

**Anatomy Department Inspection Report:  
Trinity College Dublin  
12th February 2016**

License holder: Dr Nick Mahony

In attendance:

Mr D. C. Davies – Inspector of Anatomy

Mr Michael Ryan – Council Member

Ms Aoise O'Reilly – Medical Council

**SECTION 1 – ORGANISATIONAL CAPACITY AND CAPABILITY**

**1. LICENSING, AUTHORITY, RESPONSIBILITY AND ACCOUNTABILITY**

The license for Anatomical Examination at TCD has been transferred from Dr Paul Tierney to the current Head of Anatomy, Dr Nick Mahony, since the 2013 inspection. There have not been any staff changes since the last inspection and the required annual returns have been made to the Medical Council.

**2. GOVERNANCE AND QUALITY SYSTEMS**

I met with Dr Mahony and Chief Technical Officers Siobhan Ward and Philomena McAteer. The Department is an experienced unit and its members understand their responsibilities in relation to their role in Anatomical Examination. All staff are appropriately qualified and trained for their work and TCD has appropriate annual performance management and development appraisals. A suitable systematic record management system that ensures data protection, confidentiality and has suitable provision for data back-up is in place. Comprehensive risk assessments of the practices and processes related to Anatomical Examination are in place, with the exception of service level agreements between TCD and their undertakers, Corrigan & Sons and Glasnevin Trust. These agreements are expected to be in place in the near future and will be common to all of the Dublin medical schools.

The 2013 inspection report highlighted concerns about the anatomical and other material housed in the old Anatomy building. Although some progress has been made, considerable concerns remain. Unrecorded anatomical specimens are present in the building, many of which are in poor condition and / or of questionable value. Furthermore, although the building is nominally secure, it is visited so infrequently that if an adverse event was to occur, it might not come to light for a considerable period of time. It is disappointing that

more progress has not been made since the last inspection, but this is not a reflection of the Anatomy staff, who clearly do not have the manpower resources for the necessary work.

## **SECTION 2 – RECOMMENDED PRACTICES**

### **1. CONSENT**

To date, TCD has been using a consent form that differs slightly from the model consent form published as an appendix to the Code of Practice for Anatomical Examination. However, their consent form has met all of the recommendations within the Code of Practice and TCD will in future adopt the model consent form. The comprehensive information booklet for potential donors and their families gives appropriate information for the donors' consent to be fully informed.

### **2. PREMISES, FACILITIES AND EQUIPMENT**

The premises, facilities and equipment were inspected from the entrance point of a donor's remains, through the embalming and storage facility, to the dissecting room where teaching was in progress. The security of the undertaker's entrance is good and there is a dedicated secure lift to the embalming / storage area. The embalming / storage area opens directly onto the dissecting room and security is good because all students and visitors must pass by the window of the technician's office to enter the dissecting room.

All entrances to the Anatomy facilities are alarmed. One concern is that a research laboratory that is part of the Anatomy Department can only be accessed via the dissecting room and is used by members of the Department who otherwise would not have any reason to enter the dissecting room. However, all such people must complete the Department's induction programme regarding access, security and working with donor remains. All non-members of the Department who require access to the laboratory / Department are supervised by a member of the Department at all times.

The signage in and around the dissecting room is appropriate, the facilities in the dissecting room are excellent and all equipment was reported to be working well.

There is secure storage for the Anatomy Department in the basement of the building, but this does not contain cadaveric material.

### **3. RECORD KEEPING / TRACEABILITY**

Following recommendations made at the 2013 inspection, hard copy donation records are now stored in a fire-proof cabinet. Donor details are also entered into an electronic database. However, scanned copies of consent forms and other donation records are not entered into the database. It is recommended that for donors received for anatomical examination, these documents should be entered into the electronic database.

Retained parts from cadavers donated under the Anatomy Act are not held at TCD. An audit of traceability was successfully conducting by selecting a cadaver in use during the teaching taking place at the time of inspection and tracing it back to the consent form and other records.

#### 4. SENSITIVE DISPOSAL

The comprehensive donation information booklet provides full information about the options available for disposal of the donors' remains. Remains are either entered in Glasnevin Cemetery or returned to their relatives. A large number of historical retained parts have been entered in Glasnevin since the last inspection.

#### 5. LOAN / TRANSFER OF CADAVERIC MATERIAL

TCD does not currently loan or transfer any cadaveric material. TCD does facilitate occasional postgraduate courses utilizing imported fresh-frozen cadaveric material and reports these to the Medical Council.

A handwritten signature in black ink that reads "D. C. Davies". The signature is written in a cursive style with a large, looped 'D' and 'V'.

D. C Davies 23/2/16

Inspector of Anatomy