

**INQUIRY INTO  
PEDIATRIC FORENSIC  
PATHOLOGY IN ONTARIO**

The Honourable Stephen Goudge,  
Commissioner

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**COMMISSION D'ENQUÊTE  
SUR LA MÉDECINE LÉGALE  
PÉDIATRIQUE EN ONTARIO**

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**INTERVIEW SUMMARY  
DR. ANDREW PADMOS**

(Prepared: January 16, 2008)

**History of the Royal College of Physicians & Surgeons of Canada (RCPSC)**

1. Dr. Padmos is the Chief Executive Officer of The Royal College of Physicians and Surgeons of Canada. The RCPSC is a non-profit organization established in 1929 by a special act of Parliament to oversee the medical education of specialists in Canada.
2. The RCPSC currently recognizes 63 disciplines; 29 specialties (direct entry into the specialty from medical school) and 34 sub-specialties (advanced training following completion of training in the primary specialty). The criteria for recognition of a specialty and subspecialty are defined in a protocol (see appendix 1). In general, the RCPSC recognizes new disciplines when there is a defined body of knowledge in a certain area, a recognized need for national standards, and recognition of the new area would be a benefit to and improve the health of Canadians. In the U.S. there are over 120 recognized specialties and subspecialties (see appendix 2).
3. The specialties recognized by the Royal College generally fall into one of three categories:
  1. medicine
  2. laboratory medicine
  3. surgery

Within the laboratory medicine category there are 6 specialties and 1 subspecialty:

**Specialties:**

1. anatomical pathology
2. general pathology
3. haematological pathology
4. medical biochemistry
5. medical microbiology
6. neuropathology

**Sub-specialties:**

1. forensic pathology

**Requirements for Fellowship**

4. Certification of specialist status by the Royal College means that a physician has met all the requirements demonstrated (competencies) of the discipline as evidenced by training in the specialty/subspecialty and success at the Royal College examinations. Physicians who are successful at the Royal College examinations may become Fellows of the Royal College on application and by payment of an annual membership fee. Fellows are entitled to use the designation FRCPC/FRCSC (medical specialist/surgical specialist) as long as they remain Fellows of the Royal College in good standing.
5. Most physician/surgeon specialists in Canada are certified by Royal College examinations however a small number qualify for academic certification if they are nominated by a medical school to join the faculty at a rank of associate professor or full professor. Such academic certification is valid only during the tenure of the academic appointment as that university. In Quebec, licensing and specialist registration requires certification by the CMQ. Many Quebec specialists are also certified by the Royal College. Provincial MRAs (Colleges of Physicians and Surgeons) licence and register as specialist IMGs who are not certified by the Royal College. These members are increasing to address shortages in most provinces.
6. Paediatric pathology is not a recognized speciality or subspecialty in the Royal College. Some pathologists choose to concentrate their practice in paediatric cases only.

**Recognition of Forensic Pathology as a New Subspecialty**

7. Forensic pathology was officially recognized by the Royal College in September 2003, as a one year subspecialty program following successful completion of a specialty training program in anatomical pathology or general pathology. The subspecialty of forensic pathology will require one year of additional training and successful completion of an examination that certifies that the physician pathologist has achieved the competencies in that subspecialty.
8. The process by which a new specialty or subspecialty is recognized by the Royal College is a multi-step process. Criteria have been developed by the College that outline the requirements for a new specialty or subspecialty and

applicants have to demonstrate that the specialty/subspecialty for which they are seeking official recognition meets these requirements. Part of the application process involves consultation with various stakeholder groups to solicit feedback on the application and the perceived for the new specialty/subspecialty.

9. In making a decision to recognize a new specialty/subspecialty, the College spends considerable time in evaluating the application, to ensure that all the requirements are met, including the rationale for the new specialty/subspecialty to improve the lives of Canadians. By the time that College makes a decision to recognize the new discipline intense scrutiny of the application as well as involved consultation has been undertaken.

10. The initial application for forensic pathology was made to the College in 2001. The basis for the application came from pathologists practising in forensic pathology who felt that there was sufficient need for recognition of a separate area of competence in forensic pathology. The application stated that there was a distinct body of knowledge for forensic pathology and that the creation of national standards and recognition by the Royal College would give credibility to the area of forensic pathology. In addition, having official recognition from the RCPSC would promote enrolment in the subspecialty.

11. In Canada, there are at least 30 and perhaps as many as 50 pathologists practicing forensic pathology either on a part-time basis or in full-time practice according to the Chair of the Forensic Pathology Committee, Dr. Jean Michaud. In the United States, the discipline of forensic pathology has been recognized for approximately thirty to forty years. There is an American Board of Forensic Pathology, which monitors entry into the practice.

12. Once a specialty/subspecialty has been officially recognized by the RCPSC, documents must be created that outline the specific requirements, competencies and standards of the specialty. These documents are developed by specialists in the discipline in conjunction with the Office of Education at the RCPSC. The purpose of these documents is to outline for trainees the exact competencies of the specialty as well as to provide information to Universities (medical schools) on what resources they will require in order to develop a training program for the new specialty/subspecialty. These requirements include the Seven CanMEDS competencies which all physicians must achieve.

- "Specific Standards of Accreditation for Residency Programs in Forensic Pathology" (SSA);
- Application / Pre-Survey Questionnaire;
- "Objectives of Training Requirements for Forensic Pathology" (OTR);
- "Specialty Training Requirements for Forensic Pathology" (STR); and
- FITER (final in-training evaluation report – a form that outlines the competencies that a trainee will have met by the end of training, completed by the program at the conclusion of a training program).

## **University Programs**

13. Once a new specialty/subspecialty has been approved and the educational requirements have been developed, Universities (their Faculties of Medicine) are invited to submit applications to the RCPSC to set up a training (residency) program in that specialty/subspecialty. All applications for new programs must have the written support from the University senior officers as well as written support from the institutions where the training will occur.

14. The submitted application is reviewed by specialists in the discipline to ensure that the application meets all the Standards and requirements of the specialty/subspecialty. The application is then reviewed by another College committee to ensure that it meets the requirements for residency education that all residency programs in Canada must adhere to.

## **Application for Subspecialty in Forensic Pathology**

15. Forensic pathology was not recognized in Canada as a subspecialty of the Royal College until 2003 although consideration of an application dates back to the early 1990s. Those practicing forensic pathology in Canada found their credentials questioned during court appearances and as a result, in June 2001, an application to create a subspecialty of forensic pathology was presented to the Royal College by Dr. Jean Michaud, Professor and Chair, Department of Pathology and Laboratory Medicine at the University of Ottawa (see appendix 3a).

16. The initial application was presented in 2001 and submitted in revised form in 2003, following which recognition was granted by the Council of the Royal College at its Fall meeting in September 2003 (see appendix 3b). Approval by the Royal College was given even before all required documents were completed because of the manifest need to recognize this subspecialty for reasons provided in the application and to Council.

17. Required documents to complete the subspecialty program application have been completed in 2007 (see appendix 4). These documents include a final in-training evaluation report (FITER).

18. Once a University medical school has received accreditation for a new training program, they can recruit trainees into the program. All programs that receive new approval by the RCPSC are reviewed within 2 years of the first trainee enrolling in the program to ensure that the program that is being offered continues to meet the Standards of the RCPSC and of the specialty. After this initial review, the program will continue to be reviewed on a regular six-year cycle as part of the RCPSC accreditation process.

19. It is Dr. Padmos' understanding that the University of Toronto will be the first school to apply for accreditation of a subspecialty program in forensic pathology.<sup>1</sup>

### **Projections**

20. Dr. Padmos predicts that within five years there will be 3 to 5 Canadian medical schools (universities) offering programs in forensic pathology. He anticipates that each will take one or two residents a year.

21. It is a challenge for the academic institutions, as they have to get funding from the Ministry of Health for new residency positions. The average salary for a resident at who might enter forensic pathology training would be approximately \$70,000 plus benefits. This is based on the fact that a resident in forensic pathology would be at a level 6 – e.g. they would be in their 6<sup>th</sup> year of training (5 years in the specialty of anatomical or general pathology and the 6<sup>th</sup> year in forensic pathology).

### **Pathology within the Current Medical System**

22. Pathology human resources are scarce as pathology has not had as much support as required from the profession or university faculties of medicine. Dr. Padmos suggested that there are valid issues with respect to whether the health system needs pathologists at every hospital. In recent years, the complexity of the work has increased, and the system does not have the capacity or the people required to fill the needs.

23. In the United States, there are more resources and better access to services, including forensic pathology, because of increased competition. The Canadian system has not planned well to meet the needs in pathology and forensic pathology. Human resource needs are aggravated by the fact that some physicians and surgeons are not hospital or health authority employees and are therefore not accountable to any one institution.

### **Continuing Education**

24. The RCPSC adopted in 2000, a Maintenance of Certification program (continuing education program) that requires that all physicians who are certified by the RCPSC follow a program to maintain their skills and competencies in their particular specialty/subspecialty. The program requires one to obtain a minimum of 40 credit hours per year and 400 hours over 5 years. Credits include times

<sup>1</sup> Dr. Padmos believes that previously there had been two schools offering programs in forensic pathology. One was offered through the Ministry of Justice in Quebec and pertained to all forensic sciences. The second was a one-year training program at McMaster University. Dr. Padmos does not know if the program at McMaster University is still available. There is also a fellowship program at the Toronto Forensic Pathology Unit.

reviewing journals, attending conferences, and working on personal learning projects

25. The RCPSC will strike its fellowship designation if a criminal conviction is entered. The RCPSC may also strike a fellowship if requested to do so by a provincial licensing authority. There is no hearing process, but one does have a right to appeal if one's fellowship is struck.



The Royal College of Physicians and Surgeons of Canada  
 Le Collège royal des médecins et chirurgiens du Canada  
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## Criteria for RCPSC Recognition of a Specialty and Subspecialty

### Preface

The Royal College of Physicians and Surgeons of Canada (RCPSC) is committed to ensuring that the recognition of specialties and subspecialties is in alignment with societal needs and support the ongoing provision of quality health care. These key factors underpin the consistent need to critically examine, on a continuing basis and revise when appropriate, the recognition criteria.

Table 1 presents the recognition criteria adopted by the Council of the RCPSC in September 2006.

Table 1: *Criteria for Specialty and Subspecialty Recognition*

	<b>SPECIALTY</b>	<b>SUBSPECIALTY</b>
	A SPECIALTY MUST BE CHARACTERIZED BY <b>ALL</b> OF THE FOLLOWING CRITERIA:	A SUBSPECIALTY MUST BE CHARACTERIZED BY <b>ALL</b> OF THE FOLLOWING CRITERIA:
<b>CRITERION 1</b>	<b>BROAD BASED, APPLICABLE BODY OF KNOWLEDGE</b>	<b>IN-DEPTH, APPLICABLE BODY OF KNOWLEDGE BEYOND SCOPE OF FOUNDATIONAL SPECIALTY</b>
<i>Descriptor</i>	<ul style="list-style-type: none"> <li>distinct medical knowledge and skills</li> <li>actively contributes to new knowledge in the field</li> </ul>	<ul style="list-style-type: none"> <li>in-depth medical knowledge including specific and advanced skills</li> <li>length of training to acquire high-level of knowledge is normally 12 or 24 months duration</li> <li>actively contributes to new knowledge in the focused field</li> </ul>
<b>CRITERION 2</b>	<b>FOUNDATION FOR ADDITIONAL COMPETENCIES</b>	<b>IDENTIFIABLE CONTENT/COMPETENCIES BUILDING ON FOUNDATIONAL SPECIALTY TRAINING</b>
<i>Descriptor</i>	<ul style="list-style-type: none"> <li>provides the fundamentals of a field of medicine (knowledge, skills, attitudes) to support additional competencies</li> </ul>	<ul style="list-style-type: none"> <li>unique and specialized body of knowledge and competencies that build upon training and experience acquired in foundational specialty</li> </ul>
<b>CRITERION 3</b>	<b>EVIDENCE OF NEED FOR SPECIALISTS/SUBSPECIALISTS</b>	
<i>Descriptor</i>	<ul style="list-style-type: none"> <li>multiple applicable practice settings (tertiary, community, etc)</li> <li>well-defined and recognized health need (currently not being satisfied by any other recognized specialty/subspecialty)</li> <li>positive contribution towards improving medical care and health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>focused practice profile</li> </ul>
<b>CRITERION 4</b>	<b>CHANGE IN SCOPE OF PRACTICE MUST NOT ADVERSELY AFFECT PRIMARY SPECIALTY(IES) OR ANY OTHER FIELD OF MEDICINE AND RELATED DISCIPLINES</b>	
<i>Descriptor</i>	<ul style="list-style-type: none"> <li>field of medicine must not reduce the quality of core resident training and should provide an appropriate breadth of exposure</li> <li>recognition of field of medicine will enhance and strengthen the ability to provide effective care and not lead to significant fragmentation of patient care</li> <li>creation of new field of medicine must not threaten the long-term viability of specialty practices</li> </ul>	
<b>CRITERION 5</b>	<b>ADEQUATE INFRASTRUCTURE TO SUSTAIN SPECIALTY/SUBSPECIALTY</b>	
<i>Descriptor</i>	<ul style="list-style-type: none"> <li>sufficient number and geographic spread of physicians to devote significant proportion of time to the practice and to provide sustainable base for the practice</li> <li>identifiable group of experts with capacity to provide a high quality residency infrastructure</li> <li>existence of professional organization(s) capable of managing and sponsoring physician activities</li> <li>projected physician growth</li> <li>recognition nationally and in other jurisdictions</li> </ul>	



