Comhairle na nDochtúirí Leighis
Medical Council

TCD Anatomy Department Inspection

19 November 2025

Anatomy Inspection Report of Trinity College Dublin (TCD)

License holder: Professor Dennis Barry

Inspection team:
Professor Claire Smith, Inspector of Anatomy for the Medical Council
Mr. Graham Knowles, Medical Council, Education and Training Committee member
Ms. Debbie Chappat, Head of Undergraduate and Intern Programmes, Medical Council
Ms. Hannah McGrath, Quality Assurance Executive, Medical Council

Date of inspection: 19 November 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:
Professor Barry has held the license since 2022. The previous inspection was undertaken in 2023. Professor Barry has held various academic roles in the UK and USA, since gaining their PhD in neuroscience at the University College Cork. Moving to Trinity in 2013 as an Assistant

Professor. Their research is within clinical anatomy. The lead individual remains suitable to hold the license.

The anatomy team met during the inspection were aware of the license requirements and their delegated responsibilities. Anatomy staff met during the inspection include Professors (1), Chief Technical Officer Specialist (1), Senior Technical Officer (1), Anatomy Demonstrator (1), Curator (1), Chief Technical Officer 1 (1).

Trinity College Dublin delivers a range of courses that use the anatomy facility this include undergraduate medicine, dentistry, allied health. Teaching occurs to around ~800 students per annum. Anatomical facilities are located at the Trinity Biomedical Sciences Institute. Old Anatomy Museum facilities are located a short walk away within the Trinity Campus. Student numbers are increasing and discussions about capacity/expansion will need to occur soon.

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:

Trinity Biosciences Institute

The inspection team met with the Professor of Anatomy (Dennis Barry) and the Chief Technical Officer (Claire Murphy). Professor Barry provides clear leadership 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. Some recent staff changes have meant the CTOs have had to take on extra responsibilities, which is to their credit and that replacement roles are being advertised.

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. Staff are engaged as appropriate in sector wide professional groups that support them in the role.

The staff explained a comprehensive and supportive system of receiving body donations. Physical copies of donor forms are held in an suitable office in fire proof cabinets. Physical copies are scanned to the electronic record, this is currently not for the complete collection due to staff changes. A database is used and contains suitable information. Currently it cannot support file attachments, so electronic copies of donor consent and other files are held on University SharePoint systems. This creates two places to look for information, which increases risk. Going forward it would be recommended to move to a managed single point system to provide ease of digital data management. Digital back-ups of the current provision are managed by the University.

Standard Operating Procedures and Risk Assessments are in place. These are well thought out. The new Human Tissue Act these will mean these need some further development. Related to this, the inspection team asked about risk management. This currently sits within the wider university. The Anatomy Discipline Safety Officer overseas training of staff, a general course overview of this training was provided.

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 TCD) 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.

Last internal Audit. This has not been a previous provision, and it is recommended that this be worked into the department schedule and recorded.

<u>Old Anatomy Building</u>
The inspection team met with the Professor of Anatomy (Dennis Barry) and the Chief Technical Officer (Siobhan Ward), Curator (Eva Numen Kontogoni). Professor Barry provides clear leadership as Head of Department. All members of the team met demonstrated a clear understanding of their role. There are some pieces of the new law that need to be examined in relation to the historical material and further guidance will be provided by the Medical Council.

Within the Anatomy Old Building a catalogue system is used for museum contents and contains suitable information. There is still material to be curated. The team work well together. Staff are supported and take part in standard University training (Data Protection, Health and Safety, etc.) that supports them in their role within the anatomy museum. Staff undertake appraisals through
the University. Staff are engaged as appropriate in sector wide professional groups that support them in the role.

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:

Trinity Biosciences Institute
For Trinity College Dublin 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 request 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. They receive the MCCD and are aware that they can 'preserve' but cannot start anatomical examination until they have this form. This has not caused any issues for them as 90% of donors arrive with the form.

