**ISO/IEC 17020**

**6 RESOURCE REQUIREMENTS**

**6.1 Personnel**

**6.1.1** The competence requirements for all personnel employed in the Medical Examiner’s Office are stated in the job descriptions for each position. The job descriptions include requirements for education, training, technical knowledge, and experience.

**6.1.2** The Medical Examiner’s Office employs sufficient staff in each area of competency to perform duties in the corresponding type and range and make professional judgments. Numbers of staff members are adequate to the volume of work.

---Quarterly statistics are compiled for each forensic pathologist as to number of complete autopsies, partial autopsies, and external examinations. A yearly compilation has autopsy types in total by manner of death category.

---At least 90% of autopsies are performed within 48 hours from the time jurisdiction is accepted. (See NAME Inspection and Accreditation Checklist C 6 o)

---The Spokane Medical Examiner’s Office meets NAME accreditation requirements for caseload of Forensic Pathologist/Medical Examiners (see NAME Inspection and Accreditation Checklist G 2 i and j)

--Quarterly statistics and annual summary are compiled for each death investigator as to total number of death scenes attended, jurisdiction released cases, ans jurisdiction assumed reports entered.

---Occasionally professionals not employed by Spokane County are needed for their competencies in specific areas: Radiology, Forensic Odontology, Forensic Anthropology, Neuropathology, and Cardiac Pathology. All such consultants are board-certified in their respective disciplines. (See NAME I & A Checklist). The consultants are used on a fee for service basis, and a contract is generated by the consultant that is case-specific. Individual contracts are kept in the specific decedent case file.

**6.1.3** All Medical Examiner personnel have appropriate qualifications, training, knowledge and experience for their roles in the inspection:

---All medical examiner investigators are required to be registered by the American Board of Medicolegal Death Investigators (ABMDI) within 2 years of beginning employment, and must maintain registration while employed. (See NAME I & A checklist G 3 c and d)

--In Washington State Medical Examiners are required by statute to be board certified by the American Board of Pathology, and are subject to Continuing Certification by the ABP, if applicable. (NAME I & A checklist G 6). Forensic Pathologists must have a medical license in Washington and Idaho. Credentials are verified at employment, and copies of medical license are made at renewal.

--Autopsy assistants always work under the direct supervision and observation of one of the medical examiners.

--The technologies used in the office include: X-ray equipment, Cameras, and bone saws. Investigators and autopsy room staff receiving training and quality improvement feedback in photography. X-ray training is provided and reinforced with periodic training. Bone saw training is hands on, and is supervised by the Chief Autopsy Assistant under direct observation of a forensic pathologist/medical examiner. (See Medical Examiner Equipment and Facilities Policies.)

**6.1.4 The** Medical Examiner’s Office makes clear to each employee their duties responsibilities and authorities by:

--Job descriptions, and employment letters sent at hire.

--Office policies defining functions such as investigation, and performance of autopsies. Policies also define supervisory roles and chain of command. (See policies: Supervisory Roles, Database and Report Writing, Investigations policies, Postmortem Examination, and Jurisdiction Autopsies Sections)

--Every two years, all medical examiner policies are reviewed by every staff member. Each staff member initials every policy as his/her review of the policy is complete.

**6.1.5 And 6.1.6 The** Medical Examiner’s Office has procedures for selecting, training, formally authorizing, and monitoring all personnel involved in investigations and autopsies.

**Selecting:** The County Government list/posts all employment opportunities, including any available positions in the Medical Examiner’s Office. Job postings include position requirements. The application requires a cover letter, and has supplemental questions developed by Medical Examiner staff. Human resources screens all applicants for minimum qualifications, and provides applications of candidates that meet those qualifications to the medical examiner staff.

--Applications are reviewed by a Medical Examiner Committee of at least 3. The composition of the committee depends on the position, but always includes one employee from the same job category (administration, investigation, autopsy, forensic pathologist).

--The committee members make recommendations about candidates to be interviewed. If there are discrepancies in the selection of candidates, the committee meets and makes determinations by discussion/consensus.

--A bank of interview questions is maintained, and frequently modified. The committee selects questions for interview.

--The committee interviews candidates, and each committee member ranks candidates based on the original application and interview questions. The committee meets and makes hiring selections by consensus.

**Training:**

Forensic Pathologists: Training requirements are established for Fellowship Programs in Forensic Pathology by the Accreditation Council for Graduate Medical Education (ACGME). Employment in a Medical Examiner’s Office requires only a brief orientation to administrative differences, physical locations of autopsy tools, and office-specific policies and procedures. Physicians are required to complete continuing medical education to maintain licensure.

Medicolegal Death investigators:

1. The Medical Examiner’s Office has a detailed investigator training checklist that includes administrative, autopsy, and investigative requirements. (Induction Period)
2. During the course of the first 2 years of employment, investigators complete an ABMDI Basic Death Investigation course, as part of the requirement to become ABMDI registered within years of employment. (Induction Period)
3. The probationary period is 1 year long, and investigators receive formal feedback every 3 months about training progress and expectations.
4. (Mentored working period:) During training, investigators first accompany experienced death investigators to scenes to observe, then progress to being primary investigator at scenes under the direction of the experienced investigator (mentored working period) This training is individualized based in feedback from investigators to the office manager and forensic pathologist. The observation to primary investigator sequence is also utilized to insure that the new investigator has an opportunity to gain experience in different scene types (drownings, gunshot wounds, natural deaths, traffic accidents, etc.)
5. Investigators read all offices policies and procedures as part of training.
6. Continuing training: Investigators must have continuing education to maintain ABMDI registration (required for employment). Annual training needs are included in each performance review.
7. See medical examiner policy: Investigation

