

31 May 2023

Jeremy Lappin  
Industrial Officer  
Health Services Union

By email: [Jeremy.Lappin@hsu.asn.au](mailto:Jeremy.Lappin@hsu.asn.au)

Dear Jeremy

**Re: Transition of the Non-Coronial Autopsy Service to Forensic Medicine Lidcombe**

Thank you for your response email of 19 May 2023. Please find the NSW Health Pathology (NSWHP) response below under the headings identified in your email.

**1. Extra FMT resourcing required**

The non-coronial autopsy service will function one (1) day per fortnight. The service is limited by the number of available autopsy pathologists employed in Forensic Medicine, which is 0.1 FTE. It is acknowledged that the Forensic Mortuary Technicians (FMT's) will perform associated tasks in line with their Award. As such, NSWHP is proposing to recruit 0.15 FTE FMT to support the activities associated with the non-coronial autopsy service.

The service has performed CJD cases, brain and spinal cord removals for many years and NSWHP contends that these activities have been appropriately resourced.

**2. Singular FMT caseload consideration**

There is no agreed maximum case load for FMT's due to variation in the complexity and mix of cases. The autopsy pathologist will only be doing one to two cases per day (one day per fortnight).

Service expansion is reliant upon the appointment of a 2<sup>nd</sup> autopsy pathologist and increased demand for non-coronial autopsies. If this does occur, NSWHP would again consult regarding resource requirements to support the expansion. NSWHP would like to recruit a second autopsy pathologist initially to ensure service continuity during periods of leave.

**3. Processes aligned**

The processes for non-coronial autopsies will be aligned to those of coronial autopsies with the exception of the referral process which is different by necessity i.e. non-coronial referrals are made by doctors in hospitals; coronial referrals are made by NSW Police. The steps in the referral process for non-coronial autopsies are clearly documented.

For histology and other ancillary testing, the processes are aligned.

**4. Timing of work**

NSWHP can confirm that the autopsy pathologist will be performing the examinations on a set day each fortnight which will be made known well in advance of the service commencement. The non-coronial autopsy day will be included in the FMT roster with alignment of the resource.

**5. Storage**

The points regarding the potential interval from death to autopsy are noted. A suitable timeframe for the transport of the deceased to Lidcombe prior to the autopsy will be made known to those responsible for

arranging the transport. The FMT's will not be responsible for making the transport arrangements. The FMT's will be provided with the release procedure.

#### **6. What is the proposed process for families?**

It will be a requirement of the referring doctor to identify and provide the details for an LHD/Hospital Social Worker who will be the liaison point for the family. It is proposed that Forensic Medicine's Clinical Nurse Consultants (CNC) will liaise with the Hospital Social Worker in respect of the non-coronial autopsy referral and clarifying any details required prior to a referral being accepted. It is proposed that the CNC will be the contact person for the Social Worker or referrer regarding the progress of the case. This along with clear criteria for non-coronial referrals, is designed to minimise any other contacts being made by the SNOK/family. NSWHP will be able to confirm this arrangement in the next week.

Should after-hours contact occur, the process for dealing with after-hours contact from the SNOK (family) will be similar to the coronial process with the difference being that the caller will be advised to make contact with the identified hospital/LHD Social Worker, with the FMT making a record of the call.

#### **7. Training on non-coronial admission procedures**

Training will be provided for FMT's in the procedures for the non-coronial autopsy cases. The Mortuary Manager is currently in the process of updating the existing procedures to exclude the coronial components of admission and release for the non-coronial cases.

#### **8. Way forward**

NSWHP acknowledges the request of the HSU to hold separate discussions regarding the resourcing of the non-coronial autopsy service and the previously raised resourcing matter.

I trust that this provides clarity regarding the matters raised by the HSU. I will confirm the arrangements in respect of Point 6 (above) as soon as possible. Please let me know if further clarity is required.

Yours sincerely



Michael Symonds  
Director  
Forensic & Analytical Science Service  
NSW Health Pathology

cc: Rebecca Gigli – Chief Operating Officer Forensic Medicine  
Catherine Keating – Human Resources Manager FASS