Transcript of meeting at Post Graduate Education Centre, Nottingham 26th September 2017

Original recording on file

Present;
Julian Baker - **JB**
Dr Ian Scott, (Designated Individual)
Ciaran O'Boyle, Clinical Lead - **COB**
John Mulligan (Bequethals) - **JM**
John Garnham-Davies (Head of Unit) - **JGD**
Ruth ?
Rebeka ? (Taking minutes)

Note: This meeting was recorded <u>without</u> the knowledge of those attending. This was due to the content of agreements reached at previous meetings had been rescinded and their agreement denied.

Minutes for this meeting were requested repeatedly but were not forthcoming.

COB With Julian's courses the feedback

JGD WY

JM Thats a good place to start. John Ben referred Julian to us, which was to you, so you met Julian before I did and had a conversation, and then I joined you.

That goes with my memory. At that time the repository and clinical skills were two separate departments. We hadn't merged and I was providing, the repository was providing clinical skills with requested tissue as part of the same license holder for the courses that were being run by clinical skills.

COB. In terms of the course content what was, what were your…..?

JM I didn't have any involvement with the course content in deciding how that was going to be. Moving forward or monitored that was a conversation with Julian being the lead educator and how John (GD) wanted the course running.

COB and did you guys have any access to the feedback from the course attendees.

JGD Yes.

COB and what would that be?

JGD So let's go back a little bit. So I met Julian and had an in depth conversation about what the courses involved, what his previous experience was dating back to 1993, which he produced at the time. So I think the first course was based on a three whole bodies. It might have been torsos, but I stand to be corrected.

But I made sure that Julian understood the way that the NUH worked and the processes. He signed an honorary contract. Julian assured me that all his delegates signed a waiver form which was also present at the introduction, that was made clear to all students that any breach of confidentiality such as on Facebook or social media, Julian would come down on them like a ton of bricks.

So I've got all the waivers.

Also I stood in most of the time on the course just to make sure that everything was ticking over nicely, and I must admit that in my thirteen years of running courses, it was just about as good as I've seen in terms of etiquette, professionalism, dignity and respect to the donors.

Julians teaching was second to none in terms of core content and his delivery….

JM I've got to support those comments because I was in and out of the repository throughout as well.

JGD His interaction with the students, using humour as well as being serious. Also what impressed me at the end of the course was that everybody chipped in to clean the place and they also had a brief ceremony for the donors. Which is something I've not seen before I must admit.

JM We did provide the coffins as they were going to the funeral straight after; the bodies were put in the coffin and basically the delegates and Julian said thanks and goodbye. Julian read a poem, at least I call it a poem I'm not sure it was but it was a reading, non religious but very humanistic and very nice.

There was actually some requests from some of the delegates for the date and time of the funeral as I'd quite like to attend: but we didn't as the family weren't attending so I didn't pass on that information.

JGD …so just to sum up really. From my point of view I've had no issues with Julian, his behaviour, his performance or any of his students.

JB the ethic of our courses is that consider ourselves custodians of that donor until the time that the go to their final place. That's made very clear to our delegates beforehand. That these are your teachers: that we are guests in this facility: that the donors and the donor families are the most important people in the room and that every single stage we honour that, not mixing material.

JM I must admit I was also impressed; Ian's not commented but he will appreciate the care when I describe; each donor had their own tissue bag, so any tiny bit of tissue was put in a totally separate bag to any other donors, so we could assure the integrity of the coffin was that donor and no one else and it was very nicely and well managed. I was quite impressed.

JB The most important thing in a room, you know coming back with your scalpel that's got goop on it, that's not goop that's somebody, thats a person.

JM and the scalpel was scraped into the tray and the contents went into the bag, very similar to a post mortem.

JB It's key, it's key it starts of as a non disclosure contract. It's not an agreement it's a contract you will not disclose any information about the donor, or anybody else or where we happen to be and that is your contract and if you break that contract we will come after you and in ten years we've not had…..

JGD I think also based on that that fact there was probably two contracts in place one between Julian and the delegates and one between Julian and the NUH, maybe, maybe I was a bit naive, but I was more than satisfied with what we had in place really.

Obviously things like consent have come to light which we all agree on, but that's all I can say.

JB First course that we ran down in St George's years ago, Lee Dennis was reluctant, and i asked him at the end of the week how he was and he said,

"I would run that course every day of the week. I would take you over surgeons," no disrespect to surgeons intended, "seven days our of seven days out of seven days."

"The nicest, easiest, most respectful course I have ever seen."

JGD I think its a different ball game. Surgeons are expected to do it, whereas others feel privileged to do it if that makes sense. Medical students go through it because they have to go through it. There is a difference with these classes. People were so pleased that they were there really.

JB Absolutely. The privilege that they have is…

JM One thing i'd like to add about patient confidentiality just so we're all aware this happens, the specimens get given a unique identifying number so that no-one , including surgeons, get given the personal identity of the specimen, so they couldn't divulge the information. The information they get might include a disease that the deceased was suffering from, or the cause of death.

JB We get a very good history in Scotland, we get what their interests were and stuff like that but we don't get a name.

JM and you shouldn't.

But even within that, confidentiality continues after death and even if there is a cause of death or an age of death, that's within that room and what happens in that room stays in that room.

COB Would you have anything to add over what the guys have said about… in terms of a summary of the courses that are being offered,

JB I'm just please that that's come across. Ultimately the journey of discovery comes about because of the donor gift. We have to honour the donor gift and that's our primary concern. We clean and we scrub and at the end of the week it's left cleaner than when we found it.

