

NAME International Newsletter

JANUARY 2016 - VOLUME 1, ISSUE 1

Index

Article Page	1
Executive Committee and officers of NAME 2016	2
Annual	
International Recention	3

The 2015 Annual NAME Meeting in Charlotte, NC

The NAME Inspection and Accreditacion
Process

Dead Investigation and Forensic Pathology in Australia 8

Future Meetings 10

Welcome to our Inaugural International Newsletter!







Tom Noguchi

NAME and the International Relations Committees are proud to launch the inaugural International Newsletter. The newsletter will spotlight death investigation systems in different countries across the world. In this issue, you will meet Dianne Little from Australia. It will also feature a particular area or aspect of NAME. In this issue, Dave Fowler describes the NAME inspection and accreditation process, an active program in the United States and internationally. The newsletter will inform readers of

upcoming NAME events, international forensic meetings, NAME leadership, and opportunities within NAME applicable to those forensic pathologists residing outside of the United States. We plan to publish the International Newsletter quarterly, so look for the next issue spring 2016! Suggestions as to content, featured topics, and country spotlight are welcome!

Kim A. Collins Tom Noguchi

EXECUTIVE COMMITTEE AND OFFICERS OF NAME 2016



President David R Fowler



Vice President Stephen J. Cina



Secretary and Treasurer Scott J. Denton



Chair of the Board Marcus Nashelsky



Executive Vice President Mary Ann Sens



Kim A. Collins



James Gill



Brian Peterson



Executive DirectorDenise McNally

2015 ANNUAL INTERNATIONAL RECEPTION



NAME International attendees at the Third Annual Reception.

The third annual reception for international attendees was held at the last annual NAME meeting held in Charlotte, NC and hosted by Drs. Tom Noguchi and Kim A. Collins. The reception attendance grows each year, and this reception packed the room! NAME officers and members of the Board of Directors attended as well as attendees from many countries across the globe. US NAME members ("Buddies") were paired with international attendees before the Charlotte meeting. At the reception, the pairs met in person with excitement and instant collegiality. NAME also has a list of members who speak languages other than English, and these members were present to assist in welcoming our international guests. Fabulous food, drink, and





L-R Roger Byard (Australia), US District Judge Honorable David Norton, and NAME Chair of the Board, Greg Davis



Rebecca Irvine and Dianne Little and Rebecca from Australia



Tom Noguchi, Mark Reiner reception sponsor from MTF, and Rebecca Irvine (Australia)





L-R: Kim A. Collins, Hadas Gips (Israel), and Lindsey Thomas



Lee Marie Tormos and Amy Gruszecki

2015 ANNUAL INTERNATIONAL RECEPTION



Tom Noguchi, President Marcus Nashelsky, Milton Helpern Awardee Don Reay, and Lakshmanan Sathyavagiswaran

conversation flowed as was captured in photographs. International communication is key to education and advancement in forensic pathology. NAME welcomes all international forensic pathologists to attend and to become members of NAME. A special category of membership, the international corresponding member, is also available for those interested. We look forward to seeing you in 2016 in Minneapolis, MN!

A special thanks to MTF (Musculoskeletal Transplant Foundation) for sponsorship of the international reception.



Candace Shoppe, Marcella Fierro, and Rebecca (Becca) Hamilton



Vice President Dave Fowler and Paul Chui from Singapore enjoying the international reception



Vice President Dave Fowler, Chair of the Board Greg Davis, and President Marcus Nashelsky

THE 2015 ANNUAL NAME MEETING IN CHARLOTTE, NC





NASCAR Hall of Fame - Charlotte, NC.

Don Reay, presenting Milton Helpern lecture.

Another educational, productive, and enjoyable NAME annual meeting was held in Charlotte, NC October 2-6, 2015. The theme was "Dissection, Certification, Asphyxiation, and Intoxication". Platform and poster presentations were outstanding! Members not only learned current, cutting edge forensic pathology and comprehensive scientific reviews, but were also provided the opportunity to network with forensic pathologists across the globe. Valuable exchanges of ideas and information took place during meetings, receptions, and field trips. Several active NAME members were recognized for their hard work and service to the organization.



Don Reay, recipient of the Milton Helpern Award, and his wife Judy



President Marcus Nashelsky recognizes Executive Vice President Kurt Nolte for his years of hard work and dedication.



