

**BRETT LOCKYER BM, BSc (Hons), FRCPath**  
**Forensic Pathologist**

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### **Professional Profile**

I have shown a keen interest in Forensic Pathology throughout my professional career, starting at university where I chose to undertake an 8-week elective placement within the Forensic Pathology unit at the University of Sheffield. Throughout my histopathology training, I have aimed to go above and beyond the recommended annual autopsy case load to expose myself to a wide variety of cases ranging from natural deaths to the more challenging road traffic accidents and suicides. I have also had the opportunity to act as a witness within HM Coroner court for certain inquest cases.

I completed specialist training in Forensic Pathology ensuring that I was exposed to a variety of Home Office post mortem examinations which were required for preparation for the FRCPath examinations and a subsequent career in this field. I have developed a good interest in diagnostic histopathology and have ensured that I exposed myself to a wide selection of surgical resection cases and pathologies. I was keen to develop my knowledge of diagnostic pathology and immunohistochemistry, as well as expand some of my skills within practical laboratory management and day-to-day operations such as embedding and sectioning.

I am methodical, committed, thorough and inquisitive with a disciplined approach to learning and working. I strongly believe that these attributes suit me well for a successful career in forensic pathology

### **Academic Qualifications**

**Royal College of Pathologists: Fellow**

**Medical Protection Society: 325730**

**British Medical Association: 8190605**

Member of the British Division of the International Academy of Pathology and British Association of Forensic Medicine.

Specialist Register Forensic Histopathology (February 2016)

Home Office Status: Accredited to practice Forensic Pathology (February 2016)

**University 1998 – 2001 University of Sheffield, Firth Court, Sheffield,**

2001: BSc (Hons) Anatomy and Cell Biology 2:1 Degree Classification

The BSc degree included study of human anatomy through cadaveric dissection, histology, molecular, cellular and developmental biology. Neurosciences also formed at least 20% of the degree.

### **Medical School**

2001-2005: Clinical School University of Southampton Medical School, Boldrewood Biomedical Sciences Building and Southampton University Hospitals NHS Trust

2005: BM Medicine

2003: Nominated for David Bulmar Memorial Prize in Anatomy

2010: Professional Examinations FRCPath Part 1 Histopathology

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2012: FRCPath Certificate of Higher Autopsy Training

## Forensic Science Career

### Present Appointment

#### February 2016 – Present

Consultant Forensic Pathologist and Home Office Accredited Forensic Pathologist

### Forensic Pathology Services

As part of my work, I perform routine and home-office forensic post-mortem examinations on behalf of Her Majesty's Coroners and Police Forces in England and in overseas British territories following a variety of circumstances, including suspicious, unnatural, natural and complex post-operative deaths. I regularly attend Crown court and Coroner's inquests where I regularly present evidence to judges, coroners, family members, lawyers and juries. I am involved in the Wessex Histopathology Training School where I train and supervise trainee histopathologists in autopsy practice. Other teaching experience includes demonstration of autopsy techniques to medical, police and military professionals and I regularly deliver lectures of forensic and autopsy pathology to police and medical trainees. I am engaged in providing forensic pathology advice to media television productions.

### Previous Appointments

#### 06/11/12 – 01/02/16 Specialty Registrar ST3-5 Forensic Histopathology

Forensic Unit, Duncan Building  
Royal Liverpool and Broadgreen University Hospitals NHS  
Trust, Liverpool, Merseyside

#### 06/08/08 – 01/11/12 Specialty Registrar ST1 – 5 in Histopathology

Department of Cellular Pathology  
Southampton General Hospital  
Southampton University Hospitals NHS Trust

#### February 2007 - 2008 Senior House Officer/FY2

Pathology Centre, Queen Alexandra Hospital Portsmouth Hospitals NHS Trust.  
Orthopaedics and Trauma  
Critical Care Medicine  
Accident and Emergency Medicine

#### February 2006 - 2007

Queen Alexandra Hospital, Portsmouth Hospitals NHS Trust

#### Pre-Registration House Officer/FY1

Acute Stroke and Medicine for Older Persons  
Post Acute Care for Medicine for Older Persons  
Upper Gastrointestinal Surgery  
Urology

