Anatomy Associations Advisory Committee
Guidelines for Anatomical Examination

These Guidelines were drawn up by the Anatomy Associations Advisory Committee (formerly the Professional Guidelines and Practices (Anatomy) Committee). Members of the Committee are drawn from the Anatomical Society, the British Association of Clinical Anatomists and the Institute of Anatomical Sciences, that together represent the Anatomy Sector in the UK and Ireland. The Guidelines are informed by the legal framework of the Human Tissue Act 2004, but are separate from any guidance issued by the relevant regulatory authority. This document does not apply to Scotland where the Office of HM Inspector of Anatomy has issued separate and specific guidelines.

1. Reasonable belief

Preservation (e.g. embalming or freezing) of a donor's body will normally begin on receipt of a valid donor consent form, a signed Medical Certificate of the Cause of Death (MCCD) and a green Disposal Form, after the death has been registered. However, it is not unlawful to proceed to timely preservation and storage of a body, if a) the DI/PD (or bequeathal secretary designated by the DI/PD) has seen a copy of the signed and witnessed donor consent form or Last Will and Testament, clearly indicating the donor's wishes, and b) is in possession of the number of the MCCD or has good reason to believe that there is a signed MCCD. However, Anatomical Examination **must not** begin until the appropriate donor consent form, MCCD and green Disposal Form are **all** in place.

2. Handling and storage of cadaveric specimens

Cadaveric specimens must be treated with respect at all times and clearly labelled with a unique identifier. During transportation, specimens should be covered and secure and transport through public areas should be avoided whenever possible. During teaching, specimens should not normally be in contact with each other unless there is an educational reason for doing so.

3. Skeletal remains

Individual bones should be labelled where possible, but a pragmatic approach should be taken in terms of labelling smaller bones. Whatever approach is taken, traceability should be robust. The inventory and audit method of tracing bones is sufficient and individual bone fragments do not need to be labelled, if there is an auditable way of keeping collections together.

4. Definition of a retained part

Although the Human Tissue Act does not provide a definition of a retained part, if consent has been given for a body to be used for Anatomical Examination with retention of 'parts', good practice is that a minimum of 2/3 of the body mass of the individual should be

released for cremation or burial, accompanied by the green Disposal Form, at a time in accord with the consent given.

5. Access to the Dissecting Room/Anatomy Laboratory

Access to a dissecting room or laboratory containing visible cadaveric material should normally be restricted to individuals whose presence is covered by the donors'consent. Any other category of visitor should normally only be admitted to an 'empty' dissecting room, i.e. a room from which cadaveric material has been removed, or is covered and therefore not visible. All users of/visitors to a dissecting room or laboratory containing cadaveric material including skeletons and museum pots etc., should be supervised by the DI, a PD or a member of staff designated by the DI/PD and a record of the visit kept.

6. Images of cadaveric material

Images of patients, including drawings, paintings, photographic and digital images, may be used for medical education (including anatomical, clinical undergraduate and postgraduate), research and clinical audit, without consent, providing that the donors cannot be identified (General Medical Council publication 'Making and using visual and audio recording of patients.) However, although the Human Tissue Act is silent on the taking and use of images, good practice is to request consent through the Donor Consent Form. Images to be used in the dissecting room or 'secure' practicals can directly reflect the material in the dissecting room. Individual donors should not be identifiable in images for use in other circumstances. Images of cadaveric material (including drawings and paintings) should not be uploaded onto the internet, from which they may be downloaded and inappropriate use made of them. Local practice(s) for uploading images onto institutional learning platforms must be appropriate and secure. A record should be kept of a) all electronic recordings and images taken of cadaveric material, b) to whom they have been disseminated and c) for what purpose, using an appropriate, standardised form. All use of images from a licensed establishment should be sanctioned by the DI.

With the increase in the use of social media, it has become common practice to Tweet images of posters/presentations during scientific meetings. A number of factors should be considered in relation to this including; breach of donor's consent, maintaining personal liberty, potential breaches to journal copyright agreements, adverse publicity; and appropriateness of images. Meeting organisers should give careful consideration to the risks and put in place appriopriate measures e.g. a statement in conference programmes indicating that photography of presentions/posters including cadaveric material donated for Anatomical examination under the Human Tissue Act is not permitted.

7. Use of animal material at licensed establishments

Human and animal parts should be stored separately and each part should be clearly labelled with a unique identifier. When being studied for comparative purposes, best practice is for human and animal parts should be placed on separate trays or tables.

8. Anatomical research

The Human Tissue Act allows research to be undertaken on bodies donated for Anatomical Examination and does not require further ethical permission. However, a committee convened by the DI should approve each research project and a record should be kept of each project and the researchers involved. These records should be available for inspection by the HTA and Local Research Ethics Committee. The DI is responsible for all

research carried out on cadavers donated for Anatomical Examination and may refuse permission for a research project.

9. Clinical training and external courses

The Human Tissue Act allows clinical training to be undertaken on donated bodies and it does not prevent prevent appropriate access to these bodies by non-healthcare professionals. It is good practice to retain records of the clinical training and external course undertaken, including imaging and the use of images.

Recent HTA guidance, 'Improving body donation information to support informed consent' provides further information.

