



Northern Ireland Office

**State Pathologist's Department**

# **The Way Forward**

a consultation document

**January 2003**

### Foreword

I am pleased to present this consultation document, which sets out a range of issues and options in relation to the future provision of an independent, professional and effective forensic pathology service in Northern Ireland. The need for this exercise stems from a recent review of the State Pathologist's Department carried out on the lines recommended in the Criminal Justice Review. This recognised that forensic pathologists are a scarce resource who, by the nature of their work, are often under pressure to conduct examinations within short periods of time in mortuaries and at scenes of suspicious deaths throughout Northern Ireland.



In addition to providing an essential forensic pathology service for Coroners, pathologists also assist the police in cases of sudden and suspicious deaths; provide expert advice; teach forensic pathology to medical students and conduct research and give evidence in criminal and other courts. The necessity for forensic pathology cannot be overstated: it not only provides vital information in determining the cause of death but it can also reveal invaluable evidence and information for use in wider medical fields, such as the future treatment and healthcare of patients and the understanding of new diseases such as AIDS and CJD and Sudden Infant Death Syndrome (SIDS).

I am concerned about the heavy workload placed on the forensic pathologists who, in addition to performing medico-legal autopsies for Coroners, also provide an essential "on-call" service to police at weekends and public holidays. Late last year, new temporary arrangements were introduced to centralise autopsies performed at weekends and on public holidays at Belfast City Mortuary. This alleviated some of the pressure on pathologists by removing the need for them to travel to hospital mortuaries around Northern Ireland. However we must continue to review this matter to ensure that pathology services in Northern Ireland are properly resourced and effectively deployed.

This consultation exercise focuses on these issues and offers several options for public consideration in relation to how the forensic service for Northern Ireland is delivered in the future. Other individuals and organisations have already been consulted in Northern Ireland, Scotland, England, Wales, the Republic of Ireland and elsewhere in Europe and their views have contributed to the development of this document.

This publication now begins the next stage in the consultation process and I want to encourage everyone to consider the key issues relating to state pathology. I will carefully take into account your ideas or views in preparing the final proposals that will be published during 2003. My aim is to have our forensic pathologists working to deliver a forensic pathology service that is second to none and meets the needs of the people of Northern Ireland. I look forward to receiving your views.

**Des Browne**

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# 1. Introduction

## 1.1 Purpose

In May 2001 the Northern Ireland Office (NIO) commissioned a review of the State Pathologist's Department (SPD) in Northern Ireland.

The review identified a range of issues that are internal to SPD and relate to the management and working practices of the Department. However, a number of issues were identified where it was obvious that changes would have an impact on the way in which the SPD undertakes its business in delivering pathology services to the public. This leads to a need to consider the nature of those services and the way in which they are undertaken.

The purpose of this consultation document is to set out some of the specific issues that need to be addressed, suggest possible solutions and invite comment in order to identify the best way of organising the SPD to provide the best service to the public in Northern Ireland.

## 1.2 Issues for consultation

The key issue for public consultation is how best to ensure the maintenance of the current level of service provided by the SPD and, in doing so, give consideration to:

- New transport arrangements including the provision of drivers for forensic pathologists;
- The recruitment of additional forensic pathologists;
- The extension of hospital pathologists' remit; and
- Centralisation of mortuary facilities, to meet modern demands.

## 1.3 Public involvement

The NIO wants the views of the public on the delivery of forensic pathology services in Northern Ireland. In the following pages we ask questions on specific issues. All views received will be carefully considered and will help shape what we decide to do.

This consultation paper is being widely circulated to key interest groups. It can also be made available in alternative formats or languages, on written request, using the contact details on page 2. The paper is also available on the Northern Ireland Office website at [www.nio.gov.uk](http://www.nio.gov.uk).

### 1.4 How to respond

Comments on the proposals in this paper can be sent by email or in writing to the address shown at the end of this section. Unless otherwise requested the responses will **not** be treated as confidential.