### Previous Appointments

#### November 2012 – February 2016

Specialty Registrar – ST3-5 in Forensic Histopathology  
Dr. C.P. Johnson / Dr. M.S. Lyall / Dr J.E. Medcalf

**Forensic Unit, Royal Liverpool and Broadgreen University Hospitals NHS Trust** This is a three year approved training programme in forensic histopathology which will enable me to work towards the FRCPath Part 2 examination in Forensic Histopathology and the Diploma of Medical Jurisprudence (DMJ). The department is busy undertaking approximately 130 cases per year for suspicious deaths with a

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further 400 - 500 routine Coronial autopsies. The post includes regular court attendance for inquests and teaching to students and police officers.

**August 2009 – August 2011 and August 2012 – November 2012**

Specialty Registrar – ST 2-3 and ST5 in Histopathology

Dr. D.C Cowlshaw / Dr.C. Way

**Queen Alexandra Hospital**

The pathology department at Portsmouth is busy with a different way of working. The workload is divided into general and specialist cutup and reporting, with urgent reporting being designated as R1. The post mortem workload is twice that of Southampton, but external pathologists undertake the majority of these cases.

The hospital has a specialist renal transplant unit and as such, exposure to these specimens is possible here. I was involved with presenting cases at the weekly black box meetings and at the regional pathology meeting. I had been supervising and participating in an audit with the undergraduate medical students.

**August 2008 – August 2009 and August 2011 – August 2012**

Specialty Registrar – ST1 and ST4 in Histopathology

Dr. P.J. Gallagher / Dr. J. M. Theaker

**Southampton General Hospital**

This was my first specialty training attachment as an ST and I was able to learn the competencies and basic technical skills to process and diagnose a variety of surgical specimens. Exposure to cytopathology and autopsy pathology had also meant that I had been able to build and establish skills and understanding which I have subsequently built upon during the subsequent years of my training.

The department had a strong lead in medical education of undergraduate medical students, and I was involved with tutoring a group of 13 students throughout their first year. I also demonstrated during lunchtime pathology sessions and was involved with the creation of examination questions for the BM3 exams. I was involved with presenting cases at the weekly black box meetings and at the regional pathology meeting. I had been supervising and participating in an audit with the undergraduate medical students.

**February 2008 – August 2008**

FTSTA Accident and Emergency

Dr S. Ramamoorthy

**Queen Alexandra Hospital, Portsmouth**

This post furthered my training in Accident and Emergency Medicine exposing me to new areas of acute trauma and other emergencies. The department is one of the largest in the country and sees approximately 95,000 new patients each year. Cardiac arrests and major trauma are managed solely within the department.

The numbers of victims of interpersonal disharmony such as serious assaults are increasingly frequent occupiers of the major and minor bays.

At night the Senior House Officers are also responsible for 10 beds on the Short Stay Observation Ward which is utilized for patients with conditions expected to resolve within 36 hours. This includes head injuries, non-fatal overdoses, non-specific abdominal pain, substance misuse and social admissions. Further experience in the management of paediatric minor injuries was also gained during this post. In addition to the regular “shop floor” education with individual cases, we had an extensive formal teaching programme one afternoon per week which included practice moulages, following both ALS and ATLS protocols.

**October 2007 – February 2008**

Senior House Officer/FY2 in Orthopaedics and Trauma

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Mr. Dalton

**Queen Alexandra Hospital, Portsmouth**

I worked as part of a team looking after the acute trauma admissions for the consultants within the department. The knowledge I'd gained previously was only as far as referral to the Orthopaedic surgeons or fracture clinic. This post enabled me to further my experience and knowledge into the management of cases including reduction, internal and external fixation of fractures, exploration of wounds with repair of tendons and nerves as necessary, joint and extensive soft tissue infections. In a busy fracture clinic I was able to learn about the ongoing management and its adjustments as required both in ward discharges following some of the aforementioned procedures and in those referred directly from A&E. I had a weekly theatre session in which I was able to do many practical procedures under the supervision of a consultant. In the trauma meetings I was encouraged to formally present the details and x-rays of each case I had admitted.