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## Specialties & Subspecialties

### Recognized Physician Specialty and Subspecialty Certificates

ABMS Member Boards certify physicians in more than 130 specialties and subspecialties. Some physician specialists are primary care doctors, others concentrate on certain body systems, specific age groups or complex scientific techniques developed to diagnose or treat certain types of disorders. Physicians who are subspecialists have completed training in a general medical/surgical specialty and take additional training in a more specific area of that specialty. The following chart lists the current specialty and subspecialty certificates offered by ABMS Member Boards

### Approved ABMS Member Board General and Subspecialty Certificates

#### General Certificate(s)

#### Subspecialty Certificates

American Board of Allergy & Immunology

Allergy and Immunology

American Board of Anesthesiology

Anesthesiology

Critical Care Medicine

Hospice and Palliative Medicine<sup>1</sup>

Pain Medicine

American Board of Colon & Rectal Surgery

Colon and Rectal Surgery

American Board of Dermatology

Dermatology

Clinical & Laboratory

Dermatological

Immunology

Dermatopathology

Pediatric Dermatology



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American Board of Emergency Medicine

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Emergency Medicine

Hospice and Palliative Medicine<sup>1</sup>  
Medical Toxicology  
Pediatric Emergency Medicine  
Sports Medicine  
Undersea and Hyperbaric  
Medicine

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American Board of Family Medicine

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Family Medicine

Adolescent Medicine  
Geriatric Medicine  
Hospice and Palliative Medicine<sup>1</sup>  
Sleep Medicine<sup>3</sup>  
Sports Medicine

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American Board of Internal Medicine

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Internal Medicine

Adolescent Medicine  
Cardiovascular Disease  
Clinical Cardiac Electrophysiology  
Critical Care Medicine  
Endocrinology, Diabetes and  
Metabolism  
Gastroenterology  
Geriatric Medicine  
Hematology  
Hospice and Palliative Medicine<sup>1</sup>  
Infectious Disease  
Interventional Cardiology  
Medical Oncology  
Nephrology  
Pulmonary Disease  
Rheumatology  
Sleep Medicine<sup>4</sup>  
Sports Medicine  
Transplant Hepatology<sup>5</sup>

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American Board of Medical Genetics

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Clinical Biochemical Genetics  
Clinical Cytogenetics

Molecular Genetic Pathology

Clinical Genetics (MD)  
Clinical Molecular Genetics  
PhD Medical Genetics

American Board of Neurological Surgery

Neurological Surgery

American Board of Nuclear Medicine

Nuclear Medicine

American Board of Obstetrics and Gynecology

Obstetrics and Gynecology

Critical Care Medicine  
Gynecologic Oncology  
Hospice and Palliative Medicine<sup>1</sup>  
Maternal and Fetal Medicine  
Reproductive  
Endocrinology/Infertility

American Board of Ophthalmology

Ophthalmology

American Board of Orthopaedic Surgery

Orthopaedic Surgery

Orthopaedic Sports Medicine  
Surgery of the Hand

American Board of Otolaryngology

Otolaryngology

Neurotology  
Pediatric Otolaryngology  
Plastic Surgery Within the Head  
and Neck  
Sleep Medicine<sup>4</sup>

American Board of Pathology

Anatomic Pathology and Clinical  
Pathology  
Pathology - Anatomic  
Pathology - Clinical

Blood Banking/Transfusion  
Medicine  
Chemical Pathology  
Cytopathology

Dermatopathology  
Forensic Pathology  
Hematology  
Medical Microbiology  
Molecular Genetic Pathology  
Neuropathology  
Pediatric Pathology

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American Board of Pediatrics

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Pediatrics

Adolescent Medicine  
Child Abuse Pediatrics<sup>2</sup>  
Developmental-Behavioral  
Pediatrics  
Hospice and Palliative Medicine<sup>1</sup>  
Medical Toxicology  
Neonatal-Perinatal Medicine  
Neurodevelopmental Disabilities  
Pediatric Cardiology  
Pediatric Critical Care Medicine  
Pediatric Emergency Medicine  
Pediatric Endocrinology  
Pediatric Gastroenterology  
Pediatric Hematology-Oncology  
Pediatric Infectious Diseases  
Pediatric Nephrology  
Pediatric Pulmonology  
Pediatric Rheumatology  
Pediatric Transplant Hepatology  
Sleep Medicine<sup>4</sup>  
Sports Medicine

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American Board of Physical Medicine and Rehabilitation

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Physical Medicine and  
Rehabilitation

Hospice and Palliative Medicine<sup>1</sup>  
Pain Medicine  
Neuromuscular Medicine<sup>6</sup>  
Pediatric Rehabilitation Medicine  
Spinal Cord Injury Medicine  
Sports Medicine<sup>7</sup>

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American Board of Plastic Surgery

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Plastic Surgery

Plastic Surgery Within the Head  
and Neck  
Surgery of the Hand

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American Board of Preventive Medicine

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Aerospace Medicine  
Occupational Medicine  
Public Health and General  
Preventive Medicine

Medical Toxicology  
Undersea and Hyperbaric  
Medicine

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American Board of Psychiatry and Neurology

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Psychiatry  
Neurology  
Neurology with Special  
Qualifications in  
Child Neurology

Addiction Psychiatry  
Child and Adolescent Psychiatry  
Clinical Neurophysiology  
Forensic Psychiatry  
Geriatric Psychiatry  
Hospice and Palliative Medicine<sup>1</sup>  
Neurodevelopmental Disabilities  
Neuromuscular Medicine<sup>6</sup>  
Pain Medicine  
Psychosomatic Medicine  
Sleep Medicine<sup>4</sup>  
Vascular Neurology

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American Board of Radiology

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Diagnostic Radiology  
Radiation Oncology  
Radiologic Physics

Hospice and Palliative Medicine<sup>1</sup>  
Neuroradiology  
Nuclear Radiology  
Pediatric Radiology  
Vascular and Interventional  
Radiology

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American Board of Surgery

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Surgery  
Vascular Surgery

Hospice and Palliative Medicine<sup>1</sup>  
Pediatric Surgery  
Surgery of the Hand  
Surgical Critical Care

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American Board of Thoracic Surgery

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Thoracic Surgery

American Board of Urology

Urology

Pediatric Urology<sup>8</sup>

<sup>1</sup>Approved 2006; first issue October 2008 <sup>5</sup>Transplant Hepatology (Approved 2003; first issue November 2006)

<sup>2</sup>Approved 2006; first issue 2009

<sup>3</sup>Approved 2006; first issue November 2007

<sup>6</sup>Neuromuscular Medicine (Approved 2005; first issue September 2008)

<sup>4</sup>Sleep Medicine (Approved 2005; first issue November 2007)

<sup>7</sup>Approved 2006; first issue July 2007

<sup>8</sup>Approved 2006; first issue October 2008

To find out the requirements associated with a specific board, call the board directly  
A listing of **contact information for the ABMS Member Boards** is available on this Web site.



THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

PRELIMINARY APPLICATION  
FOR RECOGNITION OF A PROPOSED SUBSPECIALTY

**Directions:**

A letter of support and commitment from the primary specialty(ies) must accompany the completed application. If this preliminary application is accepted by the Committee on Specialties, additional information will be requested for Part II of the application process.

Please complete and submit to:

Dr. Nadia Mikhael, Director of Education  
Royal College of Physicians and Surgeons of Canada  
774 Echo Drive  
Ottawa, Ontario K1S 5N8

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**GENERAL INFORMATION**

1. What is the name of the proposed subspecialty?

*Forensic Pathology*

2. a) What is/are the primary specialty(ies) for this proposed subspecialty?

*Anatomical Pathology and/or General Pathology*

- b) Would this proposed subspecialty be accessible from any other discipline? Yes ☐ No ☒ X  
If yes, please identify.

3. Describe the relationship of this proposed subspecialty to the primary specialty.

*This one year training subspecialty would follow a full training program in AP or GP.*

4. Is there a National Specialty Society for the primary specialty? Yes X No \_\_\_\_  
If yes, please identify.

*Canadian Association of Pathologists*

5. Is there a National Specialty Society for the proposed subspecialty? Yes X No \_\_\_\_

*Canadian Society of Forensic Science*

6. Describe the relationship between these societies (if applicable).

*There is no relationship between these two societies.*

### SPECIFIC INFORMATION

1. Please describe the unique nature of the proposed subspecialty.  
(What skill/technique/knowledge base is included that requires distinct recognition?)

*The basic principles of pathology are used in Forensic Pathology in a manner which is similar to those in Anatomic Pathology. However, the forensic pathologist's focus is quite different as the goal is first to determine the cause of death and second to support the forensic investigation in the exploration of circumstances surrounding this death. The end point is frequently a coroner's inquest, a criminal trial or other judicial inquiries. The forensic pathologist has to develop an aptitude for the legal process of investigation. The forensic pathologist must be able to integrate this legal approach with the scientific and medical processes of investigation. This approach is used even if the vast majority of autopsies conducted by forensic pathologists involves natural death, accidents, and sudden and unexpected deaths.*

*The training of a forensic pathologist, based on a strong background of anatomical and clinical pathology will include the development of legal investigatory skills both in the performing of the autopsy and in the participation in complex police investigations and appearances in court hearings. The working knowledge of associated forensic fields like toxicology, forensic radiology, forensic odontology, anthropology and molecular pathology is part of the overall medical and scientific training.*

2. Please provide a list of journals and publications that support this special area.  
Demonstrate the value that these add to the medical literature. Indicate if they are peer-reviewed, indexed, the scope of distribution (national/international), the subscription volume, and Canadian contribution to these publications. Where meetings or societies are cited indicate the scope of these and the contributions of Canadian physicians to these meetings or societies).

***Journals (all peer-reviewed)***

*American Journal of Forensic Medicine and Pathology*  
*Australian Journal of Forensic Sciences*  
*Forensic Science International*  
*International Journal of Legal Medicine*  
*Journal of Clinical Forensic Medicine*  
*Journal de médecine légale et de droit médical*  
*Journal of Forensic Sciences*

*Medicine, Science and the Law*  
*Canadian Society of Forensic Science Journal*

**Basic Textbooks**

*Spitz, Fisher (U.S.). Medicolegal Investigation of Death. Charles C. Thomas Publisher, Springfield, Illinois, Third Edition 1993.*

*Knight (U.K.). Forensic Pathology. Arnold Publishers, Oxford University Press, 1996, N.Y.*

*Di Maio. Forensic Pathology. CRC Press. 1993.*

3. Is this discipline recognized as a subspecialty in other jurisdictions? Yes X No    If yes, where?  
 How long has this recognition been in place?

*This discipline is recognized in Australia, United Kingdom and the USA.*

*From the general information available, we were unable to find the exact years of recognition, but it was approximately 20 years ago in the United Kingdom and approximately 30-40 years ago in the USA.*

- a. For each jurisdiction:

- i. How is this discipline organized? (Is it a primary specialty or a subspecialty of other disciplines? Does it fall under the jurisdiction of another supervising body or does it have an independent supervising organization?)