For those persons responding on behalf of groups, the identification of those being represented is necessary to ensure their views are taken into consideration.

### 1.5 Timescale for response

The closing date for receiving comments on this paper is **Wednesday 30 April 2003.**

### 1.6 Contact address

State Pathology Branch  
Criminal Justice Services Division  
Northern Ireland Office  
Room 9  
Hillview Buildings  
Stormont Estate  
Belfast BT4 3SG

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### 1.7 What happens next?

Following the consultation period all responses to the paper will be analysed. A report summarising the views expressed during the consultation will be published for information. NIO will take decisions on the issues raised in this paper taking account of the views expressed during the consultation exercise.

## 2. Context of the review

### 2.1 What is forensic pathology?

To put this consultation in context it is worth defining forensic pathology. In the strictest sense forensic pathology can be defined as:

*"undertaking post mortem examinations of bodies found in 'suspicious circumstances'<sup>1</sup> in order to establish, as far as possible, the cause of death"(Broderick Committee, 1971)."*

Before turning to forensic pathology in Northern Ireland and specifically how this is delivered through the SPD, this paper documents several reviews in the United Kingdom which are currently underway or have recently been completed. These raise a number of issues that will impact on the delivery of forensic pathology in Northern Ireland.

### 2.2 Developments in the UK which may impact on forensic pathology

#### **The Inquiry into the issues raised by the case of Dr Harold Shipman**

The public inquiry into the Shipman affair, headed by Dame Janet Smith, commenced its hearing towards the end of 2001. It is expected to last for approximately 2 years. It is difficult to anticipate what - if any - impact this Inquiry will have on the need for forensic pathology services, save that it is unlikely to reduce the need for them.

#### **Home Office Review of the Coroner's system**

The Home Office commissioned a fundamental review of the way in which the Coroner's system operates in England, Wales and Northern Ireland. A consultation document was published seeking views on:

- A proposed new system for completing death certificates, involving a new, independent body of Medical Auditors/Examiners;
- Developing protocols for governing the conduct of Coroner's post mortems, and quality controls;
- The judicial systems for investigating deaths; and
- The future use of the public inquest system.

It is likely that the outcome of this review will impact on the need for forensic pathology services, perhaps through wider responsibilities being given to departments of forensic health in contract with the National Health Service.

<sup>1</sup> 'Suspicious circumstances are those in which there is suspicion of murder, manslaughter or infanticide.'

### **Home Office review of death certification**

This review, which included extensive public consultation, has now been completed. Prompted by the Shipman case, the review makes proposals for the institution of a medical examiner system to improve the certification of death and to integrate the currently disparate procedures used for burial and cremation. However, the results of the review will be fed into both the Shipman Inquiry and the Coroner's Review and it is unlikely that any significant changes will be considered until both of these Inquiries are complete.

## **2.3 Forensic pathology in Northern Ireland**

The mandate of work for the SPD is set out in the Coroners Act (Northern Ireland) 1959. The forensic pathology provision in Northern Ireland is unique, in that it is the only forensic pathology service in the United Kingdom completely sponsored by the Government. As such, the SPD is accountable through the NIO to the Secretary of State (in accordance with Article 11 (1) of the Criminal Justice Order (NI) 1980).

The SPD provides the forensic pathology service for the whole of Northern Ireland. In addition to this responsibility, practitioners from the SPD also carry out all autopsies requested by coroners.

Unlike the situation in England and Wales, hospital pathologists in Northern Ireland do not undertake coroner's post mortems, restricting their role to carrying out autopsies on deaths occurring within their own hospitals. Even then hospital pathologists do not perform their own hospital-related coroner's cases, but call upon the SPD, at the coroner's direction, to undertake such post mortems. However, the situation within the Royal Victoria Hospital and Belfast City Hospital is somewhat different. Pathologists within these hospitals are cited on the approved Coroner's List and will therefore undertake routine coroner's cases that occur in these hospitals unless the death has occurred in Accident and Emergency or is in some way suspicious or where an allegation of medical negligence is made. In such circumstances, the neutrality of the SPD is required.

