

# **Licentiate of the Faculty of Forensic & Legal Medicine – Sexual Offences Medicine (LFFLM – SOM) Regulations, Syllabus and Information for Candidates**



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## **Foreword**

The Licentiate of the Faculty of Forensic & Legal Medicine – Sexual Offences Medicine (LFFLM – SOM) Examination, previously known as Diploma in the Forensic Aspects of Sexual Assault (DFCASA), was instituted by the Society of Apothecaries of London in 2009 and transferred to the Faculty of Forensic & Legal Medicine (FFLM) on 01 March 2014. Its purpose is to set national quality standards for the professional care that medical and health professionals provide for complainants of sexual abuse and violence.

## **Notice of future amendments to the Regulations**

The LFFLM – SOM examination will continue to change to reflect developments in sexual offences medicine. While every attempt has been made to ensure that this document is accurate, further changes may be implemented over time.

Candidates should refer to the Exams page of the FFLM website ([www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams)) for the most up-to-date information, where any such changes will be detailed. In addition, wherever changes are made, notices will be issued indicating the nature of these changes. In order that candidates are fully briefed about the status of any proposed changes, they are advised to read these notices along with this publication.

These Regulations apply from 01 January 2017 and supersede any previous version.

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The following Regulations apply to candidates entering the LFFLM – SOM examination.

## 1. Duties of a Healthcare Professional

All registered healthcare professionals have a duty placed on them by their regulatory body to be honest and trustworthy. Candidate performance in LFFLM (SOM) assessments is reviewed by healthcare practitioners who themselves have a duty to notify the General Medical Council (GMC) or Nursing & Midwifery Council (NMC) if they have concerns. Misconduct before, during or after assessments or evidence of lack of competence may be referred to the GMC or NMC.

Candidates whose registration (or its equivalent overseas) is subject to suspension, referral or any condition must provide the FFLM with full details in advance of sitting the assessment.

## 2. Introduction

### 2.1 Purpose of these Regulations

These Regulations relate to the assessments undertaken by healthcare professionals training in Forensic and Legal Medicine in the UK from March 2014 onwards. The assessments are known collectively as the assessment for LFFLM (SOM).

### 2.2 Date of publication

The LFFLM (SOM) Regulations first came into effect on 01 March 2014. They will change over time. Candidates should ensure that they familiarise themselves with the Regulations current at the time they are taking the LFFLM (SOM). The current version will always be downloadable from the FFLM web site. The FFLM will give appropriate advance notice of any change which may have a material effect on candidates to ensure that candidates are not disadvantaged as a result.

### 2.3 Data protection

The personal data and test data of LFFLM (SOM) candidates will be stored with the consent forms signed by candidates and processed by the FFLM in accordance with the Data Protection Act 1998. Candidates wishing to exercise their data subject rights under the Act should contact the FFLM's Administration office.

### 2.4 Test security and copyright

Material relating to LFFLM (SOM) assessments is confidential, protected by copyright and subject to non-disclosure requirements which candidates must observe. It must not be placed on the World Wide Web, disclosed to or discussed with any unauthorised person in any circumstances, except with the express, written permission of the FFLM. Candidates who are found to have infringed these requirements will be penalised in accordance with the guidance on misconduct in these Regulations.

3. Purpose of the assessment
  - 3.1 The LFFLM (SOM) is an examination and successful completion of its components is required of healthcare professionals who wish to obtain qualification of eligibility to become Licentiate of the Faculty of Forensic & Legal Medicine. Success in this examination demonstrates the attainment of the minimum level of competency expected of a doctor or nurse in training and the ability to apply this knowledge to problem-solving in sexual offences medicine (SOM).
  - 3.2 A healthcare professional who successfully completes the LFFLM (SOM) and has a licence to practise is eligible to be considered for Licentiate of the FFLM.
4. Constitutional Framework: Faculty of Forensic & Legal Medicine
  - 4.1 The Faculty of Forensic & Legal Medicine has the power under Standing Orders:
    - 4.1.1 to set professional standards for admission to membership of the FFLM; and
    - 4.1.2 to conduct examinations and award the LFFLM (SOM) qualification and the LFFLM Diploma of Licentiate.
  - 4.2 The Faculty of Forensic & Legal Medicine has the power to:
    - 4.2.1 determine the terms and conditions of entry to the LFFLM (SOM) examination. The Faculty of Forensic & Legal Medicine reserves the right to refuse admission to any part of the LFFLM (SOM) examination;
    - 4.2.2 recognise appropriate periods of training, in fulfilment of the entry requirements of the LFFLM (SOM) Part 2 examination, and reserves the right to determine when this training has been completed successfully by candidates;
  - 4.3 To maintain the academic quality of the Examination, the Faculty of Forensic & Legal Medicine is responsible for:
    - 4.3.1 appointing examiners with appropriate qualifications and experience;
    - 4.3.2 producing syllabuses for appropriate parts of the Examination;
    - 4.3.3 monitoring candidate performance; and
    - 4.3.4 arranging suitable examination facilities.
  - 4.4 In the exercise of these powers and responsibilities, the Faculty of Forensic & Legal Medicine will comply and ensure compliance with the requirements of relevant legislation, such as the:
    - 4.4.1 Equality Act 2010;
    - 4.4.2 Race Relations (Amendment) Act 2000;
    - 4.4.3 Disability Discrimination Act 1995;
    - 4.4.4 Special Educational Needs and Disabilities Act 2001;
    - 4.4.5 Employment Equality (Age) Regulations 2006; and

#### 4.4.6 Data Protection Acts 1984 and 1998.

4.5 The FFLM Board believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the FFLM, either as members, members of staff and Officers, as advisors from the medical profession, as members of the FFLM's committees or as doctors in training and examination candidates. Accordingly, it warmly welcomes, and actively seeks to recruit, contributors and applicants from as diverse a population as possible, regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

### 5. Academic Framework: The Aims and Objectives of the LFFLM (SOM) Examination

5.1 It is the aspiration of the FFLM that the LFFLM (SOM) examination will play an essential role in the overall educational experience and continuing professional development of healthcare professionals in the United Kingdom. It is hoped that it will become a prerequisite for healthcare professionals wishing to pursue a career in sexual offences medicine in the United Kingdom.

5.2 The LFFLM (SOM) examination will play an important role in the international arena of postgraduate forensic medical education. It will provide a professional standard against which healthcare professionals working outside the United Kingdom can measure their level of attainment. It may also be used by medical educationalists in other countries in respect of their local postgraduate assessments.

#### 5.3 Aim

The aim of the LFFLM (SOM) examination is to demonstrate those healthcare professionals who, having undertaken a period of general training, have acquired the necessary professional knowledge, skills and attitudes to enable them to practise as independent practitioners within the specialty of sexual offences medicine.

#### 5.4 Objectives

5.4.1 The LFFLM (SOM) examination evaluates the basic professional competence of healthcare professionals who are working in the field of sexual offences medicine.

5.4.2 The standard of the various parts of the examination will reflect the development in the knowledge, skills and attitudes which can be expected during training, and is in keeping with the principle of lifelong learning.

#### 5.5 Assessment methodology

The LFFLM (SOM) examination includes questions and assessments that require an understanding of the legal framework that underpins medicine in general and that of sexual offences medicine in particular.

## 6. Mitigating Circumstances

- 6.1 Mitigating circumstances will **not** result in additional marks being awarded. However, candidates who report mitigating circumstances that are accepted by the FFLM may, under the following Regulations, have the fees for a re-sit waived, and/or be assisted in taking a re-sit.
- 6.2 The FFLM would normally expect a candidate who believed that their performance was likely to be affected by mitigating circumstances arising **before** an assessment to withdraw from that sitting and re-sit at a later date.
- 6.3 Where mitigating circumstances arise **during** an assessment, which the candidate believes are having a material, detrimental effect on performance, the candidate would normally be expected to withdraw from the sitting and re-sit at a later date.
- 6.4 If a candidate decides to proceed with an assessment even though s/he believes that mitigating circumstances are having an effect on performance, then the mitigating circumstances must be reported to the invigilator who will complete a contemporaneous record, which will be signed by the candidate. Candidates reporting mitigating circumstances during an assessment will not normally be allowed any additional time to complete an assessment unless an error of process on the part of the FFLM or test centre has denied them the full time to complete the assessment.
- 6.5 All reports of mitigating circumstances should be submitted to the FFLM's Administration Office as soon as the circumstances arise or as soon as possible thereafter and no later than 48 hours after the assessment takes place. The only exception is where the candidate was unaware of the mitigating circumstances at the time of the assessment. An email giving written evidence of the mitigating circumstances must be provided to the FFLM.
- 6.6 Mitigating circumstances for reasons of illness must be stated in an email and evidenced in the form of a medical certificate, whose scanned copy can be sent electronically.
- 6.7 Where mitigating circumstances arise that affect all candidates the invigilator supervising the assessment will be responsible for deciding what action to take and will provide a written report to the Chief Examiner.
- 6.8 No report of mitigating circumstances, submitted after the publication of results, will be considered unless the candidate can provide compelling and independent evidence that s/he was unable, for whatever reason, to make the FFLM aware of them at an earlier stage.
- 6.9 All reports of mitigating circumstances will be considered by the Chief Examiner or a nominated deputy, who may consult others as they see fit. Records of any mitigating circumstances submitted in respect of other assessments may be used to inform the decision-making process.

