Comhairle na nDochtúirí Leighis
Medical Council

RCSI Anatomy Department Inspection

12 August 2025

Anatomy Inspection Report of Royal College of Surgeons Ireland (RCSI)

License holder: Professor Fabio Quondamatteo

Inspection team:
Professor Claire Smith, Inspector of Anatomy for the Medical Council
Mr. Graham Knowles, Medical Council, Education and Training Committee member
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Date of inspection: 12 August 2025

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.

SECTION 1 – ORGANISATIONAL CAPACITY AND CAPABILITY

1. LICENSING, AUTHORITY, RESPONSIBILITY AND ACCOUNTABILITY

Anatomical Examination must only be practised in institutions where there is a lead individual holding a license issued by the Medical Council at its discretion.
That lead individual holding the license should have appropriate experience and documented delegated authority from the Chief Executive (or equivalent) to practise Anatomical Examination in line with licensing requirements, this Code of Practice and any recommendations arising from inspections conducted with reference to this Code and under S106 of the Medical Practitioners Act 2007.

The lead individual holding the license is responsible for the practice of Anatomical Examination at the institution. Since the lead individual holds the license for the institution, he/she is also accountable to the institution and should provide regular reports on the practice of Anatomical Examination at the institution, which should be noted at the level of the Chief Executive (or equivalent) and the Board (or equivalent). The lead individual holding the license must make the required annual returns to the Medical Council under S106 of the Medical Practitioners Act 2007.

If an institution wishes to change the lead individual holding the license, it must seek the approval of the Medical Council. Wherein a license is issued by the Medical Council to a lead individual at an institution, all staff/individuals of the institution who practise Anatomical Examination therein under the supervision of the lead individual are also licensed under the terms of Section 106 of the Medical Practitioners Act 2007. To give effect to this, the lead individual holding the license should have a system and documentation in place to ensure appropriate training, delegation of responsibility and accountability for these individuals.

Findings:
Fabio Quondamatteo has held the license only for a few weeks at the time of inspection. Professor Fabio Quondamatteo qualified in Medicine at the University of Bari 1992. They specialized in Anatomy and joined the National University of Ireland, Galway in 2007. Professor Fabio Quondamatteo previously held roles under the Human Tissue Act Scotland, as Chair of Anatomy Glasgow in 2016. Before joining RCSI in 2020. Professor Fabio Quondamatteo took over from Professor Clive Lee in August 2025. Professor Fabio Quondamatteo has an established international research profile, and is engaged with the activities of professional societies that support the development of sector best practice. Last inspections at the RCSI were in 2017, 2020.

The anatomy team met during the inspection were aware of the license requirements and their delegated responsibilities.
Mr Bob Dalchan: Anatomy Room Manager
Mr Andrew Lynch: Senior Anatomy Technician
Mr Patrick Conlon: Senior Anatomy Technician
Mr Christopher Farrell: Anatomy Administrator (temporary cover)
Prof. Garry Duffy: Head of Department and Professor of Anatomy
Prof. Fabio Quondamatteo: Associate Professor, Deputy Head, Head of Academic Affairs, Anatomy Licence Holder.

The RCSI delivers a range of courses that use the anatomy facility, these include Medicine, Dentistry, Physiotherapy, Pharmacy and surgical training.

Annual Returns have been provided as required.

2. GOVERNANCE AND QUALITY SYSTEMS

All aspects of Anatomical Examination should be governed by documented, controlled and monitored policies and procedures that form part of the institution's overall governance process.

There should be a systematic record management system that ensures data protection, confidentiality and has suitable provision for data back-up.

There should be a documented internal audit system, with an appropriate schedule and accountability.

Staff should be appropriately qualified and trained for their work and should show care and respect for the donors' remains in their charge at all times. They should undergo documented continuing professional development and have regular documented appraisals and personal development plans. This may form part of the annual performance management and development appraisals.

Risk assessments of the practices and processes related to Anatomical Examination should be in place, including processes to escalate knowledge of risk upward through the institution as appropriate. These risk assessments should be documented and reviewed regularly and they should be readily available to all staff, who should be aware of their content.

Procedures should be in place to ensure investigation of and response to adverse events. Staff should be able to use incident reporting systems and corrective / preventative action should be taken where necessary.

Findings:

The inspection team met with several members of the anatomy team (Academic, Professional Services and Technical). Leadership is currently in the early stages of a transition from Professor Clive Lee, to Professor Fabio Quondamatteo who is the Anatomy Licence Holder with Professor Gary Duffy as Head of Department. All members of the team met demonstrated a clear understanding of their role in relation to Anatomical Examination.

