



Death Investigation Committee (DIC)

Minutes

A meeting of the Death Investigation Committee was held on Thursday 9 October 2025 at 14:00pm-16:00pm via Microsoft Teams.

Registrar
Prof Sarah Coupland

- Present:**
- Dr Esther Youd, Chair
 - Mr Michael Conway, Association of Anatomical Pathology Technology
 - Dr Abigail Sharp, Autopsy Pathologist
 - Dr James Simpson, Radiologist
 - 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
 - Dr Martin Goddard, Autopsy Pathologist
 - Dr Katherine Syred, Lead Examiner, CHAT Exam
 - Professor Atholl Johnston, RCPATH Toxicology SAC representative
 - Dr Gemma Kemp, Forensic Pathologist
 - Dr Nicholas Shaw, Coroners Society of England and Wales
 - Dr Anna Rycroft, Autopsy Pathologist
- In attendance**
- Miss Shelaine Kissoon, Governance & Committee Services Officer (*minutes*)
 - Ms Diane Gaston, RCPATH Director of Communications
- Apologies:**
- Dr Ben Swift, Series Editor of RCPATH Autopsy Guidelines
 - Mr Andy Shanks, Crown Office Procurator Fiscal Service
 - Professor Carol Seymour-Richards, Medical Examiners Committee representative
 - Dr Richard Shepherd, Autopsy Pathologist
 - Dr Ian Scott, Autopsy Pathologist
 - Dr Adam Bickers, Autopsy Pathologist
 - Ms Louisa Fee, Coroners Service for Northern Ireland
- 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
 - Ms Giselle Terry, Chief Coroner's Office



DIC.12/25 1. Welcome, declaration of interest and apologies for absence

- 1.1 The Chair welcomed all members to the meeting and formally acknowledged Mr Michael Conway, who has replaced Mr John Pitchers as the AAPT representative. Introductions of all attendees then took place.
- 1.2 Apologies for absence had been received and noted above.
- 1.3 There were no declarations of conflict of interests.

DIC.13/24 2. Minutes of the previous meeting

- 2.1 The minutes of the meeting held on 1 May 2025 were reviewed and approved as a correct record.

2.2 Matters arising

Appraisal for autopsy pathologists

Dr Goddard reported that, together with two or three colleagues, he had drafted criteria outlining what should be included in portfolios for autopsy work. This initiative arose from discussions with coroners and colleagues who had experienced issues with autopsies, noting that very few pathologists currently have input into their professional appraisals.

The purpose of the draft is to provide guidance on suggested evidence for inclusion in portfolios. Dr Goddard explained that the draft had been developed following initial consultation with colleagues. Although the College's template for such documents is not particularly user-friendly, he had completed a version and plans to submit it to the College this week for initial oversight.

Once reviewed, the draft will be circulated to the DIC for feedback before wider consultation. Dr Goddard emphasised that this is a first draft and invited comments from all members. The Chair thanked Dr Goddard for his update and his work on this initiative.

2.3 Action log

There were no actions to review and note.

DIC.14/25 3. Autopsy Guidelines

The Committee received and noted the spreadsheet tracking the current status of all autopsy guidelines. The Chair provided an overview of the status of the guidelines.

Published Guidelines:

- G176: Autopsies after Organ Donation
- G173: Bariatric Surgery

Guidelines in Progress:

- *Anaphylaxis*: Near completion.
- *Industrial Lung Disease*: Progress has been slow due to the limited number of UK authors with the required expertise. The author has been prompted multiple times, and work continues.
- *Diving-Related Deaths*: The first draft has been submitted and reviewed, with discussion between the Chair, Dr Swift, and the author. It is now ready for comments from members of the DIC, and input is encouraged due to the specialist nature of the topic.
- *Fire-Related Deaths*: Led by Dr Kemp, with substantial contributions from trainee Dr Phoebe Sharp. The guideline is nearly ready for first draft submission.
- *Dementia*: Awaiting review of comments before finalisation.

The Chair noted that the current programme of guidelines is strong, up to date, and should not require extensive review in the coming years. Members were invited to suggest any new guidelines for consideration.

DIC.15/25 4. Academic Activities

4.1 Programme of webinars

The DIC received and noted the webinar programme, including topics, dates, and speakers. The Chair reported that the series is progressing very well, with regular attendance of around 200 participants from the UK and internationally. The programme is scheduled until April 2026, with additional dates reserved up to July 2026. Members were invited to suggest topics and speakers.

