



SCIENTIFIC WORKING GROUP FOR
MEDICOLEGAL DEATH INVESTIGATION

SWGMDI's Accreditation, Certification, Education and Training Committee's Report of the Comparison of the NAME and the IAC&ME Accreditation Standards

Executive Summary

The National Academy of Science's (NAS) "Strengthening Forensic Science in the United States – A Path Forward" report references the need for accreditation, certification, education and training for forensic practitioners and facilities. The NAS report also emphasizes the need for all forensic facilities to be accredited. This report concentrates on comparing existing accreditation standards for forensic facilities of the National Association of Medical Examiner (NAME) and the International Association of Coroner and Medical Examiner (IAC&ME) existing accreditation standards.

Introduction

Accreditation establishes minimum standards for improving the quality of forensic/medicolegal investigation of death. For the purposes of this committee, accreditation applies to forensic death investigation systems/offices as entities and does not apply to individual practitioners.

Accreditation of forensic laboratories was not addressed in this report. Individual facilities may be included within the context of a “medicolegal system” however, facilities are not accredited alone. Accreditation for a forensic system/office is a result of a thorough review of published office policies and procedures, observed office practices, credentials held by forensic personnel and quality assurance verifications provided by laboratory and ancillary disciplines (consultants) providing services to the accredited medicolegal system. Accreditation is established through initial on-site inspection followed by annual reporting requirements and fees. Continued accreditation requires on-site inspections once every five years.

Methods

A review of published accreditation standards indicates that the NAME and the IAC&ME are the two organizations currently accrediting forensic facilities. A further review of NAME and IAC&ME as of October 1, 2012 existing accreditation requirements identifies general similarities and differences between the two sets of accreditation standards, general application requirements and their processes and fee structure.

Background

Both NAME and the IAC&ME offer voluntary peer reviewed accreditation processes for medical examiner and coroner offices. The goal of accreditation is to improve medicolegal death investigation through evaluation of existing systems. Each process is based on a “checklist” of operational standards developed by committee within each association. Verification of office adherence to each applicable standard is performed by trained inspectors. Inspectors are members of the association granting the accreditation and typically work in or have worked in “accredited” offices. Each inspector conducts on-site evaluations that include the review of documentation submitted, observation of office practices and interviews with appropriate personnel. Full on-site inspections are required on a five-year cycle with annual reporting and committee reviews to ensure continued compliance.

The office seeking accreditation begins the process by conducting an internal "self-assessment" using the checklist of standards set forth by the accrediting agency. The IAC&ME document includes 130 standards addressing four main service areas: 1) Administrative 2) Forensics 3) Investigative and 4) Facilities. The NAME accreditation checklist contains 349 items organized into eight main service areas: 1) General 2) Investigations 3) Morgue Operations 4) Histology 5) Toxicology 6) Reports and Record Keeping 7) Personnel and Staffing and 8) Supportive Services and Consultants. The checklist guides both the office preparing for the onsite inspection and the inspector during the inspection.

Beginning January 2012, the IAC&ME did require on-site inspections for jurisdictions seeking accreditation that have a population of more than 100,000 or if the jurisdiction operates an autopsy facility. The IAC&ME offers a "virtual audit" for offices/systems with less than 100,000 populations or if the facility does not include morgue operations, although the office/system has an option to request an onsite inspection. On-site inspections are performed by two trained auditors. The virtual audit includes written and photographic materials to be submitted of the facility along with the completed paperwork for review in lieu of an onsite visit.

NAME's checklist applies universally to medical examiner and coroner offices, regardless of size. Some fee adjustments and accreditation options exist for regional/state systems that choose to accredit individual offices or all offices as part of the whole system (i.e., state systems with satellite offices). However, each facility that performs autopsies must be inspected regardless of geographic location.

NAME inspectors are NAME members who are forensic pathologists that undergo specific training for accreditation review. Classroom training consisting of two hours is offered each year during the annual meeting. Inspectors must attend the meeting as well as shadow a certified inspector conducting an on-site inspection. Inspectors must be recertified every five years and are required to attend the classroom training.

NAME has also established Forensic Autopsy Performance Standards which are referenced during accreditation inspections to determine compliance with checklist standards involving autopsy workload (i.e., three external examinations equal one full autopsy). While the two standards documents contain some similar content and evaluation criteria, they are considered separate documents.

Both IAC&ME and NAME checklists recognize that medicolegal death investigation incorporates forensic ancillary services (i.e., toxicology, histology, radiology, etc.). While many offices do not house such services or laboratories, they are responsible for selecting service providers that meet or exceed each of the applicable standards, including accreditation and certification of equipment and personnel. Verification of all checklist items regardless of "who" performs the service is included in the inspection process.