That's part of the whole process. It's a closure. We're dealing with people who've not really done it before but who have studied anatomy extensively from a book perspective. So when they come to this it nails for them what they're doing on a daily basis. They're spending all day every day working with this stuff.

So when it comes to the end it's a closure for them to be able to clean and then say thanks. It's quite a moving thing to witness.

COB Thanks. Ian?

IAN I've just approached it from when we had the meeting before, where I was concerned about the nature of the delegates and made it quite clear at least initially we had to have medical graduates or people on the HPC register.

Also with the proviso of paramedics who need to do chest drains and tracheas and things, because consent is for surgical techniques and surgical procedures.

I didn't feel it was appropriate for anyone to be on the course who was outside the HPC register. So that was agreed at the meeting. I had a ???? from John that most of the delegates were not on the register.

That's concerning to me. I then went to the Functional Fascia website where there was an invitation to Pilates Instructors, Yoga instructors, you name on the website, which is totally inappropriate. I felt that something had to be raised.

I discussed it with Ruth as my PD for consent as she wrote the consent form for the brochure.

We don't feel that the consent form is appropriate for this type of course. As the HTA license defines the consent must be appropriate for use, we are in breach of the license or in potential breach of the license.

COB Ruth?

It's unlikely that this is true

Ruth I would agree with that. My concern is the consent because the consent is very much about medical training. There's all the examples about medical techniques and it just seems to me that a lot of this is not actually about what the consent is for. We could be in breach.

COB You think that we could be or that we are?

IS and Ruth together We are.

IS I was given the impression at the meeting that we had before, that the people were going to be physiotherapists who were doing, flexing the hips the knees and so on who would benefit from studying that. That was the impression I got and that was the impression I gave, that I wanted there to be HPC professionals or employees who were on the course.

JM My memory of that meeting for what it's worth and this is just my memory, is that HPC requirement came up later, but what did come up is that they were registered professionals.

IAN It's the same thing.

JM Well I don't really think it is. Registered with HPC

IS HPC i the only register that…

JM but that's what I mean so thats my recollection of that meeting, but it wasn't minutes and I'm quite happy to go with your recollection. But I think if that was clear at the time Julian, then wouldn't you have had a comment?

JB I thought I did. But it wasn't my recollection.

IS you did make a comment because I said I didn't consider chiropractors and osteopaths as professionals and you took objection to it and I said well I don't want them on the course.

12.49

JB OK

Ruth I think the thing is this is all quite a new thing. We're all learning and this is a really good opportunity to learn from it and look for a way forward.

JB I think that's the issue. Do we have a way forward?

JGD I would agree with Ruth. I was a little bit naive but that was just…. I'd go along with Julian and say the word registered was mentioned but again agree totally with Ruth, can we work our way through this, can we move forward or have we come to a junction where we…

That's my aim for todays meeting really.

COB It begs the question doesn't it? We're saying here that the way we see it that the consent doesn't apply as we see it to watts being provided. Now is there something we can do to change that?

IS not without reconsenting all the donors. Which is inappropriate.

COB Right. So we would have to start with a new consent which would account for these courses but with people who are consenting tomorrow?

IS Yes

COB Would you see any other way around it?

IS No

Ruth No.

JGD what about the consent we get from other medical schools? Which is basically…

14.09

IS Shoulder surgery, hip surgery Surgery comment (Unclear)

JB Before we move on. If the consent is changed and adjusted are you then happy for a wider public engagement to take place in relation to some of the professions that you deem unsuitable.

IS we have to be very careful from a reputational point of view. having read your website now in some depth, to be having a functional fascia approach taught in Nottingham is a little bit worrying.

JB Sorry why is it worrying?

IS Because it's unconventional. It doesn't follow the curriculum…
and I'm not quite sure how it applies to surgical training. We've got to change that as well on the consent, because it's not…

The people on the course.

It's very difficult to know how we are going to **eliminate voyeuristic applications** if we're not able to put them on the register. So I would strongly advocate that we only take people who are on the HPC register who have a real need to study anatomy.

COB What about a physiotherapist from Italy?

IS But then why would then be coming here for a course on anatomy?

JB There's nowhere else in the world they can do this class. This is the sole place on the planet that this class happens. This is a very very poorly described connective tissue which has very little research. Half this stuff isn't named, we've got bits that aren't named.

So there isn't anybody else in the world who is doing these classes. So here was the chance to bring a literally the world, we have people from Finland from Sweden from America from all over the world for this class, for what I'm offering.

What I was hoping for was some kind of collaboration, rather than a door… you know these are people that are working on a day to day basis with bodies, they are humans they have bodies and they're working with anatomy on a day to day basis.

Their anatomy skills are generally very good and they are coming to extend that knowledge and understanding of what they do. We have a medical health issue in this country which is stress, mental health, back pain and obesity and our current medical model isn't dealing with that.

17.40

So we are reliant on a third wave, a second tier of osteopaths, chiropractors, movement therapists, massage therapists, sports therapists who account for hundreds and hundreds of

thousands of people. So are the donors saying that they only want people who are surgeons to look at their body?

I don't think they are

IS at the moment they are

JB at the moment, but what I'm saying is this is my question. but what I'm hearing from you, is that even if we change that permission, to ask them permission to do that, it's not something you would be accepting to have here?

Ruth would you be accepting if you felt it was more regulated?

18.25

IS. I'm very concerned that the people coming are….. I have an issue with alternative things like chiropractic, osteopathy that are unregulated, because we see the adverse effects of that practice.

Torn ligaments they do things that we have to put right.