It was noted that the webinars are open to all, including technical staff, and are bookable via the College website; registration is not restricted to College members. Attendees to date have included APTs, medical examiners, doctors, radiologists, radiographers, and other healthcare professionals. Members were encouraged to share information about the webinars and to invite colleagues to attend.

DIC.16/25 5. Reports

5.1 England and Wales

None – representative not present.

5.2 Scotland

None – representative not present.

5.3 Northern Ireland

None – representative not present.

DIC.17/25 6. Training

6.1 Histopathology

Dr Whyte provided an update on the national autopsy training survey and feedback from trainees, outlining ongoing initiatives to address training gaps and enhance autopsy education across the UK.

National Autopsy Training Survey:

- The survey is being widely disseminated to assess current autopsy training and identify opportunities for improvement.
- An upcoming webinar will focus on inquests, an area identified as a training need, featuring a panel of coroners and pathologists to guide trainees on inquest autopsies.
- The Chief Coroners' Office had supported dissemination of the survey results through their networks and newsletter.
- Joint educational events between Anatomical Pathology Technologists (APTs) and trainees are being developed to:
 - Strengthen collaborative working relationships.
 - Provide trainees with a broader understanding of mortuary workflow.
 - Familiarise APTs with trainee perspectives and training requirements.

Discussions on these initiatives are ongoing with members of the DIC and Michelle Williams from the AAPT.

Trainee Feedback and Resources:

- Anecdotal feedback indicated that some CESR pathway doctors, particularly in paediatric pathology, arrived at sites without supervision for autopsy training, preventing them from completing curriculum requirements.
- The Leeds pathology site was highlighted as a key resource for autopsy histology training for trainers and trainees.

The Chair informed that she had presented at the Irish Society of Surgical Pathology conference, which covers both Northern Ireland and the Republic of Ireland. She

highlighted key challenges in UK autopsy training, including limited trainee exposure and inconsistent supervision, and noted that in the Republic of Ireland all pathology trainees are required to complete both autopsy training and the CHAT examination. The presentation was well received, prompted discussion, and led to a trainee from the Republic of Ireland contacting her for further guidance on training provision.

The DIC discussed training for CESR pathway candidates and the CHAT requirements, noting that pathologists joining the UK outside formal training programmes must complete autopsy competencies to demonstrate eligibility for inclusion on the GMC specialist register. Concerns were raised regarding misunderstandings, including guidance previously issued by the GMC about the level of supervision required before independent autopsy practice can be undertaken.

Variations in consultant recognition for autopsy training were highlighted, with some centres providing SPA time or funding, while others rely on unpaid effort, which may affect the quality and availability of training. The DIC agreed that training responsibilities should be formally incorporated into consultant job plans and reflected in College workload guidance, although progress on updating this guidance has been slow.

6.2 Trainee Advisory Group

Dr Whyte gave an overview of the Trainee Advisory Group (TAG) and explained that it was established informally following significant interest in the trainee representative post for autopsy pathology. The group was created to engage trainees, harness their enthusiasm, provide a forum to raise issues relating to autopsy training, and facilitate trainee led projects such as the national training survey. The TAG has contributed to initiatives including updates to the pathology portal and guidance for the CHAT examinations, while also offering networking opportunities and a platform for trainees to provide feedback on training experiences. Membership is currently variable and largely consists of trainees who applied for the trainee representative role on, with Dr Whyte serving as Chair. The TAG was also recognised as a potential resource for volunteering on national audits, guideline development, and other projects.

A discussion took place which focused on formalising the group, including recruitment strategies, ensuring representation across all training schools, grades, and subspecialties (such as neuropathology, paediatric pathology, and forensics), and defining terms of membership. It was suggested that core members could serve three-year terms, with shorter, staggered terms for junior trainees, including ST1 and ST2, to maintain continuity and provide ongoing representation.

The DIC acknowledged the TAG's contributions, and the Chair agreed to seek guidance from the College to ensure the group operates inclusively and transparently. Dr Whyte highlighted the importance of producing written terms of reference to clarify the group's structure and processes, including representation from all relevant training schools, and to facilitate succession planning.

6.3 Forensic Pathology

None – representative not present.

