



PRC#10 ACET 3
Recommendations for Certification and Training of
Medicolegal Death Investigator Personnel

Public Comment Report

Created by SWGMDI's ACET Committee
Open for Public Review and Comment March 25 to May 25, 2013
Total responses received = 19
53% endorsed the draft as is. (11% did not indicate either way)

Comments received from 13 individuals and 2 organizations (National Association of Medical Examiners NAME and American Association of Tissue Banks AATB).

Commenter #1

Forensic Pathologists trained by accredited Residency Programs and Forensic Pathology Fellowships are qualified to testify as expert witnesses solely by means of their training and experience.

In the past, the ABP allowed those individuals to take only the Forensic Pathology Certification examination. In the relatively recent past they decided to prevent those highly specialized physicians from taking that exam until they first passed the Anatomic Pathology Certification examination.

It is commonly discussed among Pathologists that the Anatomic Pathology Board Certification exam is no longer a GENERAL certificate. It has effectively become a Surgical Pathology SUBSPECIALTY Certificate, unpassable by the majority of Forensic pathologists. Indeed, the majority of the Anatomic Pathology examination is applicable only to the practice of Surgical Pathology and has no relevance to the Practice of Forensic Pathology.

An analogy would be if the American Board of Internal Medicine forced Gastroenterologists to first obtain the Critical Care Medicine Certificate before being allowed to take the GI board exam.

The ABP should be forced to allow fully trained Forensic Pathologists to take ONE Forensic Pathology Examination that includes only the Anatomic Pathology subject matter that applies to autopsy and forensic pathology. (As was practice in the past.)

This option should be provided to both new graduates and currently practicing Forensic Pathologists.

Response: Currently, the committee has no empirical data to support this recommended change. No change made to the document.

Commenter # 2

Missing is the basic necessary minimum academic standard for employment. There needs to be a statement that job descriptions in all areas including supervision must have a minimum academic standard for starting employment. I don't care what you set; I don't even care if you set it so that a high school diploma is not required, but you have to start somewhere so that it can be on the table as a discussion for the one thing most necessary with FSAB: basic illiteracy. All of the training programs, for coroners and ME investigators alike, should require some diploma before accepting a trainee for certification. We could certainly argue about what the diploma should include, but something needs to be here to start the discussion. I would like to see data on the academic credential of the current workforce, and a breakdown of those credentials by ME and coroner offices. I would like to see data on elected coroner education.

Response: Recognized academic degree requirements are addressed in the published ACET document #2: Minimal Educational Requirements for Medicolegal Death Investigation Personnel. **Recommendations for minimum education will be addressed in a future document.**

Commenter #3

General comment: The road to certification particularly in this area is difficult. I suggest an entry to certification might be a rather neutral agency such as AAFS with a standing committee that reviews a number of issues including experience, standing/past certifications, education, employment, qualified references, etc.

Response: The Forensic Specialties Accreditation Board (FSAB) recognizes ABMDI as an accredited certifying body. No change needed.

Commenter #4

I wholeheartedly endorse the accreditation requirements, especially for coroners and other lay personnel who deal with forensic issues.

Arkansas operates under a truly archaic system where all you have to do is win the election and be of legal age. If salon personnel are required to seek training and be certified so should coroners b/c of the role they play in forensic cases.

Response: No action required.

Commenter #5

I believe I have read a lot of rhetoric. Medicolegal death investigators should in fact be certified. However in line 51, private, is somewhat incorrect, as private, non ME or coroner staff can not be certified. ABMDI requirements state employment, full time, must be in the field. We have to be careful to not narrow our pool of employees so much. In my county there are 2 people certified, myself and my partner. I have to tell the attorneys to read the internet about SUIDI investigations so they know whats going on when we want to use the dolls to re interview parents. We could afford to broaden our training scope in my opinion. The check book mentality as referred to in line 172, is going to be with us for decades in forensics. Lets allow some good part timers to work into the system in these small counties to get some people trained. In the past, I have expressed my dislike of the narrow scope of medicolegal death investigator training. So many of these investigators have no real world experience. Some can't drive a nail, let alone handle a firearm. We are involved in so many real world deaths, some outside training is greatly needed. Ironworkers, fireman, policeman, especially EMT's are better equipped to do this job better than a class trainee. Thanks

Response: ABMDI certification does not require full-time employment nor does it require employment by a government agency. The committee has no authority regarding ABMDI requirements. No action required.