*In the United States, applicants who hold a certificate in AP/CP or AP only: one full year of additional supervised training in forensic pathology in a program accredited for such training. This is followed by an examination supervised by the American Board of Pathology.*

*A combined certification in AP and forensic pathology: two full years of approved training in Anatomic Pathology in an accredited program, one full year of approved training in forensic pathology in an accredited program and one additional year in approved training in anatomic pathology or in one of the subspecialty areas of pathology such as neuropathology, toxicology or chemical pathology.*

*In England, one full year of training as a subspecialty following anatomic pathology, followed by an examination under the supervision of the Royal College of Pathologists.*

*In Australia, one full year of forensic pathology following a full training in anatomic or clinical pathology, followed by an examination supervised by the Royal College of Pathologists, Australasia.*

- ii. How is it recognized? (Is there certification by examination?)

*In all three countries, forensic pathology is recognized by examination.*

- b. Please provide information on training programs and evaluation methods used in these other jurisdictions.

*In all three countries, the trainees must conduct, under supervision, a determined number of forensic*



postmortem examinations with a mix of adult and infant deaths, unexpected natural deaths, accidental deaths, suicides, homicides and postoperative and anaesthetic deaths. The trainee must learn special autopsy procedures relevant to forensic pathology and must gain a working knowledge of associated forensic fields, including toxicology, forensic radiology, forensic odontology, osteology, forensic immunohematology and anthropology. The trainees must also attend at scenes of suspicious and homicidal deaths and must have knowledge in the principle of evidence collection, preservation of the evidence at the scene and postmortem examination. Trainees also gain knowledge in the use of biological and physical forensic sciences in assessing mechanisms and causes of the above mentioned various types of death aiming at reconstructing the circumstances surrounding such death. The trainees must learn how to give factual and expert evidence in courts of law and they must have full knowledge of the functions, operations and legislation relevant to the coroner and criminal justice systems. The evaluation methods consists of formal examinations similar to those used in anatomic or clinical pathology.

4. Are there training programs for this discipline in Canada? Yes X No

(Please describe including where the training takes place, how many trainees/year, what is the duration of the training, what are the sources of funding for these programs.)

*There is a training program at McMaster University. The program lasts one year. They have trained one fellow and he received a certificate at the end of his training. There was no examination.*

*There is also a training program in Montreal (Laboratoire des Sciences Judiciaires et de Médecine de Légale) for pathologists desiring to work as a forensic pathologist in the laboratory which covers the entire province. It requires:*

1. *Qualified anatomical pathologist*
2. *Two years of on hand training before undertaking homicide cases. The training includes performing autopsies, familiarizing with special techniques, observing and helping with theoretical lectures, attending court sessions, familiarizing with crime lab technology, i.e. toxicology, ballistics, biology... (crime lab present in the same building).*

5. How will the recognition of this proposed subspecialty affect on the primary specialty(ies) and other related specialties? (Will there be overlap of patient populations, procedures, investigational techniques, areas of research? Please include both positive and negative implications.)

*The proposed specialty will not affect Anatomical and General Pathology specialties because the patient population in most large centres is segregated.*

6. a) How much experience in the proposed subspecialty is currently provided during training in the primary specialty(ies)? (Please provide information regarding number of months, specific experiences.)

*One to three months in Forensic Pathology for both AP and GP residents with graduated responsibilities is currently provided.*

- b) What is the recommended length of training for the proposed subspecialty? (Justification for the length of training will be required.)

*The recommended length of training is one year.*

- c) Would any component of the proposed subspecialty training be taken as part of the training in the primary specialty(ies)? (*Would double counting<sup>1</sup> be permitted? Please describe how this would be handled in the training program of the subspecialty and the primary specialty.*)

*No component will be taken into account*

7. a) How would recognition of this subspecialty affect: (*Impact should be interpreted broadly and include community, the delivery of medical care, cost-savings. Population health data should be included if applicable.*)

- i. delivery of medical care?

*The forensic pathologist is frequently asked to perform examinations following unexpected death in acute care hospitals, chronic care institutions, following hospital discharge or simply following medical investigation. The pathologist's findings along with other coroner investigations may bring significant improvement in the delivery of medical care.*

- ii. meeting community needs?

*The vast majority of autopsies conducted by forensic units involve unexpected or sudden deaths, unconfirmed natural deaths, accidents of various nature, deaths from suicide or deaths from other forms of intentional or non-intentional injury. The information gathered by these autopsies and by the investigations surrounding these deaths is potentially very useful for the community.*

- iii. health care budgets?

*Indirectly, following the comments made in i) and ii), health care budgets may be improved.*

- b) What role will the consultant in the proposed subspecialty play in meeting community needs?

*The forensic pathologist plays a significant role in the determination of the cause of death. For families, the confirmation of a natural death instead of an intentional death is a relief. Similarly, in pediatric sudden death, the determination of the cause or the possibility that this could be a Sudden Infant Death Syndrome has a very positive effect on the parents. Forensic pathology could be considered to have a significant role in preventive medicine. Preventive and/or corrective measures taken following a series of accidental deaths is beneficial to the community at large. Also, forensic pathologists play an important part in the investigation of obscure and frankly suspicious deaths.*

- c) Describe the academic role of the consultant in this discipline? (*What would be the requirements for teaching and research, if the subspecialist were part of an academic/tertiary care centre?*)

*The academic role of the forensic pathologist would be similar to the role of other pathologists and laboratory physicians. The teaching can be done at the undergraduate level but will focus more at the postgraduate level, more importantly in the disciplines related to forensic pathology like anatomic pathology and general pathology. The teaching commitment would not be different from the one required for anatomic pathologists in tertiary care centres. Similarly, research avenues can be pursued in forensic pathology. In fact, for a number of reasons, little research has been done in the area of forensic pathology. The potential for research is great and will be encouraged, particularly in academic units.*

- d) Describe the patient population for this discipline. *(This should include variety and volume of patients with supporting information.)*

*A ratio of 400-500 cases per million population. This is an approximate number as the definition of forensic autopsies may vary from one province to the other.*

- e) Please estimate how many physicians are currently practising in the proposed specialty/subspecialty in Canada and in which locations. *(This should reflect the national physician workforce for the proposed specialty/subspecialty.)*

*There are currently 30-40 forensic pathologists practicing in this subspecialty in Canada.*

- f) Describe the current practice profiles of the physicians in this discipline.

*The practice patterns are extremely variable ranging from individuals who do full-time forensic pathology in specific forensic units or centres, to anatomic or general pathologists doing the needed number of cases in their community. The latter are integrated in their overall practice of pathology. In this range, one should include pathologists who have a specific part-time responsibility or who have a responsibility in a specialized fields like neuropathology, cardiac pathology, pediatric pathology and others.*

- g) Outline future projected workforce needs (FTEs) for practising subspecialists in the proposed field.

*There might be an increase of 30 % in the workforce required, if current trends in sudden unexpected deaths continue.*

- h) What is the impact of technology both in terms of requirements to practice and expected impact of future technological development on the need for the proposed subspecialty?

*There will be no specific impact generated by technology. A good knowledge of Molecular Biology will be required, but this is currently implemented in most academic centres.*

8. Why is recognition by the Royal College essential for the success of the proposed subspecialty?

*The recognition by the Royal College is essential to forensic pathology because it will bring credibility to the subspecialty, court standards, the public, the media, and there will be uniformity in the training of all trainees. In the current high media profile of forensic pathology, the lack of appropriate certification has been raised several times.*

9. What would be the projected effects on the Canadian health care system from the recognition of the proposed subspecialty? *(Include both positive and negative impacts.)*

*The projected effects on the Canadian health care system will be minimal, although better forensic pathology services should improve quality of care following identification of preventive or corrective measures. The major impact of the recognition of this subspecialty will be felt in the judiciary system.*

10. Please identify organizations and stakeholders who should be consulted regarding this application.

*The following organizations should be consulted: Canadian Association of Pathologists including the Anatomical Pathology division section, Canadian Chairs of Pathology, all provincial Pathology Associations, Chief Coroners of all provinces, Association of Chief Medical Examiners and Chief Coroners, Canadian and provincial Bar Associations, Canadian and provincial Solicitor Generals.*

Name and address:

*Dr. Jean Michaud*

*Professor and Chairman*

*Department of Pathology and Laboratory Medicine*

*University of Ottawa, 451 Smyth Rd., Ottawa, Ontario, K1H 8M5*

Date:

*June 04, 2001*

Signature:

*J. Michaud*

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Université d'Ottawa • University of Ottawa

Faculté de médecine  
Pathologie et médecine de laboratoire  
Faculty of Medicine  
Pathology and Laboratory Medicine

January 17, 2003

Dr. Nadia Mikhael  
Director of Education  
Royal College of Physicians and Surgeons of Canada  
774 Echo Drive  
Ottawa, Ontario  
K1S 5N8

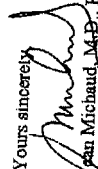
Dear Dr. Mikhael,

Please find enclosed Part II of the application for the recognition of forensic pathology as a subspecialty. I have also included the list of all the members of the committee. On behalf of the entire membership, I would like to thank you very much for the support your office and yourself gave in the preparation of this application through transfer of various documents and templates.

We also appreciate the possibility to read the results of the Royal College consultation with key stakeholders. Some stakeholders had concerns about one sentence that was included in the addendum in the Part I application. The committee agrees and acknowledges by sending you a revised copy of this addendum, more so that this sentence did not add anything significant to the overall application.

We hope that this application will be received positively by the Committee on Specialties of the Royal College. We will be pleased to answer any questions or discuss any specific point related to this application, before or after the meeting of the above-mentioned committee.

Yours sincerely,

  
Jean Michaud, M.D., FRCPC  
Professor and Chairman  
Department of Pathology and Laboratory Medicine  
University of Ottawa

## APPLICATION FOR RECOGNITION OF A SUBSPECIALTY Part II

### Forensic Pathology as a Subspecialty

#### DEFINITION

Forensic pathology is a subspecialty of anatomical or general pathology which uses the basic principles and methodologies of these two specialties to support the medicolegal and judicial systems in determining causes of death, supporting the investigation of circumstances surrounding deaths, and answering other questions that may arise.

#### 1. Objectives of Training for Forensic Pathology

##### General Objectives

Upon completion of the training program, the fellow in forensic pathology will be competent to function as an expert witness and consultant in matters related to suspicious, homicidal, suicidal, accidental and sudden unexpected natural deaths investigated under the umbrella of the legal system. He/she will demonstrate the knowledge, skills and aptitudes related to the multi-disciplinary approach needed for these investigations, the interactions with both the medical and legal systems and the importance of forensic pathology for societal, public health, educational and research needs.

