



Terry Johnson

## Anatomical pathology technologists: time for change

Over the past 20 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

**14 January 2001:** photographs taken of body's on the floor of the chapel<sup>1</sup>

**19 January 2001:** North Staffordshire Hospital admits storing 12 body's in the boiler house<sup>2</sup>

**30 January 2001:** The Royal Liverpool Children's Inquiry report<sup>3</sup>

**17 June 2001:** Foetus thrown away with rubbish<sup>4</sup>

**July 2001:** Final report of the Bristol Inquiry<sup>5</sup>

**31 January 2002:** baby's body thrown into laundry bin<sup>6</sup>

**19 July 2002 to 27 July 2005:** Shipman enquiry reports (six in total)<sup>7</sup>

**18 April 2003:** Desecration of woman's body at Hillingdon Hospital<sup>8</sup>

**12 May 2003:** Isaacs report<sup>9</sup>

**3 June 2003:** Hillingdon Hospital – pictures of bodies found and contraceptive devices from bodies – 53 year old arrested<sup>10</sup>

**2 November 2003:** Barnet Hospital wrong body released and cremated<sup>11</sup>

**21 April 2004:** Manchester Royal Infirmary releases wrong bodies<sup>12</sup>

**13 June 2006:** Good Hope Hospital releases the wrong body<sup>13</sup>

**4 February 2008:** Dorset County Hospital suspend mortuary staff for receipt of monies for mortuary services<sup>14</sup>

**18 March 2008:** Horizon – How much is your body worth<sup>15</sup>

**Summary of compliance, 2008/2009 Post-Mortem Human Tissue Authority<sup>16</sup>**

**19 August 2009:** University Hospital of Wales mortuary closed by HTA<sup>17</sup>

**25 November 2009:** Wrong body presented for ID Royal Oldham Hospital<sup>18</sup>

**3 February 2010:** wrong body released for cremation at Tameside Hospital<sup>19</sup>

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 fami-

lies and on their parent organisations. Indeed, the so called 'Bedford incident' resulted in the resignation of the Chief Executive.

A wide range of healthcare staff has been involved in these incidents, including medical practitioners, pathologists, chief executives, etc. What is consistent is that all deaths will have been through the mortuary. Mortuaries are staffed and run by anatomical pathology technologists (APTs) and therefore APTs are the one consistent feature of all of the listed incidents. Unfortunately, in some instances they may have been the cause of the incident, i.e. the release of the wrong body.

If we accept that APTs are a common denominator though not cause, then surely common sense would dictate that APTs could perhaps play some part in the prevention of such incidents. This is especially true when one realises that some types of incident appear to be repeating, i.e. the 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 resounding 'NO'!

### The Association of Anatomical Pathology Technology

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. To date the AAPT has 300 members.

Recently, AAPT launched its code of conduct for members. This is an important step because it aspires to obtain statutory regulation and it is therefore vital that it has in place professional standards that link with the regulatory process. For more information, see the AAPT website ([www.aaptuk.org](http://www.aaptuk.org)).

### 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 we have a duty to ensure that we 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 ([www.vrcouncil.org](http://www.vrcouncil.org)).

It is the implementation of codes of conduct and the registration/regulation process that drive up standards. The professional registered APT is duty bound to challenge poor practice and in this way helps to provide safeguards. It is time that we stopped paying lip service to improving standards in our mortuaries and take positive action to help to restore public confidence.

### 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 quali-

fications 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 requirements of the Human Tissue Authority must all be taken into account. With 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 the Department of Health and The Royal College of Pathologists (RCPath) agreeing a precise role for the APT and documenting this in the form of a professional code of practice.

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.

AAPT is committed to improving standards and in recent times has enjoyed support from The Royal College of Pathologists. As an organisation, AAPT is extremely grateful for that support. As a profession, APTs are totally dependant upon it.

**Terry Johnson**

**Chair, AAPT Education and Training Committee**

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