Commenter #6

Very well written document. I do have one question. How do you address when the person holds certification as a death investigator but does not do any clinical practice? Do you allow continued certification with a certain amount of continuing education hours?

Response: These are the requirements of the certifying body and are not within the authority of the recommendations. Each certifying body has their own certification requirements. No action required.

Commenter #7

I fully agree and support a standard for Medicolegal Death Investigators, and them being trained, certified, and accredited where possible. There is no argument that this move would be detrimental to the public. I would however, strongly believe that currently certified or licensed investigators be grandfathered in, and given ample opportunity to review the new program, it's guidelines and content. These professionals currently working in the field, in those smaller offices like ours, will face challenges in obtaining this new certification, depending on how it is rolled out. Our current educational track for new coroners and deputys is administered through our State ME's office. I would highly recommend that this program be delivered in the same manner, through the respective State ME's office.

Thanks for allowing me to comment.

Response: Each certifying body has their own certification requirements. The committee encourages the certifying bodies to develop a defined pathway for certification of experienced

individuals who do not or are unable to complete the certification requirements. *The NAS report recommendations state that any practitioner not certified by 2020 cannot provide testimony.* No action required.

Commenter #8

I agree certification and accreditation is paramount to the industry. More and more cases are being challenged in court and experts are having to justify their opinions. Experts need to be current on training, techniques, etc in order for juries to take them seriously. Training, certifications, and accreditations needs to be prioritized and federal funding sought for those in need.

Response: No action required.

Commenter #9

The Universal Certification for Forensic Personnel is a very positive, innovative and mandatory idea. Furthermore, I have a dream to have, one day, a universal code for the medico-legal institute worldwide, that obligates the governments to perform that. Many, if not all underdeveloped countries including min, Egypt, neglecting up to a very bad extent the development of the facilities for the Forensic Medicine, especially the Forensic Pathology (autopsy facilities). That also, includes the planned scientific training for the staff and the certification requirements based on learning and tested measures.

Response: No action required.

Commenter #10

OBJECTIVES

This century demands, yet obliges, for a rapid and efficient responsive organization. Indeed, imposes for a knowledge worker who is highly qualified, innovative and can work autonomously plus in teamwork. Though globalization well recognized as a market phenomenon, it is not so far to find such a specific service offered by the medico-legal institute face the question of quality trust from the society or the concerned authorities. It is also, not so far, for that service to privatize, replaced with universities or even shared by foreign experts with the increasing tendency for countries to remove barriers in a marathon pace. "To deal with global competition, employees have to be able to keep up with knowledge and new ideas to stay in the race"(Wilpert, 2008).

The medico-legal institute challenged to take a fateful decision for one of two options. The first is, to keep the bureaucratic structure with the old vertical, conventional management and day-by-day working staff with an "artificial sense of stability"(Nadler&Tushman, 1999). The second is, restructure the hierarchy and change the professional staff into knowledge workers. As a governmental organization, the vertical hierarchy could modify not totally discarded, with practice that is more flexible, lateral coordination communication and cross-functional

teams. Flexibility, as it might face some resistance, could approach within the modified vertical structure."Flexibility does not necessary to be opposite the structure, but it might make the process of organization with the concept of the network and independent access to information and decision making"(Toffler, 1995, own translation from an Arabic translation to the original text).

To change the staff into knowledge workers, the organization should adopt research work & development of the human capital, activate the partnership with the universities, locally plus globally, and motivate "different innovation streams"(Nadler&Tushman, 1999). Only organizations with clear vision for future that encourage innovation and codify the concept of knowledge workers will survive in the 21st century competition. "The education level of employees quantifies their quality and skill, and often used to measure firms human capital"(Harison&koski, 2010). The holly bureaucracy, is now replaced by the globalization`s paradise or hell

DISCUSSION

INTRODUCTION:

A. "How a single person", in the position of the head of the Medico-Legal Institute "could possess combination of leadership skills, managerial talent and specialized knowledge?"(Nadler & Tushman,1999).

