**INQUIRY INTO
PEDIATRIC FORENSIC
PATHOLOGY IN ONTARIO**

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INTERVIEW SUMMARY
ONTARIO ASSOCIATION OF PATHOLOGISTS

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Background of Ontario Association of Pathologists

The Ontario Association of Pathologists (OAP) was formed in 1936. Representatives of the OAP who met with the Inquiry were Dr. Suhas Joshi, current OAP president, Dr. Dimitrios Divaris, past president and Dr. Martin Queen, OAP Director.

It is not mandatory for pathologists to be members of the OAP. Of the 400 pathologists in Ontario, approximately 300 are anatomical/general pathologists. 40-50% of these pathologists are members of the OAP. The Board members of the OAP are unpaid volunteers.

The OAP negotiates with the Solicitor General regarding fees for pathologists as well as facilities fees. The OAP also has a role in strengthening quality control on a systemic level. For example, the OAP recently allied with Cancer Care Ontario to introduce increased quality control measures regarding cancer care reports. These efforts have resulted in uniform provincial standards for cancer care reporting. The OAP supports an appropriate QA, QI and accountability framework implemented in a collaborative manner as demonstrated with the Quality of Cancer Reporting initiative.

Educational Role of the OAP

At the OAP's annual general meeting, there is a strong educational component. The OAP works with the OCCO in discussing speakers and topics for the educational component. At every meeting, there is forensic component to the

educational sessions. Presentation topics have included issues such as ethics in forensic pathology.

Performance of Coroner's Cases

The majority of OAP members who are anatomical and general pathologists perform some autopsies, including some coroner's cases. Autopsies generally represent a very small percentage of hospital pathologists' overall workload (commonly in the range of 5%).

Seven thousand coroner's cases are performed in Ontario per year. Fewer than three thousand are performed in forensic units, with the remaining four thousand cases performed in community hospitals by some two hundred pathologists.

The OAP believes that, as is currently the case, all criminally suspicious coroners' cases should be performed at forensic pathology units. However, other coroners' cases which are more medical in nature are properly within the realm of general pathology training. It is not necessary that a forensic pathologist perform these cases.

In addition, there are other benefits to having hospital pathologists performing coroner's cases. Hospital autopsies are a small minority of the autopsies performed at most hospitals – there is perhaps one hospital autopsy for every nine or 10 coroner's cases. Coroner's cases provide the volume to maintain competence. If hospital pathologists are not performing coroner's cases, the low volume of cases may result in inability to perform hospital autopsies.

The OAP agrees with the decision to have all pediatric coroner's cases performed at the forensic units. Pediatric cases are best performed in specialized facilities such as those available at forensic units with appropriate QA, QI processes and by Board Certified Forensic Pathologists because of the inherent complexity.

Fees for Coroner's Cases

The OAP has negotiated adequate fees with the Solicitor General for routine coroner's cases. The OAP negotiates directly with the Chief Coroner who takes the matter upstairs to the Solicitor General.

While the fee for routine cases is considered fair at this point in time, the differential fee for complex cases is still inadequate. The complex cases are very time-consuming. In order to properly compensate for these cases, the differential fee for complex cases would have to be at least in the range of $2000 to $2500.

Facility Fees

The facility fee for several decades was set at $50 for community based autopsy facilities. In May 2007, the facility fee was negotiated to $400 per case. The OAP has heard from hospital administrators that this fee is insufficient. It may be that accurate costing was not done when the $400 fee was established. The OAP conducted a survey of how much autopsies actually cost hospitals, and the range was approximately $350 to $800 per case. The OAP used this limited survey in negotiations with Dr. McLellan, then Chief Coroner.

There are some issues regarding where the facility fee payments are allocated by Hospital administrations. Often, the money received by hospitals because of coroner's autopsies is not allocated to improving the pathology department. Rather, the money goes into the general hospital budget. The facility fee must be secured for operating autopsy facilities for coroner's autopsies.

The OAP has considered a possible model in which hospital morgues might become OCCO facilities. The OCCO would pay to maintain the morgues, with hospitals paying the OCCO a fee for conducting hospital autopsies. This model might make sense because the ratio of coroner's cases to hospital cases in most hospitals is in the range of 9:1.

Fees for Court Attendance

The OAP believes that funding for pathologists to testify and prepare to testify is totally inadequate. Attempts to engage the AGO to negotiate a satisfactory resolution were rejected. The fees for meeting with the Crown/ police/ defence, as well as for travel and testifying, are about one-third or one-half of the usual rate at which pathologists are paid. In addition, pathologists cannot bill at all for their own preparation and case review prior to testifying.

In addition, in rural areas, pathologists have to travel extensively for court cases and meetings in criminal proceedings. This takes up huge amounts of time and leaves hospitals short-staffed.

Work for defence is usually funded by legal aid. The legal aid rate is less than half of pathologists' usual rates. This is a disincentive for pathologists to accept defence work.

Fees and Relationship with Ministry Structuring

The OAP believes that a significant part of the systemic problems with funding for coroner's pathology services is that there are three different ministries involved with various aspects of funding. The Ministry of Health provides capital funding for autopsy facilities and operating funds for the facility and provides base funding for hospital pathologists, who then are engaged by the OCCO at

marginal rates to perform autopsies. The Ministry of the Solicitor General funds the OCCO and fee-for-service autopsies. The Attorney General pays pathologists when they are testifying. The three ministries do not work together to adequately fund the system.