The work of the SPD is wider than 'forensic pathology', in the strict sense. The Department assists the coroners in their duty of investigating sudden, unexpected, violent and unnatural deaths. The Department has a number of roles, which need to be fulfilled, such as: conducting post mortem examinations at the direction of HM Coroner and production of autopsy reports; assisting the police by attending scenes of serious crime which involve sudden and suspicious death and thereby assisting the Criminal Justice System; provision of expert and objective evidence to the Court Service; teaching forensic pathology and conducting research.

### 3. State Pathologist's Department

The current structure of the SPD consists of a State Pathologist heading an organisation that currently operates with a total of 13 staff. The SPD staff can be divided into 3 main functional areas: forensic pathology; laboratory and administration. The SPD is located at the Royal Victoria Hospital within the hospital mortuary complex.

The SPD currently operates through a State Pathologist, Deputy State Pathologist, Consultant Forensic Pathologist and Trainee Forensic Pathologist. The forensic pathologists provide a 24-hour, 365 day per year service. In order to do this effectively the 3 consultant pathologists share the on-call arrangements. Each pathologist is on call one week in three. On-call arrangements run from Monday through to Sunday and during this time all routine and suspicious deaths are covered.

#### 3.1 Functions of the State Pathologist's Department

The primary function of the SPD is to conduct coroner post mortem examinations. In addition, the Department also carries out other functions as detailed below.

##### **Post mortem activity**

This function comprises recording the case history, performing the post mortem, supporting investigations, report writing and travel.

##### **Laboratory activity**

The on-site laboratory carries out a number of tests and investigations. For each post mortem a number of tests will be carried out which will depend on the circumstances of death. The laboratory staff are also responsible for the transmission of some samples to other laboratories, for example Forensic Science Northern Ireland.

##### **Training**

The Department is recognised for postgraduate training in forensic pathology by the Royal College of Pathologists. The key training function of the Department involves managing the development of the Specialist Registrar (Trainee Forensic Pathologist) in the Department. This will normally entail the trainee shadowing the forensic pathologists on important cases and being supervised in both the performance of post mortems and the writing of reports.

In addition to this core training function, the SPD also provides training to hospital pathologists for a period of 2 weeks to enable them to be included on

the approved coroner's list. This is part of the overall compulsory programme of training for pathologists. The SPD also provides training for mortuary technicians and laboratory staff.

### Teaching

The State Pathologist, who holds an Honorary Chair in Forensic Medicine from the Queen's University of Belfast, teaches 2 courses. This involves the preparation of lecture notes and slides and the setting and marking of exam papers. On average, there are approximately 15 students per group with 2-4 groups of students receiving teaching each year, one day a week, for a period of 8 weeks.

### Research

The research function/output of the Department is limited. The forensic pathologists view this as being directly related to a lack of time, due to the long hours worked and distances travelled. There is no doubt that the SPD has a wealth of useful and informative data (particularly on pathology relating to civil disturbance, including terrorism).

### Evidence in court

The pathologists also give impartial expert evidence in coroners, crown and civil courts.

## 3.2 Post mortem activity

Current practice is for the SPD to carry out post mortems at a number of mortuaries across Northern Ireland, which are therefore often close to the place where the death occurs. The majority of post mortems are carried out to permit burial within 3 days of death (in line with local traditions).

The following table (Table 1) provides a summary of the type of post mortem activity conducted by the SPD on a weekly basis during the period 1998-2001.