##### Specific Objectives

At the completion of training, the fellow will have acquired the following competencies and will function effectively as:

## Medical Expert:

### General Requirements

- Demonstrate diagnostic skills to accurately assess cause, manner and mechanism of death
- Access and apply relevant clinical and scene information to medicolegal practice
- Demonstrate effective consultation services regarding medicolegal death investigation, education and legal opinions

### Specific Requirements

#### Death Investigation

- Demonstrate knowledge of the various types of death investigation systems in Canada and abroad
- Demonstrate knowledge of the provincial laws and regulations in relation to death investigation
- Demonstrate understanding of the principles of death investigation and the role of the post-mortem examination in such investigations
- Demonstrate knowledge of the personnel and procedures (including maintaining the legal chain of custody of evidence) involved in the investigation of deaths
- Demonstrate knowledge of the role of a forensic pathologist at the scene

### Specific Requirements

#### Postmortem examinations

- Recognize the importance of establishing definitive identification of a decedent and be familiar with the various procedures and consultants used to establish a positive identification
- Demonstrate knowledge of normal anatomy, physiology, postmortem changes and limitations of time of death determination
- Demonstrate knowledge of the provincial laws and regulations in relation to tissue/organ procurement, tissue retention, principles of consent and confidentiality
- Demonstrate the ability to perform a complete postmortem examination in a range of natural and unnatural deaths, with appropriate full description of the external and internal findings, including gross and microscopic examinations.
- Demonstrate knowledge of circumstances when toxicological and other ancillary investigations/tests may be appropriate, and the procedures for sampling tissues, fluids and other evidence for these additional investigations
- Demonstrate knowledge and ability to perform special examinations and sample procurement in cases of sexual assault and child abuse fatalities

- Recognize the need for specialized autopsy dissections (including anterior layer-by-layer neck dissection with tongue removal, dissection of face, posterior neck dissection, layered dissection of posterior torso, dissection of extremities, eye and middle ear removal, removal of long bones in pediatric and drowning cases, cerebral spinal fluid collection, spinal cord removal, perineal and pelvic block dissection, cardiac conduction system examination, vertebral artery evaluation and the ability to perform these dissections and procedures when appropriate
- Recognize the need for neuropathologic, cardiovascular, forensic anthropology and/or forensic odontology consultations, and retain appropriate specimens for these consultations
- Be familiar with stillbirths, neonatal and infant autopsy techniques and examination of placentas
- Demonstrate safe approach to high risk autopsies, including infections (viral hepatitis, human immunodeficiency virus infection, tuberculosis, Creutzfeldt-Jakob disease, drug resistant bacteria) and exposure to noxious agents
- Demonstrate the ability to take satisfactory external, gross and microscopic photographs of the postmortem examination and any relevant tissues
- Demonstrate knowledge of biosafety considerations regarding post-mortem examinations
- Demonstrate the ability to interpret postmortem findings in light of the clinical history and/or scene investigation; to appreciate potential limitations of such interpretations and be able to communicate these in an effective written and oral fashion
- Demonstrate the ability to incorporate cultural and ethnic perspectives in the conduction of medicolegal death investigations

### Specific Requirements

#### Ancillary Training

- Be familiar with elementary issues of medical jurisprudence
- Be familiar with forensic neuropathology, forensic anthropology, forensic odontology and entomology
- Be familiar with the interpretation of toxicological results
- Be familiar with various specialties of forensic sciences, including chemistry, biology (including DNA), document examination, firearm and toolmark examination, photo analysis, fingerprint analysis, trace evidence and alternative light source examinations.

## Communicator

### *General Requirements*

- Establish effective relationships with families, law enforcement personnel, physicians and other medical personnel, crown attorneys and lawyers, including defense lawyers
- Obtain and synthesize relevant clinical and scene information from families and members of the death investigation team
- Listen effectively
- Discuss appropriate information with families and members of the death investigation team

### *Specific Requirements*

- Assist in the continuing education of physicians, other medical personnel, law enforcement personnel, attorneys and lawyers, including defense lawyers
- Act as a consultant to clinical colleagues, law enforcement personnel, crown attorneys and lawyers including defense lawyers, on the interpretation and relevance of pathological findings
- Understand the importance of communicating appropriately the information (opinions, conclusions) to police, coroners/medical examiners, and Crown attorneys, to minimize misunderstanding
- Understand the information and limitations pathology can provide in a given situation and be able to communicate it effectively in an oral and written form
- Understand the criminal, civil and inquest court procedures, the role of the Crown and the defense and the rules of evidence employed
- Be familiar with legal, ethical and behavioural requirements when testifying in court

## Collaborator

### *General Requirements*

- Consult effectively with other physicians, health care professionals and members of the death investigation team
- Contribute effectively to other interdisciplinary team activities

### *Specific Requirements*

- Identify and describe the role, expertise and limitations of all members of the death investigation team
- Develop a multidisciplinary approach for a death investigation (scene investigation, postmortem examination, history, ancillary investigations) in collaboration with other members of the death investigation team

- Participate in death investigation team meetings when needed, demonstrating the ability to consider and respect the opinion of other team members

## Manager

### *General Requirements*

- Utilize resources effectively to balance death investigations, learning needs and outside activities
- Allocate finite resources wisely
- Work effectively and efficiently in a coroner or medical examiner system
- Utilize information technology to optimize death investigation, life-long learning and other activities

### *Specific Requirements*

- Demonstrate knowledge of the principles of laboratory management
- Demonstrate knowledge of the methods for professional quality assurance as applied to forensic pathology
- Demonstrate knowledge of the principles of laboratory safety and universal precautions

## Health Advocate

### *General Requirements*

- Identify the important determinants of health affecting decedents, their families and communities
- Contribute effectively to improve health of communities

### *Specific Requirements*

- Identify hereditary diseases and inform family members to improve the health of living relatives (as appropriate)
- Work in association with the public health system to recognize infectious disease outbreaks, bioterrorism-related deaths and other public health threats

## Scholar

### *General Requirements*

- Develop, implement, and monitor a personal continuing education strategy
- Critically appraise sources of medical and forensic information
- Facilitate learning of health professionals, law enforcement personnel, attorneys and other members of the death investigation team

### Specific Requirements

- Have the ability to assess personal learning needs, select an appropriate learning method and evaluate the outcome of the learning method
- Have the ability to select an appropriate question, efficiently search for and critically assess the quality of evidence in the literature regarding the posed question
- Demonstrate an understanding of preferred learning methods in dealing with health professionals, law enforcement personnel, attorneys and other members of the death investigation team

### **Professional**

#### General Requirements

- Deliver highest quality care with integrity and honesty
- Exhibit appropriate personal and interpersonal professional behavior
- Practise forensic pathology ethically

#### Specific Requirements

- Demonstrate a professional attitude to colleagues, laboratory staff and members of the death investigation team
- Have an appreciation of the crucial role of the forensic pathologist in death investigation. This will include knowledge of findings, knowledge of the limitations of certain findings and knowledge of individual professional limitations and the necessity of seeking appropriate second opinions

## **2. Specialty Training Requirements**

Prior to enrolment in the fellowship program, fellows must have successfully completed a full training program or be eligible for certification in either anatomical or general pathology. International medical graduates will be eligible only after having met Royal College and provincial requirements.

The fellowship will consist of twelve (12) months of approved fellowship training. The fellowship will allow for supervised training with increased responsibility as the year progresses. The training period must include:

1. Training and experience regarding death investigation, including:
  - training and experience in scene investigation, with attendance at a minimum of fifteen (15) scenes
  - training and experience in decisions regarding whether a postmortem examination needs to be conducted, including training regarding tissue/organ procurement and tissue retention
  - training and experience regarding the certification of death

2. Training and experience regarding postmortem examinations, including:
  - performance of no less than 200 and no more than 250 complete medicolegal postmortem examinations. The postmortem examinations should offer a wide range of natural and unnatural deaths.
  - The postmortem examinations must include active participation in:
    - i. Reviewing the death scene information and clinical history
    - ii. Establishing the identity of the body
    - iii. External examination of the body
    - iv. Organ evisceration and gross dissection
    - v. Microscopic examination and review of toxicology or other ancillary test results
    - vi. Preparation of written descriptions of the external, internal and microscopic findings
    - vii. Preparation of conclusions regarding causes and mechanism of death
  - Recognize the need for specialized autopsy dissections including anterior layer-by-layer neck dissection with tongue removal, dissection of face, posterior neck dissection, layered dissection of posterior torso, dissection of extremities, eye and middle ear removal, removal of long bones in pediatric and drowning cases, cerebral spinal fluid collection, spinal cord removal, perineal and pelvic block dissection, cardiac conduction system examination, vertebral artery evaluation and collection of biological samples, (eg. sexual assault kit) and the ability to perform these dissections and procedures when appropriate
  - training and experience with stillbirths, neonatal and infant autopsy techniques and examination of placentas
  - training and experience in cardiovascular pathology, forensic neuropathology, forensic anthropology and forensic odontology
3. A total of four (4) weeks must be spent in selective rotations. These selective rotation may include one or more of the followings:
  - toxicology
  - chemistry
  - biology (including DNA)
  - trace evidence
  - firearm and toolmark examination
  - photo analysis
  - forensic anthropology
  - forensic odontology
  - other specialties as appropriate (e.g. entomology)
4. Opportunity to observe and testify in civil, criminal or inquest court, as appropriate.



### 3. Options for a Maintenance of Certification programs for specialists in Forensic Pathology.

As the final examination for granting forensic pathology certification will be under the jurisdiction of the Royal College of Physicians and Surgeons of Canada, the maintenance of certification will also follow the Royal College Program (MAINPORT). This program includes six categories and all apply to forensic pathology. Examples pertaining to forensic pathology are given for each category when needed.

<u>Categories</u>	<u>Examples pertaining to forensic pathology</u>
I Accredited group	Forensic Rounds, Trauma Rounds, Journal Clubs, AP/GP Rounds, CPCs, interdisciplinary clinical rounds, distance education programs, workshops, courses
II. Other learning activities	Multidisciplinary case reviews, non-accredited meetings, forensic pathology journals, web supported CME

For forensic pathologists, there are numerous medical and/or forensic journals and textbooks. A few examples of peer-reviewed journals follow:

American Journal of Forensic Medicine and Pathology  
 Australian Journal of Forensic Sciences  
 Forensic Science International  
 International Journal of Legal Medicine  
 Journal of Clinical Forensic Medicine  
 Journal de médecine légale et de droit médical  
 Journal of Forensic Sciences  
 Medicine, Science and the Law  
 Canadian Society of Forensic Science Journal

Forensic pathologists also regularly consult various medical journals related to the base specialties: anatomic and general pathology. There are also some legal journals that can be consulted for continuing medical education.

Several provincial, national and international meetings covering this discipline are also available for CME activities:

- Canadian Society of Forensic Sciences annual meeting
- National Association of Medical Examiners annual meeting
- American Academy of Forensic Sciences annual meeting
- International Association of Forensic Science triennial meeting
- British Association of Forensic Medicine annual meeting

Forensic pathologists can also attend other pathology meetings such as the annual meeting of the Canadian Association of Pathologists, the annual meeting of the American Society of Clinical Pathologists and the annual meeting of the International Academy of Pathology US Canadian division.

- III. Accredited self assessment program Similar to any other recognized specialty or subspecialty
- IV. Structured learning projects Personal learning project with a forensic theme, consultation/opinion reports
- V. Practice review and appraisal Review of types of cases by specific committees (e.g. death under two committees, homicides etc...), regional Coroners Rounds
- VI. Development, teaching and research Setting standards for forensic pathology, and as any other specialty, all academic related activities

### 4. Evaluation of graduates in Forensic Pathology

#### a. During the training

It will be up to each accredited training program to develop the assessment methods for the training period. However, we presume that the usual assessment methods used in the parent specialty, anatomic or general pathology, will continue to be used. Ongoing daily observations of the needed skills will form the basis for regular in-training evaluation reports. This will be supplemented by planned written and oral examinations. This evaluation will be done for each of the recognized competencies: medical expert/clinical decision maker, communicator, collaborator, manager, health advocate, scholar and professional. The accumulation of these in-training evaluations will form the basis for a final in-training evaluation report (FITER).

#### b. FITER

An example of a FITER for the forensic pathology subspecialty can be found in Appendix I of this document. Again, it will be up to the national subspecialty committee to refine and finalize this report.

c. **Final examination at the end of the training program**

The standards for examination of candidates for forensic pathology range from multiple choice question examinations (USA) to comprehensive written and oral assessment (United Kingdom and Australia).

In the UK and Australia, a casebook (discussion of ten medicolegal cases) is an important component of the evaluation. This casebook is prepared by the candidate during the year of training and submitted for assessment shortly after the completion of his/her training period.

We suggest that the evaluation of candidates in forensic pathology in Canada should consist of:

1. PITER
2. Written examination, short and long answers
3. Casebook

**Casebook:** Trainees will be expected to write up the cases with a comprehensive and critical but selective literature review and relevant illustrations, as well as clinicopathological correlation. The bibliography should be in the order of 15 to 30 references and include recent peer-reviewed literature.

The aim of the casebook is to move emphasis on theoretical knowledge away from simple book learning. The focus is on the Trainee's critical case and literature analysis, with construction of rigorous case reports to include, for example, justification for decision-making in the discipline. Ordinarily, each case report, including illustrations and the list of references, should not exceed 10 pages of single-space type in length. The discussion should be at least as long as the remainder of the report. There should be an index list of the case contents and each case should address fulfillment of required criteria as outlined above. The casebook should be presented as a bound copy.

Cases must have been handled personally by the Trainee as part of their supervised training. The casebook will have to be authenticated by the applicant and the supervisor. The supervisor will also have to certify that the case reports are original and have not been reported in any other casebook.