6.10 If an application for mitigating circumstances is refused, the candidate may complain to the Faculty using the complaints procedure contained in these Regulations.

## 7. Special Arrangements

### 7.1 Disability

7.1.1 Reasonable adjustments will be made to assessment procedures where necessary to meet the needs of individuals who have a disability as defined by the Equality Act 2010. These adjustments will not entail the lowering of standards of assessment.

7.1.2 Candidates who would like special arrangements to be made to assist them when taking any part of the examination must inform the FFLM of their disability **when they apply to sit the assessments** and must complete a disability declaration form. Evidence of the disability will be required. For dyslexic candidates, for instance, a report from an educational psychologist will be required. It is important to note that the report cannot be older than three years and needs to specify what assistance is necessary (e.g. extra time, larger font, different colour paper etc.). Failure to include this information at the time of application may affect the arrangements that can be put in place in time for the examination.

7.1.3 Each case will be separately assessed by the Chief Examiner or a nominated deputy. Candidates will be informed in writing whether or not adjustments to assessment procedures will be made to meet their needs.

### 7.2 Pregnancy

7.2.1 Candidates should ensure that they arrange to take an assessment some time before or after their due date.

7.2.2 If a candidate has booked a sitting of the Part 1 or Part 2 exams and subsequently develops pregnancy-related problems or illness close to the date of the assessment, or is in sufficient discomfort on the day of the assessment for her to believe that her condition will have a detrimental effect on performance, she should withdraw from the sitting and, as soon as possible thereafter, submit a medical certificate to the FFLM Administration Office. In these circumstances and at the discretion of the FFLM, no fee will be payable when the candidate next applies for that examination.

## 8. LFFLM (SOM) examination

### 8.1 How to enter the LFFLM (SOM) examination

8.1.1 Candidates can apply for the LFFLM (SOM) examination by completing and submitting the application form available on the FFLM website [www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams) and paying the appropriate fee.

8.1.2 It is the responsibility of the candidate to ensure that their application is completed by the required closing date. Incomplete or late applications will not be accepted unless this was caused by exceptional circumstances.



8.1.3 Paper applications will **not** be accepted.

## 8.2 Fees

8.2.1 Details of fees, which are subject to annual revision, dates and opening and closing dates for applications are available on the Exams page of the FFLM website ([www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams)). The preferred payment method is online, by credit/debit card or PayPal account, using the link provided in the Exams page of the FFLM website. Alternative methods are also possible. Please email [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk) for details.

8.2.2 A candidate's application is only processed once his/her complete application form and payment are received.

## 8.3 Visas

8.3.1 The FFLM Office is aware of the difficulties encountered by some candidates in obtaining visas in sufficient time to attend the LFFLM (SOM) examination in the UK. If a candidate requires a visa to sit an examination in the UK, it is the responsibility of the candidate to ensure that the visa application is made in sufficient time before the examination date for which it has been sought. A refund will not be given if a candidate is unable to attend the exam as a result of visa-related problems.

8.3.2 LFFLM (SOM) Visa Statement for candidates visiting the UK:

- (a) If you are applying from a country where the processing of visas is known to take some time, we encourage you to apply early.
- (b) Please let us know, when you apply, that you need examination entry confirmation and we will send you a formal letter, which can be used to apply for your visa.

8.4 It is ultimately the candidate's responsibility to ensure that they can meet the requirements concerning entry to the UK for attendance at the LFFLM (SOM) examination. This is a matter over which the FFLM has no control and can accept no responsibility. We therefore ask each candidate to consider carefully whether there is a possibility of having their visa application rejected or not processed in time as we will not refund fees due to visa refusals.

8.5 Submission of documentary evidence of primary qualification, full registration with the GMC or NMC **may** be requested. The evidence below, which must be sent to the Office by email, if required, will be accepted:

8.5.1 Photocopies of certificates and/or official translations (in English) will be accepted only if they have been prepared and/or authenticated by one of the following:

- (a) the issuing University or Medical School;
- (b) a British Consulate or British Council outside the UK;
- (c) the British Embassy;
- (d) the British High Commission;
- (e) the candidate's own Embassy or High Commission in the United Kingdom; or

- (f) a Fellow or Member of the College or a Chair of the Examining Board of the award body (verification of the Fellow or Member will be sought to ensure that they are affiliated with the issuing University/Medical School and the attested copy should be submitted with an accompanying official stamp/letter from the Fellow, Member or Chair).

8.5.2 Candidates must submit an authenticated translation if their primary degree certificate is not in English.

8.5.3 The Faculty reserves the right to request to see the original documents if there is any doubt as to the authenticity of the attested copies of documents.

## 8.6 Names

8.6.1 Candidates with registration (be it full, limited, or provisional) with the UK General Medical Council (GMC) do **NOT** need to submit documentary evidence of their primary medical qualification, only their GMC number. This regulation is dependent on the primary medical qualification appearing on the GMC website ([www.gmc-uk.org](http://www.gmc-uk.org)).

8.6.2 Candidates must ensure that the relevant section of the application form is completed to include their GMC number, the year and month they obtained their degree and the category of registration they have obtained.

8.6.3 Candidates who are not registered with the UK General Medical Council may be asked to submit documentary evidence of their primary medical qualification.

8.6.4 If the name under which candidates are applying is different from the name that appears on the original diploma of their primary medical qualification or the GMC register, they will need to submit a certificate from the issuing university or an affidavit stating that the candidate (in his or her full name) is the same person as that named on the diploma. This requirement also applies to initials and abbreviations.

8.6.5 Entries may not be accepted if there is any discrepancy in the spelling, order or number of names given and candidates must retain the same surname or family name in any further applications.

8.6.6 It is the candidate's responsibility to resolve any discrepancies, including the expansion of initials, by obtaining a statement from the issuing authority certifying that the candidate, in his or her full and correct name, is the same person as that named on the diploma.

8.6.7 Candidates who change their names by marriage or deed poll must submit authenticated documentary proof of this if they wish to be admitted to the examination in their new names.

8.6.8 Names are phonetically translated into English from some languages and this can lead to spelling variations. Some candidates are inconsistent in the spelling of such translations and must realise that this does not allow accurate identification and is not acceptable to the Faculty of Forensic & Legal Medicine. Candidates should ensure that the spelling of their name is consistent on all documents submitted.

8.6.9 The records of the Faculty of Forensic & Legal Medicine will show a first names followed by the family name. For example, Alan Smith.  
Correspondence will be addressed using the candidate's title followed by

his/her first name and then the family name as it appears on the candidate's diploma of medical qualification, for example, Dr Alan Smith.

## 8.7 Centres

The LFFLM (SOM) Part 1 Examination may be held in various centres within the UK but normally takes place in Central London. Candidates should refer to the Exams page of the FFLM website ([www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams)) for the most up-to-date information.

The LFFLM (SOM) Part 2 examination may be held in various centres within the UK but normally takes place at St George's, University of London.

## 8.8 Withdrawal from the examination and refund of fees

8.8.1 Notice of withdrawal from the examination must be given in writing, by email, to the Administration Office. Candidates are asked to quote their FFLM candidate number (if known), full name and date of birth in their withdrawal notice to allow Faculty staff to easily identify them.

8.8.2 Only written requests to withdraw will be accepted as official withdrawal requests.

8.8.3 In no circumstances can examination applications or fees be transferred from one examination session to another.

8.8.4 Candidates who submit their withdrawal request on or before the closing date will be refunded 90% of the fee. Where possible this refund will be paid in the same way as the original payment was made. Refunds will not be made where candidates submit their withdrawal request after the closing date unless there are circumstances deemed exceptional, which can be substantiated. Further, such requests (accompanied by supporting evidence) must be submitted within four weeks from the examination date if they are to be considered. Decisions on these cases will be made by the Chief Examiner in consultation with the Chief Examiner's Committee whose decision is final. If exceptional circumstances are accepted, the candidate will be refunded 90% of the fee paid.

## 8.9 Number of attempts allowed

Candidates can apply and sit the LFFLM (SOM) Part 1 examination as many times as required. However, LFFLM (SOM) Part 2 candidates are only allowed four attempts.

### 8.9.1 Discounting of LFFLM (SOM) Part 2 attempts

8.9.1.1 Candidates who are prevented from attending the examination owing to the following circumstances may apply to have that attempt discounted:

8.9.1.2 Illness just before or during the examination;

8.9.1.3 Involvement in an accident;

8.9.1.4 Death of a close relative (parent, sibling, spouse/partner, child).

8.9.1.5 Documentary evidence is required in all cases.

8.9.1.6 Any request for discounting of an attempt must be submitted to the Administration Office within one month of the date of the examination. Requests received at a later stage will not be considered.

- 8.9.1.7 Decisions about discounting attempts are made by the Chief Examiner in consultation with the Chief Examiner's Committee, whose decision is final.
- 8.9.1.8 Discounting of attempts will only be allowed for a maximum of two occasions. After this the exam fee will be forfeited.