Year	Weekday normal	Weekend normal	Weekday civil disturbance/homicide	Weekend civil disturbance/homicide	Total
1998	1,052	552	22	47	<b>1,673</b>
1999	983	510	3	18	<b>1,514</b>
2000	887	415	12	19	<b>1,333</b>
2001	971	390	30	17	<b>1,408</b>

The level of homicides and civil disturbance cases (those cases requiring forensic expertise) range in level from 9% in 1991 to 3% in 2000. The remaining post mortems are classified as routine coroner cases. A review of the number of post mortems carried out each year has shown that the Department experienced a drop in the total number of post mortems conducted in the year 2000 in comparison with previous years. However in 2001 the number of cases increased by 5.6% on the previous year.

During the period 1998-2001 the total number of post mortems carried out during weekends throughout the year, have remained consistently around 35% of the annual totals.

### **3.3 Post mortems conducted in mortuaries across Northern Ireland**

Section 12 of the Coroner's Act states that hospital authorities are obliged to make their facilities available for coroner's post mortems. This enables the provision of a local service for coroners, police and relatives. The high number and geographical distribution of the mortuaries leads to pathologists spending a high proportion of time travelling.

The number of mortuaries used by the SPD has decreased between 1990 and 2001. Currently SPD use 6 mortuaries to conduct coroner autopsies across Northern Ireland ie Royal Victoria, Altnagelvin, Antrim, Belfast City Mortuary, Omagh and Craigavon. Closures occurred in those mortuaries where health and safety standards did not meet the required levels and where usage was relatively low.

Table 2 on page 8 provides a summary of the activity levels at each mortuary covering the period 1996-2001. A full analysis is provided in Appendix 1.

<b>Table 2 - Activity levels by mortuary 1996-2001</b>						
<b>Mortuary</b>	<b>Number of post mortems carried out per year</b>					
	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
<b>Ballymena</b>	49	-	-	-	-	-
<b>Enniskillen</b>	49	50	43	44	4	-
<b>Newry</b>	70	66	96	79	-	-
<b>Omagh</b>	28	49	74	48	78	94
<b>Altnagelvin</b>	126	140	120	135	122	103
<b>Coleraine</b>	51	70	61	59	-	-
<b>Antrim</b>	91	60	120	100	159	139
<b>Ulster Hospital</b>	27	26	28	32	7	-
<b>RVH</b>	55	67	51	36	26	40
<b>Forster Green</b>	686	711	941	818	731	840
<b>Craigavon</b>	140	156	139	163	206	190
<b>Ards</b>	115	100	128	-	-	-
<b>Total</b>	1,487	1,495	1,801	1,514	1,333	1,406

As can be seen from the table above the principal mortuary used by the SPD is Forster Green (Belfast City Mortuary) which is used solely for coroner post mortems. Of all post mortems performed by the SPD 53% are conducted at Forster Green.

Between 1990-2000 an average of 8.28% of post mortems were carried out in Altnagelvin, 49.4% in Forster Green and 11.28% in Craigavon. Post mortems at other mortuaries account for 31.04% of activity.

### 3.4 Paediatric and high risk cases

Since late 2001 all paediatric cases are conducted jointly between a pathologist from the SPD and a paediatric pathologist from the Royal Victoria Hospital. All paediatric cases are dealt with at the Royal Victoria Hospital. Furthermore all suspected high-risk cases, such as hepatitis or HIV infections, are currently only dealt with in the high-risk autopsy suite at the Royal Victoria Hospital. This is because no other facility of this kind is available in Northern Ireland.

### 3.5 Weekend working and public holiday working arrangements

In December 2001 new arrangements for conducting post mortems at weekends and on public holidays at Belfast City Mortuary were introduced following consultation with public representatives. The main reason for centralising autopsies at weekends was due to the heavy workload on forensic pathologists of the SPD who, in addition to performing medico-legal autopsies for coroners, also provide an essential 24-hour "on-call" service to the police at scenes of suspicious death. The pressure on the pathologists was particularly acute at weekends and on public holidays when only one pathologist was on duty. This required them to travel extensively to and from hospital mortuaries around Northern Ireland. This situation was further exacerbated by the absence of one pathologist on long-term sickness. To help alleviate this pressure the decision was taken, following consultation, to temporarily perform all autopsies at weekends and on public holidays centrally at Belfast City Mortuary. At the time of centralisation concerns were expressed that these arrangements would cause excessive delay of funerals and that families would incur additional costs. Neither concern has been realised.

