Notes of a meeting of the Professional Guidelines and Practices (Anatomy) Committee held on 1st September 2008 in the Dunhill Room, Gordon Museum, King's College London.

Present:
Wendy Birch (WB); Ceri Davies (CD); Steve Franey (SF); Steve Gaze (SG); David Haylings (DH); Mike Mahon (MM); Louise Scheuer (LS); Susan Standring (SS)

SS welcomed the new members to the meeting (WB, DH, SF, MM).
Apologies had been received from John Morris and Sam Cobb

In response to a query from DH about maintaining consistency of material posted on individual websites, SS reminded new members that one remit of the Committee was … ' *to prepare Guidelines which would be shared with HTA for comments. Agreed Guidelines would be co-badged with the HTA, would appear on each Society's website and would be referred to in the Codes of Practice'*.

The main purpose of the current meeting was to finalise the guidelines which had been discussed at the meeting held on 25th June 2008. These guidelines addressed: 1. Reasonable belief; 2. Defining a "part"; 3. Disposal of parts; 4. Images in the DR; 5. Access to the DR; 6. Best practice for storage and handling of parts. The agreed guidelines would be submitted to the HTA for consideration before our next meeting, which will be with a representative from HTA
The revised Code of Practice on Anatomical Examination, which was published on 1st August, would also be discussed.

A. Agreed Guidelines:

1. Reasonable belief

It will be acceptable to start preparing a body for future use in order to prevent further decay, if (a) the DI/DP has seen a faxed copy of the will or consent form, and (b) obtained verbal confirmation of the cause of death from the issuing doctor (this information to include the number of the certificate).Anatomical examination cannot begin until all documentation is in place. **Recommendation**: Timing is of the essence here. Therefore HTA should be asked to write to the Registrars' Association asking that Registrars register a death within 24 hours where the deceased had given informed consent that their body was to be used for medical research, teaching or education.

2. Defining a "part"

At the 3 year limit, 2/3 of the body mass of the individual should be disposed of accompanied by the green form. In future it may be possible to modify the consent form so that a restriction is not placed on the time that a cadaver or parts can be retained. Currently there is insufficient evidence to inform a decision on this point.
Recommendation: HTA is asked to collect appropriate data.

3. Disposal of parts

Cadaveric parts not accompanied by a green form are usually incinerated in hospital incinerators or commercial incinerators

depending upon local circumstances. There must be a Service Level of Agreement, SLA, between the HEI and the contractor and evidence must be obtained that appropriate procedures, as stipulated in the SLA, have been followed. Parts should be incinerated in a designated human tissue burn. There should be a Duty of Care Visit at least once a year (ideally this should happen on every visit, but practically this is unlikely). Deliveries should be attended visits. The suitability of packaging will be determined by the distance the parts are to be transported, e.g. bagged or bagged inside drums. All consignments should include the bag number. A list of the contents of each consignment and the part numbers within each bag should be retained by the DI. (*SG to take a straw pool of IAS members for their opinion as to what constitutes suitable packaging.* ***Action SG at IAS meeting.***) **Recommendation**: HTA to explore with crematoria the proposal that crematoria will cremate the equivalent of one coffin/licence/year and disperse the ashes from this burn on consecrated ground.

5. Images in the DR

Images should not be uploaded onto the internet. Local practice(s) for uploading images onto an intranet must be appropriate and secure. Any person wishing to obtain and use images of cadaveric prosections should complete and sign an appropriate, standardised form. It was agreed that members would send an electronic copy of the form currently in use in their DR to SS in order to prepare a standardised form. CD agreed to send SS the original HTA guidance on using images obtained in the DR. *NB – This Guideline is currently incomplete…….*

6. Access to the DR

When a DR contains visible specimens (wet body parts or dessicated bones), access should be restricted to the following groups of individuals: registered students with a justifiable reason for requiring access; all healthcare professionals attending courses; others, such as medical artists, will be admitted at the discretion of the DI. Records must be kept of all visits. Any other category of visitor would normally only be admitted to an “empty” DR, i.e. a room either stripped of cadaveric material and bones, or where such material is covered. When maintenance staff required access, where possible, and if timing allowed, material should be covered. **No visitor should be allowed to enter or remain in a DR unattended except in an emergency.**

7. Handling and storage of parts

Human and animal parts must be stored separately and clearly labelled. When used in a class for comparative purposes, human and animal parts must be placed on separate trays on separate tables. While being transported, parts must be covered and secure; public corridors should be avoided, especially at busy times. Human and animal tissues must be treated with respect at all times.

B. Discussion of issues associated with the use of fresh frozen material was deferred to a future meeting.

C. The next meeting of the Committee would be with the HTA in the first two weeks of October. SS would write to Sandy Mather to set up the meeting.