



**Relationships between Pathology Departments and Medical  
Examiner/Coroner Offices  
A Report of Survey Results with Recommendations  
Prepared by the Infrastructure Committee of the  
Scientific Working Group on Medicolegal Death Investigation (SWGMDI)**

**Executive Summary**

This project was undertaken by the Scientific Working Group on Medicolegal Death Investigation (SWGMDI) Infrastructure Committee to document the nature and perceived quality of relationships between medical examiner/coroner (ME/C) offices and affiliated hospital, university, or medical school pathology departments that together may offer forensic pathology fellowships or ME/C office rotations to pathology residents or medical students. Survey results are contained in this report and based on those results, the following recommendations are offered:

- Forensic Pathology Fellowship Training Programs that do not have an affiliation with a medical school pathology department should consider pursuing a formal relationship.
- ME/C offices that have medical students and pathology residents rotating through their office should receive financial support from the affiliated institution, and forensic pathologists teaching medical students, residents, and/or fellows should be paid, at least in part, by the institutions from which these trainees come.
- Relationships between ME/Coroner offices and pathology departments should be formal with signed letters of agreement outlining expectations, deliverables, and financial support of the ME/C Office.
- Forensic Pathologists who regularly and consistently teach medical students, residents, or fellows should receive faculty appointment status and related benefits by the institution from which the trainees come.
- Department chairs and Anatomic Pathology Directors should encourage their faculty to promote a positive image of forensic pathology (FP) as a career to medical students and pathology residents interested in FP.
- Pathology departments should consider hiring a forensic pathologist to direct the autopsy service, especially when such direction needs improvement.

- Pathology Departments should encourage their affiliated forensic pathologists to provide periodic educational sessions for residents (especially since the Accreditation Council on Graduate Medical Education (ACGME) requires training in forensic pathology), and provide faculty appointments and compensation for doing so.
- Pathology departments should encourage, foster, and support collaborative research projects between surgical/clinical pathologists, autopsy pathologists, forensic pathologists, and other specialties to foster clinical and translational research.
- Forensic pathology representation and visibility within the national pathology organizations should be improved by developing special projects and programs on forensic pathology and recruitment into the forensic pathology subspecialty
- Increase awareness of and opportunities to experience forensic pathology by medical students.

# **Relationships between Pathology Departments and Medical Examiner/Coroner Offices**

A Report of Survey Results with Recommendations

Prepared by the Infrastructure Committee of the

Scientific Working Group on Medicolegal Death Investigation (SWGMDI)

## **INTRODUCTION**

This project was undertaken by the SWGMDI Infrastructure Committee to document the nature and perceived quality of relationships between medical examiner/coroner (ME/C) offices and affiliated pathology departments, which together may offer forensic pathology fellowships or ME/C office rotations to pathology residents or medical students. As background information, there are 37 ACGME-accredited forensic pathology fellowship training programs and approximately 147 academic pathology departments in the United States (1,2).

## **METHODS**

With the cooperation of the Association of Pathology Chairs (APC), notice of an on-line survey was sent to each Pathology Department Chair via email in November 2011. A similar survey notice was sent to forensic pathologists in January 2012 using the National Association of Medical Examiners' NAME-L listerv system, which includes approximately 500 forensic pathologist subscribers. Multiple reminders about the survey were emailed and the survey remained open to each group for 3 weeks, at which time response rates dropped to zero. The data were analyzed by an assigned group of SWGMDI Infrastructure Committee members in March, 2012.

## **RESULTS**

Regarding the survey, 38 ME/C offices and 43 Pathology Department Chairs responded. The relatively low response numbers from ME/C offices is not surprising since there are only 37 ACGME-approved forensic pathology training programs in the United States, and many ME/C offices in the United States do not have forensic pathology fellows, pathology residents, or medical students training in their offices. The response rate of 29% among Pathology Chairs is about the same as has been observed with surveys conducted by the National Association of Medical Examiners in the past.

Among the 43 pathology departments, 33 (77%) had anatomic pathology training programs but not a forensic pathology fellowship program and an additional 7 (16%) also had a forensic pathology fellowship program. Thus, input from pathology departments was primarily from institutions that do not have a forensic pathology fellowship program.

Of the 38 ME/C offices that responded, 18 (47%) had a forensic pathology fellowship program. Thus, input from ME/C offices was not weighted toward institutions with forensic pathology training programs. For 13 ME/C offices that responded, responses were also obtained from at

least one affiliated pathology department. Thus, viewpoints from both “sides” were available for approximately one third of responders.

In the following Tables, results are presented for the most relevant survey questions, followed by comments as needed:

**Question A: Is the pathology department supportive of Forensic Pathology as a career?**

Degree of Support	ME/C responses (38)	Pathology Department Responses (43)
Very supportive	36%	81%
Somewhat supportive	33%	16%
Not very supportive	21%	2%
Discourage	3%	---
No response	6%	---

**Comment:** The perception of the quality of support differed among the ME/C responders and the Pathology Department responders, with the latter perceiving a more supportive nature than was perceived by the ME/C offices

For the programs that had responders from both the ME/C Office and the affiliated Pathology Department, the discordance of perceptions is also illustrated, with complete concordance in regard to only 2 programs.