## 8.10 After the examination

### 8.10.1 Review of the examination

- (a) Results are released when the Chief Examiner and the Academic Dean of the FFLM are satisfied that the examination was conducted appropriately and in accordance with the procedures of the Faculty of Forensic & Legal Medicine.
- (b) The Chief Examiner's Committee considers each question in the LFFLM (SOM) prior to its appearance in the examination and reviews the question's performance after every examination, as well as reviewing the examination as a whole. In addition to the final scores obtained by the candidates, the Chief Examiner's Committee will also note the mean score for the examination and the mean scores for, and the discriminatory power of, the questions that comprise each paper. A detailed analysis of the responses to each item (including a separate index of discrimination for every item), and a coefficient indicating the internal reliability of the examination as a whole, are also considered by the Committee. In the light of these analyses, the Chief Examiner's Committee may make modifications to the questions and answers that it deems desirable to ensure that the quality of the examination is maintained.

### 8.10.2 Results

- (a) Results will be published on the website within four weeks of the date of the examination. Confirmation and details of results will be emailed within a further three weeks. Results cannot be collected from FFLM or given over the telephone.
- (b) The FFLM candidate numbers and results of all candidates, both passes and fails, will be published in the Exams page of the FFLM website ([www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams)). Candidates will not be identified by name. Candidates are advised to take careful note of their candidate number upon receipt of their admission document.
- (c) Candidates should notify the FFLM of any change of email address as soon as possible. Please note that **personal** email addresses, rather than work ones, are preferred.

## 8.11 Queries on results

- (a) Candidates may request that their Examination answer sheets are re-marked. There is a charge of £150.00 per paper for this service. This charge will be refunded if an error is identified.
- (b) Requests for the re-marking of answer sheets should be made in writing to the Chief Examiner, via [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk) and must be received within six weeks of the publication of results.
- (c) Candidates are reminded that their answer sheets are held for one year only.

9. Attendance at, and conduct during, the LFFLM (SOM) Examination
  - 9.1 Candidates presenting themselves for the LFFLM (SOM) examination must have complied fully with all admission requirements, including the payment of fees.
  - 9.2 Candidates are warned that any breach of LFFLM (SOM) examination Rules and Regulations will result in severe penalties, including the risk that the relevant Examining Board will permanently debar the candidate from taking any further Examinations.
  - 9.3 Candidates should note that, owing to issues of heightened security, the Examination start times might vary. Consequently, candidates are advised not to make travel plans that could be jeopardised if the Examination starts late or is interrupted.
  - 9.4 Monitoring candidate behaviour
    - 9.4.1 Candidates are advised that the Chief Examiner's Committee may employ various systems to identify those candidates who attempt to copy, collude or perform some other act that may be regarded as academic misconduct in LFFLM (SOM) examinations. Set out below is an update on the system that is currently in use in RCP examinations which the Faculty may use and an explanation of what the Faculty would intend to do with the information it collects.
    - 9.4.2 The Anomaly Monitoring System (AMS) seeks to detect instances of copying or collusion by looking for anomalous patterns of responses by candidates, the answers of one candidate being more similar to those of another candidate than would be expected by chance alone. There are many different combinations of answers by which candidates can achieve a particular score. If two candidates have an unusually high number of exactly the same answers then this may be regarded as an anomaly. AMS systematically considers all possible pairs of candidates and looks at the similarity of their answers.
    - 9.4.3 In comparing candidate responses, the AMS programme takes into account the expected number of answers in common, relative to the candidate's performance on the assessment.
    - 9.4.4 Candidates should note that in doing this:
      - (a) the programme does not know the centre at which candidates are sitting the exam; and
      - (b) the programme does not know the seating plan of the candidates at the centre.
    - 9.4.5 The programme is therefore inherently conservative in its detection of anomalous candidates. If a pair (or group) of candidates is identified as having an unusually high proportion of similar answers then a further independent investigation is carried out looking at the centre where the candidates sat, the seating plan and any other information that may be provided by the invigilators and staff administering the examination. Should it be agreed that the matter requires full investigation the candidates concerned will be contacted and asked to attend an interview.
    - 9.4.6 The Chief Examiner's Committee is fully aware that candidates could be implicated in an act of academic misconduct through the conduct of others.

In order to avoid such allegations being levied, candidates identified at one sitting to be part of an anomalous pair may be requested to sit in specific locations in the examination hall at the next sitting. There will be no assumption of guilt in making this request; it is simply a pre-emptive measure.

9.4.7 AMS is one tool that the Chief Examiner's Committee may use to monitor candidate behaviour in the LFFLM (SOM) examinations.

## 9.5 Examination Rules and Regulations

9.5.1 Any infringement of the following Rules and Regulations may be reported to the Academic Dean, LFFLM (SOM) Administration Office for consideration by the Board.

9.5.2 Candidates are advised to allow for any transport delays when planning their time of arrival at the examination hall as, for security reasons, we cannot guarantee that they will be permitted to enter the examination hall after the start of the examination.

9.5.3 Candidates should assemble outside the examination hall at least 30 minutes before the start of the examination and should not enter until instructed by the invigilator(s).

9.5.4 Candidates will not be admitted to any paper if they arrive more than 30 minutes after the examination has started, unless in exceptional circumstances with the express permission of the invigilator(s).

9.5.5 Candidates will not be admitted unless they produce suitable identification in addition to the admission document. This will normally be a passport. Where candidates do not possess a passport, some other form of identification may be acceptable, providing that it includes both the photograph and signature of the candidate. Alternatively, two forms of identification, one with a photograph and the other with a signature, will be accepted. Admission to the examination will be at the discretion of the invigilator(s). The FFLM observes sensitivity in the visual identification of candidates, but advance notice should be given by candidates of any anticipated difficulties.

9.5.6 Candidates must not bring into the examination hall any papers, bags, calculators, mobile phones, pagers, PDAs (or any electronic audio or communication device), textbooks or documents, or items of any kind other than those specifically allowed for that particular examination and previously notified to them. The possession of calculators, mobile phones, pagers, personal stereos or electronic wrist watches or any other such devices that are audible, make calculations, store information or can be used for communication in the examination venue is strictly forbidden. Any unauthorised material will be confiscated and a report detailing the incident and identifying the candidate will be submitted to the Chief Examiner.

9.5.7 Where examination halls do not have secure areas to store personal items, any coats, bags or other item(s) brought into the examination hall should be deposited as directed by the invigilator(s). Electronic items must be deactivated and placed away from the candidate's desk.

9.5.8 With prior approval (via submission of special need requirements at the time of application), candidates may bring into the examination hall aids that will enable them to remedy a disability e.g. of sight and/or hearing.

- 9.5.9 If a candidate has unwittingly brought any unauthorised paper or item into the examination hall, this should be handed to the invigilator(s) before the examination starts or at the earliest possible opportunity thereafter.
- 9.5.10 Answer sheets are individually numbered (with candidate numbers). Candidates must sit at the desk where the question paper is marked with their candidate number.
- 9.5.11 Candidates must not start reading or answering the examination questions until the start of the examination is announced by the invigilator(s).
- 9.5.12 Candidates must use only the stationery approved by the FFLM. Any rough work must be completed on the approved stationery and handed in with the completed papers.
- 9.5.13 Candidates must comply with all instructions given to them by invigilator(s). Such instructions may include the instruction to leave the examination hall and not to return during the period of the examination. It is the duty of a candidate to comply with an invigilator's instruction even if they judge the instruction to be unreasonable (there is the right of appeal if a candidate considers that the invigilator has not acted in accordance with these Regulations).
- 9.5.14 Whilst in the examination hall, a candidate must not attempt to read the work of any other candidate or communicate in any way with any other candidate or any other person without the express permission of the invigilator.
- 9.5.15 Where an invigilator suspects a candidate or candidates of infringing FFLM Examination Regulations/examination hall rules he/she shall:
- (a) confiscate any unauthorised material in the possession of the candidate;
  - (b) endorse the front cover of the candidate's script with a note of the time when the alleged infringement was discovered. In cases of suspected collusion, invigilators should endorse the script of each candidate suspected of being involved. Wherever possible an invigilator will invite another invigilator to act as witness by countersigning the endorsement;
  - (c) allow the candidates in question to continue the examination;
  - (d) inform the candidate(s) in question at the end of the examination that a written report of the incident will be submitted to the Chief Examiner; and
  - (e) prepare within three working days a written report on the alleged incident and send it with any confiscated materials to the FFLM Administration Office.
- 9.5.16 Any invigilator or examiner present is empowered to refuse to allow a candidate to continue with the examination on grounds of misconduct. Ejection from the examination hall should normally take place only in the event of a candidate's conduct causing disruption to other candidates.
- 9.5.17 Candidates who wish to attract the attention of the invigilator(s) during the examination should do so by raising a hand.
- 9.5.18 Candidates should bring to the attention of the invigilator any factor (e.g. distracting noise) that is adversely affecting them during the examination. Where necessary they should communicate the same in writing to the Chief

Examiner at the Administration Office immediately following the examination concerned.