An obvious problem undermines the performance and threatens the future of such a unique organization. It is nonnegotiable that, the portfolio of work of the organization is very complex, diversified based on geography and specializations, the branches and advances of the forensic sciences. Dealing with multiple authorities and living in the era of media and press propaganda, making an extra-load for one person to handle. The vertical shaped hierarchy of the organization, the lack of flexibility and proper communication has a great impact. Those factors influence the organization speed in decision-making, respond to pressure, anticipate the future and impose a design for adoptive structure.

B. "The education level of the employees quantifies their quality and skills, and often used to measure firms human capital"(Harison&koski, 2010).

The absent, holy obligation for the organization, is to be fully conscious about its human capital training, education and assessment. Deterioration starts when development ceases. There is great risk for losing the previous domination within the regional competitive capacity. Furthermore, with the rapidly changing environment, the stability becomes an illusion. Indeed, confidence based on quantity achievement, is an obsolete module. Those concepts and practice never make a knowledge worker.

THE BODY:

A- The vertical structure of the organization should modify to achieve the strategic imperatives for the future:

1- The "module of forensic provinces", should be adopted with a "chief forensic medical officer, C.F.M.O" (Knight, 1988), to direct each province for speed response and decision making especially for routine decisions.

2- The "medico-legal offices" should all become "medico-legal centers" (Zadeh, 2002), to adopt with the geographic and multi-specialized diversions (Toxicology, serology and forgery, firearm analysis and odontology) for prompt and efficient response, "speed is not only faster but different"(Nadler, 1999). That centers will work as a "cross functional team"(Child, 2005).

3- The multi-task responsibilities of the C.F.M.O. obliges for an "executive team of senior, soft, staff with high knowledge and insight"(Nadler & Tushman,1999), leaded by that C.F.M.O. to take speed decisions and anticipate for the future.

B- "Metrical research and development using different innovation streams"(Nadler & Tushman, 1999) should be a fixed imperative and strategy:

1- "Legal/forensic medicine is an applied science in which experience play a role that is difficult to overestimate"(Pollak, 2007). The overestimation of the role of experience should change. The partnership with the university should activate. Comparing the role of the universities in different nations, there is a wondrous state, here. While the legal medicine in Italy and France for example, are similarly contained within the universities (Anon, 1977). While in "U.K." (Knight, 1988),"Turkey" (Inanici, 1998) and "Iran" (Zadeh, 2002) practice and R&D are based on partnership of professionals and the universities. The result of separation is no R&D work by the experts and even the university staff, has only theoretical knowledge, which is helpless.

2- "Objections rose already and rightly of the comprehensive competence of the medico-legal expert" (Pollak, 2007). Multitask module of the medico-legal expert should be changed. For competent organization aiming for speed, efficient performance and competitive innovation, "various business models"(Nadler,1999) such as autopsy for criminal cases and court testify,clinical forensic medicine and medical malpractice cases, each should specify for different team work at a time with rotating "strategic life cycle"(Nadler & Tushman, 1999).

3- A "routine purposeful cannibalism" should conduct upon the non-qualified staff, a real human cannibalism. One of the causes of "organizational conflicts are the different values and goals"(Nadler & Tushman,1999). The improvement and competence should be the protected culture inside the organization.

C- "Organizational competency, a unique factor to make the organization competitive" (Byham &Moyer, n.d) in speed and innovation could achieve with the continuous presentation of the case reports, the unique character of the forensic medicine.

1- Through "case reports, projective statistical and mathematical models could be created and saved as centralized database"(Pollak, 2007) to be accessible for all staff, speed, anticipation and rapid response could achieve.

2-Organizational competency for speed performance, multitask work, flexibility and innovation could achieve by "lateral coordination, communication and coherence, sharing information, authority and responsibility" (Child, 2005) in a clear base.

3-Organizational competency for speed performance could achieve by new system with "minimal bureaucracy, as one national jurisdiction that divided administratively with qualified coroners that avoids delays in burial"(Hasleton, 2004).