(# of answers)	ME/C responses	Program responses
2	Very	Very
1	Very	Somewhat supportive
6	Somewhat supportive	Very
2	Not very	Somewhat supportive
6	Not Very	Very

**Question B: Could the pathology residents complete the 50 autopsies required for Anatomic Board qualification if the residents DID NOT do autopsies at the ME/C office?**

Answer Options	ME/C responses (38)	Pathology Department Responses (43)
Yes	25%	40%
No	43%	28%
Some would, some would not	19%	28%
Unsure	11%	2%
Unanswered	2%	2%

**Comment:** Even though the perceptions of ME/C offices and Pathology Departments differed, it appears that in the majority of places, the ME/C office is needed for pathology residents to gain the requisite autopsy experience.

**Question C: Compensation of Forensic Pathologists:**

<b>Compensation</b>	<b>ME/C responses (38)</b>	<b>Program responses (43)</b>
Employees of medical school	16%	28%
Stipend	16%	14%
None	50%	44%
Other	18%	14%

**Comment:** It appears that the majority of forensic pathologists who mentor forensic pathology fellows, pathology residents, and medical students are not employees of medical schools, although some (a minority) receive a stipend or other form of compensation for their teaching.

Eleven (29%) of the responding ME/C offices indicated that their relationship with a pathology department was informal.

## **RECOMMENDATIONS**

- 1) Forensic Pathology Fellowship Training Programs that do not have an affiliation with a medical school pathology department should consider pursuing a formal relationship.**

Formal relationship with an academic pathology department has potentially tangible benefits. First, the fellowship might be paid for through the pathology department instead of government-based funding of the ME/C office, which is often in peril and can result in de-funding of fellowship training positions. A recent survey by the National Association of Medical Examiners shows that only 69% of ACGME-approved forensic pathology fellowship positions are funded, and in most cases, the places lacking such funds are in programs without formal medical school affiliations (3). Second, the resources of the medical school are more readily available in terms of expert consultants, laboratory services, and Graduate Medical Education (GME) Offices to assist with training program management and compliance. Third, stipends might be available to forensic pathology faculty, which could augment their traditionally low salaries provided by government funders of ME/C offices.

If formal relationships are established between pathology departments and ME/C offices, care needs to be taken to avoid real or perceived conflicts of interest in regard to case management. For example, if a medical school has a hospital located within the jurisdiction of the ME/C office, appropriate steps must be taken to avoid the perception that the ME/C investigation of a death in that hospital is possibly being compromised because of the relationship. This potential problem can be managed by ensuring that any compensation is for teaching and not for actual service work, and by establishing procedures for recusal in selected types of cases.

- 2) ME/C offices that have medical students and pathology residents rotating through their office should receive financial support from the affiliated institution, and forensic pathologists teaching medical students, residents, and/or fellows should be paid, at least in part, by the institutions from which these trainees come.**

Medical schools and residency programs often view residents and medical students rotating on various services as an addition to the work force, and that their presence is, in essence, compensation to faculty for teaching them. However, the truth is that trainees impose additional work because of the supervision required and the lengthening of time it takes to complete case work. Procedures should be developed to ensure that the pathology department financially supports the ME/C office through funding paid to the ME office and/or to its faculty for their teaching time. Anatomic Pathology training

programs are required to provide their residents with forensic pathology experience, and these programs should build into their budgets funding to support the ME/Office in exchange for the education and training the ME/C office provides.

In the survey leading to this report, medical examiners and coroners were asked what type of compensation they received for teaching medical students and residents. 50% said that they received no compensation. In a similar survey given to pathology departments, it was reported that 44% of forensic pathology faculty received no compensation. Smaller percentages of programs and ME/C offices reported the forensic pathology staff receiving full salaries, stipends, or educational funds.

There are several issues that would support financial incentive for FPs training residents and medical students:

- a. The amount of time teaching residents and fellows, along with the resources used (transcription, etc.) would make funding for residents and fellows seem appropriate.
  - b. According to FP and program responses in our survey, the majority of residents would not reach their 50 autopsy requirement without performing medicolegal cases. If FPs provide a service that is vital for the accreditation of the residency program, then it should be valued as much as the other rotations such as surgical pathology.
  - c. The quality of the training is affected by the encouragement/discouragement of the institution. Do the forensic pathologists feel that their time and effort is considered valuable?
  - d. In offices in which the forensic pathologists are paid by government agencies and not medical centers, the focus is not on academic achievement. The counties do not pay forensic pathologists to teach, and thus it is difficult to define what “percentage” of an FP’s time should be devoted to teaching (a non-funded activity). FPs should be paid for their duties that fall outside of their job descriptions, such as teaching.
  - e. Medical schools receive not only tuitions from students, but also Medicare and other funds to train the residents. It is appropriate that some of these funds be passed on to ME/C offices and forensic pathology staff who provide medical student education.
- 3) Relationships between ME/Coroner offices and pathology departments should be formal with signed letters of agreement outlining expectations, deliverables, and financial support of the ME/C Office.**

Such a recommendation, to some extent, is already required for ACGME accredited residency programs (4):

There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. The PLA should:

- I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
- I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
- I.B.1.c) specify the duration and content of the educational experience; and,
- I.B.1.d) state the policies and procedures that will govern resident education during the assignment.