Both checklists include statements about certification for personnel. NAME states that forensic pathologists must be certified by the American Board of Pathology and the chief investigator or at least one principal investigator be certified by the American Board of Medicolegal Death Investigators (ABMDI). NAME goes on to state that the majority of medicolegal investigators who have worked in the office for over five years be certified by ABMDI. IAC&ME simply states that employees are required to maintain all certifications required by Federal, State, and Local Laws, or procedures established by the office.

Fee Structure

The fee structure is based on the office size and population of the jurisdiction, as well as onsite fees for the inspector who are trained by the association:

		<u>Initial Fee</u>	<u>Annual Maint. Fee</u>
Class I	Population > 100,000	\$1000 - \$1500	\$250
Class II	Population 100,001 – 500,000	\$2500	\$500
Class III	Population >500,001	\$3500	\$1000

Inspector travel expenses, including transportation, per diem, lodging and associated incidentals are the responsibility of the agency seeking accreditation, regardless of audit results.¹

NAME charges a flat rate of \$2,500 for inspection for accreditation for a five-year period. For offices receiving accreditation after January 1, 2010 there is an annual accreditation verification process which costs \$1,000 and compares completed checklists from the previous year to determine any significant changes requiring immediate attention. If an office or system has allowed their accreditation to lapse and requires reaccreditation, the fee is \$2,500.²

Inspector travel expenses are included in the fee for accreditation, although NAME requires that new inspectors undergoing training participate in a ride-along program with a certified inspector at their own expense.

Accreditation

IAC&ME accreditation is granted if the jurisdiction is compliant with 100% of the 34 mandatory standards and 90% compliant of all standards. The mandatory standards are as follows: 1) Administrative -33 total standards, 13 mandatory, 2) Forensics – 43 total standards, 4 mandatory, 3) Investigative – 31 total standards, 10 mandatory and 4) Facilities – 23 total standards, 7 mandatory. A compliance level of 70-89% allows the jurisdiction to be granted provisional accreditation with a six month grace period to achieve the 90% compliance level.¹

Each NAME accreditation standard is denoted as either a Phase I or Phase II deficiency. Phase I standards are considered important, but not essential requirements; deficiencies do not directly and seriously affect the quality of work or significantly endanger the welfare of the public or personnel.² Phase II standards are considered essential requirements and any deficiencies may seriously impact the work or adversely affect the health and safety of the public or agency itself.²

The NAME grants Full Accreditation to offices/systems with no more than 15 Phase I deficiencies and zero Phase II deficiencies. Full accreditation is granted for a five year period, with annual reporting and review requirements. For inspected offices with no more than 25 Phase I deficiencies and no more than five Phase II deficiencies a Provisional Accreditation may be awarded for a 12 month period. Provisional accreditation may be extended for four consecutive years as long as the office or system submits a written application annually requesting an extension and is determined to be making progress toward Full Accreditation.²

Both NAME office accreditations (full and provisional) require annual reporting to maintain accreditation. Fully accredited offices must participate in the annual accreditation verification process and submit data for committee review, while provisionally accredited offices must

submit data describing progress toward full accreditation. Both annual report processes require a \$1,000 fee.

As of September 24, 2012, the IAC&ME lists 17 accredited offices on their website and the NAME lists 60.^{2,3} All IAC&ME accredited offices are coroner systems and medical examiner facilities. Fifty-five of the the NAME accredited offices are medical examiner systems and five are facilities.

Recommendations

A gap analysis may be performed to compare specific standards in an effort to analyze areas of great difference.

NAME has proposed 17 changes to their current Accreditation Standards which will be voted on at the October 2012 annual meeting. The proposed changes do not alter the overall context of the accreditation and in fact, offer more detailed language and requirements. In addition, the IAC&ME is currently undergoing a formal validation review process which is expected to be complete in the spring of 2012.

After the NAME annual meeting and the IAC&ME validation review process is completed and published, an updated comparison of accreditation standards must be performed.

Summary

A general comparison of both accreditation programs was performed, outlining the similarities and differences. Accreditation proves that a facility is meeting minimum standards within the industry, thus raising the quality of forensic services provided by a medical examiner or coroner jurisdiction.

References

1. IAC&ME Website <http://theiacme.com/accreditation>. Accessed September 17, 2012.
2. NAME Policies and Procedures, Section XIX. Inspection and Accreditation Policy <https://netforum.avectra.com/temp/ClientImages/NAME/c9d195a4-7e42-4f3a-99db-d2c0f8d9cfd9.pdf>. Accessed September 17, 2012.
3. National Research Council. Strengthening Forensic Science in the United States: A Path Forward. Committee on Identifying the Needs of the Forensic Sciences Community, National Research Council. National Academies Press. Washington, DC. 2009.

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