- 9.5.19 Once admitted to each part of the examination, candidates must stay for the full duration of each paper. Candidates may not leave the examination hall as a result of finishing the examination paper early. Those who attempt to do so will be deemed to have breached the Examination Regulations.
- 9.5.20 Candidates must not leave the examination hall temporarily, during the period of the examination, unless given express permission by the invigilator(s) to do so. If such permission is given, they must not attempt to contact any other person or consult any material relating to the examination whilst outside the examination hall. They should report to the invigilator(s) on returning to the examination hall.
- 9.5.21 Candidates may not temporarily leave the examination hall during the first 30 minutes of any paper or in the 10 minutes before the scheduled end of each paper.
- 9.5.22 Candidates should stop writing when instructed to do so and remain in their seats in silence while papers, empty answer books, continuation sheets or other papers are collected.
- 9.5.23 Candidates should not remove from the Examination hall any papers or examination materials. Question papers or any part of them, or any individual questions, must not be copied or removed from the Examination hall. All FFLM examination questions are confidential and are copyrighted by the FFLM. A candidate may not communicate any question or part of a question to any other person or organisation. To do so would be a serious breach of copyright and of these Regulations, and Misconduct Procedures may be invoked.
- 9.5.24 When authorised to do so by the invigilator(s), candidates should leave the examination hall in an orderly manner.
- 9.5.25 Smoking is not permitted in any part of an FFLM examination centre.
- 9.5.26 Candidates are asked to note that any allegation of academic or professional misconduct that is sustained against a candidate is likely to be reported to employers, sponsors and relevant professional bodies, such as the UK General Medical Council.
- 9.5.27 Candidates should note that if any information comes to light at a later stage that indicates that Examination Regulations have been breached, the FFLM reserves the right to invoke the Misconduct Procedures retroactively.

## 10 Complaints

Complaints should be made in writing and addressed to the Chief Examiner at the LFFLM (SOM) Office email address: [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk). Complainants should expect a written acknowledgement from the Chief Examiner within 21 days.



## 11 Appeals

11.1 An Appeal to the FFLM is open to a candidate if he is not satisfied with the decision of their exam result.

11.2 The following conditions apply:

- (a) The appeal must be received within 28 days of the candidate being notified of the examination result or the feedback or reviewing report;
- (b) The appellant shall set out in writing the detailed grounds on which the appeal is made to the FFLM office.
- (c) All the supporting evidence (for example, medical certificate, supporting statement from other candidates) must accompany the appeal submission.

11.3 The Appeal Tribunal is a working group of the Academic Committee. An appeal may be rejected by the Chief Examiner without selecting the Appeal Tribunal for any of the following reasons, or if it is judged to be vexatious or frivolous, without further recourse to the appeals procedures.

11.3.1 The candidate did not understand or was not aware of the published examination regulations.

11.3.2 The appeal is on grounds that poor syllabus information affected performance. In such circumstances a candidate should submit a complaint (16).

11.3.3 That no contemporaneous, independent, medical or other evidence has been submitted to support an application that academic performance was adversely affected by factors such as ill health.

11.3.4 The candidate was not aware of the procedures for presenting mitigating circumstances as detailed in regulation 6. These extenuating circumstances include health or other problems, or difficulties with the running of the programme or way in which the assessment was conducted.

11.3.5 No valid reason, i.e., circumstances beyond a candidate's control, has been submitted as explanation for not submitting extenuating circumstances to the attention of the Chief Examiner's Committee before it met.

11.3.6 The appeal concerns a long-standing health problem, which the candidate was aware of when applying for the exam.

11.3.7 The candidate was subject to a disturbance or illness during an examination and that there is no valid reason for it not to have been brought to the attention of the Chief Examiner's Committee before it met (6.5).

11.4 The appeal process could be of two sorts:

- (a) A document review – The Written Evaluation; or
- (b) An oral hearing and document review –The Oral Hearing.

The candidate is required to select which option he/she wishes to use.

11.5 The Written Evaluation

11.5.1 Personnel of the Academic Tribunal:

- (a) The Academic Dean;

- (b) The Chief Examiner;
- (c) A member of the Academic Committee or Faculty Board who has not been directly involved in the candidate's examination.

#### 11.5.2 Process:

- (a) All documentation submitted by the candidate will be considered. Written evidence will be required from the examiners involved. Any contributory information, which would assist the Tribunal in resolving the Appeal, will also be sought.
- (b) The Chief Examiner will inform the candidate as to the likely date by when a decision might be expected if it is to exceed 10 days of the deliberation.
- (c) The Chairman of The Appeal Tribunal will communicate the outcome of the appeal in writing to the candidate.

### 11.6 The Oral Hearing.

All written evidence to be considered would be required at the time of the submission of the request for an appeal and any late evidence is to be presented no later than 14 days in advance of the hearing.

#### 11.6.1 Personnel:

- (a) The candidate is required to present his/her case in person and can be accompanied by a friend or adviser should he so wish;
- (b) The Appeal Tribunal will consist of those listed in 14.6a. The names of those designated are to be communicated to the appellant 14 days in advance to ensure they have no objections. Otherwise the candidate can opt for a second chairman and two others. NB. Should the appellant choose this option then a second, six-week time frame applies from the date that the Registrar is notified of the appellant's decision.
- (c) A note-taker will be designated for the session.
- (d) A summary will be agreed by the members of the Appeal Tribunal and the appellant.

## 12 Compliance with diversity legislation

12.1 The FFLM is committed to promoting and developing equality and diversity in all its work. It aims to have policies and ways of working that are fair to all individuals and groups. The FFLM has an equal opportunities policy.

12.2 LFFLM (SOM) examiners are trained in equal opportunities and diversity.

12.3 The FFLM collects data on LFFLM (SOM) applicants and analyses LFFLM (SOM) results in relation to equal opportunities monitoring variables.

12.4 The FFLM will consider special arrangements for candidates with disabilities taking the Knowledge Test and OSCE.

12.5 The FFLM will consider special arrangements for candidates with disabilities taking the Knowledge Test and OSCE.

### 13 Academic misconduct

Information in respect of academic misconduct may be obtained by contacting the Academic Dean, FFLM Administration Office.

### 14 Registration with the UK General Medical Council

14.1 Registration with the General Medical Council (GMC) is required for all candidates intending to work as doctors in the UK. Registration with the GMC is not necessary in order to take the LFFLM (SOM) examination. However, prospective candidates who intend to obtain training in a forensic unit, whether paid or unpaid, must register with the GMC.

14.2 A list showing those overseas qualifications eligible for full registration is given at the front of the Medical Register published by the GMC. Doctors who are British nationals and/or who hold a qualification of one of the countries of the European Community are subject to special conditions and should seek advice directly from the GMC.

14.3 Application forms and pamphlets giving details of the requirements of each kind of registration may be obtained by contacting:

General Medical Council

Regent's Place

350 Euston Road

London NW1 3JN

Tel: +44(0)845 357 3456 Email: [registrationhelp@gmc-uk.org](mailto:registrationhelp@gmc-uk.org)

For further information please refer to the GMC website ([www.gmc-uk.org](http://www.gmc-uk.org)).

### 15 Language Requirements

15.1 All parts of the LFFLM (SOM) examination are conducted in English.

15.2 As all assessments are conducted in English, the Faculty of Forensic & Legal Medicine advises candidates that in order to be sufficiently prepared to sit the LFFLM (SOM) examination, their English language ability should be equivalent to IELTS Level 7 in each module. However, candidates do not need to have taken IELTS, the assessment of the Professional and Linguistic Assessments Board (PLAB), or any other language examination, to sit the LFFLM (SOM) examination.

- 15.3 The LFFLM (SOM) cannot be used as demonstrating competency in the English language, for which PLAB is necessary before doctors can obtain Limited Registration with the GMC. Full details are available from:

PLAB Test Section

General Medical Council

Regent's Place

350 Euston Road

London NW1 3JN

Tel: +44(0)845 357 3456 Email: [registrationhelp@gmc-uk.org](mailto:registrationhelp@gmc-uk.org)

For further information please refer to the GMC website ([www.gmc-uk.org](http://www.gmc-uk.org)).

## 16 Preparation for the LFFLM (SOM) examination

- 16.1 The FFLM recommend that candidates prepare for the Examination by gaining clinical experience in recognised training posts in medico-legal medicine or their subspecialty of forensic medicine and by studying up-to-date postgraduate clinical textbooks and current medical journals.

- 16.2 There is an e-learning course, which has been available since 01 March 2014 that covers most of the syllabus of the Part 1 exam and the Part 2 in Sexual Offences Medicine (SOM). Further details can be found on the FFLM website ([www.fflm.ac.uk/e-learning](http://www.fflm.ac.uk/e-learning)).

- 16.3 There is a published syllabus, below, and curriculum for the LFFLM (SOM) examination in a separate document, entitled Case Portfolio and Compendium of Validated Evidence.

- 16.4 A reading list is available from the FFLM website – [www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams).

- 16.5 Sample questions are available on the FFLM website: [www.fflm.ac.uk/exams](http://www.fflm.ac.uk/exams).

- 16.6 The FFLM may be able to provide lists of recommended FFLM courses. The details of most courses are contained in the education section of the faculty website.

- 16.7 It is recommended that candidates wishing to proceed in a career in sexual offences medicine follow the training guidelines and Quality Standards published by the FFLM for Sexual Offences Medicine (SOM).