The ten cases presented in the casebook should cover:

- the history surrounding the death;
- the macroscopic and microscopic findings at autopsy;
- the results of associated findings, such as toxicology, radiology, etc; and
- a discussion of the findings, and the mechanisms and cause of death;
- should be referenced from peer-reviewed literature.

They should include one from each of the following categories:

- sudden unexpected "natural" death;
- drug overdose or asphyxiation;
- sudden unexpected death of an infant;
- death from homicidal violence;
- motor vehicular accident or pedestrian death;
- death from cold, starvation or immersion;
- death from fire, electricity or lightning;
- medical misadventure (e.g. intraoperative death, complications of therapy)
- Trainee's own choice, two cases.

## 5. Implementation of the Forensic Pathology subspecialty

### i) Resident positions and location

Although full-time positions in forensic pathology become vacant infrequently, perhaps only once or twice a year, it is expected that demand for training in the subspecialty will be greater than this as pathologists who also plan to practice forensic pathology on a part-time basis will be interested in the certification.

At present, dedicated postgraduate forensic pathology training is available in three centers in Canada: Hamilton, Toronto and Montreal. At present, no fellow is being trained as most Canadians elect to train in the US where the training is well established and a diploma in the specialty is available.

It is recommended that the training of forensic pathologists within a recognized forensic pathology subspecialty be largely concentrated in the forensic units existing in this country. These are university and government funded and are mostly affiliated with university pathology departments. University appointments should be given to all forensic pathologists involved in the training of forensic pathology residents. This scenario would allow the optimal exposure in view of the objectives and specific training requirements mentioned above. This scenario would not exclude the possibility of combining two or three academic health science centers with forensic units, for the purpose of designing a training program always aiming at meeting the objectives and specific training requirements.

ii) Location of sub-specialists

Trained forensic pathologists are presently located in tertiary centers (teaching hospital based forensic pathology units), provincial government units, and community hospitals (where they practice forensic pathology on a full or part-time basis). It is expected that this pattern will continue.

iii) Sub-specialists distribution and requirements

Dr. King's 1997 report, "Forensic Pathology in Canada at the Turn of the Century" identified 34 forensic pathologists in Canada at that time. The definition used was "a pathologist who has developed a special interest in forensic pathology to the extent of taking significant additional training in it and who is practicing in this area, either full-time or on a significant part-time basis". The number was probably an underestimate. At present, there are about 48 forensic pathologists practicing either full-time or on a "significant" part-time basis.

As already described, full-time positions become vacant infrequently but as far as can be estimated, five to ten positions may become vacant in as many years.

As far as the distribution of practicing forensic pathologists is concerned, current information is uncertain, however the following is a probable breakdown of their present location, province by province.

Newfoundland and Labrador	-	Two (government/university)
Nova Scotia	-	Two
Prince Edward Island	-	None
New Brunswick	-	Two
Quebec	-	Six (all government funded)
Ontario	-	Nineteen (government/teaching hospital/ community hospital)
Manitoba	-	Three (government/teaching hospital)
Saskatchewan	-	One (teaching hospital)
Alberta	-	Four (government)
British Columbia	-	Nine (teaching/community hospital)
Territories	-	None

iv) Faculty resources

The exact number of practicing forensic pathologists with faculty appointments or University affiliation available to train residents is again uncertain, however there are probably about 27 nationally.

Newfoundland	-	Two
Nova Scotia	-	One
Quebec	-	Four
Ontario	-	Ten
Manitoba	-	Three
Alberta	-	Four
British Columbia	-	Three

v) Funding implications

Fellowship positions. The training positions in existence in Ontario and Quebec are University or government-funded. The only other position that existed in the past in Alberta was also government funded. In these provinces, it has been in the interest of the government to train recruits for existing government positions or to ensure that trained forensic pathologists are available for practice in the province.

It is also recommended that the current support system coming from the appropriate provincial ministry continue, in some provinces, provincial "fellowship positions" for any additional years of training may be required.

Trained forensic pathologists. As indicated in previous sections, trained forensic pathologists are employed in several different ways. Those working full-time in provincial government units are on a salary. Part-time pathologists generally work on a fee-for-service basis. Pathologists working full-time in teaching hospital units receive a salary (from the hospital or university). In several provinces, the forensic pathologist may have a dual university/government appointment (and presumably a split salary). Part-time and full time community hospital forensic pathologists are paid fee-for-service (the fee coming from the Chief Coroner or Chief Medical Examiner). It is expected that these patterns of practise and remuneration will continue.

It should not be forgotten that there is always a need for forensic pathology expertise in the private sector. In most cases, this involves expert opinions given in civil litigation or criminal defense work but may occasionally involve performing private postmortems. Depending on the time available to the pathologist, these sources may provide a significant income.

## 6. Transitional period

It is recommended that the Royal College establishes a task force to set up criteria for the grandfathering of the forensic pathology subspecialty qualifications to currently practicing forensic pathologists.



The Royal College of Physicians and Surgeons of Canada  
Le Collège royal des médecins et chirurgiens du Canada  
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APPENDIX I

### FINAL IN-TRAINING EVALUATION REPORT FORENSIC PATHOLOGY SUBSPECIALTY

In the view of the Residency Program Committee, this resident fulfilled the objectives of the subspecialty as prescribed in the General Accreditation Standards and is competent to practice as a specialist.

YES ☐

NO ☐

(must comment on critical competencies)

The following sources of information were used for this evaluation:  
☐ written exams ☐ OSCEs ☐ clinical observations  
☐ Other: \_\_\_\_\_

☐ feedback from health care professionals

#### COMMENTS

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Date	Name of Program Director	Signature
Date	Name of Postgraduate Dean	Signature

This is to attest that I have read this document.

Date	Signature of Resident
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#### RESIDENT'S COMMENTS:

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#### Note:

If during the period from the date of signature of this document to the completion of training, the Residency Program Committee judges that the candidate's demonstration of competence is inconsistent with the present evaluation, it may declare the document null and void and replace it with an updated FITER. Eligibility for the examination would be dependant on the updated FITER.

PFP304307 \ 28

(Please read the attached Explanatory Notes Before completing this report)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
<b>MEDICAL EXPERT</b>					
a) Possesses the basic scientific knowledge relevant to the subspecialty.					
b) Possesses the clinical and legal knowledge relevant to the subspecialty.					
c) Autopsy examinations and reports are complete, accurate and well organized.					
d) Uses all of the pertinent information and special examination and expertise to arrive at complete and accurate forensic decisions.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
<b>PROCEDURES AND TECHNICAL SKILLS</b>					
a) Routine autopsy techniques and dissection					
b) Knowledge and experience of specialized forensic dissection techniques					
c) Evaluation of pre-autopsy information					
d) Knowledge of ancillary investigation tests and special consultation					
e) Assessment, discussion and presentation of autopsy findings					
f) Quality of forensic medical opinion formation					
g) Quality of autopsy reports					
h) Verbal presentation of expert evidence and opinion					
<b>Overall is proficient in technical and procedures skills.</b>					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
<b>COMMUNICATOR</b>					
a) Establishes an effective relationship and communicates well with coroners/medical examiners, physicians, law enforcement personnel, attorneys, and lawyers. Provides clear and thorough explanations of autopsy findings and cause of death.					
b) Establishes good relationships with peers, other health and legal professionals. Effectively provides and receives information. Handles conflict situations well.					
c) Prepares documentation that is accurate and timely.					
d) Conveys adequately the limitations pathology can provide in a given situation.					
Please define other competencies as necessary or adapt the above-mentioned competencies to your specialty. Begin with an action verb that indicates observable resident performance and specific learning outcomes.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					
<b>COLLABORATOR</b>					
a) Interacts effectively with health and legal professionals by recognizing and acknowledging their roles and expertise.					
b) Consults and delegates effectively.					
c) Collaborates effectively and constructively with other members of the judicial system and other health care team members.					
d) Understands the expertise and limitation of the subspecialty and of the various collaborators. Integrates this knowledge into the overall working approach.					
Please define other competencies as necessary or adapt the above-mentioned competencies to your specialty. Begin with an action verb that indicates observable resident performance and specific learning outcomes.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
<b>MANAGER</b>					
a) Understands and makes effective use of information technology, such as methods for searching medical databases.					
b) Makes cost effective use of health care and judicial system resources based on sound judgment.					
c) Sets realistic priorities and uses time effectively in order to optimize professional performance.					
d) Understands the principles of forensic unit management.					
e) Knowledge of professional quality assurance specific to forensic pathology					
f) Knowledge of mortuary and laboratory safety and universal precautions					
Please define other competencies as necessary or adapt the above-mentioned competencies to your specialty. Begin with an action verb that indicates observable resident performance and specific learning outcomes.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					
<b>HEALTH ADVOCATE</b>					
a) Understands the consulting role of the specialist to intervene on behalf of families with respect to the social, economic and biologic factors that may impact on their health.					
b) Understands the consulting role of the specialist to intervene on behalf of the community with respect to the social, economic and biologic factors that may impact on community health.					
Please define other competencies as necessary or adapt the above-mentioned competencies to your specialty. Begin with an action verb that indicates observable resident performance and specific learning outcomes.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					

# Members of the Committee for the recognition of Forensic Pathology as a subspecialty

- Dr. Simon Avis  
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A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	Fairly meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
<b>SCHOLAR</b>					
a) Demonstrate an understanding and a commitment to the need for continuous learning. Develops and implements an ongoing and effective personal learning strategy.					
b) Critically evaluate medical and forensic information. Successfully integrates information from a variety of sources.					
c) Understands the principles of self-directed learning and helps others learn by providing guidance, teaching and by giving constructive feedback.					
d) Understand the benefits research can bring to the understanding of specific medicolegal issues.					
Please define other competencies as necessary or adapt the above-mentioned competencies to your specialty. Begin with an action verb that indicates observable resident performance and specific learning outcomes.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					
<b>PROFESSIONAL</b>					
a) Demonstrates integrity, honesty, compassion and respect for diversity.					
b) Fulfills medical, legal and professional obligations of the specialist.					
c) Meets deadlines, is punctual, monitors workloads and provides follow up.					
d) Understands the principles of ethics and applies these in scientific and legal situations.					
e) Demonstrate an awareness of own limitations, seeking advice when necessary. Accepts advice graciously.					
Please define other competencies as necessary or adapt the above-mentioned competencies to your specialty. Begin with an action verb that indicates observable resident performance and specific learning outcomes.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings.					

# PRIMARY APPLICATION FOR RECOGNITION OF A PROPOSED SUBSPECIALTY

## FORENSIC PATHOLOGY

### Addendum to the initial application:

Following the initial application, three questions were submitted to us by Dr. Nadia Michael, Director of Education of the Royal College, following a final assessment by the Committee on Specialties of the Royal College:

1. **Is there a critical mass of educators to support this training program in Canada at the present time and if so, where?**

There are currently 30-40 Forensic Pathologists practicing in this subspecialty in Canada. They are either full-time or they dedicate a significant portion of their time to this subspecialty. The centers where two or more of these are currently practicing are: Montreal, Toronto, Hamilton, Ottawa, Winnipeg, Calgary/Edmonton and Vancouver. At least half of them are in academic centers and therefore, are already involved in training residents.

Hamilton has a funded one year Forensic Pathology fellowship position. To date, there has been only one graduate. He speaks highly of the training and experience he obtained during his fellowship year. In the Province of Quebec, all Forensic Pathologists were trained in the Montreal Medical-Legal Institute. The training is of two years duration.

The above-mentioned centers all have the ideal caseload, with appropriate forensic consultants, when needed.

2. **More detailed information is needed to clearly understand why adequate Forensic Pathology training cannot be incorporated into current Anatomical and General Pathology training, e.g. advanced special procedures and laboratory testing specific for complex cases.**

Currently, the AP/GP programs include one to three months of training in Forensic Pathology. In view of the requirements for the AP and/or GP programs, it is difficult to include more than this for this type of subspecialty. Also, only a minority of the training programs really have the experienced staff, the optimal caseload or the available consultants to give adequate training. Hospital pathologists are becoming increasingly reluctant to perform autopsies for a number of reasons that apply to medical-legal issues and also as a result of highly publicized court cases in various media.

