The Royal College of Pathologists
Pathology: the science behind the cure

Death Investigation Committee (DIC)

Minutes

A meeting of the Death Investigation Committee was held on Tuesday 7 May 2026 at 14:00pm-16:00pm via Microsoft Teams.

Registrar
Prof Sarah Coupland

Present:	Dr Martin Goddard, Chair Mr Michael Conway, Association of Anatomical Pathology Technology Dr Ben Swift, Series Editor of RCPath Autopsy Guidelines Dr Katherine Syred, Lead Examiner, CHAT Exam Mr Andy Shanks, Crown Office Procurator Fiscal Service Dr Preethi Gopinath, Autopsy Pathologist Dr Lisa Barker, Autopsy Pathologist Dr Frances Cranfield, RCPath Medical Examiners Committee representative Professor Tim Dawson, Neuropathology Representative Mr Mark Wrigley, Human Tissue Authority Dr Erin Whyte, Histopathology Trainee Dr Kathryn Griffin, Autopsy Pathologist Ms Giselle Terry, Chief Coroner's Office Dr Anna Rycroft, Autopsy Pathologist Dr Gemma Kemp, Forensic Pathologist Dr Adam Bickers, Autopsy Pathologist Ms Louisa Fee, Coroners Service for Northern Ireland
In attendance	Miss Shelaine Kissoon, Governance & Committee Services Officer *(minutes)*
Apologies:	Professor Atholl Johnston, RCPath Toxicology SAC representative Dr James Simpson, Radiologist Dr Richard Shepherd, Autopsy Pathologist Ms Diane Gaston, RCPath Director of Communications Dr Nicholas Shaw, Coroners Society of England and Wales
Absent:	Prof Adrian Bateman, RCPath Cellular Pathology SAC Chair Dr Deirdre McKenna, Autopsy Pathologist Dr Sophie Wallace, Forensic Pathology Trainee Dr Clair Evans, Prenatal, Perinatal and Paediatric Pathology SAC Chair Dr Ralph Bouhaidar, RCPath Forensic Pathology SAC Chair Dr Ian Scott, Autopsy Pathologist Dr Abigail Sharp, Autopsy Pathologist Professor Carol Seymour-Richards, Medical Examiners Committee representative

DIC.01/26 1. Welcome, declaration of interest and apologies for absence

1.1 The Chair welcomed all members to the meeting, noting that this was his first meeting in the role following Dr Esther Youd's tenure. The Chair expressed his thanks to Dr Youd for her leadership of the DIC over the past three years and her significant contribution to its work.

The Chair outlined his intention to maintain a balance between continuity and renewal in the DIC membership, noting that most current membership appointments were on three-year terms. Members were advised that some appointments would be due for renewal in the current year (those appointed in 2023), and that members would be contacted individually in advance to confirm whether they wished to continue their role on the committee. The Chair highlighted expectations for active participation, including attendance and contribution to the work of the committee. External representatives on the committee would remain appointed by their nominating bodies, with any changes to be communicated to Shelaine Kissoon.

The Chair agreed to review the current committee Terms of Reference, which had last been reviewed approximately three years ago, and to consider any necessary updates. It was also agreed that the current Terms of Reference would be circulated to members.

Actions:

- *Chair to review the Terms of Reference and consider updates.*
- *Shelaine Kissoon to circulate the current Terms of Reference to members.*

1.2 Apologies for absence had been received and noted above.

1.3 No declarations of interest were received.

DIC.02/26 2. Minutes of the previous meeting

2.1 The minutes of the meeting held on 9 October 2025 were reviewed and approved as a correct record.

2.2 **Matters arising**

Appraisal for autopsy pathologists

The Chair reported that the appraisal document for autopsy pathologists remained in development and was being progressed. He advised that it had been raised at the Forensic Pathology Specialty Advisory Committee (SAC), and that members of the SAC had expressed a wish to review the document prior to wider circulation. The Chair noted that input from the SAC may be beneficial, given the close alignment between forensic pathology appraisal practice and autopsy practice.

