The Royal College of Pathologists
Pathology: the science behind the cure

Respondents name: Death Investigation Committee
Organisation name: The Royal College of Pathologists

1. What is your profession? Death Investigation Committee of the Royal College of Pathologists

2. How often do you interact with the coronial pathology system?
☒ Daily

Our members interact daily or frequently with the coronial pathology system

3. Do you experience issues with obtaining / providing coronial post-mortem resources?
☒Yes Frequently

4. What are the main limitations you experience in obtaining / providing coronial post-mortem resources and why do you think they exist?

Our members report that they do experience issues with providing pathology services for coroners. This includes:

- Pathologists' time – in many places there are insufficient pathologists who are willing to conduct autopsies for the coroner, those pathologists who do conduct autopsies are (mostly) expected to do so over and above their NHS duties, and there is a conflict of priorities, given that their NHS work focuses on the living.

  The fees paid do not reflect the time spent to provide a high quality autopsy service and can lead to pressures to provide a lesser quality of service, and our members report seeing this in locums who are paid far more yet provide a lesser quality of service. The work is often seen as unpleasant and distasteful.

  The pressures of workload coupled with insufficient pathologists puts pressure on pathologists to finish cases quickly to ensure continued NHS diagnostic services.

  Pathologists report they have limited time for composing autopsy reports.

  Pathologists report that the quality of their work is underappreciated and that autopsy practice is not seen as a highly skilled job. NHS employers often do not appreciate the importance of coronial autopsy work and would prefer their pathologists concentrate on NHS pathology work.

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- Increasing case complexity, which is often accompanied by increasing demand to attend inquest, the time for which is not remunerated and impacts on availability for NHS work

- Court – some pathologists have concerns about giving evidence in court and this can contribute to a decision not to do coronial autopsy work.

- Coroner/pathologist conflicts – some pathologists report significant constraints put on their work by coroners which has a direct impact on the quality of an autopsy. Some pathologists report a clash of priorities – coroners focussed on quick turnaround, whilst pathologists want to ensure high quality of a report. Some pathologists report difficulty in communicating with coroners/coroners' officers.

- Anatomical Pathology Technologists' (APTs) both time and staffing – there is a shortage of qualified APTs in some places (likely to represent a national shortage).

  APTs are valuable staff in the mortuary and provide an essential part of the autopsy process to support the pathologist.

  Poor salary for APTs often results in poor recruitment and retention as they leave to pursue higher paid jobs in other industries.

- Consumables – the use of consumables in a mortuary is often a hidden cost of providing the service, and in many cases may be at least in part picked up by NHS hospitals who host the mortuary

- Facilities – the standard of mortuary facilities varies across hospitals and local councils, with many facilities requiring upgrade to meet Human Tissue Authority (HTA) standards, basic security and sensitivity when dealing with both the deceased and the bereaved.

  As with consumables, the cost of facilities often falls onto hospitals who host the mortuary.

  Most hospitals recognise that the provision of a mortuary is an important facility for the community, however, the costs of maintaining such facilities is then often largely subsidised by the NHS organisation.

  The availability of post mortem CT scanning is not universal, still only available in a small number of centres in England, and leads to a geographical uneven service for the deceased.

- Secretarial support – pathologists often do not have secretarial support for coronial autopsy work, and either have to be their own secretary or have to pay for secretarial services out of the post mortem fee.

- Laboratory support – pathologists report varying practice with laboratory histology services, with some coroners paying an additional fee for histology. NHS laboratories may not prioritise post mortem samples over samples from the living which can cause delays.

  Some pathologists report significant delays with receiving reports of toxicology investigations.

- Training opportunities – there is insufficient support for training the next generation of pathologists, which further adds to the shortage of pathologists.

  Our members report that in some coroner areas the coroner specifically prohibits trainee pathologists from undertaking autopsies. This means no pathologists can be trained in that area and means there will be no pathologists able to conduct autopsies in the future.

  Training must be recognised as a core part of any autopsy service provision to ensure the future workforce.

- Insufficient support for new consultant pathologists – a bad experience with a challenging case/relatives/court can easily put a pathologist off

- Poor information from coroner's officers can lead to lots of additional work from the pathologist prior to even starting an autopsy

- Interest – autopsy work is often seen as distasteful and unpleasant. In some places, where post mortem CT scanning has become established, pathologists report that the work for invasive autopsy is much more complex and can be less interesting.

