

AAPT Survey open question replies

Question 4 - Please detail any areas that you feel AAPT should focus on, but does not:

Categorised as **National Standards and Professionalism:**

Advanced practice roles and future progression of the profession. Senior staff training and mortuary management

Fairness in bandings and pay across the profession

Newbies training and information

Promotion of Consented Autopsy

Education and Training needs a lot of work, for it to support the real needs of those starting in this career

Education like the RSPH Certificate and Diploma courses

Equality in pay scales

Competency assessments

Movement of trainees around different sites for different educational purpose, for example my mortuary does not do forensics, so to move to somewhere that does for a short period of time would be useful and beneficial. AAPT should consideration to trainees and course/conference fees. I have been most upset I couldn't attend some of these for funding purposes.

I feel that the AAPT should be strict about what the forums are used for. I agree that they are very important and lots can be gained from them but every time i go on it seems that the same people are using it as a means of trying to berate people. It is not a social networking site

Actual rules regarding how many years you need to train before you can sit the Certificate and Diploma. Advisory grades for trainee, certificate and diploma holders.

Continuing education/ update training

Membership Committee seem to be stuck in time. A Mortuary Manager / Senior APT Seminar would be good, if only to help disseminate information.

S.O.Ps and getting all APTS to work to same standard

Post mortem authorisation AAPT support staff

Procedures for dealing with members who do not promote their profession in a professional manner

Being honest in highlighting current poor practices as well as positive ones to demonstrate the urgent need for change and Regulation

It would be great if the working practices could be uniformed so that all mortuaries had a standard to work to, also the grades set for each level i.e. managers / diploma/ certificate and trainees. And not graded by local arrangement

More on training and Best Practice and less pointless arguments on the forum

Categorised as Communication:

The AAPT should be aware that there are other Mortuary's outside of the London area. I am a former member of the AAPT, I left as it was very London focused, and the forum was very "click", if you weren't one of the 'in crowd' then your views and in point weren't wanted.

It has never listened to the points of view of the people that actually do the job on a daily basis, it's always manager that have a say and if it wasn't for technical staff, who would they manage... Ask staff techs what they want at the conferences not what you deem best, remember we pay for in in subscriptions and for people to travel to the events – which should be looked into

As was proven at the area forum, the end of life last offices were drawn up with the AAPT involvement, but did not reflect the work commitments of the majority of Technicians in Mortuaries, opening up an avenue for errors in Hospital Mortuaries. The AAPT does not always reflect the opinion of the majority of Technicians. Focus on surveys like this one to non-members to get a better understanding of our needs and abilities. Then the AAPT may encourage new members to join.

More events

Engaging with APT staff at grass roots level so it can properly represent them. Being open and honest with the membership. Sharing the information from the Executive Committee. Engage with the non-members and find out why they are not members - listen to the answers and be responsive to them

I think trying to encourage departments that are not members to join is important and it doesn't always appear that this is happening across the country

The needs of the APT and open communication

Why Non Members do not want to join

Categorised as **International:**

International opportunities

I haven't seen anything on working abroad, either in an emergency/ disaster or moving and working abroad

Categorised as **Promoting APT's:**

Hold a list of all NHS hospitals that accept trainees. I'm very interested in this as a career but cannot find any information about when (even if) my local NHS authority employs staff in this area

To define what technicians should be called i.e. Mortician, Anatomical Pathology Technician, Pathology Technician, and or Technologist - which is it to be?

Would like to see teenagers that learn to drive, brought to the mortuary and let them see for themselves what driving recklessly or at speed or even under the influence can do and how it wrecks lives. I saw this on television many years ago in America where they even as part of the education took them to a funeral parlour and asked if they would like to see what is like to lie in a coffin. It really did scare them into thinking about others

It would be nice if there was legal advice or help for any APT that was facing disciplinary hearings

Supporting technologists by making the AAPT more visible to hospital trusts. Even though the profession is not registered I feel being more proactive in promoting the AAPT would be more beneficial to APT's and ensuring their professional standards are respected

Pushing for higher banding to be recognised within our profession

Increasing membership and engagement of non-members

Categorised as **Working with other groups:**

As there are many mortuaries under BMS management, more info and contact with biomedical science managers to encourage their APT's to join the AAPT