**May 2007 – October 2007**

Senior House Officer/FY2 in Critical Care

Dr. P. Sadler

**Queen Alexandra Hospital, Portsmouth**

This post introduced me to the management of patients in a critical condition. I worked as part of a team looking after the acute admissions to the 20 bed intensive care and high dependency unit. This post enabled me to further my experiences and knowledge of managing patients who required artificial ventilation, circulatory support and other intensive forms of medical therapy. In the busy day to day running of the unit, I was able to do many practical procedures, initially under supervision, and then independently. Such procedures I performed included arterial line placement, central venous access and VasCath placement. I also gained experience of intubation and rapid sequence induction and managing the ventilated patient. I participated daily in ward rounds and implementing management plans for the patients under my care during my shift.

**February 2007 – May 2007**

Senior House Officer/FY2 in Accident and Emergency Medicine

Dr S. Ramamoorthy

**Queen Alexandra Hospital, Portsmouth**

This post was my introduction to the specialty. I was introduced to the concepts of management of major and minor trauma and other emergency situations, and learnt to put these into practice, initially under the guidance of the senior medical staff and later, especially when I was working as a doctor on night duty, by myself. formal teaching programme one afternoon per week which included practice moulages In addition to the regular "shop floor" education with individual cases, we had an extensive following both ALS and ATLS protocols.

**October 2006 – February 2007**

Pre-Registration House Officer/FY1 in Medicine for Older Persons / Acute Stroke Care Dr D Jarrett

**Queen Alexandra Hospital, Portsmouth**

In this post I worked for the above consultant, taking care of in-patients who had suffered an acute cerebral event. I accompanied the consultant on home visits. I also played a major role in the acute and on-going management of patients on the acute stroke ward. When on-call, I was involved in managing patients on the general medical wards, being responsible for more than 100 patients at a time from all medical specialties, including respiratory high care. I also spent three weeks on the Medical Admissions Unit where I assessed and managed medically acute patients admitted through A&E or from General Practitioner referrals.

On several occasions towards the end of my appointment, I acted up as senior house officer on a busy rehabilitation unit, being fundamental in the medical management of these patients.

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### **August 2006 – October 2006**

Pre-Registration House Officer/FY1 in Post Acute Care

Dr. Ashraf

#### **St. Mary's Hospital, Portsmouth**

St. Mary's Hospital is a small hospital which offers services such as maternity, gynaecology, oncology, medicine for older people, paediatrics and urology. Some day surgery is also performed on site. The junior medical staff consisted of just a senior house officer and myself, thus placing most of the major diagnostic and management decisions on us. There were certain times when I was the sole doctor on the ward, during times when my senior house officer was on nights or leave. The on-call was 1:3 rota and when on-call I was the only doctor covering the hospital including the surgical wards.

### **May 2006 – August 2006**

Pre-Registration House Officer/FY1 in Upper Gastrointestinal Surgery

Mr. Shaw / Mr. Toh.

#### **Queen Alexandra Hospital, Portsmouth**

This post entailed me working with another house officer and senior house officer to ensure the day to day running of a busy surgical unit was maintained. The hospital, at the time, did not have a surgical high dependency unit and so a surgical observation bay was also maintained by us. I was also able to assist in theatre, especially during a four week rotation in a busy surgical admissions unit. On post-take ward rounds, I was encouraged to formally present the details and x-rays of each case I had admitted. There was a weekly MDT meeting for which we were required to attend.

### **February 2006 – May 2006**

Pre-Registration House Officer/FY1 in Urology

Mr Keoghane / Mr Holmes

#### **St. Mary's Hospital, Portsmouth**

This was my first post-graduate post. I worked as part of a 4 house officer team. The unit was a busy surgical urology unit undertaking routine cystoscopies and investigations and major surgery such as radical cystoprostatectomies and nephrectomies. The post involved an on-call rotation whereby I would accept referrals from A&E, other wards and general practitioners. I was also required to regularly run the pre-operative assessment clinic, assessing patients' suitability for planned surgery. Paediatric urology also involved our team and therefore I was required to clerk and assess paediatric cases. I also attended weekly MDT and formal teaching sessions, organised by the consultants.