18.43

So do I see a big problem with alternative therapy in that sector. We see two? a year PMs (post mortems) as a result of alternative therapy going wrong and to be using an NHS facility in an NHS department on a HTA license on alternative therapy for which there is no conclusive evidence that it works to me is a bit….

JB but surely the counter argument, is that if you're saying that this is what you're seeing and I'm sure we see post-mortems on all kinds of things that have gone wrong. There are bad practitioners on every level whether it be dentists to chiropodists to chiropractors, so surely our responsibility is to increase the knowledge, is to increase the training, is to increase the understanding of the physical form…

IS: You've got to be able to convince us that there are no people on your course who are doing it **for a voyeuristic nature and if they're not on the register….**

19.49

My wife could apply to come on your course and she'd get on it. She has no background knowledge of anatomy…

JB: What that does is question my integrity as somebody that finds out who people are, who takes references who finds out what their relevance is. We ask people to submit a CV to us to find out why they're coming and what they do and if there is any question about that, they don't come.

So actually unless your wife has a valid reason…

Someone asks: So you do all of that?

JB: we do all of that before hand and all of that material has always been made available.

IS: so why for example was there a nurse on your last course? What was her function of doing an anatomy course?

JB: What Kirsty Yelland, a nurse practitioner who is basically working as a GP? Minor injuries, respiratory function, prescribing medications.

20.36

IS: but if she was working in the NHS doing that, then she'd be provided the training, she wouldn't need to come on an anatomy course that's not ???

JB: with the greatest possible respect Ian, anatomy is 300 years old and it's the naming of parts it's not about function.

IS: with the greatest disrespect I taught anatomy for 25 years, we do not teach as name name name we teach it as function, but we teach it as conventional wisdom not as some **abstract sideline of anatomy which may well be later proven to have something in it, but at the moment non conventional and it's not acceptable in the mainstream anatomy.**

So what you're basically saying is that every one in the country who is teaching anatomy is wrong?

JB: I'm saying that it's incomplete. That there's a lot of stuff that's incomplete. John's walked in to my lab and said "I've never seen that in 45 years, I've never seen that stuff" that's what we do, because we do it differently. It's a different approach.

Vesalius was tried under the Spanish Inquisition, it was…. I get this Ian.

JM: It is educational from my perspective, with my background there is no doubt about its educational value. How that's applied in your day to day job I don't know because I'm not a physiotherapist. etc etc. But from an anatomic study point of view, I found it very enlightening.

IS: But for using our cadaveric material, it has to have a relevant application to furthering clinical practice.

JM: Oh yeah, yeah,

IS: If there is no evidence that these therapies work then they don't have any clinical application whatsoever why are we using our cadavers for that purpose?

JGD: so in that case we might as well get rid of physio's, chiropractors…One of the visions I had when I first met Julian and I accept your decision but I don't have to agree with it per se, but when I met Julian one of my visions was to potentially allow everyone who practices, who is clinical who is in the medical business, to have the opportunity to improve themselves.

Therefore reducing the litigation and I agree with what you're going to say about consent, and yes we ned to revisit that,

Ruth: I wasn't going to say that actually, I was going to say, how do you determine who is in the medical business?

JGD: Well medical… army? Do we stop the army guys coming in?

Ruth that's the thing, how do you define…. there are people who benefit from learning things and if we could change the consent form and if we could make it a way that Ian could be happy and only available to appropriate people, how do we define who is medical?

JB: We don't we lock it up in its cage where its been for hundreds of years and we say "you're not worthy of studying the body because you are what I consider to be poorly evidenced, because you don't have the resources."

So we lock that away and we continue the same model that we have done which is retrograde and has no vision (Background voices)

JM: I think it's an opportunity Julian to think just a little further for the future. Because you have the background information for the delegate. The qualifications, the relevance and all that information, couldn't that be brought under our jurisdiction to have a look and say yeah..

JB: Not as far as Ian's concerned, not from what Ian's just said, no.

Theres no room in any way shape or form for any reasonable step forward, unless it is very, very narrow, old academic box that we have to maintain. There's no vision there, you don't move forward on that (IS voice in background)

COB: Well in terms of the delegates coming to courses, essentially from the consent point of view, as I was saying the other day, we've seen dissections on TV: public dissections. So in that sense from the point of view of the HTA and consent, anyone can consent to that and thats fine and the act allows for that.

But I think if you're going to have that carried out by someone who you can identify as, to all intents and purposes a member of the public, the consent …you'd need a robust consent.

It would seem that at the minute our consent doesn't cover that adequately.

JM: I think we all agree that we need to revisit our consent to be more informative both to the potential donor and also to the surviving relatives. We do operate under a post mortem license, which does give us a certain amount of freedom compared to the anatomy license.

In that we can act on relatives consent because we do that all the time in consented post mortals and I know that Ruth and Ian both support training post mortems. Training for particular specialists within that field for advanced dissection techniques and so Ruth at times will ask relatives for direct consent for that type of PM.

So we know that that is doable. the question is I suppose, yes we support consented PMs.

26.18

COB: Does that then demand that we are doing a diagnostic PM every time?

JM: No. Not at all because its a training PM and we confirm the diagnoses.

Ruth: but we do do procedures that are training for APT.

JM: But the relatives are well aware that we do that, because Ruth is a stickler for informed consent. And rightly so. Some of those people can be police officers who view that PM it is at the DI's discretion or the coroner's discretion if its a coroner's case.

They can be other members of the NHS at the DI's discretion or the consenting nurses discretion. But all this is discussed with the relatives so they are aware of who would have access to that donor or that process.