The understanding that as a professional group will be increasingly asked to multi-skill and the AAPT needs to build closer ties with related bodies to ensure opportunities for this are not missed

Question 8 - Please detail any topics you would like presented at AAPT events:

Categorised as APT talks:

More presentations by and of work and research of APT staff themselves rather than reliance on external speakers. Personal experience topics - when something goes spectacularly wrong or something goes spectacularly right and how it was dealt with and lessons learnt

Ideas and tips on doing the job, learning tricks of the trade, and better ways of doing things

Standard of finished work after PM AFTER ALL THATS WHAT WE DO

With regard the conference, I'd like to see more AAPT members talking about their department - what works and what doesn't work. Discuss pros and cons of any equipment they have.

Categorised as HTA/Consent:

End of life care and tissue donation

How and where to get help with HTA issues

How to raise the profile of the mortuary within a hospital environment, the importance of its role and the HTA regulations/law that encompass it

More on HTA consent taking, and tissue issues. Maybe some areas where we are unable to influence external users such as HMC

Consent, legal and ethical issues regarding preservation of human organs and tissue for teaching and education. This is not covered by current post- mortem consent forms and coroners/fiscals

Plastination of retained organs cosmetology

Categorised as DVI/Crime/Forensics:

More specialised areas such as crime scene investigation process and procedure. Although this doesn't fall in the remit of an APT, it would be great to hear about the procedure before we receive the body

The APT's role in forensic post mortems

More on mass disaster and how you can become part of a team here or around the world

Categorised as General topics:

Maybe some workshops with group participation

CPD & Registration and how simple they are to achieve

I feel that we should all be sticking together instead of some individuals doing their own thing purely for the money

I would suggest that we could obtain collective opinions from Funeral directors on how they perceive and rate the service we provide to them and if any of our procedures hinder them in their duties, Embalming etc. This could also offer a suggestion to Question 6 as we have far more contact with Funeral Directors than anyone else

Promoting AAPT benefits - I asked a council member to give me a good reason why I should become a member and they didn't have one

Addressing the continual change of our role, how it is perceived by the membership, non-membership and associated professionals. It is changing whether we choose to accept it or not

Maternal Death Protocol Career wise where could this profession take you in years to come

More pathologist talks on diseases, specialised mortuaries ie perinatal and paediatric, a talk from the VRC

Differing eviseration skills. Autonomy in p/m room Advance practice

Question 10 Final Comments:

Regulation would be one of my main areas of focus... AND best practice

From what I can gather the conferences are just used as an excuse to get drunk afterwards, I can see no use for the AAPT as a whole. The conversations on line just shows the depth of training that these so called technicians need

You are going in the right direction - it would be beneficial if more Mortuary Technicians would join. I am the only one in my Mortuary and feel isolated and lonely

I feel that the APT needs to spend less time pandering to the shouts of those that talk about rubbish and concentrate fully on those who are interested in taking the career forward and support more fully those who are taking the exams, as that is what we are meant to be about!

Why do we have to go through VRC registration instead of AAPT including registration as part of membership process as in other organisations?

I think AAPT are doing a lot for APTs but I don't post on the forum as it seems some members just want to ridicule other people and some of their comments are nasty and personal

I feel the AAPT is a good basis for all technicians, but I wish more people would take the job that we do and the services that we provide more seriously. In the 27 years that I have worked in the mortuary there have been many changes, most of which have been for the better. I hope that one day we will equate to a BMS and be given the same opportunities as them

Yes I have considered standing for council but am only interested in CBRN/DVI and maybe education so wouldn't want to do anything else

The AAPT have taken our profession forward and continues to do so with many people working hard. I would like to see APTs regulated soon, as i feel managers have to take notice that their APT's and biomedical scientists have to be registered. Carry on the good work.

A top ten list of good suppliers and those not recommended for day to day reference

Nice to see the organisation developing

More emphasis on the psychology of the bereaved, grief patterns and behaviours, effective communication with the bereaved, etc. could be put into the Certificate & Diploma courses rather than solely concentrating on the practical aspects of the job. Regular inspections made by Senior AAPT Council to allow problem Trusts & unsupported mortuaries to be highlighted, reported and officially monitored so improvements can be made or problems discussed with those who have a real understanding of the job.

Keep up the good work!

I find the AAPT very useful and informative. I admire the council members for their dedication to our profession.