### **Practical Procedures**

I am experienced in the following:

#### Autopsy Pathology

Evisceration and dissection of post mortem cases in a wide variety of cases ranging from natural disease, to deaths from suicide and traumatic injuries. Also specialist techniques required for forensic post-mortem examinations.

Complex post-operative and in-hospital deaths.

Special post-mortem techniques including spinal cord removal, middle ear examination etc.

#### Histopathology

Cut up and processing of simple and complex resection specimens.

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Interpreting benign and malignant lesions both macroscopically and microscopically. Screening of gynaecological and non-gynaecological cytology preparations

## **Any other relevant information**

### **Abstract Publications – (Pathological Society Poster Presentations)**

**Discrepancy between Pre-Autopsy diagnosis and Post-mortem findings. Value of the Medical Examiner System.** DA Farah, NSA Husaini, BE Lockyer, PJ Gallagher

**Out of Hospital Fatal Acute Myocardial Infarction** D Joughin, BE Lockyer, PJ Gallagher.

**A Study of Fatal Pulmonary Embolism within a defined population on the South Coast of England.**  
A Alimo, J Shott, BE Lockyer, PJ Gallagher

**Autopsy Findings within Heart Failure Patients from a Defined Population.** J Shott, A Alimo, BE Lockyer, PJ Gallagher

**Violent Suicide in South Hampshire** S Strong, BE Lockyer

**Sudden Death in Obesity** DP White, BE Lockyer

**Asbestos Exposure and the Post Mortem** R Taberham, BE Lockyer, K Valentine

**Sudden Death on Cruise Ships** (work in progress) L Rogerson, BE Lockyer, K Valentine

### **Presentations**

**Sudden Deterioration on the ICU – Propofol Related Infusion Syndrome (PRIS).**

**National Association of Medical Examiners, Portland, United States September 2014** Platform presentation of three cases of traumatic head injury managed with approved regimens of propofol. The patients deteriorated suddenly with similar symptoms and after an extensive review, this was attributed to PRIS.

**An Unusual Complication of a Shotgun Injury – National Association of Medical Examiners, Portland, United States September 2014** Poster presentation at NAME 2014 of an unusual complication involving embolization of gunshot pellets causing cerebral infarction.

**My Career – Forensic Pathology. John Moores University Careers Fair 2014** Presentation to final year biomedical science undergraduates regarding my personal career path to date with suggestions of how they can gain entry into medicine.

**Blood in the Abdomen - British Association of Forensic Medicine Autumn 2013** A presentation of three interesting cases whereby the cause of intra-abdominal haemorrhage related to splenic pathology.

**The Importance of the External Examination and an Approach to the Neck – UKCPN 2013**



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This was a lecture presentation at the UKCPN meeting presented to pathologists who undertake routine autopsy work.

### **Sudden Death on Cruise Ships – Pathological Society Summer Meeting 2013**

Poster presentation at PathSoc summer meeting at Edinburgh June 2013 whereby a three year retrospective study looking at sudden deaths on cruise ships and deaths reported to HM Coroner.

### **Asbestos Exposure and the Post Mortem – Pathological Society Summer Meeting 2013**

Poster presentation at PathSoc summer meeting at Edinburgh June 2013 regarding an audit examining the practices of pathologists at Southampton General Hospital and auditing these against the recommended guidelines published by the Royal College of Pathologists.

### **The Coroner's Post Mortem Examination - St. John's Ambulance – August 2012**

A lecture presentation as part of the St. John's continuing education programme whereby I gave a talk regarding a coronial post mortem and explained the procedure entailed.

### **Violent Suicide in South Hampshire – Pathological Society Summer Meeting 2012**

Poster presentation at PathSoc summer meeting, Sheffield 2012. We (myself and medical student) presented the findings of our three year study into suicide deaths which presented to the Portsmouth and Southampton mortuaries from 2009-12.