The team demonstrated working well together, with a clear aim to ensure dignity and respect of human tissue. Within the team there is a dedicated role Anatomy Room Manager and Anatomy Administrator who leads on consent and record keeping. Discussions did occur about the importance of these roles (and potential further support) as the transition occurs with changing leadership and a new Human Tissue Act.

Staff are supported, and take part in standard University training (Data Protection, Health and Safety, etc.) that supports them in their role within anatomy. Staff undertake appraisals, through the University. A revised new departmental structure is currently being implemented for the Department of Anatomy and Regenerative Medicine. In addition staff are engaged as appropriate in sector wide professional groups that support them in the role.

The staff demonstrated a systematic record management system that ensured data protection and confidentiality.

Physical copies of donor forms are held in an suitable office in fire proof cabinets.
There is currently no provision for data back-up of these forms and there is no electronic record. Although some forms have been scanned in, as the centre photocopies the forms and sends a copy back to the family. The team are keen to review this.

Full body donors and body parts are recorded on a suitable digital SharePoint system. The digital back-ups of these are managed by the University.

It is recommended that the centre should create and implement a standard operating procedure for the governance of human tissue records to ensure an electronic record and a digital back-up. It is up to the centre if historical paper forms are included in this. All existing human tissue holdings should be recorded on such a system going forward and this should be complete within 12 months on receipt of this report.

Standard Operating Procedures and Risk Assessments are in place. With the new Human Tissue Act these will need significant further development. Related to this, the inspection team asked about risk management. Currently no department wide risk register exists. It is recommended that this is reviewed for the implementation of the new act and that staff draw on expertise of wider institutional RCSI Risk Registers.

It might be helpful for the institution to consider developing a single source of truth ‘department manual’ that covers the activities, governance, and risks as a document that is updated on an annual basis, and can be provided to new staff as part of their induction.

Service Level Agreements exist between the Dublin Medical Schools (including RCSI) and their undertakers, Corrigan & Sons, and the Glasnevin Trust. Ongoing discussions are exploring improvements to the plot to be funded by the Dublin Medical Schools. It is understood that the SLA with Corrigan & Son works on a 12 month basis. If provision has not been a concern this could be extended to reduce administration.

No Internal audits have occurred. This is a requirement and the department/centre should develop a SOP and implement a structure of documented internal audit within the next 12 months on receipt of this report.

SECTION 2 – RECOMMENDED PRACTICES

1. CONSENT

Appropriate consent: This can only be given by the donor, in writing, in the presence of at least one witness who attests their signature. A model consent form has been prepared for use throughout Ireland (see appendices). The individual making the donation must be aged 18 years or older and have capacity to consent.
Informed consent: Full and clear information should be provided to a person wishing to donate his/her body for Anatomical Examination, to allow the potential donor with capacity to make a voluntary, informed decision. This information should include the nature of the activities for which the body can be used and the length of time it, or its parts can be retained.
Explicit duration of consent: The duration of time that the donor consents to his /her body being used for anatomical examination should be specified in the consent.
Withdrawal of consent: Consent may be withdrawn by the donor at any time before his/her death, in writing, to the institution that his/her body had been offered. Staff involved in seeking consent should receive appropriate training and support.

In order for lawful Anatomical Examination to take place, the Medical Certificate of the Cause of Death [MCCD] must be signed and the death must be registered. A body may be removed to a receiving institution and embalmed or otherwise preserved before the donor's death has been registered, but Anatomical Examination should not take place until it has been registered. A copy of the MCCD and death registration should be kept at the receiving institution.

Findings:
For the RCSI Consent is obtained by using an adapted model consent form published as an appendix to the Code of Practice for Anatomical Examination. This consent form meets the recommendations within the Code of Practice. There is an information booklet for potential donors and their families, ensuring informed consent. The consent form clearly details requests that relate to the duration of consent, for example the ability to consent to retention of body parts. The unit receives donors using 'older' consent forms that have been completed.

The team examined the consent form and donation booklet. Discussion explored issues that the centre faces in contacting relatives. Discussions included exploring possible changes to the consent form to ask for two witness details. Discussions also related to where a donor or family have not indicated a preference for disposal, that after reasonable attempts to contact a family the RCSI make a recommendation to the funeral services. The RCSI discussed their plans to place further information online including that if no preference is indicated what the RCSI procedure will be.

The recommendation is that the above changes seem to be positive and should be enacted.

During 2024 a member of the public (a family member of a donor) contacted the Anatomy Inspector and RCSI with concerns about consent of their relative. These were appropriately

investigated by Professor Clive Lee, and reported to the Inspector. No concerns or issues were identified. The findings point to the likelihood that there was some misinformation provided by a healthcare practitioners that probably caused the confusion. This was discussed at Inspection, with no identified changes required. The team also discussed a case where issues have arisen with a coroner's investigation. All procedures have been followed.