CONCLUSIONS

A- The vertical hierarchical structure of the medico-legal institute, should modify and the professionals should be knowledge workers by:

1- Executive team, that works with the C.F.M.O, for speed response, qualified performance and anticipation.

2- Medico-legal centers should exist for the diversified geography and specialization with cross-functional teams.

3- Integration and lateral coordination, adaptation plus innovation, free access to information and direct communication are all bridges for the new competent organization.

4- Research and development, case reports data base, training and continuous education with evaluation are all bridges for competent innovative staff.

B-My final opinion is that the medico-legal institute to overcome the challenges of the environmental changes, locally and globally should modify the vertical structure by selecting an executive skilled team, establishing the province medico legal centers for the diversifications in geography and specializations. The relationship between the main center and the provinces should be flexible with distributing authorities and sharing responsibilities. The partnership with the universities is the mandatory solution for R&D and mutual benefits for both parties.

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Pollak, S. (2007), 'Medical Criminalistics', Forensic Science

Response: Many comments seem to be more appropriate for developing and managing a medicolegal death investigation center. No action required.

Commenter # 11

18. Instead of reasonable time, should have actual time period such as 6 months. Reasonable allows to much subjectivity.

232. (should) should be changes to (shall), would give more value to the statement.

additional comment: I would like to see a recommendation of state certification for MDI addressed as well.

Even if it mirrors ABDMI Certification as it would allow for more accountability.

Response: Providing a specific time frame for certification sounds reasonable but gets tricky. A full-time investigator in a busy office can meet requirements in a specific time period, but a part-time investigator may need a longer time frame. Will change document to read: "As soon as the employee is eligible, as per the requirements of their certifying organization."

Agree to change should to shall.

SWGMDI is recommending national standards, not state standards. A sentence shall be added recommending that states should comply with national standards.

Commenter #12

I just want to point out a couple of issues, that I think can enhance this communication. These are general comments and not edits for specific lines in the document.

Under significant challenges, of all the accreditation boards, none of them appear to be all inclusive, providing a standard or base from which to build to meet the recommendation. Some states have made different requirements to be a medicolegal death investigator. certification in ABMDI is voluntary in Ohio and most other states.

All states must require a minimum (standard) of training! Perhaps that could be where the elusive basis for a minimum standard could be constructed for the sake of being consistent.

Would it be appropriate to include a few of these items in the recommendations?

Response: A sentence will be added recommending that states should comply with national standards.

Commenter #13

In regards to Line 138 Recommendations -

Inclusion of SOMDI? I feel that they are in thier infancy but could be a resource for Death Investigators

Response: SOMDI is a membership organization, not a certifying body. No action required.

Commenter #14

Thank you for the opportunity to submit these comments.

The American Association of Tissue Banks (AATB) is making these recommendations to ensure that a balanced overview of organ, tissue and eye donation and transplantation is addressed in the training and certification of medicolegal death investigation personnel. A balanced approach, covering both local and national donation and transplantation information, should provide personnel with a useful working knowledge of donation opportunities and medical therapy options for members of the public who need them. Thank you for seriously considering the importance of including organ, tissue and eye donation and transplantation as part of uniform death investigator training programs.

Regarding lines 93 and 94 of the Background section where it states that “Medicolegal death investigations impact public health, public safety and families,” we recommend that, because organ, eye and tissue donation are a matter of public health and impacts families, we propose that a statement be added immediately after this to continue to describe the impact:
“Organ, Tissue and Eye (OTE) donation are significant components of the impact to public health involving medicolegal death investigations. National certification programs must

include a requirement that an OTE component be offered as part of the curriculum. It's also strongly recommended that medicolegal personnel be cross-trained by the local OTE organization(s) in a mutually agreeable manner to review the donation activities within their jurisdiction. At a minimum, content should include information about the community impact of donation and clinical applications of organs, tissue, and ocular grafts that provide relief for those in need.”

Regarding the Recommendation section, we propose to add a new sentence between lines 199 and 200:

“The American Association of Tissue Banks (AATB), the Eye Bank Association of America (EBAA), and the Association of Organ Procurement Organizations (AOPO) are well-established, professional authorities willing to collaborate on national standards and educational materials or programs that can be used for medicolegal curriculums about donation and transplantation.”