President Marcus Nashelsky presents the NAME outstanding Service award to Giancarlo Di Vella of Italy



President Marcus Nashelsky presents Greg Davis, Chair of the Board, with the NAME Outstanding Service Award

THE NAME INSPECTION AND ACCREDITATION PROCESS



Dave FowlerMB.ChB. M.Med. Path (forens)

The National Association of Medical Examiners developed an inspection and accreditation process over 30 years ago. To date, almost 80 of the larger offices in the United States and Singapore are accredited either at the full accreditation level, provisional accreditation, or are in process of obtaining accreditation. The number of offices applying for accreditation both in the US and overseas has accelerated rapidly over the last 5 to 10 years.

The population served by offices that are accredited in the United States alone is approximately 129 million residents. So while the number of offices appears relatively small, many of the larger metropolitan areas have achieved full accreditation. This peer review accreditation provides the office

with independent proof that they have appropriate resources in the way of equipment, facility, staffing and have this backed up with appropriate protocols to ensure that death investigations in the jurisdiction are being done appropriately. The National Association of Medical Examiners also reviews the autopsy practice standards and verifies that all of the important practice standards are mirrored within the accreditation checklist

To become accredited is a relatively simple process. The checklist is available online and can be downloaded, and the office staff can perform a self-evaluation which is usually very close to the final outcome. This allows the office to identify any deficiencies and correct these before moving forward. In conversations with most offices, it appears that the generation of the appropriate protocols seems to be the greatest stumbling block. However, there are many colleagues in other offices that are already accredited that will share their own protocols which can then be adapted to meet the needs of the local workflow, statute, and regulations. Generating these protocols is usually not difficult especially if shared across multiple staff members.

Once the office considers itself relatively well prepared, it can apply for inspection by going to the online access for inspection accreditation. The office needs to be registered. Once this is completed, individuals within the office can be assigned the responsibility of completing certain sections of the checklist. Hence one can take the chief investigator and

assign the investigation checklist questions to that individual and the same is true for autopsy services etc.

The checklist is divided into appropriate sections, and next to each of the checklist items is a place for the user to attach documents and all photographs. This is extremely useful in that you can photograph certain items that the inspectors will need to see to prove that you have these resources in place. This greatly speeds up the inspection process. Many offices will also attach other evidentiary documentation that is required such as licenses of the medical staff, board certifications, and the policies and procedures that need to be reviewed by the inspectors. So the checklist can be used as a wonderful repository of all essential documents that may be needed.

Once the entire checklist is completed, the user will click the submit button which sends an email to the NAME office. The NAME executive director then issues an invoice. Upon payment of the invoice, the inspector selection begins. Typically an email is sent to all active trained inspectors calling for volunteers to inspect that particular office. If the office is very large, then two inspectors may be assigned. In some circumstances, one inspector plus a trainee inspector will be assigned.

The inspection is arranged at the convenience of the office and the inspector(s). The inspection typically takes two days. The inspection process starts out with a pre-inspection conference where the inspector meets all of the key individuals within the facility. This is generally followed by a

tour of the facility to identify the facility checklist items that need to be validated. The inspectors have the right to validate each of the checklist items by multiple means. This may be direct observation, review of documents, discussion with staff, or any other appropriate methods. At the end of the two day process, a post inspection conference is held where the inspector will inform those present of any identified deficiencies. While this is a provisional result, as the final review has not yet been done by a secondary reviewer, in most circumstances it generally does reflect the final outcome.

The inspector will submit a written report which goes to a secondary review. If there are any differences of opinion, these are resolved either between the inspector and reviewer or between the inspector and the inspection committee. Once this is completed, the final decision is communicated to the office. If the office qualifies for accreditation, then a certificate is issued and mailed to the office.

To qualify for full accreditation, the office must have no phase 2 deficiencies and 15 or less phase 1 deficiencies. For provisional accreditation, the office must have five or fewer phase 2 deficiencies and 25 or fewer phase 1 deficiencies. Full accreditation is given for a period of five years, with an annual review. Provisional accreditation is given for one year and can be renewed annually for up to five years providing there is evidence given to the inspector of a good-faith attempt to resolve all deficiencies.

The checklist is one which is approved by the NAME board of directors and hence any changes to it are voted on by that body. Permission was recently granted by NAME for sections of the checklist to be used in the generation of a similar inspection process to be used in Europe.