2. PREMISES, FACILITIES AND EQUIPMENT

As set out in Section 1, the lead individual holding the license should have appropriate and documented delegated authority from the Chief Executive (or equivalent) to practice Anatomical Examination in line with licensing requirements, this Code of Practice and any recommendations arising from inspections.

Premises: A risk assessment should be carried out and documented to ensure that the premises at which Anatomical Examination is carried out and where bodies and body parts are stored are secure, fit for purpose and ensure the confidentiality and dignity of the donors. The premises should have sufficient space for procedures to be carried out and measures should be in place to prevent unauthorised access. There should be documented cleaning and decontamination procedures and appropriate environmental controls (e.g. air-handling) in place.
Facilities: There should be sufficient storage capacity for the required bodies and body parts. The storage conditions should be monitored, recorded and action taken if required, to ensure the dignity of the deceased and the integrity and traceability of their remains. Documented contingency plans should be in place, in the event of storage facilities being rendered unsuitable.
Equipment: All equipment should be subject to recommended validation, calibration and maintenance. The condition of the equipment should be monitored and documented. Users should be trained in the use of the equipment, have access to relevant instruction manuals and understand how to report equipment problems.

Findings:
The provision is based at the Royal College Surgeons Irelands.

The inspection team took a tour from both the entry route used by a donor and the route through which students access the facility. Both enable secure and controlled access. Access for staff is via dedicated electronic cards, with keys additionally required for the processing area. Students enter the facility at dedicated session times.

The route for the funeral services is clear and appropriately out of the public view. Student access includes an signposted door with the code of conduct and an entrance area for handwashing/PPE. The processing area is appropriate and is kept tidy and clean. There is storage of full donors and body parts in temperature controlled units. The units are not temperature alarmed at present, but as fresh donors are not stored this is not an issue as staff can visibly see the temperature. This might be something for future monitoring to consider, especially as it is likely that such systems exist within RCSI on research fridges/freezers. The staff explained their embalming process and the care provided to donors. The area includes a downdraft embalming table, hoist and pump equipment. Health and Safety of the area included eye-wash stations, chemical cupboards, and PPE. The processing area currently has some moisture issues- caused by pipework lagging and it is recommended that these are resolved. Donors and body parts are then transported in a secure lift to the teaching space.

The anatomy teaching facility is a historical (1812) large open space that is suitable for the activities. It is currently undergoing estate work to provide air extraction and has recently been fitted with formaldehyde monitors. The facility is secure with swipe card access and CCTV.

A recommendation would be to test the swipe card data for patterns of entry and CCTV recording. This could be undertaken at the same time as Internal Audit. This will help the facility to establish this process within their standard operating procedures and to evaluate if the coverage is sufficient.

The Simulation Suite of the Surgical Skills Centre at 26 York Street that has been licensed to hold embalmed anatomical specimens is used for temporal bone dissection and orthopaedic courses. Specimens are securely transported in sealed boxes to the location. A review of the procedures related to this provision is currently underway.

There is agreement amongst the Dublin Anatomy Schools for contingency.

3. RECORD KEEPING / TRACEABILITY

The license holder is responsible for a donor's body and body parts from its acceptance for Anatomical Examination until the burial, cremation, disposal or return to the family. All places where Anatomical Examination is carried out should keep records in a permanent and secure form for each body / body part / tissue in their possession. These records should be held on the premises that the body was first received and on any other premises to which the body / parts / tissues have been transferred. All records must be available for inspection and review. Records should be kept after the disposal of a body / body parts / tissues and maintained in line with a documented Records Management Policy.

A unique code should be assigned to each donation and to each of the products derived from it. The labelling of specimens should be robust to enable traceability of specimens at all times.
A register of donated bodies and parts / tissues derived from them should be kept and an audit trail maintained, including the consent obtained, when and where the body was accepted, the uses to which any specimen was put, when and where any material was transferred and to whom.

Records of delivery and transportation should be kept and a system put in place to ensure traceability of bodies / parts / tissues during transport. Records of service level agreements with undertakers, transport companies / couriers should be kept together with records of agreements with recipients of bodies / parts/ tissues.

Findings:

Within the processing facility donors and body parts are tagged with a unique identifier. The tags are clear and enable traceability. Only the core anatomy members of staff have access to enable the join up of the number and the individual's identity. Any human tissue that is removed from the donor is also tagged with the same number. Retained parts are stored in appropriate containers and are recorded on the database system. This includes a photographic record to assist with specimen management.

A number of random checks were undertaken on donors and body parts, and the traceability of the material was quickly and clearly provided without issue.