Response: The content of certification and training is not being addressed by this report, therefore, no further action is required.

Commenter #15

General Comments

NAME acknowledges, and generally supports and concurs with the document and its recommendations that medicolegal death investigation personnel receive various forms of training and be individually board certified. (A)

NAME agrees with, and wishes to emphasize, recognition of the American Board of Pathology (ABP) as the appropriate board for certification of pathologists involved in medicolegal (forensic) death investigations and the American Board of Medicolegal Death Investigators (ABMDI) for non-forensic pathologist personnel involved in medicolegal death investigations. (B)

While the document directly addresses individual certification by the ABP and ABMDI, certification of other individuals that may be involved in forensic death investigations should be specifically addressed. (C)

The document recommends that medicolegal death investigators be educated and trained. The recommendation that training programs should be approved for continuing education by professional agencies, such as the American Medical Association (AMA), American Bar Association (ABA), American nursing Association (ANA), ABMDI, etc. to ensure that they meet rigorous training standards is also given. NAME agrees with both. However, the document could be vastly improved by providing specific and practical recommendations for what the education and training should be. The document strays from the purpose defined by its title, and devotes most of the discussion to other areas such as obstacles, employment status, funding, ethics, and accreditation. If these other areas are to be discussed in this particular document, they should each be individually addressed with direct ties to training and certification recommendations. (D)

NAME has a longstanding rigorous program of office/system/facility inspection and accreditation, the roots of which date back to the 1960's. NAME accreditation should be recognized as the "gold standard" – NAME accreditation was specifically mentioned in the National Research Council's "Strengthening Forensic Science in the United States: A Path Forward" report in 2009. NAME acknowledges that the International Association of Coroners and Medical Examiners (IACME) has started an accreditation program of its own. However, the document should not suggest or imply that the IACME accreditation program uses standards equivalent to NAME – it does not. (E)

It is suggested that the affiliations/positions of the SWGMI committee members be stated in the document or a parent document. (F)

The document would be more useful if it included specific and practical suggestions as to where the money to pay for training, certification, accreditation, and professional memberships should come from. (G)

Recommended Additions

Forensic pathologists should be licensed to practice medicine in all of the jurisdictions in which they perform an autopsy, and they need to meet continuing medical education requirements for medical licensure. (H)

Consultants in medicolegal death investigations (e.g. forensic anthropologists, forensic toxicologists, forensic odontologists, neuropathologists, radiologists, pediatricians, etc.) should be board certified in their respective fields. (I)

Specific and practical recommendations regarding types of training and training programs that are needed, and their funding sources should be included. Examples include the following:

- There should be continued federal funding for the training of forensic pathology fellows in criminalistics (crime laboratory techniques and procedures and interpretation) at a national center each year. (J)
- There should be a continuing effort at the national level, with federal funding, for the development of medicolegal death investigation training materials and for the operation of training programs such as the "Every Scene, Every Time" project and the Sudden Unexplained Infant Death (SUID) National Training Academies. (K)
- It should be recognized that crime investigation and death investigation, while overlapping at times, are different areas that have different training and certification needs. Further it must be recognized that outside the military, there is no federal death investigation jurisdiction, and that the authority to conduct forensic death investigations is granted by state laws (or district or territory), not federal law. In view of these considerations, there should be state funding (or district or territory) for programs to train all medicolegal death investigators regarding the governing laws in their particular jurisdiction and the practical application of those laws to death investigations (e.g., jurisdiction, death registration, disposition of human

remains, handling of evidence, public health requirements, public records acts, and court room procedures, etc.). (L)

- Offices and agencies should manage scheduling to routinely allow personnel time for training and continuing education. (M)
- Offices and agencies should, as a start, offer incentive pay for individuals to obtain and maintain certification, while moving in the direction of required certification. (N)
- There should be ongoing federal funding to develop on-line (internet) interactive training programs for basic and advanced medicolegal death investigation, and education modules for maintenance of certifications. (O)
- There should be local, state, and federal cooperation and funding to develop regional training centers in medical examiner offices that have strong academic/university ties that could provide practical in-person “hands-on” supervised experience, workshops, lecture series, and research opportunities. (P)