## 17 The three components of the LFFLM (SOM) examination.

- 17.1 Overview: the LFFLM (SOM) is divided into two parts:

- 17.1.1 Part 1 is a theoretical examination in matters related to branches of medico-legal and clinical practice.
- 17.1.2 Part 2 is a clinical competency assessment in the form of an Objective Structure Clinical Examination (OSCE).
- 17.2 There is no written component in the Part 2 examination. Instead there are two written projects: the Case Portfolio and the Compendium of Validated Experience (COVE). It is important to note that candidates must have passed the Part 1 examination before they submit either written project. And at least one of them needs to have been approved for the candidate to be eligible to sit for the Part 2 examination.
- 17.3 The portfolio can be submitted at any time as long as it is within the permitted three years from the date of success in the Part 1.  
If the case portfolio is not accepted due to standards not having been met, the Chief Examiner's Committee will give the reason(s) for this and stipulate the number and nature of further cases which must be submitted prior to re-evaluation, if any. Portfolios may be submitted a maximum of three times. There is a fee for portfolio reviews and resubmissions will attract a fresh fee.
- 17.4 The COVE can also be submitted at any time for assessment of completion of training requirements within the same period mentioned above. There is no fee for this service.
- 17.5 There are 3 options:
1. LFFLM (SOM), which is available to doctors **only**;
  2. LFFLM (SOM) (a) (adults only), which is available to **both** doctors and nurses;
  3. LFFLM (SOM) (c) (children only), which is available to doctors **only**.
- 17.6 This examination is open to registered medical practitioners and registered nurses who have achieved a basic level of experience in the care of complainants of sexual assault. Successful completion of all components of the LFFLM – SOM entitles a candidate to apply for Licentiate of the Faculty of Forensic & Legal Medicine and use of the postnominal LFFLM (SOM).
- 17.7 LFFLM (SOM) Part 1 Examination: Purpose  
The purpose of the LFFLM (SOM) Part 1 examination - which is a knowledge test - is to identify those healthcare professionals who have a basic knowledge of sexual offences medicine.
- 17.8 Aims  
The aim of the LFFLM (SOM) Part 1 examination is to test the acquisition of a representative sample of sexual offences medicine knowledge as specified in the published Syllabus for the LFFLM (SOM) Examination, below.

## 17.9 Validity

A pass in part 1 of the LFFLM (SOM) is valid for **three** years. Note that all elements of the LFFLM Part 2 (the OSCE examination and both written projects, the COVE and the Case Portfolio) therefore need to be done within those three years. There is no limit of attempts in the Part 1 examination.

## 17.10 The format

- 17.10.1 The LFFLM (SOM) Part 1 examination is designed to assess a candidate's knowledge and understanding of sexual offences medicine.
- 17.10.2 The LFFLM (SOM) Part 1 Examination has a one-paper format. The paper consists of 150 best-of-five multiple-choice questions. Candidates have three hours to complete it. Candidates are tested on a wide range of topics in sexual offences medicine as set out in the published Syllabus and Curriculum.
- 17.10.3 The examination may include pre-test questions (trial questions that are used for research purposes only). A small number of pre-test questions may appear in any paper. Responses to them do not count towards a candidate's final score. The use of pre-test questions is in line with the assessment criteria set out by the General Medical Council (GMC). Candidates are directed to this [page](#) of their website for further information.
- 17.10.4 Drugs are normally referred to by their recommended International Non-Proprietary names (INN) rather than by their trade names.
- 17.10.5 Biochemical and other measurements are expressed in SI units and normal or reference ranges are provided.
- 17.10.6 The LFFLM (SOM) Part 1 examination is criterion referenced. Before the Examination, the difficulty of each question is considered by the Chief Examiner's Committee. The standard setters assess the difficulty of the questions against the level of knowledge expected of candidates using a procedure known as the modified Angoff method.
- 17.10.7 All judgments by all standard setters on all questions are then analysed and a criterion-referenced pass mark is established. In order for wild fluctuations in the pass rate to be avoided, there are limits outside which it has been decided the pass rate may not fall. As a result of the standard setting and the restrictions on pass rates, the pass mark and pass rate can vary slightly from one examination to the next.
- 17.10.8 The marking system for the LFFLM (SOM) Part 1 examination is as follows:
  - (a) one mark is awarded for a correct answer;
  - (b) no mark is awarded or deducted for an incorrect answer;
  - (c) no mark is awarded or deducted if a question is left unanswered;
  - (d) no mark is awarded if more than one response is recorded or if the answer is not sufficiently clear; and
  - (e) no mark is awarded for any answer that the scanner queries as:
    - (i) insufficiently erased;
    - (ii) smudged.

In these circumstances the Faculty of Forensic & Legal Medicine does not consider it is appropriate to interpret a candidate's intentions.

- (f) The final mark for each candidate is the mark obtained in the examination paper expressed as a percentage.

#### 17.11 How to complete the LFFLM (SOM) Part 1 examination answer sheets

- 17.11.1 Answer sheets will be printed to include candidate numbers. Candidates must ensure that their candidate number matches the one issued at the time of application.
- 17.11.2 The answer sheets for the LFFLM (SOM) Part 1 examination are machine readable, like [this](#). Candidates should indicate the single correct answer in accordance with the instructions provided.
- 17.11.3 Papers will be marked by an Optical Mark Reader (OMR). The OMR output is processed by computer and marks are allocated according to the candidate's responses. Scores are then calculated and statistical data across candidates are calculated relating to individual questions. This information is produced in printed form for the FFLM Examining Board.
- 17.11.4 As the completed answer sheets will be computer marked, candidates must comply fully with the instructions given on each answer sheet, otherwise answer sheets may be rejected by the machine or the candidate's intention misinterpreted.
- 17.11.5 The Faculty reserves the right to mark the examination papers manually if the numbers of candidates warrants this method.
- 17.11.6 Candidates should use only the pens supplied in the examination. A pencil may also be used. Dubious or multiple answers to the same question cannot be read by the OMR and may therefore result in a zero score.
- 17.11.7 Candidates may **not** erase any answer. To avoid making mistakes, they may indicate their choices in the question book in the first instance, before transferring them to the answer sheet. Candidates should remember to allow sufficient time to do this, as additional time will not be allowed.
- 17.11.8 The answer sheet must **not** be folded, creased or contain anything other than the answers A, B, C, D or E.
- 17.11.9 It is important that candidates fully understand how to complete the answer sheet before sitting the examination.

#### 17.12 Entry requirements

- 17.12.1 Every candidate for the Examination must hold a **medical, nursing or midwifery qualification** recognised by the Faculty of Forensic & Legal Medicine.
- 17.12.2 Candidates will not be admitted to the LFFLM (SOM) Part 1 Examination until **three years** after the date of full registration with the GMC or NMC.
- 17.12.3 At the stage of being awarded affiliateship or licentiateship of the FFLM, it will be necessary for the individual to sign a Declaration of Faith confirming that they are in good standing with the relevant regulatory body. If the applicant believes they may have any difficulty in this respect, then they should discuss the matter, in confidence, with the FFLM Registrar in

advance so that they may make an informed decision on whether or not to proceed with their application at that time.

### 17.13 Exemptions

There are no exemptions.

### 17.14 Pass result

Candidates passing the LFFLM (SOM) Part 1 examination can proceed to apply for the LFFLM (SOM) Part 2 examination at the next date of the examination, if eligible (see eligibility criteria).

### 17.5 Fail result

A candidate not achieving the pass mark in the LFFLM (SOM) Part 1 examination will be deemed to have failed the examination.

## 18 LFFLM (SOM) Part 2 Clinical Examination (OSCE)

### 18.1 Purpose

To demonstrate in a practical setting the knowledge, skills and attitudes appropriate for a healthcare professional in sexual offences medicine.

### 18.2 Aims

The LFFLM (SOM) Part 2 Clinical Examination (OSCE) will test medico-legal principles as well as clinical and forensic understanding, making clinical and forensic judgments and formulating appropriate management plans. It will also test the ability to:

- 18.2.1 demonstrate the skills of history taking;
- 18.2.2 examine a patient/client to obtain appropriate further information;
- 18.2.3 interpret findings either factual or physical/forensic signs;
- 18.2.4 make appropriate diagnoses/interpretations;
- 18.2.5 develop and discuss immediate and long-term management plans; and
- 18.2.6 appreciate the ethical issues that relate to the relevant specialty.

### 18.3 Format - Practical Assessment Skills (OSCE)

18.3.1 The Objective Structured Clinical Examination (OSCE) assesses the ability to integrate and apply clinical, professional, communication and practical skills appropriate for forensic and legal medicine. It simulates patient/client consultations that are relevant to forensic and legal medicine using simulated patients/clients. A range of scenarios drawn from forensic and legal practice are used and each consultation is marked by a different assessor. The role of the patient/client is taken by a trained role-player.

18.3.2 The OSCE is composed of 8-14 stations for each of the examinations, LFFLM (SOM), LFFLM (SOM) (a) and LFFLM (SOM) (c), over a period of a minimum of two hours. Each station is assessed by one independent



examiner. Candidates will start at any one of the stations and then move round the carousel of stations at 10-minute intervals until the cycle has been completed.

- 18.3.3 An external examiner may be present at an OSCE station at any time to observe and review stations.