- Paediatric pathology faces particular problems with pathologist training, recruitment and retention, and willingness to perform coroner's autopsies. Availability of radiologists to report X-rays and scans in paediatric cases is also a problem.

5. Do you believe there are any external factors influencing the availability of coronial pathology provision in England and Wales (e.g. competitive salaries being offered internationally)?

Some pathologists report that high fees demanded by locum pathologists has an impact on coronial service provision. This includes within the UK, as some locum agencies providing work in Scotland demand much higher fees for pathologists.

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Other external factors include fears about referral to the GMC, complaints from families, concerns about giving evidence in court. Some pathologists report a lack of esteem or respect from the coronial team.

Some pathologists report pressures from coroners/coroners officers to justify additional investigations such as histology or toxicology, to the point where they stopped doing coroner's autopsies.

6. If applicable, how many coronial pathologists are accepting work within your coroner area?

Coroner area…. This is a response from the Royal College of Pathologists, however, we have also included individual responses from some of our members which can give this local detail. Please see individual responses from our members

The cost of a post-mortem examination

7. In your experience, what is the expected cost of a post-mortem examination? For each type of post-mortem please list; the fee, any top-up received, and under what authority the top up is paid, if known.

Standard post-mortem:
The fee:
Any top-up received:
Under which LA was it received:

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Specialist post-mortem:

The fee:
Any top-up received:
Under which LA was it received:

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8. Are you able to breakdown what constitutes a standard and specialist post-mortem, and the costs associated?

There is great variation reported by our members on the use of the specialist fee for a post mortem. Some pathologists are never able to claim this higher fee – their

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coroner simply refuses to pay. For those pathologists who do claim a higher fee, the definition of the type of autopsy covered by this higher fee is hugely variable.

Many of our members report that there in an increasing complexity in coronial autopsy work and even seemingly straightforward cases can take much more time than is reasonably remunerated.

9. In your opinion, does the statutory fee structure accurately reflect what is currently being paid to pathologists for completing coronial post-mortem examinations? ☒No

Our members report a range of fees having been negotiated locally. Some pathologists are still only paid the statutory fee. In addition, many locum agencies are able to charge a considerably higher fee.

The suitability of the current fee structure

10. To what extent do you believe the current post-mortem fee rates and structure contribute to the shortage of pathologists? ☒Strongly agree

11. In your opinion, does the current fee structure appropriately remunerate pathologists in line with their average salary expectations? ☒ No

- Pathologists report that the fee structure is derisory and insulting. It has not changed for 15 years. It does not recognise the considerable expertise required to conduct an autopsy and produce a report. Autopsy practice requires considerable medical, surgical, anatomical and pathophysiological knowledge, as well as legal knowledge. Interpretation can require considerable review and research. The effort, skill, knowledge and experience required is in no way reflected in the current fee structure.

- The low fee discourages good practice. It directly influences the time for teaching and training pathologists of the future.

- Some of our members provided examples of other pathology work that is done privately or taking on additional NHS work, both of which pay at a much higher rate for the work involved, in comparison to the low fee and high complexity and risk of coronial autopsy work.
- Further examples of comparisons included the fee a GP can charge for certifying a passport photograph, versus the considerable skill and expertise involved in conducting an autopsy.

- Comparisons of the fee paid to pathologist versus fees paid to similar professionals such as lawyers easily demonstrate the inadequacy of the current fees.

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- Pathologists report on the unfairness across different coronial areas, with pathologists having to negotiate fees individually.

- Paediatric pathologists report they are paid the specialist fee, however this does not adequately reflect the time and expertise required for paediatric cases which are often very complex and require extensive multidisciplinary meetings, the time for which is not remunerated.

- Neuropathologists report they are paid (for an examination of the brain) £400 for an adult case, £700 for a paediatric case and £900 for a forensic case. This is to examine just one organ of the body, and these fees are at least 4 times higher than the original pathologist is paid to examine and interpret the whole body.