Under the PM license HTA would allow us to flex our muscles more so than under the anatomy license, but the HTA is definitely driven by informed consent and thats our prime objectives.

The other one is at the discretion and the agreement of the DI.

JM: it's a bit circular John in as much as we provide a course which is beneficial, we provide a course which is respectful and which is within the guidelines of the HTA and all the other guidelines guideline 6 of the IAS.

It's a question of whether we have the vision to say we can further benefit public health by doing this and whether Ian sees that which he clearly doesn't or whether he doesn't. Permissions, is if it's collaborative then we all sit down and work it out. If it's collaborative, lets sort this our so we can progress, but we can progress, because Ian is quite clearly stated his lack of willingness to progress with the service I'm providing.

He has a problem with me that is perpetuated within that sphere. I've heard it before, I've been there before, there's one individual that's perpetuating it, we know where its' coming from and we know how the phone calls go and we know how that process is and we know exactly how it goes

I pick up my sack and walk away and carry on to somewhere else and the phone call goes there again because its a witch hunt and thats how witch hunts go. Those people involved in it never think they're in a witch hunt of course thats how it works.

But it will change. Times change and we'll find someone who's got some vision and for the moment I'll carry on working overseas. I'll pick my ball up and I'll go.

29.14

I think it's a huge lost opportunity to we now have to abandon a research project we have to run these courses, I'll have to consider what we do for the next three months with what we do for this. If we cant run these courses we'll have to look at how to we action that and that's something I'll have to look at if you're saying that these courses have to stop now.

We've got people coming from all over the world in the next six weeks up until the 4th of December so if we can't action that there will be some issues that we have to deal with that. It's going to be difficult and unpleasant if we can't run these courses.

I'm happy to go to the end of the year and then kick it in but other than that we have to run these until December. We have no choice in the matter.

JGD: Is tha something you would be willing…..?

IS: we haven't got consent. We'd be in breach of the HTA act if we ran them. Unless everybody on the course was registered.

Ruth…

JM: My question is coming from a PM background, could we get the consent?

COB: Do you see an opportunity to do that in a valid way?

Ruth Do we use it as a way to see if the families …but have you got the capacity to do that?

JM: It would be a bit of a timely exercise wouldn't it?

Ruth: It would actually it would be quite an interesting fact finding

JGD: to be honest the number of potential donors that Julian is going to be using is an absolute minimum. So we should have all that information.

JB: the information is all in there, they've already been used most of them.

JM: Well there's the ankle course that you've got for the podiatrists.

JB: No that would be okay because it fits within the narrow vision.

JM: Does that fit with you?

JB: Podiatrists and physios, together with art therapists, we could go for art therapists because they're on the HPC register. Audiologists, they could come along.

JM: We don't want them.

JB: yeah but they're on the HPC so that's the frame. As long as we haven't got any anatomy demonstrators or clinical anatomists, because they can't come because they're not on the HPC so.

JM: Going back to the podiatrist course, you have your delegates, some of them have signed up already.

JB: Through NCORE in Derby.

JM: So you have back ground on them.

JB: I have no background on them because it's an outside course. Jill Cresswell. So they're are NHS podiatrists.

JM: So they're NHS podiatrists?

JB: as far as I know. NCORE Jill Cresswell (Not Derbyshire) organises ongoing training and CPD for health care professionals within the NHS.

Ruth: So they are Health care professionals within the NHS?

JM: so for that course we'd be ok.

COB: so what about foreign candidates then? Can we try and see exactly where we stand on this then? Because I've gone to foreign courses and I know foreign candidates have come here.

Ruth: do we put the same rules on foreign candidates as we do to sending tissue abroad or receiving tissue from abroad?

COB: if they're coming from a foreign country that doesn't have the legislative framework that we have here, does that mean they're invalid if they are recognised physiotherapists.

JM: we did have a conversation about that didn't we

Ruth I think it would be really interesting, because when's your next course? Not the podiatry one the one after that?

JB & JGD: Two weeks time. Two weeks tomorrow is the podiatrist.

JB: we'll need a view very quickly because we'll need a judge to look at the permissions and decide what the law is in this regard. If you're going to close the door then we're going to have to go to court on this very soon.

Ruth: So when is the podiatrist course?

JB: October the 11th

Ruth: and we've just said that that one is ok.

JB: there is one running the two days before that.

IS if they are practitioners doing something in the NHS thats going to improve their training…

(voices mixed)

JM: I think we've agreed that but John can follow that up with the woman (referring to Jill Cresswell)

JGD: I've got her email.

Ruth: so when is the other one

JM: two close together

JB: the one before that, its three days running

JGD: so 9th and 10th Julian's got a course and then on the 11th is the podiatrist course and then there's a gap. and then…

JB: we've got the fascia of the viscera, we've got adhesions and viserecal fascia on the 9th and 10th then we've got the podiatrists on the 11th. Then we've got a five days in November….

COB: So the fascia of the viscera, is that a functional fascia course?

JB: Yes

COB: So where are we standing on that?

IS: All I'm majorly concerned about is we cannot proceed without consent. That is the prima fascia (sic) I want to stop the thing, because we have no consent. **All these other arguments are superfluous to me,**

Ruth: Right so if we could approach the families,

JM: right yes so when's this course?

JGD: 9th & 10th October

JM: OK so there's enough time for a phone call the donors family that signed up to say that we'd like to extend the training and we'd like 'Joe' or whoever, to participate in this training session and then go on.