### **Sudden Death in Obesity – Pathological Society Summer Meeting 2012**

Poster presentation at PathSoc summer meeting, Sheffield 2012.

We (myself and medical student) presented the findings of our three year study looking at causes of death in patients regarded as obese (BMI greater than 30) and compared these to those of a lesser body habitus.

### **Death Certification – Junior Doctor Induction**

Junior Doctor Induction, University Hospitals Southampton – August 2011

was asked to give a presentation regarding death certification and the correct manner in which to complete the medical certificate of cause of death.

### **Virtual Autopsy – National Pathology Week**

Southampton General Hospital Pathology Week Events – Autumn 2010 and Autumn 2012

### **The Post Mortem Examination**

Laboratory CPD Presentation, Queen Alexandra Hospital, Portsmouth – April 2011. Presentation of the post mortem procedure to the laboratory technical staff as a teaching update session.

### **Body Found in Water – National Pathology Week**

Southampton General Hospital Pathology Week Events – Autumn 2009

I presented a case of a body found in water to secondary school pupils to illustrate the stages with which a death is investigated. The presentation helped the students to think about potential questions that may arise when examining such a case in the mortuary.

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### **Role of the Pathologist in Modern Medicine – National Pathology Week**

Various schools in Portsmouth – Autumn 2009

I was part of a small team of laboratory and medical staff which attended various schools during National Pathology Week to illustrate what a pathologist does on a day to day basis and to reiterate that pathology is not all about death and dead people.

### **Case Presentation – Regional Pathology Meeting** Southampton General Hospital – Winter 2009

I presented an interesting post mortem case in which I was involved.

**Mortality and Morbidity Meeting – Upper Gastrointestinal Surgery** Dept of Surgery, Queen Alexandra Hospital, Portsmouth – Summer 2006 I was invited to give this presentation and allow an opportunity to discuss clinical management of complications occurring during treatment.

### **Decline of the Hospital Post Mortem**

Dept of Medicine for Older People. Queen Alexandra Hospital, Portsmouth – Autumn 2006 I was asked to prepare a talk which would be relevant to elderly care physicians and so chose to discuss as to why the hospital post mortem may be in decline.

### **Death Certification – Junior Doctor Induction**

Junior Doctor Induction, Queen Alexandra Hospital, Portsmouth – Spring 2007

I was asked to give a presentation regarding death certification and the correct manner in which to complete the medical certificate of cause of death.

### **Critical Appraisal of Research Paper – Departmental teaching**

Department of Critical Care, Queen Alexandra Hospital, Portsmouth – Autumn 2007 I was required to complete and present a critical appraisal of a research paper for the journal club at the weekly departmental teaching. The paper looked at the use of carboxyhaemoglobin as a measure of sepsis in a critically ill patient.

### **Encephalitis – Departmental Teaching**

Department of Emergency Medicine, Queen Alexandra Hospital, Portsmouth – Spring 2007 During the weekly senior house officer teaching, I was asked to give a presentation regarding the treatment and management of patients with encephalitis.

### **Case Presentation – Annual Critical Care “Rolling Day”**

Department of Critical Care, Queen Alexandra Hospital, Portsmouth – Spring 2008 During this meeting, I gave an interesting presentation about a gentleman who had terminal invasive aspergillosis on the intensive care unit.

### **Case Presentation – Quarterly Pathological Meeting – Wessex**

Department of Histopathology – Southampton General Hospital – Winter 2008

I was asked to present an interesting autopsy case for a patient which I had performed a post mortem upon.



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### **Previous Audit/ Research**

#### **Emergency Admissions to Solent Urology – Portsmouth Hospitals NHS Trust**

BE Lockyer, P Tapley 2006

This audit looked at the in-patient and general practitioner referrals to the Solent Urology unit at St. Mary's Hospital in Portsmouth. The audit examined the appropriateness of the referral and which of these required subsequent in-patient therapy.