12. Do you think the current fee system directly impacts the ability to obtain/provide coronial post-mortem resources? ☒ Yes

13. In your opinion, what is an appropriate fee to charge for a standard and specialist post-mortem?

Standard post-mortem: The Royal College of Pathologists thinks that the remuneration for a pathologist should match or exceed the NHS consultant contract. (see response to question 16 below)

Any move to an employed model of contract will take a long time to establish and an increase of fee is required immediately to ensure the sustainability of autopsy services.

Remuneration should be at the level needed to compete with the market rates for what is additional/non-NHS/Private work done in addition to an NHS contract and in many cases out of hours. Full remuneration of time, taking into consideration additional time for admin, answering questions and inquest work needs to be included, as does the recognition of very specialist input at times.

The following may be useful: https://www.bma.org.uk/pay-and-contracts/pay/rate-cards/consultant-non-contractual-rate-card

This is a starting point and higher rates may be needed to persuade pathologists to come forward and do this work, given competing opportunities.
Specialist post-mortem: The Royal College of Pathologists thinks that the remuneration for a pathologist should match or exceed the NHS consultant contract. (see response to question 16 below)

Any move to an employed model of contract will take a long time to establish and an increase of fee is required immediately to ensure the sustainability of autopsy services.

It is important to establish what constitutes a specialist post mortem, with consistency across all coroners' areas.

Remuneration should be at the level needed to compete with the market rates for what is additional/non-NHS/Private work done in addition to an NHS contract and in many cases out of hours. Full remuneration of time, taking into consideration additional time for admin, answering questions and inquest work needs to be included, as does the recognition of very specialist input at times.

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14. Do you think a separate fee needs to be set for less-invasive techniques?
☒ No

All types of autopsy examinations require a high degree of expertise and variable amount of time and this should be reflected in the fees paid to the pathologist. Some of our members report receiving different fees for autopsies which involve an external examination and toxicology, or for a post mortem CT (PMCT) scan examination.

Some pathologists raise concern at the potential perverse driver of cost to affect decisions about whether a case should be performed as PMCT, external only, or invasive autopsy.

It should be noted that fees for post mortem CT scan examinations also require a fee for the radiographer (who conducts the scan), the radiologist (who interprets the scan) and the pathologist (who assesses the need for any further examination and writes the autopsy report including establishing the cause of death).

15. Do you think the time taken to prepare for inquest cases should be factored into the fee structure? ☒ No

Our members report there is a range of experience across different coroners' areas with regard to the frequency by which the pathologist is called to an inquest. Some pathologists are never called to any inquest, some are called more frequently.

There seems to have been a downward trend in recent years, particularly since the COVID-19 pandemic, in calling the pathologist to an inquest. Whilst this reduction in the workload burden for pathologists is often welcomed, pathologists do feel they can play a valuable role at inquest in some cases, providing expertise to help families and coroners.

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This reduction in inquest attendance also has a knock on effect with newly trained pathologists, whose experience of inquest may now only be when a case is particularly complex, thereby adding further stress to an unfamiliar situation.
The time taken to prepare for and attend an inquest is considerable. Questions posed by coroners, lawyers and families, both at an inquest or in advance, can take significant amounts of time and expertise to address.

Some pathologists report considerable variation in inquest practice amongst their local coroners, leading to refusal to work for coroners who call the pathologist to inquest very frequently.

The time and expertise involved in inquests should be reflected in the fees paid to pathologists, either additional to the post mortem fee, or contained with a contracted service (see our response to questions below).

16. What are the potential impacts of including coronial post-mortem provision within the standard NHS histopathologist contract?

The Royal College of Pathologists supports the suggestion in the Hutton Report into forensic and non-forensic coronial autopsy services, that several centres of excellence should be established to concentrate autopsy examinations, and that pathologists should be employed with a contract which mirrors an NHS consultant contract. This can be achieved with services hosted by NHS organisations, universities or other providers. However, the key factors should be a proper contract of employment with terms and conditions of service which is equivalent to those in the standard NHS consultant contract.

Remuneration should be at a level which at least matches the NHS consultant contract or considerably higher (reflecting the demand for services and the limited pool of available pathologists).

This is NOT an opportunity to force NHS consultants to take on coronial autopsy work as part of their NHS duties.

It should also be acknowledged that some autopsy pathologists prefer to earn extra money doing coronial autopsies and may not be keen to change to a contracted model.