Ruth: (simultaneiously) Blah blah how do you feel about that

JM: Obviously we'd have a script and then I'll send you a consent form in the post and assure them that nothing would happen until that consent form came back and if they don't want to consent then fine.

Ruth: That gives us a straw poll doesn't it

JM: well it gives us a straw poll and it might give a bit of surety to Ian as well that we're trying to piece things in a way that's still moving forward but expanding at the same time. And if the answer comes back no, no, no my dad would never have signed up for that thats' great because we can put that in the other column.

36.03

JM: it's then all evidenced I think under our license, the HTA would agree with that. Obviously if wed used the tissue and the relatives said no, then of course.

JB: it's all how you word it isn't it.

JM: Ruth is very good with wording.

JB: If I said can we extend so that others have the benefit of learning from your relative, then you know.

IS: What would you tell them?

JM: it would be a script that you (IS) agreed to.

Ruth: We would still have to know who was on the course, you know I've three chiropodists two osteopaths blah blah blah

JM: and that's up to John and Julian to provide us with that information. If we're concentrating on getting the consent and supporting Ian then its up to J&J to give us the information we need to progress that consent otherwise we don't progress it.

JGD: I have spoken to families on the phone before I met Julian and basically we've digressed and they've asked "what you doing with my body?" and I'm honest, student paramedics, the army and they say great great.

Ruth there are some people who if you said a Pilates instructor they might say no

JB: to be honest they don't. I'm working with a sociology student who is looking at just this subject and what they want and i'm not hiding behind dead people when I'm doing this I'm actually engaged with the process. What do donors want? They want people to learn from them.

JM: Ruth and I have consented people for years we know that.

JB: precisely these are all people that have experienced aches and pains and stuff like that through there lives and 90% haven't gone to the doctors about it.

Ruth: they might have had a really really bad experience at a Pilates class.

JB: they're more likely to have had a bad experience at the doctors.

JM: The other thing worth saying and Rebecca's talked (to) loads of potential donors (my words). One of the things I hear talked about lot of the time is

"Disposal of my body when I'm dead, just put it in a bin bag, put it in the dustbin, as long as people are benefiting from it, I don't care." what they do say is "I do NOT want a funeral."

Ruth: You know the things you get people to sign, what happens if they do do something wrong.

JB: Well we've never had it for a start. The exception was Newcastle which was where all this nonsense has come from.

IS: it's not nonsense

Ruth: I don't think it's fair to call it nonsense,

JB: ok so can I just say where it came from where it came from was actually the delegates did nothing wrong, the course went very well. What they then did was talked about their experience and a journalist then told lies about it. Then there was a big, in my view over reaction to the response, whereas really none of what came out was true.

I ran a facial anatomy class, people attended it, they went away. None of the things that were said happened, happened. They then told other people that they'd done this class, how wonderful it was and how much respect they had for the class. A journalist then sold those stories and told lies because there was a personal axe to grind in relation to a health and beauty campaign.

It was really nothing to do with their behaviour in the lab anything they did or that I did. It was in relation to what happened afterwards and how was that then handled. What it needed was it needed a stronger reaction from the faculty.

What happened was….

COB: Have there been any other health and beauty delegates since then.

JB: no they're banned for ever!

COB: so that was a one off?

40.35

COB: Had there been any prior to that?

JB: None prior to that.

JB: Newcastle are now running a facial aestheticians class I believe for health and beauty for the local college.

JGD: Our DI and indeed myself have every right to be concerned when something comes out in the press and I would be the first one to say that's it we stop them. But we're here also to try and move things forward and I'll go back to my vision and I think that everyone deserves the chance to improve themselves educationally, but in accordance with the regulations.

JB: The contract in our says that you will not disclose, you're sent that out in advance, and if you do then you can have a lawyers letter saying this is the damage you have caused and I'll be seeking damages from you. So I can now come after your house and your car and your hamster.

IS: When it says only with approval of functional fascia, this Youtube video of these aestheticians in Newcastle, did you approve of that?

JB: no I didn't

IS: so did you go after them?

IS: because they have put a Youtube video describing the courses describing what they were doing, totally inappropriate and you're saying it was blown out of proportion. That's what they did.

JB: they took it down immediately

IS: it shouldn't have been up in the first place

JB: well as Ciaran says, there are people that talk about their dissection experience. If you go through Youtube you look for something similar there are hundreds of inappropriate videos on Youtube.

JGD: was that before or after the waiver?

JB: we increased the strength and wording of the waiver after that. We did take advice, there was a case to be had. On balance it was considered it probably wasn't worth doing at that moment in time. Given this, maybe we should have done. The end result of that was that Newcastle picked up two donors. There was no complaints from the donors, no complaints from families and they had two enquiries about body donation.

JM: when was this Julian

JB: Last January

JM: So we know from experience in the business that Newcastle Medical School would be acting on old consent, their donors would be under the old form system. The reason that Newcastle reacted the way they did is because it was outside of their remit of consent because people donate their bodies to the medical school primarily to train medical students.

JB: they already had a programme running for beauticians and massage therapists as part of their existing programme. I don't know what their actual consent was but it was already running and continued to run. But the single thing that came out of that was, no complaints from families, no calls to the Uni in relation to the articles in the press and two enquiries about donor forms.

I'm not saying that it was in any way shape or form anything other than unfortunate and ridiculous that Antonia Maraconda is a liar. I had the daily mail on to me and said to the science editor of the daily mail and she asked me what the story was.

I said there is no story there is nothing here, nothing to see, I ran a facial anatomy class, I put the content of it in front of Debra patten and she said it was great. It was going to run at Imperial College because I'd been working there for the previous three years and Kings and various other places. Nobody's had a problem!