The Chair confirmed that he would continue to progress the document and bring a revised version back to the DIC ahead of the next meeting, and confirmed that the draft had been prepared in the appropriate RCPath format. Dr Swift indicated that he would be content to review the document and provide comment.

2.3 **Action log**

There were no actions to review and note.

DIC.03/26 3. Autopsy Guidelines

Members discussed the autopsy guidelines, and the following had been noted:

- There had been no recent updates on the progress of several guidelines, including suspected acute anaphylaxis, industrial/occupational-related lung disease (including asbestos), diving-related deaths, and dementia.
- The guideline on fire-related deaths was nearing completion, having received comments from the DIC, and would proceed to wider RCPath consultation.
- The post-operative death guideline had stalled. The Chair advised that he would liaise with Reece Carfrae and consider whether a change in leadership may be required to progress completion.
- The Chair indicated that he would review the current guideline portfolio to identify those due for revision and to support forward planning for future updates.
- It was noted that the guideline G182 Post-mortem cross-sectional imaging in adults for non-forensic deaths (last updated July 2021) would be due for review in July 2026, and the Chair confirmed that a call would be issued for a lead and contributors to undertake the review.
- A suggestion was made to consider adding appendices to guidelines to improve dissemination of relevant external reports and updates, including outputs from MBRRACE-UK relating to maternal deaths. The Chair supported the principle in terms of improving accessibility but noted that permissibility under RCPath governance arrangements would need to be clarified.
- The Chair invited suggestions for new or revised guidelines, to be considered on the basis of need, utility, and feasibility.

A discussion took place regarding potential future guidance on CTPMs, including variability in practice and implications for case selection and training. The need for stakeholder engagement, including the Chief Coroner and the Royal College of Radiologists, was highlighted. Ms Terry advised that any such review should be formally scoped and communicated to the Judicial Office, with reference to Chief Coroner Guidance No. 32, and indicated she would relay the discussion once further detail was available.

Actions:

- *Chair to check with Reece Carfrae whether external appendices can be included within RCPath guidance and report back.*
- *Chair to review the guideline portfolio to identify forthcoming revisions and to initiate planning for updates, including issuing a call for a lead and contributors for the review of G182 (due July 2026).*

DIC.04/26 4. Academic Activities

4.1 Programme of webinars

The Chair reported that the webinar programme established and led by Dr Youd would continue until the autumn, after which Dr Griffin would assume responsibility for its ongoing delivery. The programme was noted to be well attended and to provide a valuable source of CPD for autopsy pathologists, and continued member involvement in its development and delivery was encouraged.

Consideration was given to the future structure of the webinar programme, including whether content should be refreshed or delivered on a cyclical basis. The potential for collaboration with Medical Examiner webinar programmes was also noted, with support expressed for wider sharing of educational activity across relevant professional groups.

The development of additional CPD opportunities through peer observation of post-mortem examinations was proposed, enabling pathologists to observe practice, discuss cases in real time, and undertake reflective learning. The Chair supported this approach in principle, noting its value in professional development and appraisal. The potential for wider peer review networks to support discussion of complex cases and cross-regional

collaboration was also noted, with reference to existing models such as the UK Cardiac Pathology Network.

DIC.05/26 5. Reports

5.1 England and Wales

Ms Terry advised that there was no substantive update from the Chief Coroner at present. She noted that, following a review by the Judicial Office of engagement across meetings, consideration may be given to DIC attendance arrangements to ensure appropriate representation, including the potential involvement of the Chief Coroner or Deputy Chief Coroners where a higher level of detail or input may be required.

Ms Terry also sought clarification from the Chair regarding what the DIC would expect to receive from the Chief Coroner in terms of reporting or input, in order to ensure alignment with the original terms of reference for attendance. The Chair noted that this would be considered further following input from the other jurisdictions' representatives.

5.2 Scotland

Mr Shanks provided an update from Scotland and indicated agreement with Ms Terry's earlier comments regarding the usefulness of clarifying what information would be most helpful for inclusion in the DIC meeting report.