In the period January-November 2002 a total of 1,296 autopsies have been conducted of which 407 were performed at weekends and on public holidays. Experience indicates that the level of service at weekends was as good as during the normal working week.

## 4. Options for delivery of the forensic pathology service

This section of the consultation paper outlines a number of potential options for the future delivery of the pathology service in Northern Ireland on which we would welcome comment from the public. These options can be summarised as follows:

- Retention of the current arrangements for the delivery of forensic pathology;
- Provision of drivers for forensic pathologists;
- Recruitment of additional forensic pathologists;
- Extension of hospital pathologists remit; and
- Centralisation of mortuary facilities, meeting modern demands.

### 4.1 Option 1 – Maintain current arrangements for forensic pathology

The forensic pathology service in Northern Ireland is on call 24 hours, 365 days per year for both routine and suspicious death post mortems. This practice is unique to Northern Ireland and reflects the tradition of ensuring where possible that burial should take place within 3 days of death.

In order to do this effectively, under current circumstances, on-call arrangements are such that each pathologist is on call one week in three.

The SPD currently carry out post mortems during the week at a number of mortuaries throughout Northern Ireland. This practice of performing post mortems close to where the death occurs requires the pathologists to spend a significant amount of time travelling.

Since December 2001 all autopsies at weekends and on bank holidays have been performed in the Belfast City Mortuary. This scenario evolved due to the illness of one of the 3 forensic pathologists, resulting in the remaining 2 covering all weekend and bank holiday on-call attendance.

There are a number of advantages and disadvantages associated with the current service delivery of the SPD.

#### **Advantages**

- The traditional expectation in Northern Ireland, whereby burial takes place within 3 days of death, is primarily due to the substantial hours worked and miles travelled by the forensic pathologists;

- The provision of the forensic pathology service 24-hours per day, 365 days per year, facilitates very quick turnaround times by the Department in terms of undertaking both routine and suspicious death post mortems; and
- Post mortems are carried out near or as close as possible to the place of death.

### **Disadvantages**

- The pathologists are required by necessity to spend long hours travelling to and from mortuaries throughout Northern Ireland to perform post mortems;
- Opportunity for other pathologists' input (and peer review) into major cases, particularly suspicious deaths, is currently diluted due to the dispersed nature of the service;
- The necessity to travel throughout Northern Ireland may be a negative factor in the recruitment of pathologists who are in great demand in the UK and Ireland;
- The quality of work of the pathologists may be affected due to a combination of the hours worked and the distances travelled, resulting in the potential for the pathologists to be less alert than they would be if circumstances were different;
- The significant proportion of pathologists' time which is spent travelling reduces the opportunity to write autopsy reports, conduct research and train student pathologists, which are key elements of the Department's remit; and
- There would be a severe impact on the Department if any of the forensic pathologists were to leave or incur absence due to ill health. This has been highlighted through the need to temporarily centralise mortuary facilities, at weekends and on bank holidays, due to the ill health of one of the pathologists.

### 4.2 Option 2 - Provision of drivers for forensic pathologists

Under this option the forensic pathology service would continue to be provided 24 hours per day, 365 days per year, for both routine and suspicious death post mortems.

These post mortems would be carried out at the mortuaries currently used throughout Northern Ireland. However, to ease the pressure on the time that forensic pathologists spend travelling, drivers would be provided to chauffeur the pathologists to the various outlying mortuaries. The advantages and disadvantages associated with this option are:

#### Advantages

- Pathologists are free from the burden of concentrating whilst driving, therefore, from a health and safety perspective, are likely to be more alert when performing autopsies; and
- Pathologists would maintain a 24 hours per day, 365 days per year service, thus ensuring that post mortems continue to be carried out within the 3 days expected and preferred by the people of Northern Ireland.