JM: I think it was because of that exposure.

JB: It was because of what she said in the press article which was false and not based on any element of fact and they have a personal axe to grind with those people (the beauticians)

JM: but never the less that leaves history which leads to Ian's concern and I think that

JB: but what it does show is that there isn't a public concern.

JM: we know, if its done right with the approval of the DI and the consent of the relatives, there isn't a public concern and I think Ian's concern is to ensure that we run courses that don't concern the public.

JGD: Since then we've met with Debra she came down to view our premises and she only had good words to say about Julian. As I said to start with, I've not had any problems in that respect even though you're only one article away from a disaster or Youtube video which we can't stop in any profession.

JM: To be fair with my past history in training and PM work, if I was the type of person to use FB I could sit and write loads of things on FB about what happens at QMC or what happened at the general hospital 45 years ago I'm not that stupid, I'm far too professional to do things like that.

So even health care professionals, some of them have been struck off because they've been stupid and done exactly the same sort of thing .

IS: that's the point they can be struck off.

JM: They get struck off but they're still alive they can still bring the trust into disrepute.

JGD: Tell me what happens when they get struck off and then go work for the private sector. I know umpteen paramedics, not registered but still working.

46.36

IS: I'm responsible for the license, I've got to maintain it, I've worked ten years to build it up and the consent at the moment is not appropriate for this course and if we are saying we've got **three**

more courses to go before Christmas and one is the podiatry one which seems to be in compliance with the license….

JM: which John will confirm

Ruth: so we're happy with the podiatrists

IS: The other ones, we'll have to see what's being taught, is it surgical practice within the lines of the consent form and are the people on it appropriate…

Ruth and if its' not…

IS and if it's not we have to go back to the families and get consent, (Ruth echoes this)

Ruth: we ask do you think your relative would have agreed with this and if they say no, we pull back…

JM: and we say thank you very much for that feedback and we'll take that on board.

Ruth: and like John said its a really good opportunity to have a straw poll anyway isn't it?

JB: and just to clarify, after that, you're not happy for any of the content I teach to be taught at Nottingham?

IS.

JGD We have a short term fix if you like before moving on helping you out and moving things forward in terms of consent that's my understanding of what we're talking about here.

JB: Thats the short term

JGD: I think for the long term…

JM: you're going to run two course in the short term

JB: But John I need….

JM …no but you're going to run two courses.

JB: I'm not employed.

IS: My opinion is that after these two courses they should stop, **but I'll discuss it with Ciaran and the HTMG.**

JM: and there will be feedback from those two course that you can take in to account.

JGD: **The other option if time permits, would you be interested in coming and watching Julian.**

JM: We just said that, or Ciaran, giving some feedback to Julian. I know you're both extremely busy but it's not much good us giving feedback to Ian it doesn't help, he needs a consultants perspective.

Ruth: so is it just the two courses or is it others.

48.53

JB: It's jut two, I'll cancel the five days. This is the thing is that for me there was potential investment that I could come to Nottingham and build a world class centre here and put money into it and time and effort into it, bring and attract research projects from all over the world so there was a build up.

Other courses are already established so they are full so this year and next year were going to be the start for establishing that. So I can run these two this year plus the podiatrists and the five days I'll cancel.

I have a course next May which is a flagship course prior to the fascia symposium and I'll see if I can find another home for that, but we're talking about a lot of money and a lot of people involved so I'll have to consult and get a view on as to whether having already run it in this way, there is a requirement of whether you already have the contract and that's up to you to sort out the details of it, ad from a legal perspective you've already given permission for it to happen and that's your responsibility to have made sure that this is happening properly in the future and in the past and if fit hasn't well you know,

Kind of that could be the view, I don't know it depends on what goes in front of a judge when it goes in front of him. But I'm really disappointed, I just think its a lack of vision and its shame for you guys and a shame for the potential for Nottingham I really do.

I think it could have put us on the map.

COB: In terms of courses that are in October: you've touched on this stuff this publicity with the Daily Mail and things. From the point of view of public statements or media or websites are there any concerns about that.

IS: Im concerned about that.

COB: what the FF website?

IS: Look. At the moment, these courses are unlawful. If they'd abided by what I said at the last meeting they wouldn't have been unlawful. If they were training courses for physiotherapists and HPC registered therapists in functional anatomy, then they would be within the consent.

Because they haven't applied that limitation, they've gone outside that and are teaching things that are not appropriate then **its a breach of the consent form. Not according to the HTA**

51.43

IS: I have to say I was horrified when John told me who was on the course and what was happening and that's why I stopped it because we are now in breach of that consent.

Which we wouldn't be because its unlawful it's a four year prison sentence if you breach the HTA act.

We cannot continue doing what we're doing now with that consent in place. So any of the courses that are planned, prospective are unlawful and the last one that we ran was unlawful because it was run with people who weren't on the register and it wasn't for medical training.

So if we were to revise the consent to get through to Christmas. Podiatrists if they are training and wanting to learn for surgical skills and podiatry, fine.

The other course, again I don't know who is on it or what its for. Again if its for improving surgical skills for people who are going to practice then fine, if its not then it's in breach of the consent. It has to follow the consent, unless we can revise it.

I'm quite happy for people to go and consent relatives although I've always thought its inappropriate disturbing relatives and it brings it all back but if you want to do that and you think it's ethical…

Ruth: I think…

JM: Its only because we're changing and I'm looking towards the future rather than just this current situation that once we've done all the booklets and listed all the groups, we still need a method to expand those groups if they need revising in the future.