The ongoing problem of membership. You cannot force people to join so you have to make it worth their while. They want to see something for their membership fee. They want to see an Association that is in harmony and pulling in the same direction, led by an APT. They want to see what difference VRC will make to their work and job. Again, if they are paying for it, What are they getting? If they decide to attend Conference, are they getting their money's worth and not having it wasted on "freeloaders". An average conference cost approximately £500 for a full weekend. Conference package and transport from the furthest point away) For a trainee, that's a lot of money. Why was UK taken out of the title.? If France wants to set up APTFr, let them, if Japan wants to set up APTJ, let them. Give us back the UK and start to set the standard for others. When does my subscription expire.

Let's get away from all the highbrow stuff and get everyone good at the basics, cause at the moment the diff between hospitals is mind blowing.

Find it difficult to attend the conference at the time of year it happens. Would consideration be given to varying the weekend in September that it happens? Either moving forward or backward a week every now and again?

I feel that this is very worthwhile and really enjoy the networking

Would like to see more Technician orientated Talks. Or at least covering areas where the 'shop floor' Technician needs to be kept up to date. Not more focused areas of management, and remits where the majority of Technicians will be unable to progress to. Keep it real for those of us who are hardworking, and dedicated.

I have been a member of the AAPT for some time now and have attended some of the conferences including the recent one in Glasgow, which i thought was the best to date. I have considered standing for Council but as i am in the process of completing my VRC and have not completed it yet I did not feel it appropriate.

I feel that other parties should have the opportunity to attend our conferences IF it is relevant to them.

Yes to joining Council, but when your views are hardly listened to, what's the point. i) Council rarely (if ever) actually answer questions posted on the forum - they simply skirt around them. ii) Why, if reports are received at Council meetings, are these reports not published as part of the minutes? iii) Why is James Lowell still the Chairman if he is not a practising APT? iv) Why are certain members of the Council perceived by the membership as being dictatorial and elitist and "sitting in an ivory tower" "distant from the real world" – could it be because they don't or won't engage with the members or because they actually see themselves as superior? v) Why do the Council, or some of them, at high profile meetings claim to represent ALL APT's in the UK, when actually it is less than half?

I attended a conference and was told by the speaker that everyone thinks that everyone on the council is in a click but they are not. They then went on to say i dropped out of the council but no one would listen to me so i became council again. AAPT is not for me Thanks

In answer to question 9 (joining Council) I have applied to be a council member in the past. But as I am the sort of person who the council do not want I was out manoeuvred. I feel that the council has lost direction and are more interested in lining their own pockets. I have lost faith in anything that the council does and in the association as a whole.

Regulation and control of APT staff is laudable but in the current financial climate we are in danger of restricting ourselves to the post mortem room and losing contact with the very people that make the job human - the grieving relatives. If pathologists can opt out of post mortem work and still be called pathologists we need to look at how we intend to progress the profession without pricing ourselves out of the market. Look to Nurses and MLSO staff who have had many of their less technical tasks downgraded and given to other staff grades. If this is going to happen to us then we should look to steer it and control how and where it is applied, not wait until it is imposed on us. Remember that to many staff groups we are still to be shunned and told what to do. If the PM rate does not improve then they will not need qualified APTs as there will not be any PM Room to work in.

Since its inception, it is my opinion that the AAPT have failed to deal robustly with those members who seem to have an agenda of their own. They have behaved like bullies and thrive on the fact that Council appease them on every occasion. Whilst I can understand the need to walk on eggshells for fear of losing members, bullies like in every other walk of life, will not give up until they are stopped. The AAPT need to send a strong message to members that this kind of behaviour will not be tolerated.

Even the Prime Minister has to step down. Why not the chairman and President.

I do believe the AAPT from conception has moved on significantly over the last 15 or so years, I still believe it needs to broaden its appeal. I think the pick-up of APT to the AAPT is still less than 20%, Maybe some sort of team to visit those who have not joined to find out why not?

I feel too much emphasis is being put on VRC registration. It is excluding many competent technicians from standing for council or registering for DVI/CBRN

Get talking to the membership and listen to them and talking openly. Get the right people in the right positions on Committee

I feel the AAPT is doing a great job at present and is slowly raising the profile of our profession

Some collaborative meetings would be great and very useful - but would want it as a separate event to the annual conference.