#### 18.4 Entry requirements

Before candidates can enter the LFFLM (SOM) Part 2 Clinical Examination (OSCE), they must have:

- 18.4.1 passed the LFFLM (SOM) Part 1 Written Examination within the preceding three years;
- 18.4.2 had at least **six months** employment in an occupation requiring the practical application of managing complainants of sexual assault to a greater degree than usual in normal medical practice on the date of the Part 2 Examination. Note that this work must include being involved in forensic medical examinations. A **reference** confirming this may be requested;
- 18.4.3 a current (obtained within 12 months) certificate of Immediate Life Support training – **and will be required to produce it** – on the date of the Part 2 examination. A candidate from overseas who wishes to submit a certificate of Life Support to an equivalent standard should do so one month before the Part 2 examination to allow its consideration by the Chief Examiner's Committee whose decision will be final; and
- 18.4.4 had either the COVE or the Case Portfolio approved.

#### 18.5 Attending the LFFLM (SOM) Part 2 Clinical Examination (OSCE)

- 18.5.1 Candidates will not be admitted once the examination has started.
- 18.5.2 Candidates will not be admitted unless they produce suitable identification in addition to the Admission Document. This would normally be a passport. Where candidates do not possess a passport, some other form of identification may be acceptable, providing that it includes both the photograph and signature of the candidate concerned. Admission to the Examination will be at the discretion of the Chief Examiner or their nominee.
- 18.5.3 The Faculty of Forensic & Legal Medicine observes sensitivity in the visual identification of candidates, but advance notice should be given by candidates of any anticipated difficulties.
- 18.5.4 Candidates presenting themselves for the LFFLM (SOM) examination must have complied fully with all admission requirements, including the payment of fees.
- 18.5.5 Candidates may not carry electronic devices, including telephones, pagers, PDAs or other forms of communication devices, while at the Examination.

#### 18.6 Procedure

- 18.6.1 The examiner is required to record their mark for each candidate on the mark sheet independently and without consultation. Examiners do not have any knowledge of the marks given by other examiners at other stations.

- 18.6.2 Clinical scenarios must not be copied or removed from the clinical examination centres. All LFFLM (SOM) examination questions and clinical scenarios are confidential and are copyrighted by the Faculty of Forensic & Legal Medicine. No person may communicate any question or part of a question to any other person or organisation. To do so would constitute a serious breach of copyright and of these Regulations, and may result in misconduct procedures being invoked.
- 18.7 Method of assessment
- 18.7.1 The mark sheets in total are completed by the examiners:
- 18.7.2 The marks awarded on all mark sheets determine the candidate's overall LFFLM (SOM) Part 2 Clinical Examination (OSCE) score.
- 18.7.3 Each station of the LFFLM (SOM) Part 2 Clinical Examination (OSCE) is marked according to a structured marking scheme. The pass mark for the LFFLM (SOM) Part 2 Clinical Examination (OSCE) is determined using the Angoff method by the Chief Examiner's Committee and other co-opted persons that they consider necessary to determine a fair and accurate pass mark. This is determined for each sub specialty and a pass mark confirmed by the Chief Examiner's Committee.
- 18.8 Quality control
- 18.8.1 The FFLM oversees the delivery and quality control of the LFFLM (SOM) examination.
- 18.9 Best-practice standard-setting techniques are used to ensure that pass/fail levels are applied equitably and rigorously.
- 18.10 Assessors and role-players
- 18.10.1 LFFLM (SOM) examiners are formally recruited and trained and regularly retrained in assessment techniques and equality and diversity.
- 18.10.2 The performance of examiners is monitored and reviewed.
- 18.10.3 The role-players used in the OSCEs and s are trained both generically and in preparation for each case so that they deliver a standardised test.
- 18.10.4 The performance of role-players is monitored and reviewed by experienced assessors and role-player facilitators.
- 18.11 Assessment outcome statistics are used to quality assure cases.
- 18.12 Academic and professional misconduct
- 18.12.1 Candidates should note that it is an offence for candidates to seek to gain prior knowledge of the clinical cases or scenarios used in the Examination. A candidate will be prevented from proceeding with the LFFLM (SOM) Part 2 Clinical Examination (OSCE) if it is the examiners' view that his/her conduct is likely to endanger the safety of patients, cause distress or disrupt other candidates.

- 18.12.2 Where an examiner considers that a candidate is acting in an unprofessional, improper or inappropriate manner during the LFFLM (SOM) Part 2 Clinical Examination (OSCE) they shall:
- (a) ask the candidate to stop that particular part of the LFFLM (SOM) Part 2 Clinical Examination (OSCE);
  - (b) endorse the candidate's clinical mark sheet with a note of the time when the alleged infringement was discovered. Wherever possible an examiner should invite another examiner to act as witness by countersigning the endorsement;
  - (c) decide whether the candidate in question may continue with the LFFLM (SOM) Part 2 Clinical Examination (OSCE);
  - (d) inform the candidate in question at the end of the LFFLM (SOM) Part 2 Clinical Examination (OSCE) that a written report of the incident will be submitted to the Chief Examiner of the LFFLM (SOM) examination; and
  - (e) prepare within three working days a written report on the alleged incident and send it with any confiscated materials (if applicable) to the LFFLM (SOM) examination Office.
- 18.12.3 A “yellow card” system will be applied where an examiner has identified unprofessional, improper or inappropriate practice by a candidate. Candidates for whom a yellow card has been submitted will be written to by the Chief Examiner or Academic Committee to advise on the candidate's further training needs.
- 18.12.4 In the event that the candidate has a yellow card submitted which in the view of the Chief Examiner's Committee and the Academic Committee is of a degree that would indicate that the doctor is possibly unsafe to practice, then a referral of that candidate to the GMC or NMC respectively will be made. In this instance no matter how well the candidate performed in the rest of the exam, or in other sections of the exam, s/he will not be awarded a pass until the issues have been addressed and resolved to the satisfaction of the GMC or NMC, approved by the Academic Committee following a recommendation from the Chief Examiner's Committee and ratified by the Faculty Board. It remains within the discretion of the Chief Examiner's Committee to make a recommendation that, depending on the gravity and nature of the submission to the GMC or NMC, an outright fail may be awarded.
- 18.12.5 Candidates are asked to note that any allegation of academic or professional misconduct that is sustained against a candidate is likely to be reported to employers, sponsors and the relevant professional bodies, such as the UK GMC or NMC.

## 18.13 After the LFFLM (SOM) Part 2 Clinical Examination (OSCE)

### 18.13.1 Results

18.13.1.1 The Chief Examiner's Committee has overall responsibility for policy and procedures relating to, and the organisation of, the LFFLM (SOM) Part 2 Clinical Examination (OSCE).

18.13.1.2 The Chief Examiner's Committee will consider reports from Examiners (and others as necessary) on the delivery of the LFFLM (SOM) Part 2 Clinical Examination (OSCE) at the

examination centre. The Chief Examiner's Committee is responsible for confirming the pass mark and success or failure of candidates in the Examination. Results are released only when the Chief Examiner's Committee is satisfied that the LFFLM (SOM) Part 2 Clinical Examination (OSCE) has been conducted appropriately and in accordance with the procedures of the FFLM.

- 18.13.1.3 After every Examination, the Chief Examiner's Committee reviews the whole Examination. To do so, it considers statistical analyses of all candidates' performance, together with the comments of the examiners. In the light of these analyses and opinions, the Chief Examiner's Committee may:
- 18.13.1.4 agree that the pass mark should remain the same;
- 18.13.1.5 agree that the pass mark should be changed. The Chief Examiner's Committee would need to be satisfied that the standards of the LFFLM (SOM) would be maintained by taking such action; and/or
- 18.13.1.6 make modifications to the structure and format of the LFFLM (SOM) Part 2 Clinical Examination (OSCE) that it deems desirable to ensure the validity of the Examination.

#### 18.14 Pass result

- 18.14.1 A pass in the LFFLM (SOM) Part 2 Clinical (OSCE) examination, COVE and Case Portfolio will confer the qualification only. Successful candidates will then be eligible to apply and be considered to be a Licentiate of the Faculty of Forensic & Legal Medicine of the Royal College of Physicians of London.
- 18.14.2 Successful candidates may **NOT** use the post-nominal LFFLM until their Membership application has been completed and ratified by both the Chief Examiner's Committee and by the Board of the FFLM.
- 18.14.3 The Licentiate Diploma will not be conferred until Membership has been completed and ratified by both the Chief Examiner's Committee and by the Board of the FFLM.

#### 18.15 Award of the LFFLM (SOM) Qualification

Successful candidates will receive an electronic letter, via email, confirming that they have passed the LFFLM (SOM) examination and are therefore eligible to apply to be a Licentiate of the Faculty of Forensic & Legal Medicine.

#### 18.16 Award of the of the Diploma of Licentiatehip of the Faculty of Forensic & Legal Medicine

- 18.16.1 Every candidate must pass all parts of the LFFLM (SOM) examination.
- 18.16.2 Successful candidates will be informed on how to apply for Licentiatehip of FFLM after they have been sent their examination result letter.
- 18.16.3 Once Licentiatehip has been approved, an annual subscription will be incurred from the next subscription renewal (01 July each year).

- 18.16.4 Licentiates of the Faculty of Forensic & Legal Medicine are elected subject to Standing Orders of the Faculty. The Standing Orders are available to download from the FFLM website.
- 18.16.5 Licentiates who complete the adult element may use the postnominal LFFLM (SOM) (a).
- 18.16.6 Licentiates who complete the child element may use the postnominal LFFLM (SOM) (c).

