



Royal College of Surgeons in Ireland Anatomy Department Inspection Report 2020



Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25-member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.



Contents

- 1. Statement with regard to the Freedom of Information Act 2014, the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018**
- 2. Anatomy responsibilities**
 - The Medical Council as the licensing authority
 - The Inspector of Anatomy
 - The Inspection Team
- 3. Code of Practice for Anatomical Examination**
- 4. Anatomy Department Inspection Report**
- 5. Conclusion**

Statement with regard to the Freedom of Information Act, 2014, the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

The Medical Council routinely makes information available to the public in relation to its functions and activities and, in line with that practice, this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

As a Data Controller, the Medical Council is also subject to the requirements of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. The Medical Council complies with its obligations as a Data Controller under the relevant legislation. Any person on whom the Medical Council holds personal information has certain rights, known as 'Subject Access Rights'. Further information on both Freedom of Information and Data Protection legislation is available on our website at: <https://www.medicalcouncil.ie/FOI-Data-Protection/>

Anatomy responsibilities

Licensing Authority

The Medical Council is the licensing authority for the practise of Anatomy in the State in accordance with the Anatomy Act 1832 as outlined in Section 106 of the Medical Practitioners Act (MPA) 2007:

-The Council—

(a) is, by virtue of this section, authorised to—

- (i) grant a licence to practise Anatomy in the State,
- (ii) appoint inspectors of places in the State where Anatomy is carried on, and
- (iii) be the person to whom such inspectors shall make returns, under and in accordance with the Anatomy Act 1832, and

(b) shall, at the request of the Minister and as soon as is practicable after it receives the request, provide the Minister with such information concerning its functions under the Anatomy Act 1832 as the Minister specifies in the request.

The Inspector of Anatomy

Following the introduction of the 2007 Act the Council appointed Professor Ceri Davies as the Inspector of Anatomy.

The Inspector of Anatomy was appointed by Council to perform the following functions:

- Advise the Council on the granting of licences to practice Anatomy in the State
- Inspect places in the State where Anatomy is practised
- Make returns to Council under and in accordance with the Anatomy Act 1832
- Advise the Council on the information sought by or to be provided to the Minister regarding the Council's functions under the Anatomy Act 1832
- Advise the Council on the teaching of Anatomy by any bodies approved under Section 88 (2) (a) (i) (ii) and/or Section 89 (3) (a) (ii) of the Act.

Inspection Team

At each inspection visit, the Inspector of Anatomy is supported by a non-medical member of the Medical Council (with no background in Anatomy or Pathology to ensure appropriate lay representation), as well as a member of the Medical Council Executive. The Medical Council's Code of Practice for Anatomical Examination provides the framework for the inspections of Anatomy Departments.

Code of Practice for Anatomical Examination

In the absence of up-to-date legislation, the Medical Council published the [Code of Practice for Anatomical Examination](#), in 2015. This Code was designed to help safeguard public confidence in the practice of Anatomy in Ireland and support continuous improvement within the Anatomy Departments whilst awaiting updated legislation in the form of the Human Tissue Act. Specifically, the Code of Practice aims to:

- Support institutions and individuals in the State to engage in best practice that reflects current society, science, medicine, education and ethics norms.
- Enable members of the public to better understand current best practice employed by institutions and individuals in the State that undertake Anatomical Examination, to ensure that trust in these practices is maintained.
- Provide a framework for inspections conducted by the Medical Council, through the Inspector of Anatomy, pursuant to its role under Section 106 of the Medical Practitioners Act 2007, as the licensing authority under the Anatomy Act 1832.

Anatomy Department Inspection Report

Royal College of Surgeons in Ireland

License holder: Professor Clive Lee

Inspection team:

Professor Ceri Davies, Inspector of Anatomy for the Medical Council

Mr Jim O'Sullivan, Medical Council member

Dr Ellen Moran, Inspection Manager, Medical Council

Date of inspection: 13 February 2020

SECTION 1 – ORGANISATIONAL CAPACITY AND CAPABILITY

1. LICENSING, AUTHORITY, RESPONSIBILITY AND ACCOUNTABILITY

The lead individual holding the licence for Anatomical Examination at the Royal College of Surgeons in Ireland (RCSI) (Professor Lee) has not changed since the 2017 inspection and the required annual returns have been made to the Medical Council.