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More specifically, reasons why a specific training is mandatory are the following:

- The Forensic Pathology trainees need to personally perform a large number of medical-legal cases of all types under expert supervision to gain adequate experience. This does not seem possible in several centers with training programs in AP and/or GP. The expert supervision includes the availability of special forensic consultants, not only in traditional disciplines like Cardiology and Neuropathology, but also in some specific disciplines like Anthropology, Odontology, Toxicology and so on. Consequently, the usual evaluation of the trainees (in-house oral or practical examinations, FILER) and the overall evaluation of the training program does not reflect enough, if at all, emphasis on Forensic Pathology.
- It would appear that many centers lack appropriate resource material such as specialized journals, references and libraries of case material.
- Consequently to the above, it is very difficult to simulate, in the trainees, the adoption of a frame of mind that is unique to the evaluation of forensic cases. This frame of mind is important to develop in order to provide an optimal fit with the legal field as opposed to the medical one.

The need for an adequate Forensic Pathology training is also justified by some special considerations:

- Handling of pediatric cases,
- advanced identification procedures,
- Forensic Neuropathology expertise,
- Forensic Cardiology expertise,
- equipment to handle gunshot cases,
- integration of various consultants or peripheral laboratory testing into the overall cases like Toxicology, Denturology, Odontology, Radiology and so on.

Finally, one extremely important aspect of Forensic Pathology is the necessity to develop an excellent knowledge of the legal process. Therefore, the trainees are expected to spend a significant amount of time in the preparation of court cases, which includes meeting with policemen, detectives, lawyers, coroners. It also includes the physical presence of the trainees in court to gain knowledge on all aspects of testifying as an expert.

3.

**More detailed information is required to clearly understand the extent of societal need for Forensic Pathologists.**

In the Forensic Pathology circles, in Canada, there is a definite and unfortunate perception that one of the major obstacles faced in the advancement of Forensic Pathology is the general lack of awareness of the serious deficiencies in the provision of Forensic Pathology services across Canada. The problem is particularly so amongst the medical profession as a whole. It is in fact those involved in the justice system who are most concerned, namely: crown attorneys, defense lawyers, the police and the court. They bring this to our attention frequently and cannot understand why the problem has really not yet been recognized and tackled.

Another example is the considerable difficulty encountered in replacing retiring Forensic Pathologists such as Dr. David King and Peter Markestein. Both retired recently and their positions have not yet been filled. In Hamilton, the Ministry's approval to recognize this center as an underserved area in Forensic Pathology was necessary.

We strongly believe that these problems can be alleviated in part by the recognition of Forensic Pathology as a subspecialty. This could enhance the enthusiasm of any trainee in following a career pathway in this specialty.

Other benefits were already mentioned in the initial application.

P.S. The cover letter and the answers to the COS of the Royal College of Physicians and Surgeons of Canada were prepared with the input of Drs. David E.L. King from Hamilton and Brian Johnston. Yasmine Ayrout and Virbala Acharya from Ottawa. For further information, we are including a report entitled "Forensic Pathology in Canada at the Turn of the Century. Report to the Canadian Association of Pathologists", prepared and submitted by Dr. David E.L. King from Hamilton.



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Associate Director, Office of Education  
Directeur associé, Bureau de l'éducation

## Memorandum

**To:** Stakeholders for Forensic Pathology  
**From:** Dr. Jason Frank, Associate Director, Office of Education  
**Date:** December 6, 2007  
**Re:** For Information: Specialty Specific Documents for Forensic Pathology

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Attached are copies of the following draft specialty specific documents:

- Specific Standards of Accreditation for Residency Programs in Forensic Pathology (SSA);
- Objectives of Training (OTR) in Forensic Pathology; and
- Subspecialty Training Requirements (STR) in Forensic Pathology

Please note that these documents are not yet official RCPSC documents. It is anticipated that final revisions will be made to the documents in early 2008 and then will be presented to the Specialty Standards Review Committee (SSRC) and the Education Committee in February/March 2008. Once the documents are approved by both of those committee, they will be translated and posted on the Royal College website at <http://rcpsc.medical.org>

May 22, 2007

## FORENSIC PATHOLOGY

Draft 4a

Reviewed by M. Kennedy and J Frank

SPECIFIC STANDARDS OF ACCREDITATION FOR RESIDENCY PROGRAMS IN  
FORENSIC PATHOLOGY

2007

## INTRODUCTION

A university wishing to have an accredited program in Forensic Pathology must also sponsor an accredited program in either Anatomical Pathology or General Pathology. Also, a provincial forensic centre must be affiliated with a University sponsoring a pathology program. A provincial centre can be associated with more than one university. The forensic unit may also be integrated within a Department of Pathology in a University affiliated tertiary care hospital.

The purpose of this document is to provide program directors and surveyors with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Forensic Pathology. This document should be read in conjunction with the booklet *General Standards of Accreditation* and the documents *Objectives of Training* and *Subspecialty Training Requirements in Forensic Pathology*.

## STANDARD B.1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B.1 in the booklet *General Standards of Accreditation* for the interpretation of this standard.

## STANDARD B.2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

The general goals and objectives for Forensic Pathology are outlined in the documents *Objectives of Training* and *Subspecialty Training Requirements in Forensic Pathology*. Based upon these general objectives each program is expected to develop rotation specific objectives in CanMEDS format suitable for that particular program, as noted in Standard B.2 of the booklet *General Standards of Accreditation*.

May 22, 2007

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## STANDARD B.3: STRUCTURE AND ORGANIZATION OF THE RESIDENCY PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfil the educational requirements and achieve competence in Forensic Pathology.

The structure and organization of each accredited program in Forensic Pathology must be consistent with the specialty training requirements as outlined in the documents *Objectives of Training* and *Subspecialty Training Requirements in Forensic Pathology*.

Residents must be provided with increasing individual professional responsibility, under appropriate supervision, according to their level of training, ability, and experience.

## STANDARD B.4: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of clients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the subspecialty training requirements in Forensic Pathology.

In those cases where a university has sufficient resources to provide most of the training in Forensic Pathology but lacks one or more essential elements, the program may still be accredited provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training.

Learning environments must include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture, and ethnicity appropriate to Forensic Pathology.

## 1 Teaching Faculty

There must be a sufficient number of qualified Forensic Pathologists and physicians. A qualified teaching Forensic Pathologist must have either completed a formal training in Forensic Pathology or have more than five years experience in Forensic Pathology with at least 50% commitment for Forensic Pathology. The teaching faculty must play an active role in supervision, education and evaluation of residents as well as curriculum development.

There must also be professional staff (trained pathology assistants and morgue attendants) involved in the program to supervise residents and provide teaching in the basic and clinical sciences related to Forensic Pathology.

## 2 Volume and Variety of Pathological Material

There must be a sufficient volume and variety of pathological material for residents to achieve experience in death investigations. The program must be able to provide the residents with the opportunity to evaluate a

**Deleted:** The resident must be provided with a graduated increase in individual professional responsibility, under appropriate supervision, appropriate to the level of competence and experience.

**Deleted:** under supervised training with increased responsibilities.

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1 minimum of 30 scenes (a scene evaluation can either be on-site or through provided documentation) and  
 2 performance of no less than 100 and no more than 150 complete medicolegal post-mortem examinations. Post-  
 3 mortem examinations should offer a wide range of natural and unnatural deaths, but 30% of the cases must be  
 4 of a complex nature (homicides and criminally suspicious deaths)

### 3 Laboratory Components of the Program

8 Training in Forensic Pathology should be in an environment where the experience includes decisions regarding  
 9 whether a post-mortem examination needs to be conducted, training regarding the appropriateness of  
 10 tissue/organ procurement in medicolegal cases, training regarding risk management issues arising from  
 11 tissue/organ retention following an autopsy, and training regarding the certification of death.

13 The program must ensure that residents participate in reviewing death scene information and clinical history,  
 14 establishing the identity of a body, examination of a body, organ evisceration and gross dissection, microscopic  
 15 examination

17 Access to specific forensic fields (eg. Neuropathology (min 15 cases), cardiac pathology (min 10 cases),  
 18 forensic anthropology (min 5 cases) and forensic odontology (min 5 cases)), and interaction with toxicology  
 19 laboratories or other laboratories or units to interpret reports and test results are required

21 The program must have access to radiology to assist in certain adult and pediatric cases. The latter will include  
 22 acquiring knowledge of infant autopsy techniques and examination of placentas

24 The program must ensure that residents are exposed to the following specific fields: toxicology, chemistry,  
 25 biology, trace evidence, firearm and tool mark examination, and other specialties as appropriate with specific  
 26 medicolegal cases

### 4 Consultation

30 Residents in Forensic Pathology must be given the opportunity to provide interpretation and relevance of post-  
 31 mortem and laboratory findings to clinical colleagues, police and medicolegal death investigators

### 5 Courtroom Exposure

35 The program must provide residents with an opportunity to witness expert testimony or participate in a  
 36 mock trial

### 6 Supporting Services - Clinical, Diagnostic, Technical

40 A pathology laboratory with routine histology, special stains, immunohistology and electron microscopy must  
 41 be available. Recognized units for the provision of special testing (eg. toxicology centres, Royal Canadian  
 42 Mounted Police Forensic Laboratories) must be available. Radiology facilities must be available. Access to  
 43 other forensic science laboratories (e.g. chemistry, biology) must be available.  
 44

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Deleted: training regarding tissue/organ procurement and tissue retention

Comment [db1]: What lab components are required in a program for facilities for tissue/organ procurement & tissue retention? SC Response: No lab component required. It is just a decisional process that is learned under the supervision of the teaching staff

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Deleted: and performance of an appropriate number of medicolegal post-mortem examinations offering a wide range of natural and unnatural death

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Deleted: proceeding in the

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Comment [db2]: How is radiology needed for placentas?(JF) SC Response: Not all pediatric cases may require X-rays. Units associated with a hospital may need to rely on the Radiology Department (i.e. portable X-ray machine)

Deleted: The training program must have full knowledge and training capacity for specialized autopsy dissections as itemized in the documents *Objectives of Training and Subspecialty Training Requirements in Forensic Pathology*

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Deleted: to allow residents to participate in a number of pediatric autopsies ... [1]

Comment [db3]: Can this be a ... [2]

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May 22, 2007

## FORENSIC PATHOLOGY

Draft 4a

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**STANDARD B.5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM**

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfil all of the roles of the subspecialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during medicolegal discussions and upon completion of documentation, seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Please refer to Standard B.5 in the booklet *General Standards of Accreditation*, the *Objectives of Training*, the *Subspecialty Training Requirements in Forensic Pathology*, and the *CanMEDS 2005 Physician Competency Framework* for the interpretation of this standard. Each program is expected to develop a curriculum for each of the CanMEDS roles, which reflects the uniqueness of the program and its particular environment. Specific additional requirements are listed below.

**1. Medical Expert**

In addition to the General Standards of Accreditation, following requirements apply:

- The program must provide residents with opportunities to gain a thorough understanding and knowledge of the legal framework for death investigation in that jurisdiction. In this context, residents must be able to produce autopsy examinations and reports that are complete, accurate and well organized. Pertinent information and special examination and expertise should be understood as necessary tools to arrive at complete and accurate forensic decisions.
- Beyond the routine autopsy technique and dissection, the program must be able to support the residents in the acquisition of knowledge and experience of specialized forensic dissection techniques, knowledge of ancillary investigations/test for special forensic consultation and exposure to forensic related fields (see B4.3).

**2. Communicator**

In addition to the General Standards of Accreditation, the following requirements apply:

- The program must ensure that residents acquire skills related to court testimony and effective communication with coroners/medical examiners, law enforcement personnel, attorneys, lawyers, general public and media. Residents should be able to provide clear and thorough explanations of forensic autopsy findings and cause of death. Residents should also be able to convey adequately the limitations Forensic Pathology can provide in a given situation.

**3. Collaborator**

The General Standards of Accreditation apply to this section.

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## FORENSIC PATHOLOGY

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## 4. Manager

In addition to the General Standards of Accreditation, the following requirements apply:

- The residency program must provide appropriate opportunity to acquire the management principles of a forensic unit, more specifically in its interactions with the various levels of the judicial system. Knowledge in quality assurance specific to Forensic Pathology and morgue and laboratory safety including universal precautions must also be included in the teaching program.

## 5. Health Advocate

The General Standards of Accreditation apply to this section.

