion in relation to the terms of reference and it was noted that there are three paediatric pathologists represented on the committee; no adult autopsy pathologists from England and Wales; only one autopsy pathologist (the DIC chair) who does not work within the jurisdiction; and there is no representation from Toxicology. It was stated that if the College needed a discussion about coronial autopsies in England and Wales, the DIC might have been the best group to have a discussion with as it has good representation from the right group of people.

The College is seeking a volunteer from the DIC to join the group and Dr Griffin volunteered.

DIC.14/24 4. Autopsy Guidelines

The DIC received and noted the list of autopsy guidelines and the status of each one. The Chair advised that the guidelines are progressing well, and it is approaching a period where most of the guidance would be in date.

The Chair encouraged the members to volunteer to help in writing the outstanding guidelines and welcomed suggestions for new guidelines to be developed.

DIC.15/24 5. Academic Activities

5.1 Academic activities for the coming year

The Chair informed that the autopsy webinar series is underway and provided the following report:

- the first three webinars had taken place and have gone extremely well with approximately 180 attendees.
- two of the three webinars were recorded; the recordings are available on the College website for those who were unable to attend.
- the following two webinars are scheduled for October 2024 - Autopsy Renal Pathology and Sickle cell disease.
- A speaker suggestion is required to speak at a webinar on liver pathology. Dr Bouhaidar suggested David Harrison who is a liver pathologist with autopsy experience.

Members were encouraged to share the information about the webinars with trainees and colleagues.

The Chair stated that she is still keen to provide some face-to-face events, especially for trainees and will continue working on it.

DIC.16/24 6. Reports

6.1 England and Wales

None. No representative present.

6.2 Scotland

None. No representative present.

6.3 Northern Ireland

None. No representative present.

DIC.17/24 7. Training

7.1 Histopathology

Dr Whyte provided the report below following the survey results:

- continue to look at ideas for holding in person events, providing opportunities and educational resources for trainees.
- an article will be written for the Bulletin in Spring 2025, and it would be themed around education.
- The Chair and Dr Whyte presented the survey results at the College cellular pathology CSTC meeting.
- Dr Whyte had a meeting with the AAPT; a smaller survey will be circulated to APTs to find out about their experience working with trainees, with the view to finding out if there are shared educational events that could be organised.
- The next project is for Dr Whyte and the Chair to look at ways to formalise the trainee advisory group.
- Two trainees from the advisory group volunteered to upload resources on post mortem CT on the Pathology Portal.

It was suggested that the survey results be presented to coroners and that Dr Whyte speaks to Dr Shaw about arranging this.

7.3 Forensic Pathology

The DIC received and noted the forensic pathology trainee report which highlighted the following:

- There are currently still 6 posts in England and Wales, 3 of which are vacant within the next 3 months (Liverpool - job advert closed 1st October, Leicester - advert goes out this month, Newcastle - not sure but imminent).
- In Scotland there are funding for 4 posts (might even be 5 now) (currently 2 filled in Edinburgh, 1 Glasgow).
- Northern Ireland have filled their 1 training post recently as well.
- There are due to be 3 trainees to CCT this year, 1 is already working as a consultant, the other two are nearing their CCT end date.
- Dr Wallace had heard discussions about a potential post in Cardiff, but as it stands this doesn't appear to be replacing any of the current training post locations (to keep the numbers at 6, does that mean a 7th post). One of the recent Hillsborough report recommendations is to have 8 as opposed to 6 training posts.

DIC.18/24 8. Examinations

Dr Syred provided a brief update by email stating that she is in the process of finalising the CHAT examination and there are currently 17 candidates.

Members who wish to volunteer to be an examiner can apply via the RCPATH [website](#).

DIC.19/24 9. Any other business

9.1 Fuller Inquiry phase 2

The Chair informed that the College had asked her to attend an event of Phase 2 of the Fuller Inquiry which is looking at regulation.

9.2 Prevention of Future Deaths (PFD) Tracker

The Chair advised that there is a tracker run by a researcher named Georgia Richards who is looking at the effectiveness of prevention of future death reports from coroners. It was noted that the researcher had sent several emails to the College identifying some historic reports that were not responded to by the College. It was noted that coroners do not have the duty or authority to chase responses to Prevention of Further Death (PFD) reports.

The Chair mentioned that it had also come to light that PFDs were submitted to the College and the response was inconsistent as the College did not have a proper system for responding, and there is no knowledge of how or if they were responded to in the past. The Chair mentioned that the College has now set up process to deal with PFDs and the process was explained.

The Chair enquired whether the College has a legal responsibility to respond to historical reports, and Dr Shaw responded stating that the College has no legal obligation or responsibility to respond to historical reports.

9.3 HSJ article

The DIC received and noted the HSJ article which was published on 8 October 2024 and was in relation to the regulator (HTA) changing to unannounced inspections after 'severe' mortuary failings.

DIC.20/24 10. Date of next meeting

The next meeting is scheduled for 1 May 2025 at 14:00pm for a duration of two hours.