Within the facility is a considerable amount of osteological material.

It has been noted that no action has been taken regarding the finding in the report of 2020 that states “some historical osteology specimens were found to be unrecorded and should be recorded in the database”. Measures must now be put in place to document all osteology specimens within 12 months of receipt of this report. Any material that is not suitable to be retained can then be suitably disposed of.

4. SENSITIVE DISPOSAL

Processes should be in place to inform donors and their relatives how remains will be sensitively disposed of after use and who will be responsible for any associated costs. Staff should be familiar with the basic legal requirements, the institutions own arrangements and the options available for those wanting to make their own arrangements for disposal. This information should be available in writing.

It is best practice to retain tissue removed from a cadaver during the course of anatomical examination for disposal with it. Body parts retained after disposal of the body and any tissue removed from the parts may be disposed of as clinical waste, and ‘best practice’ is to cremate or bury such tissue.

The date, method and reason for disposal should be recorded.

Findings:

The options regarding disposal are clearly provided in the information pack. Some versions of the consent forms ask for a disposal preference. Arrangements include the option for burial/cremation at the Glasnevin Cemetery. Another option is private burial. It was discussed what the option should be if no preference if provided and if the anatomy centre has been unable to contact the family. This is currently burial, but it was discussed if this could be cremation. The Inspector recommends that this can be discussed with the crematorium as it would be a suitable option.

Each year a commemorations service is held for families, staff, and students.

5. LOAN / TRANSFER OF CADAVERIC MATERIAL

Given the dependence on generous donation, it is recognised that situations may arise where cadaveric material is loaned or transferred between license holders. Bodies / body parts / tissues should only be loaned / transferred for the purposes for which consent was given. The loan or transfer of bodies / body parts / tissues should be between license holders only and should be kept on licensed premises only.

A loan should be for a defined period and subject to a written, signed agreement, a copy of which should be kept by both parties. The agreement should indicate the material covered by it, where the material will be held, the purpose and timespan of the loan. While the material is on loan, it will remain the responsibility of the lending institution and should be returned to it upon expiration of the loan period.

If a body / body part is transferred to another institution, the documents pertaining to the donation should be transferred with the material and the institution making the transfer should keep a record of it. The institution receiving the transfer will be responsible for the disposal of the material in line with the provisions of the consent.

Findings:

No loans are currently in place.

6. USE OF IMAGES

Suitable practices should be put in place to ensure that the dignity of the deceased is maintained at all times and the inappropriate use of images is prevented.

Findings:

The consent form has an option to provide consent stating that the donor would not be identifiable. The code of conduct clearly states that no mobile phones, cameras or other equipment is permitted without prior agreement. A procedure is in place that details photography in the facility.

7. CHARGING

Whilst a human body / part / tissue cannot be sold, charges may be applied to cover any costs incurred in preparing and transporting them for use by other license holders. These charges should fairly and transparently reflect the costs involved.

Findings:

The facility do not charge for access or use of human tissue. They impose reasonable charges for the use of the facility and for the involvement of staff, and any specialist equipment.

8. IMPORT AND EXPORT

Frozen body parts are imported (mainly from the USA) into Ireland for Anatomical Examination. In addition, there may be benefits in collaborating with Northern Ireland in sourcing bodies for Anatomical Examination. Although this importation falls outside of the Anatomy Act 1832, once within the Republic of Ireland, human material to be used for Anatomical Examination falls under the jurisdiction of the Anatomy Act 1832 and the role of the Medical Council. As such, it can only be used by license holders.

The possible misuse of imported material for Anatomical Examination poses a considerable reputational risk to the Medical Council and Anatomy Sector. Imported bodies should be obtained, transported, used and disposed of by license holders in accordance with the consent given by the person from whom it came. License holders should be able to demonstrate to the Medical Council that the requisite consent is in place. License holders should also be able to demonstrate that the required material is not available from within Ireland.

Fresh-frozen cadaveric material poses a number of health and safety risks not associated with embalmed cadaveric material. License holders should therefore ensure that their premises, staff and practices are equipped to deal with the use of fresh-frozen material. License holders should, as far as possible, satisfy themselves that donor material has been screened for transmissible disease, e.g. hepatitis B, hepatitis C, meningitis, tuberculosis, prion disease and HIV and be accompanied by certification from an accredited / licensed laboratory to that effect.

Cadaveric material for export, should be obtained, used, transported and stored in accordance with the consent that has been given. Donors should be provided with adequate information indicate that their bodies / body parts / tissues may be exported. The donor should be provided with information to indicate whether or not the remains will be repatriated and within what timeframe.

Findings:

No Import or Export takes place.

Other Comments
None

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