#### **Documentation of In-Hospital Patient Death Event within the patient's notes – Portsmouth Hospitals NHS Trust.**

BE Lockyer, L Rigge 2007

In patient deaths are not documented well, and in some cases, the death was not documented in the notes prior to transfer to the mortuary. There are no given standards for the examination of the patient to determine death has occurred, but the Royal College of Physicians has published standards which should be used when documenting patient death within the medical records.

#### **Documentation of In-Hospital Patient Death within the medical records – Audit extended to the Emergency Department – Portsmouth Hospitals NHS Trust**

BE Lockyer 2008

The audit above was applied to all those medical records which are generated within A&E. The results were quite interesting – 48% of patients went to the mortuary without documenting that a formal examination had taken place to establish death had occurred.

#### **Discrepancy between Pre-Autopsy diagnosis and Post-mortem findings. Value of the Medical Examiner System.**

DA Farah, NSA Husaini, BE Lockyer, PJ Gallagher 2009

This audit examined the proposed medical examiner system and evaluated if pre-autopsy diagnosis could be as accurate as post mortem findings.

#### **An Audit of Exfoliative Urine Cytology in the Diagnosis of Transitional Cell Carcinoma**

BE Lockyer, S Corrigan 2009

An audit examining if urine cytology was a useful diagnostic tool in the management of transitional cell carcinoma of the bladder.

#### **An Audit of Obtaining Consent for the Hospital Post Mortem.**

BE Lockyer, DC Cowlshaw 2010

An audit to examine the nature of who obtains consent for the hospital post mortem examination within the Portsmouth Hospitals NHS Trust. A deficiency within the department highlighted from a recent CPA inspection.

#### **Violent Suicide in South Hampshire.**

S Strong, BE Lockyer 2011

Three year retrospective and prospective study of suicide deaths to assess for similarities and differences between violent and non-violent forms of suicide.

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### **Sudden Death in Obesity**

DP White, BE Lockyer 2011

Three year study looking at causes of death in patients regarded as obese (BMI greater than 30) compared to those of a lesser body habitus.

### **Sudden Death on Cruise Ships**

L Rogerson, BE Lockyer, K Valentine 2013

Three year retrospective study looking at sudden deaths on cruise ships and the causes of such Coronial, non-suspicious deaths.

### **Asbestos Exposure and the Post Mortem**

R Taberham, BE Lockyer, K Valentine 2013

Audit examining the practices of pathologists at Southampton General Hospital and comparing these against the recommended guidelines published by the Royal College of Pathologists.

### **Patterns of Injuries to Neck Structures in Hanging – An Autopsy Study**

N Khambati, BJ Westhoff, BE Lockyer, KM Valentine, L Mulcahy 2014

A three year retrospective study which examined all deaths that involved hanging and assessed patterns of injury whilst comparing these with the current available published literature. The study also examined differences between a forensic, teaching hospital and district hospital setting.

### **Current Audit/Research**

#### **Vertebral Artery Biomechanics**

C.P. Johnson, J.E. Medcalf, B.E. Lockyer

This research study will examine the biomechanics of stretch on a segment of intradural and extradural vertebral arteries to evaluate differences. This has important implications for the future approach to traumatic subarachnoid haemorrhages involving assault.

#### **Conferences/Meetings attended**

2017 FPS Practice CPD Meetings – Oxford and London  
Subgroup CPD Meetings for West Midlands

2016 British Association of Forensic Medicine – Summer and Winter Meetings  
FPS Practice CPD Meetings – Oxford and London  
Subgroup CPD Meetings for West Midlands  
Neuropathology Study Day – London

2015 Northern Forensic Group Practice Meeting – Cumbria  
The cause of death is in the brain – RCPATH Symposium

2014 Northern Forensic Group Practice Meetings – Cumbria  
British Association of Forensic Medicine – Inverness  
RCPATH Autopsy Pathology - Leicester  
Coroner's Autopsy – RSM symposium

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Paediatric Neuropathology – University of Sheffield

2013 Northern Forensic Group Practice Meetings – Cumbria  
British Association of Forensic Medicine - Leicester  
UKCPN annual meeting – Manchester  
Pathological Society Summer Meeting – Edinburgh University