He reported that in Scotland there had been a slight increase in deaths reported to the Procurator Fiscal in 2025–26 (13,656), while the number of instructed post-mortem examinations (6,401) remained broadly stable over recent years, including when stratified by invasive and non-invasive procedures. He highlighted a marked increase in Fatal Accident Inquiries (FAIs), with 74 initiated in 2025–26 compared with 44 and 32 in the preceding two years, and 40 concluded compared with 32 and 11 respectively, indicating an overall upward trend in both initiation and conclusion rates.

Mr Shanks also provided an update on CT scanning in Scotland, noting ongoing stakeholder and policy interest, including from the media and the Scottish Parliament. He reported continued engagement with pathology providers, informed by visits to other UK jurisdictions, including Northern Ireland and Preston. He confirmed that CT scanning was currently used as an adjunct to invasive post-mortem examination, with limited pilot activity underway in Glasgow and further pilots planned in Aberdeen to evaluate its utility. He noted that any wider expansion of CT scanning services would require significant additional investment in staffing, transport, and infrastructure, and remained under active consideration.

5.3 Northern Ireland

Ms Fee advised that she had no substantive update from Northern Ireland. She echoed earlier comments regarding the value of clearer guidance on the specific information required for inclusion in DIC updates. She noted that she could provide updates relating to coronial court activity but was uncertain as to their relevance to the Committee's remit. She indicated that she would be content to provide statistical information, similar to that presented by Mr Shanks, if required at future meetings. She also suggested that representation from the State Pathology Department may be beneficial in providing more directly relevant pathology input.

Ms Terry advised that she was unable to provide statistical updates in the same format as other jurisdictions, as these figures were not held by the Chief Coroner's office and are published separately by the Ministry of Justice. She confirmed that links to published data could be circulated when available.

The Chair indicated that consideration would be given to the format and content of jurisdictional updates in light of the DIC's terms of reference. He suggested that the use of advance written reports may improve efficiency and support more focused discussion, and confirmed that this would be considered further with jurisdictional representatives.

Action:

- *Chair to consider and agree, with regional representatives, the future format and content of jurisdictional update reports, including the potential use of written reports circulated in advance of meetings.*

DIC.06/26 6. Training

6.1 Histopathology

Dr Whyte provided an update on the autopsy training survey, noting that it remained ongoing and that results had previously been circulated via coronial service contacts with support from Ms Terry. She further advised that she had been approached by colleagues in the Republic of Ireland developing a similar trainee survey and had shared relevant materials to support their work.

Dr Whyte offered to share additional trainee feedback and suggested webinar topics arising from the survey, and indicated her willingness to support ongoing educational activities. The Chair requested that a concise summary of key survey findings be recirculated to members of the DIC.

She reported that the Trainee Advisory Group had not met recently due to competing priorities, including examinations, and indicated that consideration would be given to the future structure and remit of the group in the context of upcoming recruitment, as she was approaching the end of her term. The Chair confirmed that succession planning for the Trainee Advisory Group would be considered in due course following completion of Dr Whyte's term, and that arrangements would be discussed with her outside the meeting.

Action:

- *Dr Whyte to circulate a concise summary of the autopsy training survey findings to the DIC.*

6.2 Forensic Pathology

Dr Kemp provided an update on forensic pathology training in Scotland, noting that an additional trainee post would be introduced in Glasgow from August, alongside existing trainees in Edinburgh. She indicated that this reflected current gaps in provision in the north of the country due to limited consultant forensic pathology capacity.

Dr Swift highlighted wider workforce sustainability concerns, noting that planned retirements over the coming years would significantly reduce the forensic pathology workforce. He advised that existing training capacity, including six training posts in England and Wales and limited training centres, would be insufficient to replace anticipated losses. The Chair acknowledged these concerns and noted that workforce pressures were likely to affect pathology more broadly, including autopsy pathology. He highlighted structural constraints on expanding training capacity, including funding arrangements and the limited availability of trainees for service provision in the early stages of training, and confirmed that workforce sustainability would remain under review.

