Comhairle na nDochtúirí Leighis
Medical Council

UCD Anatomy Department Inspection

13 August 2025

Anatomy Inspection Report of University College Dublin (UCD)

License holder: Professor James Jones

Inspection team:
Professor Claire Smith, Inspector of Anatomy for the Medical Council
Mr. Graham Knowles, Medical Council, Education and Training Committee member
Ms. Hannah McGrath, Professional Development Executive, Medical Council

Date of inspection: 13th 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:
Professor Jones has held the license for 13 years. The previous inspection being in 2020. Professor Jones studied Medicine at University College Dublin, and has held various clinical

and academic roles in the UK and Ireland before being appointing as Professor of Anatomy in 2012 . Prof Jones has an established research programme and specializes in ultrasound and the use of three dimensional printing.

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), Body Donation Programme Coordinator (1), Assistant Professor (1), Director of the Pillar Centre at the Mater Hospital (1), Operations Manager for the Pillar Centre at the Mater Hospital (1).

University College Dublin delivers a range of courses that use the anatomy facility based at the Health Sciences Centre, University College Dublin. The taught courses include Medicine, Allied Health, Biomedical and Bioengineering. In addition surgical training takes place at a satellite location at the Mater Misericordiae University Hospital, Eccles St, Phibsborough, Dublin 7, D07 R2WY. (Weblink: https://thepillarcentre.ie/)

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 (James Jones) and the Body Donor Programme Co-ordinator (Christian Myles) and Assistant Professor (Laura Gorman). Professor Jones 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. Within the team there is a dedicated role 'Body Donor Programme Co-

ordinator' who leads on consent and record keeping. Discussions did occur about the importance of these roles (and potential further administration/technical support).

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. The discipline of Anatomy sits within the Biomedical Section of the School of Medicine, line management is through the Dean of the Medical School, Head of Section, Head of Anatomy. Staff are engaged as appropriate in sector wide professional groups that support them in the role.

The staff demonstrated a very detailed electronic record management system that ensured data protection, confidentiality. Physical copies of donor forms are held in an suitable office in fire proof cabinets. All physical copies are scanned to the electronic record. The digital back-ups of these are managed by the University.

Standard Operating Procedures and Risk Assessments are in place and on display in the teaching facility. 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 UCD 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 UCD) 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.

The team have used Artificial Intelligence to create a dedicated audit database on a secure computer in the facility. This has been prepared with secure AI, so no data has been shared to the wider internet. This is impressive and could be shared to other medical schools as sector best practice.

University College Dublin is currently in the draft process of a new governance structure with the Mater about the satellite provision. This includes a new Service Level Agreement.

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 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 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. The form asks for two witness details and no significant issues are currently experiences in contacting families.

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 majority of provision is based at University College Dublin, Health Sciences Centre, Dublin.

A satellite location at the Mater Misericordiae University Hospital, Eccles St, Phibsborough, Dublin 7, D07 R2WY. Due to staffing no activities involving human tissue are currently taking place there. However, the team have used this an opportunity to take a strategic look at this provision and are in the stages of planning renewed provision in this area.

University Health Sciences Centre Anatomy Facility

For the University Health Sciences Centre Anatomy Facility 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 and have their student ID barcode scanned on entry. This provides a digital record of which students have attended the facility.

The route for the funeral services is clear and appropriately out of the public view. Just next to the entrance for the funeral services is a family room. This room is kept well-presented and families can contact the medical school and make arrangements to be in the room with their family member. Families have a dedicated parking space and refreshments facilities are provided for them.

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 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 UCD on research fridges/freezers. The staff explained their embalming process and the care provided to donors. The area includes a downdraft embalming table, and a gravity fed pump equipment. Health and Safety of the area included eye-wash stations, chemical cupboards, and PPE. Donors are then transported to the teaching space.
There is a technical room dedicated to plastination. This holds two plastination chambers, with specimens undergoing this preservation method.

The anatomy teaching facility is a modern open space that is suitable for the activities. The room holds a number of downdraft tables. 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 inspection team visited the museum. This holds a range of normal, pathological, osteological (animal and human) as well as models and other teaching resources. The museum is in a secure room next to the library. Access to it is via staff swipe cards, so students visit during set teaching sessions. The material stored in there is appropriate and well kept. We did discuss the technical support to maintain a collection like this going forward as a possible area for UCD to explore.

Mater Hospital

The location at the Mater hospital was visited by the Inspection Team. The team were met by Mr Seamus Morris and Erin Daley (Director and Operations Manager) and were taken on a route that is used for the transfer of donors. This route involves the route used for the mortuary. It has a secure area where the funeral services park. They then use hospital provided 'coffin shells' and trolleys to transport the donor through secure corridors into the hospital. As with deceased patients that are transferred around the hospital their route is managed and takes a lift up to the surgical training area. The surgical training area is in a disused set of operating theatres. Two theatres have been dedicated to the use of anatomical examination. Other theatres are set up simulation training. This area has undergone some refurbishment and further is planned. Access to this area is swipe card enabled. It's a very suitable area with the set-up of operating theatre tables, lights, x-ray imaging, and camera stacks.

Previously a donor transferred to the Mater would be there for a week and then returned. Discussions highlighted that it would be possible to be more efficient with this, and with developed standard operating procedures donors could be located there for a longer time.

The individuals who access training there are all medical staff and UCD medical students.

There is agreement amongst the Dublin Anatomy Schools for contingency, if a donor was located at the Mater hospital, contingency storage would also be in the mortuary.

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. In addition all donors are fitted with an electronic chip. 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, and a chip as suitable. Retained parts are stored in appropriate containers and are recorded on the database system. This includes a photographic record to assist with specimen management. Osteological material has been catalogued and included in the database.

he pathology pots are all coded and the details of which are provided in a catalogue.

A number of random checks were undertaken on donors, body parts, and osteological material. The traceability of the material was quickly and clearly provided 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. Arrangements include the option for burial/cremation at the Glasnevin Cemetery. Another option is private burial.

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. The transfer of bodies to the Mater Hospital was discussed. There is a system in place to ensure that the donor is appropriately transferred. This includes the use of a digital tracking device being placed in the body bag.

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.

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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