6.4 Histopathology curriculum changes

The Chair noted concern regarding ongoing histopathology curriculum changes, particularly references to defining the minimum requirements to qualify as a pathologist, with autopsy training potentially being reduced. Professor Cohen, the Honorary Officer representative and link to the College, was not in attendance, limiting the DIC's insight. The Chair stated that she would follow the matter up with College and Professor Cohen to obtain clarification.

DIC.18/25 7. Examinations

Dr Syred provided an overview on the last CHAT exam, and the following was noted:

CHAT examination Autumn 2025:

- 17 Candidates
- Exam set awaiting proof reading
- Will run a double rotation of viva stations

CHAT examination Spring 2025:

- Previous exam 93.75% candidates passed.

Practical CHAT, observed autopsy:

A discussion group is to be convened to review the practical CHAT component of the examination, considering whether to retain the current approach, move to examination centres, or adopt a portfolio-based format. The review will take into account recent GMC approved guidance in Paediatric Pathology removing the observed autopsy component.

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

DIC.19/25 8. For interest

8.1 HTA updated guidance on use of PMCT with angiography

The DIC received and noted the updated HTA guidance, which confirms post-mortem CT with angiography is a licensable activity under HTA regulations. Members were advised to inform PMCT providers who may be unaware, and the HTA is available for any licensing queries.

8.2 Drug related deaths

The DIC received and noted the papers on drug-related deaths. The Chair gave an update on discussions with the Office for Health Improvement and Disparities regarding novel synthetic opioids, including nitazenes, and associated toxicology testing. The DIC noted that the project primarily involves toxicology laboratories rather than pathologists directly. The DIC also noted the importance of specifying the names of drugs involved in cause of death statements, rather than using generic terms such as “mixed drug toxicity,” and that relevant information had been disseminated to all histopathologists and forensic pathologists by the College Professional Guidelines Team.

8.3 Maternal deaths

The DIC received and noted the MBRRACE-UK Maternal Report 2025. The Chair highlighted the report and drew attention to the standalone chapter on pathology findings. This chapter includes key learning points for direct maternal deaths, such as pre-eclampsia, as well as other causes of death commonly encountered in autopsy practice, including cardiac disease, accidents, and drug related deaths. The Chair encouraged members to disseminate the report to colleagues. The DIC noted ongoing challenges with dissemination, including that email cascades and the Bulletin may not effectively reach all pathologists. The Chair also noted that the guidelines, published last year, include relevant information, and that further strategies, such as peer-reviewed publication and involvement of trainees, are being considered to improve visibility and accessibility of the findings.

DIC.20/25 9. Governance

Committee Chair role

The Chair informed the DIC that her three-year term will conclude in February 2026 and thanked members for their contributions and active participation during her tenure. She outlined that the College will shortly initiate the process to recruit and appoint a new

Chair, with the advert open to all Histopathology Fellow members, and she encouraged members to consider applying for the role.

The Chair reflected on her time in the role, emphasising her involvement in the autopsy guidelines series, enhancing trainee engagement, and implementing changes to the committee's terms of reference and membership. She expressed confidence in the DIC's current position and encouraged members to engage and continue to enjoy their roles.

Members thanked the Chair for her hard work, contribution and leadership during her tenure, and wished her well.

DIC.21/25 10. Any other business

Toxicology testing

The Chair informed that she had received an email from Dr Stephen Morley, a chemical pathologist, regarding toxicology testing. Dr Morley queried whether the College could provide guidance on using a single sample for both screening and quantification, rather than the standard approach of separate tests.

Professor Johnston noted that advances in technology, particularly the use of mass spectrometry, now allow a single analysis to provide absolute identification of a compound. While additional testing may be required depending on the level of precision needed, a single test can be acceptable for identification purposes. He stated that this matter would be discussed further by the Toxicology SAC, and any relevant feedback affecting coroner or forensic reports will be communicated to the relevant committees.

College submission to the Government's Men's Health Strategy for England

Dr Goddard provided an update on the national call for men's health screening. He highlighted his submission on cardiac disease, noting the prevalence of obesity, diabetes, and hypertension in men, and the tendency for men to engage less with healthcare services. The Chair commented that this initiative was a valuable opportunity to demonstrate how pathologists can contribute to public health interventions. The submission was disseminated to members and featured in *The Pathologist* magazine.

DIC.22/25 11. Date of next meeting

The meeting dates for 2026 will be confirmed once a new Chair has been appointed.