Specific Line Item Comments

It would be best to not refer to lay individuals involved in medicolegal death investigation as “forensic scientists” (lines 31 and 32 of the document). Lay individuals are rarely involved in the scientific process, making the statement misleading -better to use terms such as “personnel” or “practitioners.” (Q)

The term “Prosecutor-corer” should be added to the list of types of medicolegal death investigation jurisdictions (in the paragraph beginning with line 66). Following that line, it should be stated that in some jurisdictions, a prosecuting attorney (or district attorney or similar title) has authority to order an autopsy, and therefore may significantly influence the forensic death investigation process, and that such individuals would benefit from medicolegal death investigation training beyond what they may have learned in law school. (R)

The document should either better describe the methodology and results of the survey (presented in lines 99 - 136), or delete the survey discussion altogether. There is concern that surveys of this nature may contain significant bias rather than widely accepted viewpoints (a 35% response is reported). The survey as currently presented in the document does not add much to the discussion (other than making it seem as if the recommendations are based on something scientific). (S)

The document states: “Forensic pathologists should be certified by the American Board of Pathology, with a subspecialty in anatomic pathology and board certification in forensic pathology” [lines 229-230]. This should be changed to “Forensic pathologists should be certified by the American Board of Pathology (ABP) in anatomic pathology and forensic pathology.” This fits better with how the American Board of Pathology approaches certification –anatomic pathology is a “primary” certificate and forensic pathology is a “subspecialty” certificate, with primary certification being required by the ABP in order to hold a subspecialty certification. (T)

Response: Due to the length of this comment, each paragraph was assigned a letter to correspond with the response for ease of reading.

(A) No action required.

(B) No action required.

(C) There are no other certifications for individuals other than Forensic Pathologists and Medicolegal Death Investigators. Currently, Forensic Autopsy Technicians do not have a certifying body. A sentence will be added encouraging the development of discipline specific certifications, similar to ABMDI.

(D) Revisions throughout the document based on public comment address these issues.

(E) The existing accreditation programs recognize and support certification and training for personnel involved with medicolegal death investigation. No further action required.

(F) The affiliations and positions of the committee members are posted on SWGMDI.org.

(G) Although grant funding has been available and relied upon for accreditation, training, continuing education and maintenance, it is recommended that a level of fixed funding be incorporated into the permanent budget. In addition, scheduling of job duties shall include time to attend these opportunities. Further, the budget should include provision to incorporate incentive pay for current employees to establish and maintain certification.

(H) To meet continuing education medical education requirements is beyond the scope of this document. No action needed.

(I) This is addressed by accreditation standards. The document supports accreditation of medicolegal offices, as denoted in individual accreditation standards promulgated by NAME and IAC & ME.

(J) The committee is not aware that “continued” federal funding is available; it is inconsistent and fluctuates. The committee recommends that the ACGME look at fellowship training programs for possible inclusion of specific mdi practices as a part of the fellowship training program. No action needed.

(K) This recommendation will be incorporated into the document.

(L) By mentioning ABMDI certification, the report acknowledges the difference between crime scene investigation and medicolegal death investigation. ABMDI application criteria is for medicolegal death investigators only. No action required.

The comment stating “outside of the military, there is no federal death investigation jurisdiction..” is incorrect as tribal jurisdictions exist.

While the committee agrees that training is necessary to the practical application of laws to death investigation, this should occur when one begins employment and should not require funding. No action required.

(M) This is alluded to in the document but will be further clarified.

(N) Budget and scheduled time allotted for personnel will address this. The report recommends incentive pay be offered to obtain and maintain certification.

(O) There are currently multiple opportunities for free continuing education opportunities funded by federal grants. The document will recommend that these offerings continue.

(P) This is addressed in the Regional Center document but will be incorporated into this document as well.

(Q) "Lay individuals" will be removed from the document.

(R) It is not necessary to add "prosecutor-coroner" as the sentence already says certain people "including" the more common ones.

The committee agrees that other groups involved in death investigation should receive training but there is no certification avenue for them.

No action required.

(S) The survey discussion will be removed from the report as it was to assist the committee and is not "research" to support recommendations.

(T) This will be incorporated into the document.