#### Disadvantages

- The provision of drivers would not reduce the long hours worked by pathologists, as they would continue to have to travel to the mortuary closest to the place of death;
- Pathologists' time will continue to be tied up for example if a post mortem is required to be undertaken in Londonderry. The 4-hour (round trip) journey to the mortuary in Altnagelvin hospital will still have to be made by the consultant. Therefore no additional post mortems or other work eg report writing, could be undertaken, as a result of the provision of a driver;
- Payment of the drivers and the cost of vehicles would result in additional costs of providing the service; and
- There would be reduced opportunity for all staff to be involved in complex cases and thereby providing both support and peer input.

### 4.3 Option 3 - Recruitment of additional forensic pathologist(s)

Under this option the forensic pathology service would continue to be provided 24 hours per day, 365 days per year, for both routine and suspicious death post mortems.

There are currently 3 Consultant Forensic Pathologists in Northern Ireland and one Trainee Forensic Pathologist. As a result of the distances required to be travelled and the time involved, in addition to the pressure to meet the traditional expectation of burial within 3 days of death, there is a view that the Department is currently under resourced.

A possible solution to this resourcing issue would be to recruit additional pathologist(s) to the SPD. There are a number of advantages and disadvantages associated with this option.

#### Advantages

- Pathologists could continue to work core hours of 8.00am-5.30pm on weekdays, but on-call arrangements could be significantly reduced (depending on the number of additional pathologists recruited);
- The SPD could remove the burden of risk associated with such a small staff complement in terms of the potential for any of the 3 consultants to leave the Department;
- Pathologists' time could be freed up (due to increased resources) to enable backlogs to be overcome ie consultants could ensure that autopsy reports are always timely in order to prevent delays in the criminal justice system; and
- Consultants' time could be spent raising the profile of the SPD in Northern Ireland. Activities such as research, which is currently curtailed due to time restrictions, could become a priority for consultants. The State Pathologist (and the Department) could also be further enhanced through increased national and international representation.

#### Disadvantages

- It is currently extremely difficult, across the UK and Ireland, to recruit Forensic Pathologists. In fact it is recognised that there is a world shortage of pathologists in this speciality. It is inevitable that any recruitment drive in Northern Ireland would encounter the same shortages. A recent attempt to employ a locum pathologist for 6 months was unsuccessful;
- There is a lack of career structure and succession planning for practising pathologists and in particular pathology students, which has resulted in a reduction in those training;

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- To recruit additional pathologists would dilute the number of major cases that individual pathologists undertake and maximise opportunities for the facilitation of peer review; and
- Pathologists would still be required to travel to the mortuary closest to the place of death and therefore would continue to travel long distances, which is not necessarily the best use of their time.

### 4.4 Option 4 - Extension of hospital pathologists' remit

Hospital pathologists within the Royal Group of Hospitals (RGH) Trust and Belfast City Hospital (BCH) currently undertake their own hospital-related coroner's cases. However, hospital pathologists outside RGH and BCH do not perform their own hospital-related coroner's cases. In addition, hospital pathologists do not carry out post mortems at weekends, adding to the workload of SPD. The SPD carry out these autopsies within the hospital's mortuary contributing to the excessive travelling required by the forensic pathologists. This results in considerable down time that could be used to facilitate research, undertake training and write up reports.

A possible solution, which would prevent the forensic pathologists having to travel such great distances to carry out routine post mortems, would be for hospital pathologists (particularly in outlying hospitals) to undertake their own routine hospital-related coroner cases. There are a number of advantages and disadvantages associated with this option.