I agree with you Ruth, we're not talking about vast numbers of relatives, we're talking about a few.

53.25

Ruth: They're going to be going back to these people for the funeral at some point anyway.

JM: exactly

JB: the thing to bear in mind that pretty much all the donors I use would have been rejected anyway.

JM: well all the donors you are from other medical schools that are referred to us.

IS: i**f you think it's ethical, you go back to them and you get consent for this course then fine it can run because you've got consent and you've satisfied the act.**

JM: but it also answers a plan for the future which is what I'm looking at as well.

COB: I think you have to look at a new consent form or set of guidelines.

IS: and **we at the next HTMG have to discuss whether after this time in place to get us over these *three* courses whether we want these courses to continue.**

JGD: Let's have Ian's summary and then I'll speak to Julian and

IS: as you know I've not done this as a dictatorial DI thing it's my decision but **I've always deferred to the HTMG and we'll discuss it**, but my opinion is, from what I've seen of the website the content of the website and what I've heard from the courses in other places, I would be very reluctant to let this go any further.

But if you can convince me otherwise from the repository.

JM: I think that's very generous Ian I know how you've agonised about it, but I think with Ruth overlooking the consent.

IS: what I don't want is, if I see Nottingham University Hospital in the Daily Mail with Pilates instructors dissecting my father, without consent bladiblahdiblah I will be in the clink for four years.

JM: I agree and I will volunteer and so will Ruth because it's up to use to ensure that consent is in place.

IS: Not happening

JM: It won't happen and how we move forward in time, redoing that brochure, we've got to do that fairly quickly.

IS: The brochure is full of surgical. Every example in there is about surgeons.

Ruth: because thats what the repository was set up for. And things develop and things change over time and this is you know. even if its not for this Gentleman (Julian) we might need to revise that anyway.

55.50

JGD: We do. I've run other courses involving specimens and I get requests, all the time…

JM: we will always get requests that aren't listed and we need a mechanism in place…

Ruth: We did one very early on for the paramedics where we were just after getting the consent when we were going to use them next week and we said this is what we are going to use it for….

JM: and it goes really well with the relatives 'cos they know what we're going to use them for. and if you remember some years ago the consultant wanted to run a trauma course and relatives were consulted and it was done on a Saturday morning through the ED consultant and I think it was Jim was involved in it where they were actually doing surgery on the roadside, that's what they were simulating and that was many many years ago.

But all of those relatives were consented for that.

JM: So do we have the points down really clearly so we can't go away from this meeting and misinterpret anything?

COB: I've taken down a few action points from this to serve as a conclusion. Number one was: We move to change consent for new donors, or as we said we have a set of consent forms to get them for what we want consent for.

Then we need to have a mechanism to label the donor by their consent.

The upcoming podiatry course is ok as long as the candidates are on the HPC register. The fascia viscera course can be ok if we can extend consent for that and again we need to ok the delegate list for that.

After those two courses.....

JM: as an action point, who is going to verify the consent and how is that going to be done? The podiatrists I think we've already agreed..

Ruth: Shall we give Ian the final sign off?

58.21

JM: that's what I'm asking really. I mean take the podiatrists if they are registered health care professionals we're going to give her a ring or send her an email and confirm it. But that's going to be you JGD?

JGD:. Yes I'm happy to do that.

JM: brilliant, that's one clear action. The other action would be looking at what donors for the next course and then discussion with you as to how we're going to approach the relatives.

JB: 4/5 December? (Not heard)

Ruth: Exactly what its going to be, who is coming how we approach the donors. Because you'll have your list of delegates wont you?

JM: Can you remember how many specimens for that course?

JB: They are already in there. They're already there, they've been worked on for the last year.

JGD: Two.

JM: well that's not going to take a load of work is it. But it would be good to get that feedback and more to the point it would be excellent to get the consent. Or not.

Ruth: so that's just two, why have I got it in my head there's three courses.

JGD: There's one in December.

JB: the lower limb

Ruth: is that the one that you're cancelling? No.

JGD. No

Ruth: so what's the lower limb one?

JB: The anatomy of the lower limb.

Ruth: and who is that for?

JB: For people.. straight off the top of my head I don't know who's coming, I think we've got some physios coming, some sports therapists coming,

Ruth: Right ok. SO can we get a list of those.

JGD: We need consent for that one.

1.00.03

JB: ultimately my schtick is what my schtick is. It's for people who are working on a daily basis with the physical form and who have anatomy as their clear element.

JM: but for this lower limb course, we know from this discussion that if they are registered physiotherapists, they fit the criteria, so we don't have to consent on their behalf.

JGD: otherwise we have to change the consent.

Ruth: and then moving forward.

JB: Well we'll see what the market place says in relation to physios because there is a reasonable physio market there.

1.00.42

JM: I've been speaking to a three physios and they got so much value out of their anatomy course they went to at Guys.

JB: but the content is something that Ian seems to have questions about.

Chatter.....

COB. So we'll plan then, look at the consent, look at the delegate lists, for these three courses, October, October, December.

Ruth: Yep

COB: just make sure we're happy with those and then in the meantime yourself (to Ian) and I can meet and discuss the way forward in terms of the way of consent and appropriateness and what we're happy to have signed off.

Would you like Mark Ellers or Adrian Blundell to be at that? Adrian's the post grad lead?

JGD: I think that they'd probably take your lead.

COB: I think they'd be happy enough not to attend

JM: I think they'd be pleased not to attend with the amount of work everyone's got on really. It's mainly from where I'm sitting, you two (Ian and Cieran) have to be 100% happy with what we're trying to deliver and they are the big decisions. Certainly Ruth John and myself will support you in those decisions as much as we can and there is going to be times when we're going to say no and times when we're going to say yes that's a good course and we can do that.