Autopsy Staff:

1. The autopsy staff trains by first observing autopsies for several days, and after this time will first observe before participating in autopsy types not previously observed (homicide evidence collection for example). During this induction, the autopsy staff are exposed to administrative procedures such as label printing. Autopsy staff complete many of the administrative items on the investigator checklist such as database use and timecard completion. (New autopsy staff receive a checklist that excludes investigator duties.)
2. (Mentored working period:) The chief autopsy assistant trains all autopsy room staff, and investigators assigned autopsy duties. Training is also under the direct supervision of a forensic pathologist who also participate in training. Autopsy staff gradually receive training in individual parts of the autopsy until they demonstrate proficiency, and duties are added. Per NAME accreditation policy, “Postmortem Examination”, a forensic pathologist directly observes all autopsy room staff during an autopsy, so there are continuing checks of autopsy staff proficiency.
3. Continuous training of autopsy staff is performed by the forensic pathologists who introduce new procedures and techniques as appropriate. Annual training needs are included in each year’s performance review.

**Formal Authorization**

All Spokane County employees are subject to the personnel policies of Spokane County include standards of behavior.

For the forensic pathologist/medical examiner formal authorization is considered to be attainment of Board Certification from the American Board of Pathology and employment in the Medical Examiner’s Office. Duties of Medical Examiners in Washington are defined by statute.

Upon completing the investigator training checklist, the checklist is signed and dated by the investigator and supervisor. The investigator is authorized to perform all duties on the checklist. The job description includes a list of duties. This list is attached to the training checklist, each list item is initialed and dated by the investigator and supervisor, and the list is signed, dated, and attached to the training checklist.

Autopsy staff are authorized as trained for their job duties by verifying, dating, and initialing the duties listed on their job descriptions. The applicable checklist items are initialed by the autopsy staff member and supervisor or office administrator, then signed and dated.

6.1.7 The training of all staff is individualized depending on ability, qualifications and experience, and observed progression. (See also policy: Supervisory Roles)

6.1.8. (See also policy: Supervisory Roles). Appropriate supervisors with expertise in investigations/autopsies will monitor inspectors for satisfactory performance, as described below. Any deficiencies will be remediated, and change in performance will be monitored and documented. Typically this is accomplished by an increase frequency in performance reviews that are directed to the deficient area. See policies: Personnel Corrective Action, Personnel Discipline and Termination

**Proficiency testing and monitoring:**

*Forensic Pathologists:*

1. Forensic Pathologists participate in formalized proficiency testing through American Society of Clinical Pathology (ASCP) check samples, and College of American Pathologists (CAP) Forensic Case Studies.
2. The office maintains a monthly pathologists’ peer review, and an office quarterly peer review that includes forensic pathologists. (See Quality Assurance and Performance Improvement.)
3. At least once yearly each forensic pathologist will have court testimony peer-reviewed. This can either be done by direct observation in court, or by review of a written transcript of court testimony or deposition. The court testimony QA form is completed by the reviewing pathologist, given to the observed pathologist, and placed in the QA documentation file.
4. At least once yearly, each forensic pathologist will be observed and evaluated for proficiency at autopsy by another forensic pathologist. At least one autopsy will be viewed, and the autopsy observation QA form will be completed by the reviewing pathologist, provided to the observed pathologist, and placed in the QA documentation file.

*Investigators:*

1. Investigators participate in monthly peer review, and rotate orchestrating quarterly peer review. Quarterly review evaluates all office functions, including investigations and investigators. (See Quality Assurance and Performance Improvement)
2. Forensic pathologists accompany death investigators to all homicide scenes and directly observe investigators for proficiency.
3. In addition to homicide scenes, at least once yearly, a forensic pathologists will accompany each investigator to an investigative scene and evaluate for proficiency. An Investigator Scene Proficiency form will be completed by the forensic pathologist, provided to the investigator along with verbal feedback, and a copy placed in the QA documentation file.
4. Investigators have annual formal written and oral performance review from a forensic pathologist, and copies of the reviews are saved in individual personnel files. During performance review, investigators complete self-assessments that are reviewed by the forensic pathologist, and also maintained in the personnel file.

*Autopsy Staff:*

1. Per postmortem examination policy, all autopsy staff are directly observed for proficiency during the course of each autopsy. Feedback on proficiency is provided immediately.
2. Autopsy staff have annual formal written and oral performance review from a forensic pathologist, and copies of the reviews are saved in individual personnel files. During performance review, autopsy staff complete self-assessments that are reviewed by the forensic pathologist, and also maintained in the personnel file.

6.1.9 As above observations for proficiency occur either at the investigative scene, autopsy scene, or courtroom (deposition)

6.1.10 As above records are maintained of monitoring, education, training, technical knowledge, skills for which staff are proficient, experience, and authorization for forensic pathologists, autopsy staff, and death investigators.

6.1.11 The personnel involved in inspections are salaried employees and are not remunerated in any way that influences the results of inspections

6.1.12 All personnel act impartially. ( See section 4.1)

6.1.13 All personnel of the medical examiner office, including sub-contractors such as anthropologists, personnel of external bodies such as the prosecutors and law enforcement, shall keep all information obtained or created confidential, except as required by law. (See section 4.2).