#### Advantages

- It is likely that the caseload of the forensic pathologists would be reduced, as would their travelling time;
- It is likely that there would be a quicker turnaround time in both routine and suspicious death post mortems as the forensic pathologists would not have to travel to undertake the post mortem;
- Hospital pathologists could perform a number of routine post mortems during the weekend, enabling the on-call forensic pathologist to undertake only suspicious death autopsies; and
- Forensic pathologists would be able to spend more time in the Department carrying out other aspects of their work such as writing autopsy reports and undertaking research.

#### Disadvantages

- The Hayes Review indicated that the current hospital pathology service is overstretched and as demands are increasing, so too are the vacancies in the profession. It is therefore unlikely that these pathologists would be in a position to undertake significant additional work; and
- This practice would potentially result in a large number of individual hospital pathologists undertaking post mortems and could result in some lack of control of quality standards, since this is effectively decentralisation of the service.

### 4.5 Option 5 - Centralisation of mortuary facilities

Currently autopsies are performed at 6 mortuaries across Northern Ireland, although some 60% are performed in Belfast. In order to perform autopsies outside Belfast the pathologist has to spend significant time travelling. This is time when he is not engaged in his core function – performing autopsies and associated activity. Since December 2001 all autopsies at weekends and bank holidays have been performed in Belfast on a temporary basis. Experience of these arrangements has indicated that there has been no delay in returning the deceased to their families, therefore meeting the traditional expectation of burial within 3 days of death.

Given the success of these arrangements, it has been suggested that centralisation could be extended in order that all autopsies, both weekdays and weekends, are undertaken within a centrally located mortuary in Belfast. The centralisation of post mortems would overcome a significant number of the problems associated with the current practice (as previously outlined). This would facilitate better working practices and maximise the time of the pathologists involved. There are a number of advantages and disadvantages associated with this option.

#### Advantages

- Pathologists would be based in the proximity of a central location during all shifts enabling more work to be carried out at the Department such as research and report writing;
- All pathologists would be located in one area so as to improve management of the service and allow peer review of work and input into cases, resulting in an improved quality of service;
- Pathologists would spend less time travelling and would therefore work more controlled hours and be under less pressure from a health and safety perspective;
- The significant reduction in time and cost spent travelling would enable pathologists to perform additional autopsies, thereby increasing overall turnaround times, facilitating burial within 3 days and providing an improved service for relatives of the deceased;
- It would be easier for the Department to maintain and control appropriate standards in a centralised mortuary eg in respect of facilities and equipment used in performing paediatric and high-risk autopsies; and
- Better supervision of training and the opportunity to increase the levels of training currently provided.

#### Disadvantages

- Communication with users outside Belfast may be reduced;
- There will be increased transportation costs; and
- The impact on hospital mortuary workload with the transfer of coroner autopsies to a centralised location.

## 5. Issues for consultation

- Does the current forensic pathology service meet the requirements of the public?
- Do any changes need to be made to ensure that the SPD delivers its service with optimum efficiency?
- Which of the options suggested best meets both the needs of the population of Northern Ireland and the SPD to ensure effective and efficient service delivery? What are the key factors to take into account?
- Are the options suggested appropriate? Are there any others that should be considered?
- Is it appropriate for pathologists to continue to travel throughout Northern Ireland to perform post mortems?
- Are there any suggestions as to how the number of post mortems requested can be reduced?
- Are there any issues pertaining to the daily operation of the SPD which need to be addressed?

## 6. Conclusion

The SPD provides a service to the whole of Northern Ireland 24 hours per day, 365 days per year. This aims to facilitate the traditional expectation of burial taking place within 3 days of death. However, in order to maintain this level of service delivery, the forensic pathologists are required to work long hours and to travel long distances. This results in the system becoming overstretched when the Department does not enjoy a full staff complement, as has recently been experienced through the ill health of one pathologist.

There is a view amongst a number of SPD stakeholders that the current provision of forensic pathology cannot be sustained and that a solution that could ease the pressures currently being experienced by the Department should be sought.