The team examined the consent form and donation booklet. Currently the form and donation booklet are not provided on the University website. There are efforts to enable this. It was discussed that it needs to be clearly stated that a physical signed version of the consent form can only be accepted (not digital) at this point in time. The team send back to donors a copy of their form, so they have it to give to next of kin to support the donation when the time comes. The team have clear acceptance criteria and recognize that not all donations can be accepted. They are currently receiving enough donors.

Old Anatomy Building
The material within here is all historical.

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:

Trinity Biosciences Institute
Most of the provision is based at Trinity Biosciences Institute, Dublin. These facilities are appropriate, modern and in good order. Funeral services deliver to a dedicated entrance and access the facility by a code-controlled lift. An embalming area is in good order and is well presented, containing appropriate equipment, including a downdraft embalming table, pump and hoist equipment. Health and Safety of the area included eye-wash stations, chemical cupboards, and PPE. A dedicated family room exists, this is well presented and contains supportive bereavement material. Storage facilities cater for up to 40 donors. These are clean and are in order. Storage is temperature monitored with alarm systems in place. Students enter the facility through a dedicated card-controlled entrance into an area for dedicated coat/bag storage with hand washing facilities. On entering the dissecting laboratory students are reminded of the rules. University CCTV monitors all entrances. The technician's office is to the side of the main dissecting laboratory, offering good visibility. An anatomy research laboratory is located off the main dissecting laboratory. Facilities in the dissecting room are excellent. The Audiovisual equipment is scheduled to be refreshed to improve the teaching experience.

Old Anatomy Building
The Old Anatomy Building contains a museum (not open to the public), conservation laboratory, historical lecture theatre and storage.
The old dissecting room is currently occupied by the Botany Department, no human material is stored here, it is understood that they are transitioning to a new building. The historical lecture theatre is used by different groups and no human material is stored here.
Human material is in the conservation laboratory, the museum, and in designated storage areas. These areas are secure by key access.
Material is stored securely and is well looked after. This is despite quite challenging historical locations. Consideration needs to be given and actioned by the Institution to ensure that the longer-term preservation of this material remains a priority. It may be that the old dissecting room can be utilized for this purpose.

There is agreement amongst the Dublin Anatomy Schools for contingency.

No Satellite locations.

A recommendation would be to test the CCTV in both locations 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.

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:

Trinity Biosciences Institute

Within the processing facility donors are tagged with a unique identifier. The tags are clear and enable traceability. Currently Trinity College Dublin do not create prosections, so all donor material remains with the donor. If this changes in the future a traceability system will need to implemented.

All osteological material is logged on a spreadsheet. A small number of pots are held. These are recorded.

Several random traceability audit checks were undertaken on donors. The traceability of the material was quickly and clearly provided without issue.

It is recommended that a process of internal audit is established and recorded.

Old Anatomy Building

The material is catalogued, and a photographic record exists. The nature of the record keeping and traceability depends on the specimen and is suitable.

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. Arrangements include the option for burial/cremation at the Glasnevin Cemetery. Another option is private burial.

It has been recommended that this disposal option is added to a future iteration of the consent form to ensure this is clearly stated from a first-person consent perspective, and does not rely on the family to identify the preferred arrangement.

An 'Act of Remembrance and Thanksgiving' is held every 2 years. It is a special occasion where staff and students from the Discipline of Anatomy have an opportunity to show their appreciation and acknowledgement of the donors who so generously bequeathed their remains to medical education and research at Trinity College Dublin.

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. It was clarified that images may be taken by the institution to aid for traceability and record keeping purposed only and that these should be restricted to only a few individuals. The consent for images clearly states images for wider educational and research purposes.

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 Anatomy Dissection Theatre, which may be hired out for training purposes. This involves completion of a training request form which is submitted to the Anatomical Research and Training Committee (ARTC)

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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