' People donate their bodies in the hope that they can be used for the good of society, benefiting other people. In addition to the typically expected activities taking place in these centres, this concept of benefiting other people could include acitivites which seek to: raise awareness of health and wellbeing for health education purposes; improve anatomical or wider biological knowledge, or; improve patient or client safety.

A committee convened by the DI should consider each request, and decisions to accept or decline clinical training or external courses should be based on clear criteria that take into account the background of the course lead, the participants and the activities to be undertaken. All decisions should be recorded. The consent form and information provided to donors should clearly reflect the types of clinical training/external courses that may take place.

Establishments normally cannot undertake the public display of human material without an HTA public display licence, unless

- it is from a living donor, with consent or
- it is from a living donor and was obtained prior to the commencement of the HT Act in September 2006 (so it is an 'existing holding', that was being held for use for a scheduled purpose, and consent is not required) or
- 100 years have passed since the person's death).

However, the HTA does not generally consider the display of human material to students embarking on a career in healthcare as public display. The HTA has also previously given advice that educational visits to pathology / anatomy 'museums' by students contemplating a relevant career are not considered as falling within their interpretation of 'public display'. This advice was based on principles such as the students being over 16 years old, that they were invited (and their names were on a list) and that they were under close supervision.

It is recommended that consideration is given to the types of specimens and the scope of any associated consent that exists. This is to ensure that aims and objectives of any proposed activity are reasonable, and permissible, and that the activity is not contrary to any consent that has been given. The HTA would expect DIs to evaluate how beneficial and crucial the proposed specimens are to the decisions of these students, and whether there are any ethical tensions in using the specimens in the ways that are envisaged.

10. Loaning of anatomical specimens for use at licensed /unlicensed premises.

Anatomical specimens (wet or otherwise preserved prosections, potted material, dry bones) may be loaned for use at licensed /unlicensed premises for the purposes for which consent was originally given (i.e. Anatomical Examination). A written agreement should

be put in place between the 2 parties to describe the purpose of the loan, where the material will be stored and used, how long it will be away from the licensed premises, who will take responsibility for the material while it is on loan and when it will be returned. The agreement should be signed by both parties and copies kept on file. The HTA have produced a model form for this purpose, which can be downloaded from the HTA website. The DI remains responsible for loaned material and therefore, he/she should ensure that appropriate procedures, processes and security are in place for the storage and use of the loaned material. **NB Loaning of specimens to unlicensed premises is not permitted in Scotland or Ireland**.

11. Charging for cadaveric material

A charge cannot be made for a cadaver or part of a cadaver donated for Anatomical Examination under the code of practice. However, it is reasonable to apply a charge to cover the costs of acceptance, preservation, preparation, transport, disposal and administration etc. This charge should directly reflect the costs involved.

12. Early release of donors

Although the consent form options allow donor bodies to be kept for up to three years or an unlimited amount of time, in certain circumstances, e.g. when used for post-graduate surgical training courses, the body may be available for release much sooner. Therefore, best practice is to make this possibility clear to potential donors in the bequethal information package and to ask them to inform relatives of this possibility.

13. Disposal through crematoria using the green disposal form

Donor bodies disposed of by licensed institutions through crematoria using the green disposal form, should be transported by local Funeral Directors (FDs). Contracts and Service Level Agreements (SLAs) between the Institution (represented by the Designated Individual or the Licence Holder) and the FD / crematorium should be in place. The SLAs should clearly state:

- The responsibilities of the FD during the transfer of remains from the Institution to the crematorium e.g. where and when the transfer will take place, what documentation will be used to record the transfer, how long the remains can be held by the FD prior to cremation.
- That it would not be appropriate for the FD to open a sealed coffin to allow next of kin access to the remains, after transfer of the remains from the Institution to the FD.
- The responsibilities of the crematorium.
- The Institution's right to 'Duty of Care' visits to the FDs premises, to accompany transportation to the crematorium and to visit the crematorium.

14. Disposal of retained parts

Retained parts not accompanied by a green Disposal Form are usually disposed of in hospital or commercial incinerators. Arrangements for respectful disposal of parts via crematoria are to be encouraged where possible. A Service Level Agreement between the institution disposing of the parts and the contractor, outlining appropriate procedures, should be in place. Good practice is that the parts should be incinerated in a designated human tissue burn and there should be a 'Duty of Care' visit to the incinerator.

The suitability of packaging of the retained parts for disposal should be determined by the amount and nature of the parts and the distance they are to be transported, e.g. bagged or bagged and placed inside appropriately sized containers. A list of the 'parts' in each consignment and the unique identifier of each 'part' should accompany the consignment and a copy should be retained by the DI on the individual donor's record/file for a minimum of 5 years from the date of disposal, as advised by the relevant legislation.

15. Audit of licensed facilities

Anatomy facilities are inspected by the HTA either as scheduled by the regulatory authority, or at any time if there is reason for concern raised by the regulatory authority. However each DI is expected to perform an annual audit of his/her own facility. It is good practice to invite an external reviewer to audit the facility as a critical friend, on an annual or biannual basis to provide an external view of processes being used, procedures being carried out and the premises and equipment being used for licensed activities.

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The Anatomy Associations Advisory Committee may be contacted via the relevant website.

Institute of Anatomical Sciences http://www.anatomical-sciences.org.uk
Anatomical Society http://www.anatsoc.org.uk
British Association of Clinical Anatomists http://www.bacaonline.co.uk