

## August 2010 Viewpoint - Time for Change

Over the past twenty years or so there have been a range of high profile incidents that have brought death, dying and mortuaries into the public eye. Below is a brief list of publicised incidents since 2001.

### A Chronology of Disasters

#### 2001

[14th January 2001 photographs taken of body's on the floor of the chapel](#)  
[19th January 2001 North Staffordshire Hospital admits storing 12 body's in the boiler house](#)  
[30th January 2001 The Royal Liverpool Children's Inquiry report](#)  
[17th June 2001 Foetus thrown away with rubbish](#)  
[July 2001 Final report of the Bristol Inquiry](#)

#### 2002

[31st January 2002 baby's body thrown into laundry bin](#)  
[19th July 2002 to 27th July 2005 Shipman enquiry reports 9six in total](#)  
[18th April 2003 desecration of woman's body at Hillingdon Hospital](#)  
[12th may 2003 Isaacs report](#)

#### 2003

[3rd June 2003 Hillingdon Hospital – pictures of bodies found and contraceptive devices from bodies – 53yr old arrested](#)  
[2nd November 2003 Barnet Hospital wrong body released and cremated](#)  
[April 21st 2004 Manchester Royal Infirmary releases wrong bodies](#)

#### 2006

[13th June 2006 Good Hope Hospital releases the wrong body](#)

#### 2008

[4th February 2008 Dorset County Hospital suspend mortuary staff for receipt of monies for mortuary services](#)  
[18th March 2008 Horizon – How much is your body worth](#)

#### 2009

[Summary of Compliance 2008/2009 Post-Mortem Human Tissue Authority](#)  
[August 19th 2009 University Hospital of Wales mortuary closed by HTA](#)  
[25th November 2009 Wrong body presented for ID Royal Oldham Hospital](#)

#### 2010

[3rd February 2010 wrong body released for cremation at Tameside Hospital](#)

Such incidents are quite diverse and range from retained tissues in Bristol and Alder Hey, bodies on the floor of the chapel in Bedford to the sale of brains in Manchester.

### Cause and Effect

There is apparently no single feature or problem that appears to link any of the listed incidents but what is certain is that they all had the same devastating effect upon both the bereaved families and on their parent organisations. Indeed the so called "Bedford Incident" resulted in the resignation of the Chief Executive.

Mortuary's are staffed and run by Anatomical Pathology Technologists (APTs) and the one consist feature of all of the listed incidents is the involvement of APTs at some stage. In some instances they are in fact the cause of the incident i.e. release of the wrong body.

Common sense would dictate that if APTs are involved in the incidents then some or in some circumstances all of the problem must rest with them. This is especially true when one realises that some types of incident appear to be repeating i.e. release of wrong body. The big question of course is "Nationally, has anything changed to ensure that such things could not happen again?" The answer has to be a categorical NO!

## **Association of Anatomical Pathology Technology (AAPT)**

The Association of Anatomical Pathology (AAPT) was established in 2003. It provides its members with information relevant to their role in the mortuary and supports them by providing the information and contacts needed to fulfil their roles and comply with a range of operating standards. It provides information and advice to the public, other professions, government and regulatory bodies.

Joining a professional body is an important step especially when one considers that it is not mandatory. It indicates that individuals have the desire to learn, develop and above all initiate change. It is a signal to all that they care about the delivery of quality services, the maintenance of professional standards and the competency of those who deliver services. By joining a professional body an individual is making a commitment to quality and professionalism.

Recently, the Association of Anatomical Pathology launched its Code of Conduct for members. This is an important step because AAPT aspires to obtain statutory regulation and it is therefore vital that it has in place professional standards that link with the regulatory process.

## **Why Have a Code of Conduct?**

A professional code of conduct is designed to ensure that all of those that practice the profession do so to the same standards. By having a code of professional conduct APTs can by definition call themselves professionals.

AAPT has explained to its members that the standards are not to be feared and are those that anyone might expect of someone who calls themselves a professional. They therefore include such obvious things as operating with honesty and integrity but also make it clear that we must operate within the limits of our practice and expertise and that they have a duty to ensure that they maintain those operating standards throughout our professional careers.

The Code of Conduct also links in well with that produced by the Voluntary Registration Council for Healthcare Science (VRC). APTs are one of eight healthcare science professions involved with VRC in running voluntary registers with the aim of formally presenting professions to the Health Professions Council when appropriate. For further information on the registration process for APTs visit the VRC website (<http://www.vrcouncil.org/>).

## **New Qualification**

There are currently two qualifications available for APTs. Both of these qualifications are designed, administered and awarded by the Royal Society of Public Health (RSPH) and have been in operation for over 50 years. With the length of time the qualifications have been in place it is clear that they are well embedded and have been of great value.

Healthcare and the NHS itself are constantly changing and it is important that training, education and development keep pace with that change. It is clear that APTs will be associated with significant changes in mortuary practice in the future. Issues such as regulation, HCS career framework, The Modernising Scientific Careers programme and the development of must all be taken into account. With all of this in mind it is vital that APTs have available the appropriate type and level of training, education and qualification they will require in the future. Perhaps the most important factor in determining future requirements relates to both Department of Health and the Royal College of Pathologists (RCPath).

AAPT has in consultation with RCPATH developed a detailed curriculum for a new qualification at Foundation Degree level. The aim of this new qualification is to provide a sound educational base from which APTs can develop. The qualification will be that required for the statutorily regulated APT of the future and importantly will provide the opportunity for further development up to MSc level. Development work on the new qualification is ongoing with Chester University and it is expected that the first cohort of students will begin the course in September 2012.

**Terry Johnson**  
**Chair, Education & Training Committee**