#### 18.17 Fail result

- 18.17.1 The LFFLM (SOM) Part 2 Clinical Examination may be failed in the following ways:
  - 18.17.2 a candidate does not achieve the pass mark;
  - 18.17.3 a candidate automatically fails the LFFLM (SOM) Part 2 Clinical Examination (OSCE) if they are awarded a 'fail' grade for more than 35% of the stations (e.g. 5 out of 14);
  - 18.17.4 **aggressive or inconsiderate behaviour**, either physical or verbal, to a patient will invariably result in failure, and may result in misconduct procedures being invoked.
  - 18.17.5 If a candidate fails the LFFLM (SOM) Part 2 Clinical Examination (OSCE) at their first or second attempt they may be deemed by the Chief Examiner's Committee to require more clinical experience before re-attempting OSCE, or be recommended for counselling from a nominated Fellow or Member of the FFLM.
  - 18.17.6 A candidate who has failed the LFFLM (SOM) Part 2 examination will be required to re-sit the LFFLM (SOM) Part 1 examination if three years have elapsed since taking Part 1.

#### 18.18 Poor performance in the LFFLM (SOM) Part 2 Clinical Examination

- 18.18.1 All doctors practising in the UK, including examiners and the Officers of the FFLM, are governed by the principles outlined by the UK General Medical Council in the publication *Good Medical Practice* and by the Nursing and Midwifery Council respectively. The FFLM acknowledges that some good doctors may perform badly and aberrantly under examination conditions. However, where there are genuine concerns that a doctor's or nurse's fitness to practise is called into question by facts coming to light during the course of the LFFLM (SOM) Part 2 Clinical Examination (OSCE), the Faculty of Forensic & Legal Medicine is duty bound to inform those to whom the candidate is contractually or professionally responsible. In exceptional circumstances, where no such person can be identified, this information may have to be communicated directly to the UK General Medical Council, Nursing and Midwifery Council or similar professional body.
- 18.18.2 The candidate concerned will be informed by letter when their poor performance in the LFFLM (SOM) Part 2 Clinical Examination (OSCE) warrants referral to a sponsor, employer, or professional body, as outlined above. Reporting will normally take place only for consistently poor performance in repeated Clinical Examinations but, in exceptional

circumstances, it may take place as a result of poor performance in a single Examination.

- 18.18.3 Before the candidate may re-enter any part of the LFFLM (SOM) examination, written evidence must be received from the sponsor, employer or professional body confirming that remedial action has been taken. It will be for the Academic Dean and the Chief Examiner of the Chief Examiner's Committee to confirm whether the evidence presented is satisfactory to warrant re-entry to the LFFLM (SOM) examination. They will also be available to consider any representations that the candidate wishes to submit.

## 19. Written Projects

More information about the Case Portfolio and the COVE can be found below and in the separate document, entitled Case Portfolio and Compendium of Validated Evidence.

## 20. Syllabus

### Introduction

1. The aim of the LFFLM (SOM) is to guarantee competency in examining and to provide initial care to complainants of sexual assault. Whilst candidates applying for the adult certificate, LFFLM (SOM) (a), will be expected to have knowledge of examining adolescent complainants, they will only be tested on adult cases (11 in total) in the OSCE. However, candidates applying for the child option, LFFLM (SOM) (c), will be expected to have knowledge of examining adolescent complainants and will be tested on this age group in the OSCE (8 adolescent and 3 child stations). Candidates applying for the LFFLM (SOM) (a+c) will be tested on 8 adolescent, 3 child and 3 adult cases (14 in total).
2. Licentiate is not re-certifiable. Evidence of updating is necessary within the clinician's regular appraisal or professional revalidation processes.
3. Candidates will be expected to have a **theoretical** knowledge of the essential facts and principles of all forms of medico-legal enquiry in respect of the forensic and clinical aspects of sexual assault, and the reasons for the form of that enquiry. Topics to be covered in six modules are:

Module	Objective(s)
1. Initial contact	Formulate a response to a request for a forensic examination
2. History	(a) Obtain consent (b) To take an accurate and appropriate history of medical needs arising

from the incident

(c) To take a relevant and accurate medical history

3. Examination      Carry out a thorough, sensitive examination with regards to the therapeutic and forensic needs of a person complaining of, or suspected of, being a victim of a sexual assault
4. Aftercare          Provide:
  - a. Information and guidance to complainants about aftercare
  - b. Immediate care at the time of the forensic medical examination
  - c. On-going follow-up and support for a complainant, including referral to other agencies
5. Statement          Write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person
6. Court                Prepare and present oral evidence in court

## **Medical**

4. Candidates must be able to:
  - a. Demonstrate their ability to obtain consent for:
    - i. Examination;
    - ii. Release of information;
    - iii. Photo-documentation;
    - iv. Audit of information;
    - v. Research and peer review;
    - vi. Use of anonymised data for teaching.
  - b. Take a competent and appropriate medical history from paediatric/adolescent/adult complainants including the following:
    - i. Medical / surgical;
    - ii. Dermatological;
    - iii. Gynaecological / sexual / contraceptive;
    - iv. Paediatric / adolescent;
    - v. Bowel;
    - vi. Mental health (including self-harm);
    - vii. Current medications, including use of 'over the counter' treatments;
    - viii. Allergies;
    - ix. Recreational drugs (including alcohol);
    - x. Child safeguarding and protection needs of complainant and other

children where appropriate.

- c. Recognise and assess the risk of drug interactions.
- d. Explain the common effect that drugs / alcohol and post-traumatic stress may have on recollection of events and medical history.
- e. Recognise, assess and provide initial management of life threatening conditions. The FFLM require Immediate Life Support certification.
- f. Demonstrate appropriate mental state examination and assessment of suicide risk.
- g. Discuss the issues pertinent to adolescents and how that will affect their assessment and management e.g. risk-taking behaviour, mental health problems, self-harm, eating disorders, and depression.
- h. Explain common signs and symptoms of intoxication or withdrawal of drugs.
- i. Describe normal genital and anal anatomy and recognise abnormalities and their aetiologies including congenital, pathological, infection, surgical, and injuries (including healed injuries).
- j. Explain factors which may affect normal child development and changes at different ages. Understand the impact of hormonal status on development especially of the genitalia including:
  - i. Normal anogenital anatomy;
  - ii. Normal variations and common congenital abnormalities;
  - iii. Tanner staging.
- k. Document findings in relation to relevant anatomical reference points.
- l. Discuss the management of unintended pregnancy, the use of pregnancy tests (including the need for repeat), the disclosure of pregnancy, and the possible outcomes including termination of pregnancy and miscarriage. Explain the complainant's options according to gestation. Describe local services and referral pathways for on-going management of unintended pregnancy.
- m. Discuss the risk of unplanned, unwanted pregnancy. Discuss the types of post coital contraception, their efficacy, side effects, risks, contraindications and interactions with other medication. Discuss the guidance governing the use of contraception with respect to LMP, other unprotected sex or previous use of hormonal emergency contraception in same menstrual cycle. Describe possible local services and referral pathways for contraception.



- n. Accurately discuss the risks of acquisition of sexually transmitted infection (STI) according to the nature of assault, and the incubation periods, natural history and in particular the management of chlamydia, gonorrhoea and trichomonas. Explain the use of antibiotic prophylaxis following sexual assault (including side effects, contraindications and interaction with other medication). Describe local services and referral pathways for on-going care relating to STIs.
- o. Discuss the risks of acquisition of blood-borne viruses (HIV and hepatitis B and C) according to nature of assault and risk status of assailant. Describe local services, protocols and referral pathways for immediate and on-going care relating to blood-borne viruses.
- p. Explain the use of post-exposure prophylaxis after sexual exposure (PEPSE) for HIV including the level of risk at which it should be offered, when the commencement of medication should be organised, efficacy, side effects, drug interactions and the risks of PEPSE.
- q. Explain the use of hepatitis B vaccination to reduce acquisition, the timing of commencement, accelerated courses for vaccination and to whom it should be offered.
- r. Discuss the risk of psychological morbidity, the range of psychological responses to experience of sexual assault, the importance of optimal early management and long-term outcomes. Describe local services and referral pathways for on-going care including mental health services, GP and voluntary agencies.

## **Forensic**

5. Candidates must be able to:

- a. Describe the use of early evidence kits.
- b. Discuss accurately the logistics for the forensic medical examination, including the nature of the assault, assailant (type / number involved), persistence of evidence, suitability of premises for examination and preservation of evidence.
- c. Define and identify different types of injury by undertaking a full examination. Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault.
- d. Discuss current persistence data and recovery methods for trace evidence.
- e. Demonstrate the collection of forensic samples, including how to ensure

minimal cross contamination and appropriate labelling and packaging of forensic and / or STI samples with the regard to the chain of evidence and admissibility of evidence.

- f. Be aware of the differential diagnosis of findings e.g. dermatological conditions that may mimic injury.
- g. Discuss the potential use of highly sensitive images: the necessary consent, confidentiality and disclosure requirements; the limitations of digital images; aspects of how and when they are taken and their storage.
- h. Explain the forensic requirements for collection, storage and use of products of conception as evidence following termination of pregnancy.