6.3 Review of autopsy training

The Chair advised that the RCPath had initiated a review of the autopsy training curriculum and has set up a group, in which he would represent the DIC. He confirmed that he would seek input from members as the review progressed; and highlighted

concerns raised by the Forensic Pathology SAC regarding the sustainability of the training pipeline and the potential impact of proposed changes to training and assessment structures, including the role of CTPM activity within training requirements.

He further noted ongoing concerns regarding training capacity, particularly in London, including limited access to cases in public mortuaries, and the importance of protected job plan time for autopsy training. Members noted variability in local arrangements and supported the principle of dedicated and formally recognised training time within consultant job plans.

DIC.07/26 7. Examinations

Dr Syred reported that the recent CHAT examination had run successfully with 17 candidates. She advised that marking moderation was underway and results were pending. She noted a small number of resits in the practical component, which was a new observation and may reflect candidates sitting the examination at an earlier stage of training. She confirmed that question writing and examiner recruitment had progressed well, including for coronial court communication stations.

The Chair highlighted variability in trainee exposure to coronial court experience and suggested that simulated training approaches, such as moot court exercises, could be explored. Dr Whyte noted that survey data indicated ongoing trainee anxiety regarding inquest experience, which may influence career decisions, and that further educational support in this area would be beneficial.

DIC.08/26 8. For interest

8.1 Drug-related deaths

The Chair noted discussion on the recording of drug-related deaths, including whether there is scope to monitor consistency in the use of specific drug names in causes of death as opposed to broader terminology such as “overdose”.

Dr Bickers highlighted practical challenges in cases of multiple drug toxicity, where several substances may be involved, and noted variation in practice between listing individual drugs and using a collective term with detail provided elsewhere in the report.

Dr Kemp outlined the Scottish approach, including the use of an ME4 form submitted to National Records of Scotland to capture detailed information on drugs identified at post-mortem. Ms Fee advised that in Northern Ireland toxicology findings are reported to NISRA, but that no equivalent structured reporting system is currently in place.

Ms Terry advised that she would take the matter away to explore relevant data sources and reporting arrangements across government and would revert to the Committee with further information.

Action:

- *Ms Terry to explore available data sources and reporting mechanisms relating to drug-related deaths across relevant government departments (including the Ministry of Justice and Home Office, as appropriate) and to report back to the DIC.*

8.2 Maternal Deaths

The Chair asked whether there were any further matters relating to MBRRACE to be covered and noted that this item had been discussed previously. Ms Barker confirmed her involvement in MBRRACE-UK, contributing to the review of the autopsy component of maternal deaths alongside colleagues including Dr Youd, Professor Sampson, Dr Rycroft, and others, with four pathologists currently involved in this work.

The Chair noted the importance of having DIC representation on the group and confirmed that this was in place.

DIC.09/26 9. Governance

Committee membership

Update covered under DIC.01/26 above.

DIC.10/26 10. Any other business

Media interest

The Chair reported that Dr Griffin had been approached by BBC Radio 4 following a recent programme on transplantation. He noted that the same journalistic team was now exploring the wider pathway of autopsy practice, including the period from death through to post-mortem examination and subsequent coronial processes, with particular interest in delays within coroners' courts in England.

Dr Griffin confirmed that she had previously engaged with the team in an initial discussion prior to Easter and that a further, more formal interview had been requested. She advised that the focus included models of service delivery, including NHS-employed coronial pathologists (as used in Leeds), and that approval was being sought via Trust communications channels, with agreement from the local coroner.

The Chair noted that there was increasing media interest in the system as a whole, particularly in relation to workforce capacity, service pressures, and variability in service models across regions, and confirmed that this was an ongoing area of external attention.

DIC.11/26 11. Date of next meeting

The next meeting is scheduled for Thursday, 22 October 2026 at 2pm for a duration of 2 hours.