NAME also offers a pre-inspection which is very similar to the inspection process but does not count as an official inspection. It is largely directed at educating the office with regard to how the inspection process takes place. This is occasionally requested by offices that have never been inspected before. The other product that the inspection and accreditation committee offers is a full audit/assessment. This is a very in depth assessment of the death investigation system in that jurisdiction. It delves very deep into statutes, regulations, budget, staffing, resources and facility, equipment etc. A comprehensive report is then provided by the three inspectors describing all the issues that the jurisdiction faces with regard to death investigation. This is an expensive process and typically the inspectors are three very senior forensic pathologists, usually past board members and often medical examiners who have been chief medical examiners in the past. This type of assessment is typically undertaken by jurisdictions that are in transition, or experiencing difficulties for one reason or another.

Any questions concerning the NAME inspection and accreditation process can be directed to the inspection and accreditation committee. Many questions may be answered by visiting the NAME website.

Do you
have an
idea,
comment or
Suggestion?

Please contact Kim A. Collins kimcollinsmd@gmail.com

DEATH INVESTIGATION AND FORENSIC PATHOLOGY IN AUSTRALIA



Dr Dianne Little, Forensic Pathologist, Gold Coast, Queensland, Australia

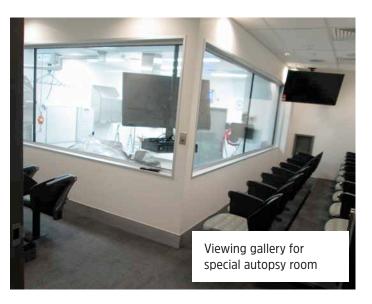


As a former British Colony, Australia inherited the British coronial system which has subsequently been adapted over the years in the 6 states and 2 territories so that each has slightly different legislation. However, in all jurisdictions, the death investigation process is

overseen by a Coroner, who is a legally trained person, often a magistrate. In general, the cases reported to the Coroner include non-natural deaths (accidents, suicides, homicides), natural deaths where a death certificate is not forthcoming, unidentified bodies, and deaths in custody or police operations. Investigations required for the death investigation process are carried out by police and autopsies are carried out by Forensic Pathologists.



Each state and territory has its own Forensic Pathology Departments, the number of such units depending on the population of the state/territory, but in all cases with at least one department located in the capital city. Some are stand-alone facilities, others are located within hospitals. Due to the large size (roughly similar to USA) and small population of Australia (24 million people, centered along the eastern and south-eastern coasts), in many





jurisdictions it is necessary to transport bodies long distances for autopsy.

In the past, most coronial autopsies were "full" (3 cavity) examinations, but with the increased availability of CT scanning there is an increase in the number of partial internal and external only autopsies performed. Currently 5 Forensic Pathology departments have dedicated CT scanners and most of the remainder have access to CT scanning if required.

Forensic Pathologists in Australia undergo 5 years training and take examinations to obtain Fellowship of the Royal College of Pathologists of Australasia.

I work at the Gold Coast in the state of Queensland. There is one main Forensic Pathology Department in the state capital (Brisbane) with 3 regional full time offices of which mine is Gold Coast. Our department, with 2 full time Forensic Pathologists, is located within the Gold Coast University Hospital, which opened just over 2 years ago. It is a modern facility with a large main autopsy theatre and a separate room for infectious/decomposed/suspicious cases, both with viewing galleries and a dedicated CT scanner. Bodies are stored on racks in a large walk-in refrigerator and freezer. To minimize staff injury, the facility uses electric hoists for lifting bodies and trays. Autopsies are performed on mobile trolleys, with dedicated trolleys for bariatric bodies.



Contact us with information regarding your future meetings

Provide us with your organization contact information

Please contact Kim A. Collins kimcollinsmd@gmail.com

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

American College of Legal Medicine Health Law in the 21st Century: Issues with Vulnerable and Special Populations

February 25-28, 2016

Austin Texas

Website: www.aclm.org

Euthanasia 2016

May 11 - 14, 2016

Amsterdan, Netherlands

Website: www.euthanasia2016.com

Fourth International Conference on Ethics Education

May 25th-27th, 2016 Logroño, Spain

Website: http://4iaee.cibir.es

23rd International Academy of Legal Medicine

June 21 - 24, 2016 Venice, Italy

Website: www.ialm.info

22nd Annual WAML World Congress

August 7-11, 2016 Los Angeles, CA (USA)

Website: www.thewaml.com

50th Annual Meeting of the National Association of Medical Examiners

September 9-13, 2016 Minneapolis, MN (USA) Website: www.thename.org

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017 Düsseldorf/Cologne, Germany Website: http://www.isalm2017.de

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017 Scottsdale, AZ, USA

Website: www.thename.org

2017 (dates to be announced)

6th International Conference on Evidence Law and Forensic Science Baltimore, MD (USA)