IS: **My major concern is to keep within the law.**

JM: I totally agree.

IS: **The minutiae of detailed teaching of anatomy I'll probably defer to Cieran** because Ciaran is a surgeon and I'm not a surgeon. I taught anatomy for years, but I'm not a surgeon.

JGD: I think to be fair we're all working to that. certainly from my point of view, probably lesson learned from my side and as Ruth said from the beginning, we're all learning in running the repository.

JM: Well its a new service, its the first one in the country, the only one in the country and its developing so bloody fast.

Ruth: I think it's amazing that **this is the first time we've had a meeting like this**.

COB: It's a measure of progress really.

JM: But it does raise concerns.

JGD: well I can assure everyone around this table that I certainly want to work within the law and moving forward and there's no doubt about that and its been a learning curve, simple as that. And if we can move forward great, and if not then we turn the page and move forward in a different way.

I'll probably strongly suggest that either one of you or both come along and have a look at Julian in practice and see what…

JM: I think it would be of definite value just for future discussions and awareness and you're welcome to come along if you have time Ruth. Because your perspective as a specialist nurse would be good as well. just as you viewed a PM for the first time, knowledge is a good thing.

So are you happy with that?

COB: anybody else anything to add? Julian?

JGD: Hand on heart Julian I think this is the best way forward in terms of...

JB: I hope it works for you I hope it works.

JGD: Sometimes unfortunately mud sticks whether it's five years ago, ten years ago so we have to be squeaky clean. Personally I think the meeting's been very positive.

JM: Yes I agree.

1.04.26

IS: .....noise. And I'm not happy with the fact that when I say Health care professions only, we got people who weren't. So there's an element of distrust already because we had a meeting where we laid down the ground rules and they've been broken. So it's not mud from elsewhere there's an element of distrust already.

JGD: No that's fair, there are systems I need to put in place not just from Julian's point of view but from all the courses.

COB: just on that, how to we verify foreign candidates?

IS: I didn't even think there were foreign candidates, I just said HPC registered people. I know you raised the point about paramedics because they weren't registered but as they are going to do chest drains, that's clinical that's NHS that's fine, but everybody else they can?? (not heard) SO we've got the delegate list.

COB: But if we've got candidates coming from other countries,

JGD: But they will have their own registration system as per the UK. but obviously it's a lot more difficult for us to check as now you can go on the website...

JM: But if they're the requirements that Ian's laying down, then...

JB: So British physios?

JGD:. No I don't think we're saying that. For these courses the consent will be changed accordingly just for the ones coming up, is that right?

Ruth: Let's see what we've got...

JB: Cieran's asking the question and I'm not sure...

Ruth: I'm not sure we can work that out here...

JM: Swedish physios that apply for one of your courses, you can ask for the background, CV, who they work for, those general things.

JB: which we get from everybody anyway.

JM: and it's a simple question then to Ian or Ciaran, this person's applied, I mean I could do it, John or Rebeka could do it it doesn't matter,

JB: No you can't John because you have to have clear written guidelines that has to come. So you have to have set guidelines that say what is the inclusion criteria and what is the exclusion criteria, and that will have to come from Ian to allow you to do that, and that's important.

COB: I think we would have to be very explicit on that. Otherwise this problem will happen again.

JB: across the board, GPs the lot, you have to check everybody, you have to check everybody who walks through that door.

JM: Whatever we decide, all courses should be based on that decision, so its not from our point of view that lets do this for Julian's course, whatever finally is decided with consent and all of that goes for every course.

JB: Yes it's two things isn't it, it's HTA consent, which is the law and then there is the individual decision in relation to access and that's the discretionary access. So there's no comment in any of the HTA guidelines, or in any of the other guidelines out there in relation to HPC there never has been and in fact the opposite is the case when it comes to the guidance that comes from the HTA.

As long as the permissions are in place, they are actually encouraging wider public engagement from a health care perspective.

JM: That's good guidance for the DI

JB: If the Di chooses to accept that guidance.

JM: and I'm a great believer in....

JB: (interrupting). I wanted to make absolutely clear that there are two categories here, the legal compliance which I am 100% in agreement with and then there is the personal views in relation of someone in relation to the access of that, which is what we're dealing with as far as Ian's view is concerned and those two are separate.

As long as that is the minute on that. that is the personally held view.

Ruth I think its the responsibly held view.

JB there is the legal responsibility and then there is the responsibility to uphold one's own personal view and principles and there's one to uphold the law.

Ruth there are ways that we can take guidance from.

JM Moving forward things do change and have changed.

JB of course, I'm just wanting to clarify in the meeting as a minute that there are two issues. One are the general legal guidelines and the other is the willingness to move forward to create a better and inclusiveness.

JM In fairness I think Ian has demonstrated a willingness to move forward.

JB I don't feel that.

JM No I know you don't and I shouldn't be talking over Ian but in fairness to him he's at the last meeting, he set the criteria and it wasn't followed.

JB I didn't get minutes of that and my understanding is that there is confusion from all aspects so I'm not clear in relation to that, there's been no email or document clarifying...

JGD We know what the short term plan is, we know where we're going I think the understanding is that Ian and Ciaran will discuss...

COB. I'll put these action plans out to everybody and we'll take things from there. The next thing will be to check the delegate lists and consent for the next two courses and its got to be done in short order. Thanks very much everyone.

1.10.15 MEETING ENDS