The National Association of Medical Examiners®

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September 21, 2012

Randy L. Hanzlick, MD
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Dear Dr. Hanzlick:

Please find attached to this letter a PDF copy of the responses of NAME and the College of American Pathologists (CAP) to the SWGMDI draft report on *Increasing the Supply of Forensic Pathologists in the United States*. These same comments have been submitted through the SWGMDI website.

The NAME-CAP response was authored by multiple committees in both organizations, and thus represents the official and combined comments of NAME and CAP, approved by the appropriate leadership in both organizations.

As the NAME President this year, I'd like to personally thank you, your committee that authored this draft product, and the entire SWGMDI for all the work you have done and continue to do. If I can be of assistance in any way, please don't hesitate to ask.

Very truly yours,

Andrew Baker, M.D.
Hennepin County Medical Examiner
NAME President, 2012

cc: John Fudenberg, SWGMDI Chair

Response to the SWGMDI Draft Report on "Increasing the Supply of Forensic Pathologists in the United States."

National Association of Medical Examiners and College of American Pathologists

September 21, 2012

In 2009 the National Research Council (NRC) of the National Academies developed a list of recommendations to improve the forensic sciences throughout the country.[1] Specific recommendations advocated efforts to increase the number of specialists in the forensic sciences, starting with the recruitment of students to the discipline. From the NRC efforts, a Scientific Working Group on Medicolegal Death Investigation (SWGMDI) was formed and developed its own report and recommendations to increase the supply of forensic pathologists in the United States. The recommendations include increasing the visibility of forensic pathology to medical students and pathology residents, improving the training experience in forensic pathology, and enhancing the financial incentives of the specialty.[2] This paper is the response of the National Association of Medical Examiners (NAME) and the College of American Pathologists (CAP) to the recommendations of the SWGMDI.

Comments on specific recommendations:

1. ***Forensic Pathology needs to be made more visible in medical school.***

We strongly endorse the recommendations in this section. Forensic pathology offices, with and without training programs, should seek to foster relationships with local,

regional, or state medical schools for the multitude of benefits such associations would provide. Particularly relevant to this SWGMDI recommendation is that many students may have an interest in the specialty that could be nurtured, if their exposure was positive. Developing this relationship will require that forensic pathology offices develop outreach plans, network with local medical schools and pathology department leaders, and contribute to curriculum development Forensic pathology programs should have open access to upcoming medical students and pathology residents for recruitment to fellowship training. Forensic pathology electives and externships should be encouraged. Models for this plan could come from the orthopedic surgery and radiology communities: other specialties that receive limited exposure during medical school, but provide interested students good experiences that promote the development of an ample supply of applicants for training programs.

2. Exposure of residents to forensic pathology

NAME and CAP concur with the recommendations in this section. The report states that residents in anatomic pathology, a prerequisite to forensic pathology fellowship, receive too little exposure to forensic medicine during the residency period. Additionally, residency program faculty members are frequently dismissive or discouraging to residents who express an interest in forensics. Residents who eventually enter forensic pathology fellowships comment that positive experiences during autopsy or forensic medicine rotations were the motivating factor leading them to the specialty. The SWGMDI calls for pathology residency programs to provide positive forensic pathology experiences and supportive residency program faculty. Many programs have required rotations with local forensic pathology offices and rely on these rotations as the

opportunities for residents to achieve a significant percentage of the 50 autopsy cases required by the American Board of Pathology (ABP). A seamless relationship between the forensic pathology office and medical school and/or residency program is the final goal.

3. ***Financial incentives to attract medical students and residents***

NAME and CAP concur with this recommendation.

4. ***Salaries need to be competitive***

NAME and CAP concur with the recommendations in this section. Forensic pathology is unique among subspecialties in that rigorous additional training results in a decrease in income. The subspecialty will never be competitive as long as this is the case. This is particularly true when burnout and caseload considerations are included, as noted in the comments on recommendation.

5. ***State incentives for those areas without programs***.

NAME and CAP endorse this recommendation. Precedence for these types of initiatives exists in the family practice community, where medical school loans are forgiven or tuition is covered in exchange for agreement to serve a particular region in the future. Other incentives include decreasing the tax burden on the practitioners and bonus pays. Results have been positive, but have taken time.[9] With this experience in mind, the forensic pathology community should give this issue high priority.