2. GOVERNANCE AND QUALITY SYSTEMS

The team met with Professor Lee and senior members of technical staff of the Anatomy Department. The Department is a cohesive 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 RCSI has appropriate annual performance management and development appraisals. A suitable systematic record management system that ensures data protection, confidentiality and has appropriate provision for data back-up, is in place. Appropriate risk assessments of the practices and processes related to Anatomical Examination are also in place. A service level agreement between the Dublin Medical Schools (including RCSI) and their undertakers, Corrigan & Sons is now in place and discussions are still ongoing about a similar agreement with the Glasnevin Trust.

The Simulation Suite of the Surgical Skills Centre at 26 York Street that has been licensed to hold embalmed anatomical specimens is now in use for the following:

1. MRCS Part B examinations
2. Short postgraduate course teaching
3. Temporal bone dissection / drilling

Professor Lee retains overall responsibility for Anatomical Examination at RCSI and a named person with delegated responsibility for cadaveric material held at 26 York Street has been communicated to the Medical Council. The named person is responsible to the Licence Holder at RCSI and must abide by the Medical Council's Code of Practice for Anatomical Examination. The facilities and security of the Simulation Suite are fit for purpose and a protocol for the transfer of cadaveric material between 123 St Stephen's Green and 26 York Street is in place and all material is returned to 123 St Stephen's Green for storage or interment.

There is a Pathology Museum comprising retained cadaveric material at Beaumont Hospital. It is still not clear whether this falls under the jurisdiction of the Inspector of Anatomy and it is hoped that this will be clarified in the new Human Tissue Bill.

SECTION 2 – RECOMMENDED PRACTICES

1. CONSENT

RCSI uses the model consent form published as an appendix to the Code of Practice for Anatomical Examination. This consent form meets all of the recommendations within the Code of Practice. The information booklet for potential donors and their families gives appropriate information for the 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 remains good as does that of the embalming / storage facility. The embalming facility continues to perform well and has the capability to store 61 cadavers. Cadaveric material is transferred from the embalming / storage facility via a dedicated, secure lift directly into the dissecting room. CCTV connected to the Porter's lodge monitors the undertakers entrance and entrance to the embalming / storage facility. The entrance to the dissecting room is also monitored by CCTV and the entrance doors are only open between 9.00 am and 5.00pm and are controlled by an 'auto-shut' mechanism. The signage in and around the dissecting room is appropriate as are the facilities in the dissecting room. There is no active air handling, but the height of the room and the air vents incorporated into the roof design, render this unnecessary.

3. RECORD KEEPING / TRACEABILITY

Hard copy donation records are stored in a fire-proof cabinet. Consent forms and other donation records for donors accepted for Anatomical Examination are scanned and entered into a secure electronic database. Retained parts are cross-referenced to the cadaver and donation records. An audit of traceability was successfully conducting by selecting cadavers, retained parts and potted specimens in use during the teaching taking place at the time of inspection and tracing them to consent forms and other relevant records. Although historical retained parts are entered into an electronic database, some historical osteology specimens were found to be unrecorded and should be recorded in the database. A Museum Committee exists to consider proposals for using material donated for Anatomical Examination for research purposes.

4. SENSITIVE DISPOSAL

The donation information booklet provides full information about the options available for disposal of the donors' remains, which are either interred in Glasnevin Cemetery or returned to their relatives. Retained parts are also interred in Glasnevin Cemetery. Since the last inspection, specimens from the Beaumont Hospital Pathology Museum that were no longer of educational use have been authorized for interment at Glasnevin Cemetery as Anatomical Retained Parts.

5. LOAN / TRANSFER OF CADAVERIC MATERIAL

RCSI does not currently loan or transfer any cadaveric material to other institutions.

Conclusion

Following the inspection of the Royal College of Surgeons in Ireland Anatomy Department (13 February 2020), I recommend that:

1. The Royal College of Surgeons in Ireland should continue to be licensed for the practice of Anatomical Examination. This recommendation is made on the grounds that the visiting Medical Council team found that the site is adhering to the standards set out in the Medical Council's Code of Practice for Anatomical Examination.

Continuation of the licence for the Royal College of Surgeons in Ireland is subject to ongoing approval by the Medical Council.



D. C Davies
Inspector of Anatomy

21/3/20



Comhairle na nDochtúirí Leighis
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Medical Council
Kingham House
Kingham Place
Dublin 2
D02 XY88

www.medicalcouncil.ie