## Legal

6. Candidates must be able to:
  - a. Explain the principles of current legislation e.g.
    - i. The legal definitions of consent including awareness of the consequences of assessing 'Gillick' competency, parental responsibility and GMC guidance such as "0 -18 years: Guidance for all Doctors" (2007) and "Acting as an Expert Witness" (2008), and any relevant legislation for the jurisdictions in the UK.
    - ii. Offences Against the Person Act [1861]  
Family Reform Act [1969]  
Mental Health Act [1983 & 2007]  
Police and Criminal Evidence Act [1985]  
Access to Medical Reports Act [1988]  
Children Act [1989]  
Access to Health Records Act [1990]  
Criminal Procedure and Investigations Act [1996]  
Data Protection Act [1998]  
Human Rights Act [1998]  
Sexual Offences Act [2003] and [1956]  
Mental Capacity Act [2005]  
Safeguarding Vulnerable Groups Act [2006]
  - b. Discuss police processes, the awareness and consequences of the use of closed and open questions and how the Police and Criminal Evidence Act [1984] might impact on the process of forensic medical examination.
  - c. Explain the requirements for documentation, labelling, storage of forensic samples and a chain of evidence.
  - d. Discuss the significance of and response to additional information given during the examination, either spontaneously or as a result of additional history taking in the light of examination findings, and the need to revalidate the consent as the examination progresses.
  - e. Explain the structure of the courts in the UK, the burden of proof in different legal proceedings, the core principles of the Criminal Procedure Rules and the Civil Procedure Rules.
  - f. Discuss the roles of a witness to fact, the professional witness and the expert witness, the purpose of a witness statement and the rules of hearsay evidence.

- g. Demonstrate how to write a statement which is an accurate account based on contemporaneous medical notes (identifying the sources of any information) of the history of the allegations, the medical history, an account of the examination and findings (including negative and positive findings) and relevant body diagrams.
- h. Explain any medical or technical terms used in a manner that can be understood by a lay person.
- i. Explain how to indicate in a statement when the disclosure of information has not been complete. In instances where an opinion has been requested and it is appropriate to give that opinion, show how fact and opinion are separated.
- j. Discuss the problems and consequences of the disclosure of highly sensitive images, as currently possession of such images could be illegal in the UK.
- k. Discuss laws governing termination of pregnancy, including storage and use of products of conception.

## **Practitioner**

- 7. Candidates must be able to:
  - a. Discuss factors essential for forensic examination, including level of expertise, resources, the practitioner, GMC and Nursing and Midwifery Council guidance on confidentiality and consent and on health and safety.
  - b. Demonstrate an awareness of the risk of vicarious trauma to self and others; the role of a chaperone, personal safety, infection control and time management.
  - c. Provide accurate and relevant curriculum vitae.
- 8. Candidates must have seen sufficient cases (normally in the last 12 months) to enable them to achieve all of the competencies and the requirements for the Part II assessment.

## **Supervision**

### **Clinical Validator(s)**

- 9. The role of the clinical validator is purely to certify the candidate's satisfactory completion of the tasks set out in the COVE. The document allows for feedback to assist the candidate in the successful completion of the tasks. It is the candidate's responsibility to identify and obtain the cooperation of clinical validators.

10. Validators must not sign off a competency until they are sure that the standard required has been reached. They may find it helpful to indicate in the performance feedback section those components which they feel are requirements before a signature can be given. For those candidates who meet the requirements, validators may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated.

### **Educational Supervisor(s)**

11. The role of the educational supervisor, who **must be** an FFLM-accredited Educational Supervisor (for a current list please email [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk)), is to certify the completion of each of the modules by signing the appropriate sheet in the COVE. A job description is at on a separate document, entitled Case Portfolio and Compendium of Validated Evidence. Again, it is the candidate's responsibility to identify and obtain the cooperation of their own educational supervisor(s).
12. The role of the educational supervisor is distinct from that of the clinical validator, but it may occasionally be necessary for the same person to fulfil both roles.
13. If there is more than one educational supervisor, the module should be signed off by the educational supervisor who has had the greater involvement.
14. The educational supervisor should where possible:
  - a. Have experience of being a clinical supervisor;
  - b. Have some understanding of educational theory and practical education techniques.
  - c. GMC requirements state that Education Supervisor training will be mandatory for doctors from 31 July 2016.

### **The Compendium of Validated Evidence (COVE)**

15. The COVE is available to download from <http://fflm.ac.uk/education/licentiatesom/>. It complements the case portfolio and is an integral part of the experience necessary for the Part II. It sets out 6 modules and the objectives within the modules, and it indicates the evidence required for each objective (observation and / or independent practice). The evidence, which must be current, is signed-off by the clinical validators and educational supervisor(s) as indicated, and submitted when complete.

### **The Case Portfolio**

16. The purpose of the case portfolio is to demonstrate acquired skills in sexual offence examination and to show the ability to reflect on relevant forensic issues.

## Content

17. The case portfolio is to be topic based, with reference to one or more anonymised cases, which illustrate aspects of the subject. Specific case details should be kept to a minimum and anybody charts should also be anonymised for client name and site of examination.
  - 17.1 The adult cases should have been examined within 7 days of the alleged assault.
  - 17.2 If the case portfolio needs to be re-submitted it must contain at least 3 further cases (examined by the candidate) which have been seen in the preceding 6 months.
18. Cases used to illustrate the forensic topics should have been seen in the 24 months prior to submission of the Portfolio and no more than two should be observed cases. A retrospective case (i.e. seen more than 24 months earlier) could be included to illustrate a change in practice, technique or the law. Observed cases must come from different categories, i.e. pre-pubertal child (if applicable), pubertal/post pubertal adolescent and adult. Adult cases should have been examined within 7 days of the alleged assault.

## Case reports and Reflective Discussion

19. In the case portfolio the candidate is asked to demonstrate acquired skills and an ability to reflect on core forensic issues. These should be illustrated by anonymised case material with a reflective analysis and up to 2 of the 8 topics may take the form of literature reviews without references to specific cases. All candidates are asked to address five core forensic topics and have a choice of three further topics of the candidate's choice. The core topics are:
  - Capacity, consent and confidentiality;
  - Safeguarding: children and/or vulnerable adults;
  - Reflection on aftercare;
  - Documentation of significant injuries;
  - Mental health issues.

Suggestions for other topics could include:

  - Cultural or language problems;
  - Domestic violence;
  - Reflection on significance of neutral findings
  - Impact of alcohol/drugs
20. Each report and reflective discussion by the candidate should be no more than 1,000

words **excluding references and diagrams.**

21. All prescribed medicines should be referred to by their recommended International Non-Proprietary names (rINN) rather than by their trade names.
22. Biochemical and other measurements should be expressed in SI units, and normal or reference ranges should be provided.

### **Presentation of the Case Portfolio**

23. Elaborate volumes are not required - see details below.
24. The portfolio should be presented in a way which will permit examiners to scrutinise it for diversity of material, logical presentation, precision of description, and reflective analysis.
25. **As an appendix to the Portfolio, list the cases used with date of examination and type of case (age & sex of complainant + alleged offence)**

### **Guidelines on structure**

26. All cases are to be anonymous in as much as a complainant or suspect must not be identifiable in any way.
  - a. Candidate to outline nature of their involvement with the case.
  - b. Basic case details must be given.
    - Age and gender of complainant;
    - Nature of alleged assault;
    - Time from alleged assault to examination.
  - c. Candidate to highlight any particular areas of interest in the case.
  - d. Candidate to select and indicate one area for discussion.
  - e. Discussion could take a variety of forms which are equally acceptable e.g.;
    - Current research and its relevance to the case;
    - Legal issues;
    - Reflection on practice and current guidelines.
  - f. Candidates should show reflective practice and demonstrate a broad appreciation of the issues involved across the spectrum of cases.

**NB. Please note the characteristics which are used for marking, in a separate document entitled Case Portfolio and Compendium of Validated Evidence.**

27. References should be numbered consecutively in the order that they are first mentioned in the text and placed in superscript each time the author is cited. The list of references should be arranged at the end of each case in numerical order.

Biomedical references should use the Vancouver style: e.g. "references may be made to journals<sup>4</sup> or to books<sup>5</sup> or to both<sup>4-5</sup>"

**[for Journals]**

Authors' Names and Initials, The Title of the Article, *The full Title of the Journal*, the Year, the Volume, the first and last Page Numbers referred to.

**[for Books]**

Authors' names and initials, the title of the book, the place of publication, the publisher, the year. [if there are more than six authors list the first three followed by *et al.*]

Legal references should be cited in the form used in reports issued by the Incorporated Council of Law Reporting: e.g. DPP v Smith [1990] 2 AC 783. (Guidance on legal references can be found in Raistrick's 'Index to Legal Citations and Abbreviations').

28. The COVE or case portfolio must be submitted electronically at least eight weeks prior to the examination. Covers should be labelled with the candidate's name and initials and the words "Case portfolio. LFFLM (SOM)". All case portfolios will become the property of the FFLM.

**Feedback**

29. **Part II:**

- a. Case portfolio. Feedback for case portfolios that do not reach a satisfactory standard will include:
- i. Construction of case;
  - ii. Presentation of case;
  - iii. Assembly of ideas;
  - iv. Reflective analysis;
  - v. Any other recommendations for improvement that the examiners feel might be helpful.
- b. OSCE. Feedback for the OSCE will comprise a pass/fail result for each station.