Comhairle na nDochtúirí Leighis
Medical Council

UCC Anatomy Department Inspection

20 November 2025

Anatomy Inspection Report of University College Cork (UCC)

License holder: Professor Gerard O'Keeffe

Inspection team:
Professor Claire Smith, Inspector of Anatomy for the Medical Council
Mr. Graham Knowles, Medical Council, Education and Training Committee member
Ms. Aoise O'Reilly, Undergraduate Professional Development Manager, Medical Council

Date of inspection: 20 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 O'Keeffe has held the license since 2024. The previous inspection was undertaken in 2023, with Professor Aideen Sullivan holding the license.

Professor O'Keeffe was appointed Head of Department in June 2024, having previously been a Senior Lecturer and Lecturer at University College Cork. Their research interests are in neural development. 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 (3), Senior Lecturers (1), Lecturers (1), Chief Technical Officer (1), Senior Technical Officer (1), Executive Assistant (1).

University College Cork delivers a range of courses that use the anatomy facility this include undergraduate medicine, dentistry, allied health. Teaching occurs to around ~1100 students per annum. Student numbers are increasing and discussions about capacity and curriculum design are in progress.
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 the Professor of Anatomy, Head of Department (Gerard O'Keeffe), Professor and Dean of Medicine (Paula O'Leary), Professor of Clinical Anatomy (Aonghus Lavelle), Senior Lecturer (Andre Toulouse), Lecturer (Mutahira Lone), Chief Technical Officer (Sue Grenham), Senior Technical Officer (Carrie O'Flynn), Executive Assistant (Shelly O'Shea). 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.

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 a suitable office in fire proof cabinets. Physical copies are scanned to the electronic record. A database is used and contains suitable information. The current database is nearly 10 years old and is due an upgrade. This will enable the team to better support traceability and the donor journey. It would be helpful if the new system fell under University central licences and supported systems.

Standard Operating Procedures and Risk Assessments are in place. With the new Human Tissue Act these will require some further development. Related to this, the inspection team asked about risk management. This currently sits within the wider university. It was suggested to produce a contingency disaster recovery policy for service provision. The department has a governance document, and this can be updated with requirements of the new Act.

A Service Level Agreement exists with a funeral service provider. This has been in place for a long time, and it is suggested this should be reviewed with the new Act requirements coming in, to ensure all stakeholders are clear on their responsibilities. It should also be reviewed to ensure that it meets public procurement obligations.

Internal Audit. This is undertaken on an annual basis. This can be further developed to ensure built into the department schedule and recorded.

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 University College Cork 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. There was a discussion about some minor modifications to the form, that would support operational practice, these modifications can occur. The team receive the MCCD and are aware that they can 'preserve' but cannot start anatomical examination until they have this form. Discussion around historical examples of the MCCD occurred and retro obtaining work is nearly complete. University College Cork are asked to provide an update on the status of this in 6 months' time.

The team examined the consent form and donation booklet.

The ASSERT Centre uses a USA company to import 'fresh' frozen' body parts from the USA. The team were aware of the legal requirements for this. They have well developed processes in place for ordering and receiving material. Consent is taken by the company and it is standard practice that they do not release consent forms, so these cannot be inspected. Discussed explored the types of consent for this tissue and recommendations were made to further explore this, to ensure that tissue imported matches the values and principles of the Human Tissue Act going forward.

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 Department of Anatomy and Neuroscience, Western Gateway Building, University College Cork. These facilities are appropriate, modern and in good order. Funeral services deliver via a covert system. Access to the facility is by swipe card system. An embalming area is in good order and is well presented, containing appropriate equipment including two downdraft embalming tables, pump and hoist equipment. Health and Safety of

the area included eye-wash stations, chemical cupboards, and PPE. There is no dedicated family room but this needed can be sensitively accommodated for within the department. Storage facilities cater for up to 75 donors. These are clean and are in order. Students enter the facility through a dedicated card-controlled entrance into an area for dedicated coat/bag storage with hand washing facilities. Students scan their ID cards for attendance monitoring. University CCTV monitors all entrances. The technician's office is to the side of the main dissecting laboratory, offering good visibility. Two smaller laboratory rooms exist. One is set up as a dedicated prosectorium and is in good order. The other is a multifunctional preparation space also containing dedicated fireproof filing cabinets. Facilities in the dissecting room are excellent. There is ongoing discussion with the team about the use of 'dry stations' when there are increased student numbers and how this learning activity might move to another location to enable more stations for human material.

Contingency arrangements were discussed, and the team clearly know what they would do in an emergency. It would be helpful for these to be formally written into a policy.

No Satellite locations.

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 are tagged with a unique identifier. The tags are clear and enable traceability. From this prosections are created, with each part tagged with the unique identifier.
Historical, potted and osteological material is logged on a spreadsheet.

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

Imported material is labelled with its unique identifier number. If material is separated a change of use request is made and the material is labelled. A traceability check was undertaken without issue.

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 and are asked on form. Arrangements include the option for burial/cremation. Cremation is undertaken at Island Crematorium. This is the route of disposal for the imported material.

Since 2012 the Department of Anatomy and Neuroscience has held a Thanksgiving Ceremony.

Every two years 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. For both facilities signs state 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 traceability and for record keeping purposes 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 ASSERT facility charges for access, these should reflect 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:
The ASSERT laboratory is a specifically designed space for imported human material. The set up involved three dedicated freezers just for this purpose and a number of dedicated surgical stations. This space is clearly an asset to the University and is the only facility in Ireland to be

providing such training. As such it attracts clinical courses from across Ireland and further afield.

Applications to use the facility are recieved and are reviewed by a small panel. Applications which are not related to medical health are not permitted. The ASSERT laboratory has a series of longstanding courses and partnerships.

The order of material is placed by the Senior Technical Officer and they oversee the material as it arrives, its use and disposal. This includes ensuring consent (as far as possible), traceability and disposal. Specimens are serology tested and this is documented.

Other Comments

None

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

info@mcirl.ie
www.medicalcouncil.ie