## 6. Scholar

The General Standards of Accreditation apply to this section.

## 7. Professional

The General Standards of Accreditation apply to this section.

**STANDARD B 6: EVALUATION OF RESIDENT PERFORMANCE**

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

Please refer to Standard B 6 in the booklet *General Standards of Accreditation* for the interpretation of this standard.

The evaluation of residents will be based on the analysis of eight (8) cases (casebook) as described in the *Specialty Training Requirements in Forensic Pathology*.

Dft 1 – ESU – April 2004

Dft 2 – SC – February 2006

Dft 3 – ESU – November 7, 2006

Dft 3 a – ESU-JF – March 1, 2007

Dft 4a – ESU – MK-JF – May 22 2007



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## OBJECTIVES OF TRAINING IN FORENSIC PATHOLOGY

2007 DRAFT

(Please see also the "Policies and Procedures" booklet )

### DEFINITION

Forensic Pathology is a subspecialty of Anatomical Pathology and General Pathology which applies the basic principles and methodologies of these two specialties to support the medicolegal and judicial systems in determining causes and manners of death, supporting the investigation of circumstances surrounding deaths, and assisting in the interpretation of postmortem findings of medical legal significance

### GOALS

Upon completion of the training program, the subspecialist in Forensic Pathology will be competent to function as an expert witness and consultant in matters related to suspicious, homicidal, suicidal, accidental and sudden unexpected natural deaths investigated under the umbrella of the legal system. He/she will demonstrate the knowledge, skills and aptitudes related to the interprofessional approach needed for these investigations, the interactions with both the medical and legal systems and the importance of Forensic Pathology for societal, public health, educational and research needs

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Anatomical or General Pathology may be eligible for the Certification in the Subspecialty of Forensic Pathology

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective client-centered service to a diverse population. The client may include the deceased, a patient, a family, and interested third parties. In all aspects of subspecialist practice, the graduate must be able to address issues of gender, age, culture, ethnicity and ethics in a professional manner

### FORENSIC PATHOLOGY COMPETENCIES:

At the completion of training, the subspecialist will have acquired the following competencies and will function effectively as a:

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**Medical Expert****Definition:**

As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of client-centered services. *Medical Expert* is the central physician Role in the CanMEDS framework.

**Key and Enabling Competencies: Forensic Pathologists are able to...****1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and client-centered services**

1.1 Effectively perform a consultation, including the presentation of appropriately documented assessments and recommendations in written and/or verbal form in response to a request from another expert

1.1.1 Demonstrate effective consultation services regarding medicolegal death investigation, education and legal opinions

1.1.2 Act as a consultant to clinical colleagues, law enforcement personnel, crown attorneys and lawyers including defense lawyers, on the interpretation and relevance of pathological findings

1.1.2.1 Effectively communicate forensic information (opinions, conclusions) to police, coroners/medical examiners, and crown attorneys and lawyers, to minimize misunderstanding

1.1.2.2 Describe the information and limitations pathology can provide in a given situation and be able to communicate it effectively in an oral and written form

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1.2 Demonstrate effective use of all CanMEDS competencies relevant to Forensic Pathology

1.3 Identify and appropriately respond to relevant ethical issues arising in client services

1.4 Effectively and appropriately prioritize professional duties when faced with multiple clients and problems

1.5 Demonstrate compassionate and client-centered services

1.6 Recognize and respond to the ethical dimensions in medical decision-making

1.7 Demonstrate medical expertise in Forensic Pathology by providing expert legal testimony or advising governments, as needed

**2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice**

2.1 Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Forensic Pathology, including the following:

Deleted: the physician's specialty

**2.1.1 Death Investigation**

2.1.1.1 Apply the principles of the various types of death investigation systems in Canada

2.1.1.2 Demonstrate knowledge of the laws and regulations in Canada in relation to death investigation

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- 2.1.1.3. Apply the principles of death investigation and the role of the post-mortem examination in such investigations
- 2.1.1.4. Effectively employ the personnel and procedures (including maintaining the legal chain of custody of evidence) involved in the investigation of death
- 2.1.1.5. Function in the role of a Forensic Pathologist at the scene of a fatality
- 2.1.1.6. Effectively conduct a death investigation

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## 2.1.2 Postmortem Examinations

- 2.1.2.1. Outline the steps necessary to establish a positive identification
- 2.1.2.2. Apply knowledge of normal anatomy, physiology, and postmortem changes
- 2.1.2.3. Describe the limitations of time of death determination to a post-mortem exam
- 2.1.2.4. Describe the relevant laws and regulations in relation to tissue/organ procurement, tissue retention, principles of consent and confidentiality
- 2.1.2.5. Perform a complete postmortem examination in a range of natural and unnatural deaths, with appropriate description of the external and internal findings, including gross and microscopic examinations
  - 2.1.2.5.1. The postmortem examinations must include active participation in:
    - 2.1.2.5.1.1 Reviewing the death scene information and clinical history
    - 2.1.2.5.1.2 Establishing the identity of the body
    - 2.1.2.5.1.3 External examination of the body
    - 2.1.2.5.1.4 Organ evisceration and gross dissection
    - 2.1.2.5.1.5 Microscopic examination and review of toxicology or other ancillary test results where appropriate
    - 2.1.2.5.1.6 Preparation of written descriptions of the external, internal and microscopic findings
    - 2.1.2.5.1.7 Preparation of conclusions regarding causes and mechanism of death
- 2.1.2.6. Identify the circumstances when toxicological and other ancillary investigations/tests may be appropriate, and apply the procedures for sampling tissues, fluids and other evidence for these additional investigations
- 2.1.2.7. Perform special examinations and sample procurement in cases of sexual assault and child abuse fatalities
- 2.1.2.8. Recognize the need for and perform the following effectively:
  - 2.1.2.8.1 Specialized autopsy dissections (including anterior layer-by-layer neck dissection with tongue removal)
  - 2.1.2.8.2 Dissection of face
  - 2.1.2.8.3. Posterior neck dissection
  - 2.1.2.8.4. Layered dissection of posterior torso
  - 2.1.2.8.5 Dissection of extremities

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- 2.1.2.8.6 Eye and middle ear removal
  - 2.1.2.8.7. Cerebral spinal fluid collection
  - 2.1.2.8.8. Spinal cord removal
  - 2.1.2.8.9. Perineal and pelvic block dissection
  - 2.1.2.8.10 Cardiac conduction system examination
  - 2.1.2.8.11 Vertebral artery evaluation
  - 2.1.2.8.12 The ability to perform these dissections and procedures when appropriate
  - 2.1.2.9 Recognize the need for neuropathologic, cardiovascular, forensic anthropology and/or forensic odontology consultations, and retain appropriate specimens for these consultations
  - 2.1.2.10 Describe pediatric autopsy techniques and examination of placentas
  - 2.1.2.11 Demonstrate safe techniques for high risk autopsies, including infections (viral hepatitis, human immunodeficiency virus infection, tuberculosis, Creutzfeldt-Jakob disease, drug resistant bacteria) and exposure to noxious agents
  - 2.1.2.12 Describe biosafety considerations for post-mortem examinations
  - 2.1.2.13 Demonstrate the ability to take satisfactory external, gross and microscopic photographs of the postmortem examination and any relevant tissues
  - 2.1.2.14 Demonstrate the ability to interpret postmortem findings in light of the clinical history and/or scene investigation and appreciate potential limitations of such interpretations
- 2.1.3. Ancillary Training**
- 2.1.3.1 Describe elementary issues of medical jurisprudence
  - 2.1.3.2 Describe the principles of forensic neuropathology, forensic anthropology and forensic odontology, such as time of death changes, injury interpretation, and the role of the disease in sudden death
  - 2.1.3.3 Describe the principles of the interpretation of toxicological results
  - 2.1.3.4 Describe the principles of the various fields of forensic sciences, including toxicology, chemistry, biology (including DNA), document examination, firearm and toolmark examination, entomology, photo analysis, fingerprint analysis, trace evidence and alternative light source examinations
  - 2.1.3.5 Describe the principles of embalming artifacts
- 2.2 Describe the RCPSC framework of competencies relevant to Forensic Pathology
  - 2.3 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of Forensic Pathology competence
  - 2.4 Contribute to the enhancement of the quality of the services and safety in Forensic Pathology practice, integrating the available best evidence and best practices

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**Comment [a2]:** This is very broad - Can "principles" be clarified? SC  
**Response:** I would not mind if we removed part of the sentence "to accurately assess cause, manner and mechanism of death." (JM)

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3. Perform a complete and appropriate assessment of a case

- 3.1 Effectively identify and explore issues to be addressed in a client encounter, including the client's context and preferences
- 3.2 For the purposes of prevention and health promotion from a public health perspective, elicit a history that is relevant, concise and accurate to context
- 3.3 For the purposes of prevention and health promotion, diagnosis and/or management, perform a focused post-mortem examination that is relevant and accurate
- 3.4 Select medically appropriate investigative methods in a resource-effective and ethical manner
- 3.5 Demonstrate effective clinical problem solving and judgment to address client problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

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## 4. Use preventive interventions effectively

- 4.1 Discuss an effective management plan with a client
- 4.2 Demonstrate effective, appropriate, and timely application of preventive interventions
- 4.3 Ensure appropriate legal authority for the services provided

5. Demonstrate proficient and appropriate use of diagnostic skills

- 5.1 Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Forensic Pathology, to accurately assess cause, manner and mechanism of death
- 5.2 Ensure appropriate legal authority is obtained for procedures
- 5.3 Appropriately document and disseminate information related to procedures performed and their outcomes
- 5.4 Ensure adequate follow-up is arranged for procedures performed

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## 6. Seek appropriate consultation from other experts, recognizing the limits of their expertise

- 6.1 Demonstrate insight into their own limitations of expertise via self-assessment
- 6.2 Demonstrate effective, appropriate, and timely consultation of other experts as needed for optimal client services
- 6.3 Propose appropriate follow-up for client services

## Communicator

## Definition:

As *Communicators*, Forensic Pathologists effectively facilitate the relationships with clients and the dynamic exchanges that occur before, during, and after a case

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**Key and Enabling Competencies: Forensic Pathologists are able to...****1. Develop rapport, trust, and ethical relationships with clients, colleagues, families, other health care professionals and the medicolegal team,**

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- 1.1 Recognize that being a good communicator is a core clinical skill for Forensic Pathologists, and that effective communication can foster client, colleagues and others' satisfaction and improved outcomes
- 1.2 Establish positive relationships with clients and others that are characterized by understanding, trust, respect, honesty and empathy
- 1.3 Respect client confidentiality, privacy and autonomy
- 1.4 Listen effectively
- 1.5 Be aware and responsive to nonverbal cues
- 1.6 Effectively facilitate a structured forensic encounter

Comment [dp3]: Please clarify – vague (Dr Boone)

Comment [dp4]: Please clarify – vague (Dr Boone)

**2. Accurately elicit and synthesize relevant information and perspectives of clients, colleagues, and others**

- 2.1 Gather information about a disease or injuries, but also about a client's beliefs, concerns, and expectations
  - 2.1.1 Demonstrate the ability to incorporate cultural and ethnic perspectives in the conduction of medicolegal death investigations
- 2.2 Seek out and synthesize relevant information from other sources, such as a client's family medicolegal death investigators and other experts

**3. Accurately convey relevant information and explanations to clients, colleagues and others**

- 3.1 Deliver information to a client, colleagues and others in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making

**4. Develop a common understanding on issues, problems and plans with clients, colleagues and others to develop a shared plan of action**

- 4.1 Effectively identify and explore problems to be addressed from a client encounter, including the client's context, responses, concerns, and preferences
- 4.2 Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
- 4.3 Encourage discussion, questions, and interaction in the encounter
- 4.4 Engage client, families, and relevant others in shared decision-making to develop a plan of action
- 4.5 Effectively address challenging communication issues such as obtaining legal authority, delivering bad news, and addressing anger, confusion and misunderstanding

Comment [dp5]: Please clarify with example (Dr Boone)