Several of our members already work in autopsy services that are arranged in this proposed way. Some are employed through an NHS organisation (either as part of their job contract or the whole of their job contract in autopsy practice), some are employed by a university who holds a contract for autopsy services.

All of our members who report working under such an employed contract model within the NHS or a university fully support this as the model for the future of autopsy service provision.

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It should be noted that there is a severe shortage of histopathologists across the UK. A Royal College of Pathologists survey in 2014 showed that only 3% of departments had adequate consultant staffing. This shortage of pathologists creates a conflict between the time spent reporting surgical histopathology, and the time which can be spent doing autopsies. Whatever the future model of pathologists providing autopsy services, there needs to be a large expansion of pathologists, including training posts and consultant posts. This will take many years to fully deliver, but the future of autopsy services and histopathology services is entirely dependent on this expansion of the pathologist workforce.

An employed model of autopsy services brings many benefits to pathologists, employers, and commissioners of autopsy services.

For pathologists, a contract of employment provides security of employment, employment rights, annual leave, study leave, time for personal development, supporting professional activities such as audit, research, teaching, governance, a regular salary which is commensurate to the level of work undertaken, a pension, professional indemnity and processes to support regulatory requirements such as appraisal and revalidation. There is time to do a good job, not pressure to do a quick job. Proper employment and remuneration provides recognition of this as an important professional role and rewards the pathologists' expertise.

For employers, a contract provides a framework for delivery of a service. All aspects of autopsy work should be included – everything which is required to support the pathologist, including mortuary staff, APTs, administrative staff, laboratory staff, equipment, premises, corporate responsibilities such as human resources support and finance support, health and safety compliance, accreditation, IT support and secure computer storage for sensitive information. Many of these costs are currently hidden and often subsidised by NHS organisations.

For commissioners, a contract provides security and assurance of service delivery, an ability to set expectations of the service, for example how soon an autopsy will take place, turnaround times for completed reports, out of hours service provision.

A contract for an autopsy service should also include the provision of training of staff, in particular training of mortuary anatomical pathology technologists (APTs), histopathology registrars, forensic pathology, neuropathology and paediatric pathology registrars, and teaching for medical students, other healthcare professionals and Police officers and allied staff. And pathologists need to have this training time recognised in their job plan so they are supported to dedicate their time to training the next generation of autopsy pathologists.

Trainees also support this potential model. Trainees report particular challenges in accessing autopsy training which is partly due to the current arrangement outside of NHS work. Many trainees are also put off future autopsy practice as it has to be done "in your own time" and trainees worry about how this can be managed alongside the challenges of being a new consultant. Trainees also recognise the

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benefit to training of autopsy work being done in a contracted model, with pathologists having time for training, which will inspire the next generation of pathologists and increase the workforce pool of the future.

17. If you take the view that adopting a different fee structure would be beneficial, please provide your suggestion with any supporting evidence below: Please see above

18. If you have a view as to how the new fee structure should be maintained going forward, please provide your suggestion with any supporting evidence below:

It is important that the fee structure increases annually in line with NHS consultant salary increases.

Length of time taken to complete post-mortem examinations

19. In your experience, how long does it take to secure pathology resource and confirm booking for a post-mortem examination?

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20. In your experience, what is the total length of time it takes to complete a standard and specialist post-mortem examination?

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Specialist post-mortem: This is a response from the Royal College of Pathologists, however, we have also included individual responses from some of our members which can give this local detail.

21. In your experience, how long does it take from the point of commission until:

1) the post-mortem examination is carried out: This is a response from the Royal College of Pathologists, however, we have also included individual responses from some of our members which can give this local detail.
2) the interim report is available: This is a response from the Royal College of Pathologists, however, we have also included individual responses from some of our members which can give this local detail.
3) the full post-mortem report is provided: This is a response from the Royal College of Pathologists, however, we have also included individual responses from some of our members which can give this local detail.

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22. How much of your time is spent on complex cases?

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If you are responding as a pathologist:
23. Have you accepted coronial post-mortem requests in the past?

24. Do you currently accept coronial cases?

25. If no, please share the reasons for opting out.

26. At what stage in your histopathology career path did you opt out of coronial post-mortem work?

27. To what extent did the fee impact this decision?

28. Would you return to autopsy practice should the fees increase to a level you deem acceptable?

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