This paper sets out options for the future delivery of the service in the most efficient and effective manner while meeting the requirements and expectations of the public. These options are:

- Retention of the current arrangements for the delivery of forensic pathology;
- Provision of drivers for forensic pathologists;
- Recruitment of additional forensic pathologists;
- Extension of hospital pathologists' remit; and
- Centralisation of mortuary facilities.

The NIO wishes all those with an interest in such matters to be given the opportunity to contribute to the development of policy in this important area. The NIO will welcome comments on the issues raised in this paper and is committed to ensuring that all comments will be carefully considered before final decisions are taken.

## 7. Statutory Equality Obligations

The Northern Ireland Office recognises that all groups within the population of Northern Ireland have particular needs and should have equal rights of access to information and services. Our consultation exercise has been developed with this in mind and it is our view that it should not have an adverse impact on any of the categories listed below and positively promote equality of opportunity for all.

The Statutory Equality requirements of Section 75 of the Northern Ireland Act 1998 requires public authorities to carry out their functions with due regard to the need to promote equality of opportunity between the 9 Section 75 categories as follows:

- Religious belief;
- Political opinion;
- Race or ethnic group;
- Age;
- Marital status;
- Sexual orientation;
- Gender;
- Disability;
- Dependency.

The Northern Ireland Office is committed to promoting equality of opportunity and good community relations in all its policies. Whilst it is not envisaged that it will result in any group being adversely affected, your views on the extent to which the issues and options put forward are consistent with these principles are welcome, particularly in response to the following questions:

- Do you feel any of the options for consultation will impact adversely on anyone in the above list? If appropriate, please explain why you think so.
- Are there any measures that should be implemented to mitigate against adverse impact on people in the Section 75 equality groups?

We encourage you to tell us how you see the impact by completing and returning the form at Appendix 2.

Table 3 - Post mortems conducted by the State Pathologist's Department															
Mortuary	Number of post mortems carried out per year														
	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Moyle, Larne	25	10	6	-	-	-	-	-	-	-	-	-	-	-	-
Altnagelvin	134	115	134	119	119	103	101	112	123	126	140	120	135	122	103
Omagh	70	69	37	55	52	46	52	43	59	28	49	74	48	78	94
Forster Green	501	562	531	492	606	673	720	756	730	686	711	941	818	731	840
Craigavon	198	197	208	207	202	146	178	125	123	140	156	139	163	206	190
Ulster Hospital	27	24	22	29	24	10	30	25	19	27	26	28	32	7	2
RVH	58	57	41	33	14	3	3	7	44	55	67	51	36	26	40
Antrim	18	17	15	-	-	-	-	-	24	91	60	120	100	159	139
Erne	66	61	51	53	53	42	67	67	49	49	50	43	44	4	-
Daisy Hill	58	60	72	61	51	52	48	58	69	70	66	96	79	-	-
Coleraine	58	46	68	51	42	43	73	66	71	51	70	61	59	-	-
Ards	93	93	78	90	87	113	109	104	140	115	100	-	-	-	-
Waveney	65	47	40	49	44	49	37	60	28	49	-	-	-	-	-
Mid-Ulster	43	60	47	28	22	25	33	10	-	-	-	-	-	-	-
Route	10	11	17	11	9	5	-	-	-	-	-	-	-	-	-
<b>Totals</b>	1,424	1,429	1,367	1,278	1,325	1,310	1,451	1,433	1,479	1,487	1,495	1,673	1,514	1,333	1,408

## Equality Screening Form

Category	Likely to have an adverse impact on options 1-5 - Yes(Y) or No(N)					Comments
	Option 1	Option 2	Option 3	Option 4	Option 5	
Religious belief						
Political opinion						
Race or ethnic group						
Age						
Marital status						
Sexual orientation						
Gender						
Disability						
Dependency						

## Notes

## Notes