6. Increasing forensic pathology training programs

NAME and CAP share the committee's concern that forensic pathology programs are both few and poorly funded. Federal support could help ameliorate this.

7. Training in practice-related challenges such as burnout

NAME and CAP agree that, because the existing pool of qualified forensic pathologists is small and overburdened, burnout is a continuing problem. Education in this area can be helpful, but it does not alleviate reason for the burnout—the lack of sufficient staffing and noncompetitive remuneration. While counseling and education are of benefit, they should not be considered an alternative to fixing the root causes of the problem.

The loss of currently practicing forensic pathologists without replacements in waiting is another major area of concern in the SWGMDI report. The group calls for proactive training for fellows to address potential burnout, financial incentives to enter forensic pathology, and state-sponsored initiatives to address these issues. The report attributes two main factors contributing to this issue: mental exhaustion from the duties and related aspects of the job and salaries that are not commensurate with the demands on time and the level of stress involved compared with other specialties requiring similar lengths of training. This is the heart of the issue, and the first factor (burnout) can be considered relative to the second (salaries and workload).

Dealing intimately with death and man's inhumanity to man provides a recurring stress to forensic pathologists. The toll taken by this exposure is not counter-balanced

by an immediate satisfaction in improvement of a patient's clinical condition that medical specialists can experience. That justice has been properly served can provide a degree of satisfaction, but seeing these results can occur infrequently and years after the investigation. The NAME recommendation of a maximum workload of 250 autopsies per year per pathologist is an attempt to make the stress associated with the position manageable. Many forensic pathology offices, however, are in situations requiring over 300 cases per pathologist because of insufficient staffing. This sets up a cycle that promotes burnout and increases error.

Society demands high quality medicolegal death investigation. It is in the interest of those jurisdictions, whether at the city, county, district, or state level, to provide the necessary funding to attract specialists. It would be legitimate to appeal to the federal government to assist in this funding as it already does for law enforcement and healthcare-related entities.

8. ***ACGME requirements***

NAME and CAP concur with these recommendations.

9. ***Formal relationships in medical schools and pathology departments.***

NAME and CAP partially concur and partially dissent from this recommendation. As discussed in the comment to recommendation 2, we strongly support greater integration of forensic pathology into medical school curricula and the relationships this implies. However, the second part of this recommendation—that the training in forensic

pathology be “streamlined” to lose much of the general pathology training—would be counterproductive.

Forensic pathology as a subspecialty is already marginalized. “Fast tracking” residents by providing inadequate training in surgical pathology, general pathology, and clinical pathology will both further marginalize the subspecialty and produce forensic pathologists who do not have the basic competencies that most of us use every day. Forensic pathology should be regarded as a true subspecialty that contains competent, well-trained pathologists.

10. Novel systems of death investigation system funding need to be developed.

NAME and CAP strongly concur with this section.

REFERENCES

1. Strengthening Forensic Sciences in the United States: A Path Forward; National Research Council of the National Academies; National Academies Press. 2009

2. Increasing the Supply of Forensic Pathologists in the United States: A Report and Recommendations (DRAFT); System Infrastructure Committee of the Scientific Working Group on Medicolegal Death Investigation (SWGMDI); 2012

3. National Association of Medical Examiners, Preliminary Report on America's Medicolegal Offices, Prepared for National Institute of Justice Forensic Summit, May 18-19, 2004, Washington, DC

4. Centers for Disease Control, FASTSTATS, number of deaths 2009

5. Hoyert, DL. "The Changing Profile of Autopsied Deaths in the United States, 1972 to 2007." NCHS Data Brief. No. 67, August 2011

6. NAME Inspection and Accreditation Checklist, Second Revision. Adopted September 2009

7. Partners Healthcare System, Inc. Resident Salaries by Post-Graduate Year: Academic Year 2012-2013.

8. ACGME. Common Program Requirements. July 1, 2011

9. Rosenblatt and Hart. "Physicians and Rural America". West J Med. 2000 November; 173(5): 348-351.