2012 Pathological Society Summer Meeting – Sheffield University  
Advanced Histopathology 2-week course – Newmarket  
Coroner's Autopsy – BDIAP symposium  
UKCPN annual meeting - Birmingham

2011 Pathological Society Summer Meeting – Ghent University, Belgium.  
Part One FRCPath Revision Course – Oxbridge Medica. Altrincham, Manchester  
Part Two FRCPath Training Course – Wessex Deanery, Southampton General Hospital

2010 NESC Lead or be Led Management Course – NESC Courses  
Wessex Third Trainees Symposium – Cut up to the Bench. British Division of the  
International Academy of Pathologists  
Pathological Society Summer Meeting, St Andrews University, Scotland  
Wessex Cellular Pathology Training. NESC. Southampton General Hospital

2009 The Coroner's Autopsy – Royal College of Pathologists  
Histopathology Training Day – Gastrointestinal Pathology, Royal Society of Medicine  
Academic Training Day: The Young Researcher – Histopathology Training Schools  
The Autopsy – British Division of the International Academy of Pathologists  
Autopsy Training – Histopathology Training Schools  
Pathological Society Annual Winter Meeting - London  
Wessex Regional Pathology Meeting – Southampton General Hospital  
Second Trainees Symposium – Cut up to the Bench. British Division of the International Academy of  
Pathologists  
Wessex Cellular Pathology Training, NESC, Southampton General Hospital

2008 AECVP Annual Meeting. London Kings College

## **Teaching**

### **Police Officers**

Lecture to Military Police Officers at Southwick Park in relation to involvement in suspicious deaths.  
Teaching to Merseyside Police officers in regard to attending sudden death.  
Post-mortem demonstrations to Police officers in Merseyside  
Post-mortem demonstrations to Military Police officers in Portsmouth

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### **Medical Undergraduates**

RCPATH Summer

Pathology and Post Mortem demonstrations to medical undergraduates, as well as nursing students, police and military personnel.

Pathology tutorials to 1<sup>st</sup> and final year medical students

6<sup>th</sup> formers as prospective medical students within the Pathology department.

Clinical tutorials to final year medical students and supervision of such students during clinical attachments to Surgery and Medicine.

### **Medical Postgraduates**

Sudden Death – lecture to the Wessex Histopathology Training School

ST1 – Autopsy Pathology Induction Programme

Death Certification - Junior Doctors Induction

Lectures on audit and Use of the Hospital Post Mortem in Modern Medicine, lecture given to doctors of all grades.

### **Management and Administration**

#### **ST1 Autopsy Pathology Induction Programme**

Co-ordinating and organising the ST1 histopathology autopsy pathology induction training.

Consultation with histopathologists regarding delivery of training.

#### **Forensic Pathology Specialty Training Representative**

Representative on the Royal College of Pathologists Sub-specialty and Trainee Advisory Committees.

#### **Hospital Open Day – Virtual Autopsy**

Assist in organisation of a virtual autopsy for both National Pathology Week and for the Hospital Open Day.

#### **National Pathology Week Consultation Group**

Create and develop a timetable to execute and manage the pre-event tasks in a timely manner.

Organise materials which could be taken to various schools for demonstrations. o Organise and

prepare materials for the Virtual Autopsy demonstration. o Prepare a visual display for the departmental visits within Histopathology.

#### **Southampton University Medical Examinations Board.**

Creating an examination question for the medical undergraduate end of year examination.

Considering pathology, anatomy, physiology, sociology and medicolegal aspects of the case for the question.

Proofreading the question to ensure it is appropriate for the level of education.

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Marking and assessing the answers given by the candidates.

### **Royal College of Pathologists FRCPath Part 2 Examinations**

Organising the layout of the examination room and ensuring each candidate will have access to a microscope and other relevant materials.

Conveying candidates appropriately between examination stations, ensuring the exam procedure was undertaken effectively and efficiently.

### **Teaching**

Planning the medical student pathology tutorials in advance to the allocated timeslot.