Medical School Training of Pathologists

In some medical schools, students are learning primarily using computers or rubberized models rather than through practical experience with bodies or fresh organs.

There are some challenges in having students attend autopsies because of privacy legislation. Students cannot observe hospital autopsies unless there is express consent from the family.

Adequate Supply of Pathologists/ Salaries/ Workload

Recently, there have been more residents in pathology because the job market for pathologists has opened up. A few years ago, there were very few jobs in pathology and very few residents. The OAP invites residents to become members for free. Residents can attend the OAP AGM and educational conferences for free and are encouraged to present posters.

Pathologists are expensive to hospitals because they are salaried or contracted rather than billing OHIP like other specialists. The Ontario Medical Association and the Ministry of Health have come to agreement that all hospital pathologists are paid the same minimum guaranteed remuneration. This agreement is called the Laboratory Medicine Funding Framework Agreement (LMFFA).

However, government-employed forensic pathologists at the OCCO are excluded from the LMFFA. As a result, they are making about 50% of the salary of hospital pathologists. The OAP's position is that these forensic pathologists need to be remunerated at a rate that is competitive with hospital-based incomes. Otherwise, it will be impossible to keep forensic pathologists like Dr. Pollanen and his colleagues in these positions, and impossible to attract young pathologists into the specialty of Forensics.

The other major issue for maintenance and recruiting of pathologists is workload and working conditions. In an environment of multiple masters (OCCO, Hospitals, Attorney General) there is large variation in supports provided to pathologists to perform their services and an unexplained variation in workload. The system should recognize the value of pathologists in addressing hospital, community and forensic needs.

Enhancing Quality

It would be beneficial to have ISO standards for forensic units and community hospitals that are doing coroner's cases.

The OAP believes that a robust quality management system should be established for coroner's work. There should be components of credentials for practice, continuing education and performance review, with annual reappointment similar to public hospital privileges. Pathologists, Coroners and the CPSO all have a role to play in quality management, peer review and ongoing competency assessment.

Technology

The OAP thinks that there should be a dedicated, web-based IT system for coroner's cases. This would allow the Chief Forensic Pathologist to maintain document control. It would facilitate peer review. It could allow links to photographs, x-rays, etc. It would be useful for teaching and collaboration. It could include up to date protocols for coroner's cases.

Knowledge Transfer

The OCCO should establish and fund a knowledge transfer initiative for pathologists and coroners. The example set by Cancer Care Ontario in improving the cancer pathology reporting and the example of improving practice in colorectal surgery by knowledge transfer (Dr. A. Smith) are instructive. The key elements are a collaboratively developed standard, a telecommunications network and auditing.

The Position of the OAP on Medical-Legal Autopsies in Ontario

The OAP has prepared a statement of its position on the quality control, confidentiality, accountability and optimal resourcing of systems around medical-legal autopsies in Ontario. The OAP's position is set out as follows:

1. The OAP strongly believes in quality management of medico-legal autopsies performed by the pathologists in Ontario.

    a. Review of current state with establishment of standards should be undertaken by working group composed from OAP, Royal College of Physicians and Surgeons of Canada, College of Physicians and Surgeons of Ontario and Chief Forensic Pathologists of Ontario.

    b. Review the existing provincial autopsy policy by the above noted working group and upon completion of this review; distribute the information to all the pathologists participating in medico-legal autopsies in Ontario.

c. Creation of a standard template by the above working group that could be used across Ontario (e.g. OMA Lab Section in close collaboration with Cancer Care Ontario has been successful in establishing synoptic formats for cancer reporting) for standardization and consistency.

d. Monthly/quarterly multi-disciplinary rounds for review of cases. This should be undertaken to include representation of Coroners, pathologists, forensic unit and police agencies.

e. Peer review for all suspicious deaths and homicides.

f. Other recommendations of the working group.

2. The OAP believes in the credentialing process.

a. A credential committee should be developed composed of representation from OAP, College of Physicians and Surgeons of Ontario and the Chief Forensic Pathologist of Ontario.

b. Continuing medical education.

c. Review and enhancing skill set.

d. Royal College Certification for Forensic Pathology.

3. Accountability in regards to performing medico-legal autopsies in Ontario.

a. Review current state (Uniform document management system/ IT system)

b. Pre-analytical (Thorough investigation and good communication etc)

c. Analytical (Standardized reporting format and protocol, standardized testing, minimizing omissions)

d. Post-analytical (Standardized gathering of information, appropriate and well defined consultation protocols, evidence-based summary of cause of death, manner of death)

4. Enhancing the support for medico-legal cases in Ontario.

a. Maintaining or refining triaging the cases

b. Suspicious cases performed by forensic pathologists

c. Strengthening the community hospital pathologists for performing routine medico-legal autopsies.

d. Addressing the accessibility issues in rural areas and northern Ontario.

e. Real time Video-conferencing capabilities and consulting mechanism with Board certified Forensic pathologists.

f. Strong communication between community hospitals and forensic units.

g. The approach taken for enhancing quality medico-legal autopsies in Ontario should be opportunity for improvement educational, extending opportunities for enhancement and not punitive.

h. The OCCO should establish and fund knowledge transfer initiative for pathologists and coroners; the key elements are a collaboratively developed standard, a telecommunications network and audit.