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5. Convey effective oral and written information about a forensic encounter
  - 5.1 Maintain clear, accurate, and appropriate records (e.g., written or electronic) of forensic encounters and plans
    - 5.1.1 Be able to communicate postmortem findings in an effective written and oral fashion
  - 5.2 Effectively present verbal reports of forensic encounters and plans
    - 5.2.1 Describe the importance of communicating appropriately the information (opinions, conclusions) to police, coroners/medical examiners, and crown attorneys and lawyers, to minimize misunderstandings
    - 5.2.2 Demonstrate an understanding of the legal, ethical and behavioural requirements when testifying in court
  - 5.3 When appropriate, effectively present medical information to the public about a medical issue
  - 5.4 Describe the information and limitations pathology can provide in a given situation and be able to communicate it effectively in an oral and written form

#### Collaborator

#### Definition:

As Collaborators, physicians effectively work within a medicolegal team to achieve optimal client services

#### Key and Enabling Competencies: Forensic Pathologists are able to...

1. Participate effectively and appropriately in a medicolegal team
  - 1.1 Identify and clearly describe the role, expertise, responsibilities, and limitations of all members of the medicolegal team
  - 1.2 Describe the roles and responsibilities of other members of the medicolegal team
  - 1.3 Recognize and respect the diversity of roles, responsibilities and competences of other members of the medicolegal team in relation to their own
  - 1.4 Work with others to assess, plan, provide and integrate client services
  - 1.5 Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
  - 1.6 Participate effectively in death investigation team meetings when needed, demonstrate the ability to consider and respect the opinion of other team members
  - 1.7 Enter into interdependent relationships with other professions for the provision of quality services
  - 1.8 Describe the principles of team dynamics
  - 1.9 Respect team ethics, including confidentiality, resource allocation and professionalism
  - 1.10 Where appropriate, demonstrate leadership in a medicolegal team

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2. Effectively work with other members of the medicolegal team to prevent, negotiate, and resolve interprofessional conflict
  - 2.1 Demonstrate a respectful attitude towards other colleagues and members of a medicolegal team
  - 2.2 Demonstrate a multidisciplinary approach for a death investigation (scene investigation, postmortem examination, history, ancillary investigations) in collaboration with other members of the medicolegal team
  - 2.3 Participate in death investigation team meetings when needed, demonstrating the ability to consider and respect the opinion of other team members
  - 2.4 Work with other members of the medicolegal team to prevent conflicts
  - 2.5 Employ collaborative negotiation to resolve conflicts
  - 2.6 Respect differences, misunderstandings and limitations in other members of the medicolegal team
  - 2.7 Recognize one's own differences, misunderstanding and limitations that may contribute to medicolegal team tension
  - 2.8 Reflect on medicolegal team function

### Manager

#### Definition:

As *Managers*, physicians are integral participants in healthcare organizations and/or medicolegal systems, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare organization and medicolegal system

*Key and Enabling Competencies: Forensic Pathologists are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and/or medicolegal systems
  - 1.1 Work collaboratively with others in their organizations
  - 1.2 Participate in systemic quality process evaluation and improvement, as applied to forensic pathology
  - 1.3 Describe the structure and function of the healthcare system and/or medicolegal system including the roles of physicians
  - 1.4 Describe principles of healthcare and/or medicolegal financing, including physician remuneration, budgeting and organizational funding
2. Manage their practice and career effectively
  - 2.1 Set priorities and manage time to balance client services, practice requirements, outside activities and personal life
  - 2.2 Manage a practice including finances and human resources

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- 2.3 Implement processes to ensure personal practice improvement
  - 2.3.1 Apply the methods of professional quality assurance as applied to Forensic Pathology
- 2.4 Employ information technology appropriately to optimize death investigation and other activities
- 2.5 Describe knowledge of the principles of laboratory management
  - 2.5.1 Apply the principles of laboratory safety and universal precautions
- 3. **Allocate finite healthcare and/or medicolegal resources appropriately**
  - 3.1 Recognize the importance of just allocation of healthcare and/or medicolegal resources, balancing effectiveness, efficiency and access with optimal client services
  - 3.2 Apply evidence and management processes for cost-appropriate services
- 4. **Serve in administration and leadership roles, as appropriate**
  - 4.1 Chair or participate effectively in committees and meetings
  - 4.2 Lead or implement a change in Forensic Pathology procedures and investigative approaches

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Comment [dp6]: Great wording! (JF)
  - 4.3 Plan relevant elements of medicolegal services

### Health Advocate

#### Definition:

As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individuals, communities, and populations

#### Key and Enabling Competencies: Forensic Pathologists are able to....

- 1. **Respond to population health needs and issues as part of societal well-being**
  - 1.1 Identify the health needs of the population
    - 1.1.1 Identify hereditary diseases and inform family members to protect the health of living relatives, as appropriate
  - 1.2 Identify opportunities for advocacy, health promotion and disease prevention
- 2. **Respond to the health needs of the communities that they serve**
  - 2.1 Describe the practice communities that they serve
  - 2.2 Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
  - 2.3 Collaborate with the public health officials to recognize infectious disease outbreaks, bioterrorism-related deaths and other public health threats

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- 2.4 Appreciate the possibility of competing issues between the communities served, other populations and other members of the medicolegal team
3. Identify the determinants of health for the populations that they serve
  - 3.1 Identify the determinants of health of the populations, including barriers to access to services and resources
  - 3.2 Identify vulnerable or marginalized populations within those served and respond appropriately
4. Promote the health of individuals, communities, and populations
  - 4.1 Describe an approach to implementing a change in a determinant of health of the populations they serve
  - 4.2 Describe how public policy impacts on the health of the populations served
  - 4.3 Identify points of influence in the healthcare system and its structure
  - 4.4 Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
  - 4.5 Appreciate the possibility of conflict inherent in their role as a health advocate for an individual or community with that of manager or gatekeeper
  - 4.6 Describe the role of the medical profession in advocating collectively for health and population safety

#### Scholar

#### Definition:

As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge

#### Key and Enabling Competencies: Forensic Pathologists are able to...

1. Maintain and enhance professional activities through ongoing learning.
  - 1.1 Describe the principles of maintenance of competence
  - 1.2 Describe the principles and strategies for implementing a personal knowledge management system
  - 1.3 Recognize and reflect learning issues in practice
  - 1.4 Conduct a personal practice audit
  - 1.5 Pose an appropriate learning question
  - 1.6 Access and interpret the relevant evidence
  - 1.7 Integrate new learning into practice

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- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process
2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
  - 2.1. Describe the principles of critical appraisal
  - 2.2. Critically appraise retrieved evidence in order to address a medicolegal question
  - 2.3. Integrate critical appraisal conclusions into forensic practice
3. Facilitate the learning of clients, families, students, residents, other health professionals, the public, law enforcement personnel, coroners, attorneys, lawyers, and other members of the medicolegal team and others, as appropriate;
  - 3.1. Describe principles of learning relevant to medical education
  - 3.2. Collaboratively identify the learning needs and desired learning outcomes of others including law enforcement personnel, coroners, attorneys, lawyers, and other members of the medicolegal team
  - 3.3. Select effective teaching strategies and content to facilitate others' learning
  - 3.4. Demonstrate an effective lecture or presentation
  - 3.5. Assess and reflect on a teaching encounter
  - 3.6. Provide effective feedback
  - 3.7. Describe the principles of ethics with respect to teaching
4. Contribute to the development, dissemination, and translation of new knowledge and practices
  - 4.1. Describe the principles of research and scholarly inquiry
  - 4.2. Describe the principles of research ethics
  - 4.3. Pose a scholarly question
  - 4.4. Conduct a systematic search for evidence
  - 4.5. Select and apply appropriate methods to address the question
  - 4.6. Appropriately disseminate the findings of a study

#### Professional

##### Definition:

As *Professionals*, Forensic Pathologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour

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**Key and Enabling Competencies: Forensic Pathologists are able to...**

1. **Demonstrate a commitment to their clients, profession, and society through ethical practice**
  - 1.1 Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
  - 1.2 Demonstrate a commitment to delivering the highest quality services and maintenance of competence
    - 1.2.1 Have an appreciation of the crucial role of the Forensic Pathologist in death investigation  
This will include knowledge of findings, knowledge of the limitations of certain findings and knowledge of individual professional limitations and the necessity of seeking appropriate second opinions
  - 1.3 Recognize and appropriately respond to ethical issues encountered in practice
  - 1.4 Appropriately manage conflicts of interest
  - 1.5 Recognize the principles and limits of client confidentiality as defined by professional practice guidelines and the law
  - 1.6 Maintain appropriate relations with clients
2. **Demonstrate a commitment to their clients, profession and society through participation in profession-led regulation**
  - 2.1 Appreciate the professional, legal and ethical codes of practice
    - 2.1.1 Understand the criminal, civil and inquest court procedures, the role of the Crown and the defense and the rules of evidence employed
    - 2.1.2 Be familiar with legal, ethical and behavioural requirements when testifying in court
  - 2.2 Fulfill the regulatory and legal obligations required of current practice
  - 2.3 Demonstrate accountability to professional regulatory bodies
  - 2.4 Recognize and respond to others' unprofessional behaviours in practice
  - 2.5 Participate in peer review
3. **Demonstrate a commitment to physician health and sustainable practice**
  - 3.1 Balance personal and professional priorities to ensure personal health and a sustainable practice
  - 3.2 Strive to heighten personal and professional awareness and insight
  - 3.3 Recognize other professionals in need and respond appropriately

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# SUBSPECIALTY TRAINING REQUIREMENTS IN FORENSIC PATHOLOGY

*These training requirements apply to those who began training on or after 01 July, 2007*

## ELIGIBILITY REQUIREMENTS

- 1 Royal College Certification in Anatomical Pathology, General Pathology, or enrolment in a Royal College approved training program in these areas (see requirements for these qualifications) All candidates must be certified in their primary specialty in order to be eligible to write the Royal College certification examination in Forensic Pathology

## MINIMUM TRAINING REQUIREMENTS

- 2 Twelve months of approved residency in Forensic Pathology, The fellowship will allow for supervised training with increased responsibility as the year progresses The training period must include:
  - 2.1 11 months of training in death investigation and training and experience regarding postmortem examinations
    - 2.1.1 The training in death investigation must include:
      - 2.1.1.1 Training and experience in scene evaluation of a minimum of thirty (30) encounters/scenes (a scene evaluation can be either on-site or through provided documentation)
      - 2.1.1.2 Training and experience in decisions regarding whether a postmortem examination needs to be conducted, including training regarding tissue/organ procurement and tissue retention
      - 2.1.1.3 Training and experience regarding the certification of death
    - 2.1.2 The training and experience regarding postmortem examinations must include:
      - 2.1.2.1 Performance of no less than one hundred (100) and no more than one hundred and fifty (150) complete medicolegal postmortem examinations The postmortem examinations should offer a wide range of natural and unnatural deaths.
      - 2.1.2.2 The postmortem examinations must include active participation in:
        - 2.1.2.2.1 Reviewing the death scene information and clinical history
        - 2.1.2.2.2 Establishing the identity of the body
        - 2.1.2.2.3 External examination of the body
        - 2.1.2.2.4 Organ evisceration and gross dissection
        - 2.1.2.2.5 Microscopic examination and review of toxicology or other ancillary test results where appropriate

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- 2.1.2.2.6 Preparation of written descriptions of the external, internal and microscopic findings
- 2.1.2.2.7 Preparation of conclusions regarding causes and mechanism of death
- 2.1.2.2.8 Performance of a minimum of 15 cases of pediatric (0-5 years) autopsy techniques and examination of placentas
- 2.1.2.2.9 Performance of a minimum of 5 cases in cardiovascular pathology, and 15 cases in forensic neuropathology,
- 2.1.2.2.10 Exposure of a minimum of 5 cases involving forensic anthropology and 5 cases of forensic odontology

Comment [dp1]: Should this number be increased? (Dr Boone)

2.2 One month must be spent in a selective rotation. This must include one or more of the following areas of focus:

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- 2.2.1 Toxicology
- 2.2.2 Chemistry
- 2.2.3 Biology (including DNA)
- 2.2.4 Trace evidence
- 2.2.5 Firearm and toolmark examination
- 2.2.6 Photo analysis
- 2.2.7 Forensic anthropology
- 2.2.8 Forensic odontology
- 2.2.9 Other specialties as appropriate (e.g. entomology)

Note: Successful completion of training in Forensic Pathology requires:

- All of the rotations in (a) and (b)
- A portfolio documenting the involvement in cases including Forensic Pathology

REVISED - (Year Approved by the Royal College)

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