Perhaps more formal agreements between ME/C Office forensic pathologists should define compensation for their work. The ACGME requirements as listed above are all unidirectional: what a program can get from the ME/C office, but nothing about what the ME/C should get in return. Suggestions include:

- Faculty appointments (this will likely vary from place to place, but we should suggest that the affiliations should be the strongest possible...not just clinical faculty if it is permissible to allow for regular faculty).
- Monetary reimbursement in the form of faculty/staff pay.
- Other benefits that typically accompany faculty appointments (education, book, and conference/continuing education travel funds, for example)

If the proposed arrangements are not satisfactory, or if either party does not abide by the agreement, the parties should be allowed to withdraw from the agreement or amend the agreement to make it workable and satisfactory to the parties involved.

Full integration of a medical examiner office into the Department of Pathology has occurred in New Mexico, for example, such that all of the forensic pathologists are full time academic faculty and constitute a division of the department. Such a model benefits the clinical function of the medical examiner office and also enhances the education and research missions of the university. One benefit of university affiliation is that it helps to protect forensic pathologists from political retaliation if the pathologist must make a proper but politically embarrassing determination of cause and manner of death in a case.

**4) Forensic Pathologists who regularly and consistently teach medical students, residents, or fellows should receive faculty appointment status and related benefits by the institution from which the trainees come.**

- 5) **Department chairs and Anatomic Pathology Directors should encourage their faculty to promote a positive image of forensic pathology as a career to medical students and pathology residents interested in FP.**

The survey leading to this report showed that pathology departments have a different perception of positive “support” than do the ME/C offices and forensic pathologists. When asked if the pathology department was supportive of forensic pathology as a career, over 80% of the chairs responded “very supportive”, but only 36% of the forensic pathologists responded in the same way. This discordance needs to be rectified.

It is very difficult to enforce positive encouragement. It may be more practical to say that department chairs should talk to their faculty about NOT discouraging forensic pathology as a career, in light of the need for increased numbers of forensic pathologists. Perhaps there could be some information provided to the department chairs through their APC listserv or the CAP, highlighting the dire need for FPs in the US.

- 6) **Pathology departments should consider hiring a forensic pathologist to direct the autopsy service, especially when such direction needs improvement.**
- 7) **Pathology Departments should encourage their affiliated forensic pathologists to provide periodic educational sessions for residents (especially since the ACGME requires training in forensic pathology), and provide faculty appointments and compensation for doing so.**
- 8) **Pathology departments should encourage, foster, and support collaborative research projects between surgical/clinical pathologists, autopsy pathologists, forensic pathologists, and other specialties to foster clinical and translational research.**

Some of the most valuable research occurs at the intersection of different or multiple disciplines. Research such as recommended here should include clinical and translational research projects that bring forensic pathologists into greater collaboration with other types of academic physicians and scientists. Further, clinical and research colleagues may have funds and expertise to broaden the role of forensic pathology in research.

- 9) **Forensic pathology representation and visibility within the national pathology organizations should be improved.**

Many pathology residents participate as members of the CAP and USCAP, and often attend at least one of the annual meetings during their residency. Exposing this group to forensic pathology through an aggressive marketing strategy (booths at the meetings,

focus groups giving talks at the meetings, or ads about forensic pathology in the general pathology journals) will increase recruitment into forensic pathology. NAME-driven workshops or resident social events at these national meetings may also be of benefit.

**10) Increase awareness of, and opportunities to experience forensic pathology by medical students.**

This recommendation might be fulfilled by establishing formal, one-month long electives for medical students who are considering pathology as a career, including the rotation description in whatever official “catalog” or online listing of electives the med-school has. Concentrating on medical students interested in pathology would make such electives more focused and cost-effective in terms of drawing people into the field of forensic pathology. Involvement of the Association of Pathology Chairs’ Undergraduate Medical Educator Directors group (U-MED) to incorporate more forensic pathology in medical school curricula may also be productive.

**SUMMARY**

A survey has been conducted to document the perspectives of pathology department chairs and forensic pathologists about the nature and quality of relationships between pathology departments and medical examiner/coroner offices. Survey data were used to develop 10 recommendations to improve said relationships.

**References**

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