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Correspondence

Regulation of forensic physicians and the CRFP

Dear Madam,

We read with disappointment the article 'Eight years on' by Mr Kershaw, former Chief Executive of the Council for the Registration of Forensic Practitioners (CRFP) [1]. He stated: *CRFP has yet to make much headway with forensic medical practitioners — a group, difficult to regulate, who are seeing their forensic work steadily eroded by the development of advanced practice by nurses, radiographers and others.* In the August 2007 newsletter of the CRFP he wrote: *We have failed to penetrate far into the world of forensic medicine — the pathologists preferring to remain apart and the physicians succumbing to the magnetic pull of gold plating their systems, inducing paralysis.*

Some years ago, the Education and Research Committee of the former Association of Forensic Physicians (AFP) piloted the CRFP's proposed assessment process for forensic physicians. Our research indicated that the process was fundamentally flawed and failed to meet its objective of identifying forensic competence. As such, it could not be recommended to Association members. Instead, the AFP proposed a modified appraisal based assessment to the CRFP. The CRFP chose not to take the matter further, preferring to open registration to forensic physicians without the support of the only professional body representing this group of doctors. We understood at the time that this decision was based on an overwhelming demand from practitioners, something that has clearly not been borne out through experience.

One of the AFP's concerns with the proposed registration of forensic physicians was the CRFP's stated desire to register all those practising the craft, rather than just those who provide expert evidence to the courts. The Association was concerned that this might lead to misunderstandings about the extent of a registered doctor's skills and knowledge. These were clearly well founded concerns given Kershaw's comment that *there are still too few users consulting the register before committing their cash to an 'expert'*. Registration with the CRFP does not confer expert status on a forensic physician and was never intended to. In the interests of justice, it is essential that those responsible for the register are clear on this point and do not add to any confusion.

The AFP's primary aims were to promote the (officially unrecognised) medical speciality of clinical forensic medicine and to raise standards through education and research. However, over the last 10–15 years it became increasingly clear that there was a need to separate the representative and educational functions of the

Association by establishing an appropriately recognised professional and academic institution. Thus, in 2004, an approach was made to the Royal College of Physicians in London to investigate the possibility of forming a faculty of the College. Simultaneously, and serendipitously, other medical practitioners within the UK medical system with predominantly medico-legal workloads (medico-legal advisers of the three UK medical defence organisations and medically qualified coroners) also approached the College with a similar request. The Faculty of Forensic and Legal Medicine of the Royal College of Physicians was established in April 2006 to incorporate these three disciplines and was the first new Faculty within the RCP for over two decades.

The Faculty has been founded to achieve the following objectives:

- to promote for the public benefit the advancement of education and knowledge in the field of Forensic and Legal Medicine.
- to develop and maintain for the public benefit the good practice of Forensic and Legal Medicine by ensuring the highest professional standards of competence and ethical integrity.

The Faculty intends to exercise its powers to establish a training pathway in forensic and legal medicine and achieve specialist recognition of the speciality. It will also work with the General Medical Council to ensure that there are processes for the relicensing and recertification of forensic physicians that are fit for purpose. Far from inducing paralysis, we view the work of the Faculty, and of the AFP before that, as the best way of moving forward and achieving a professionally-led medical speciality that serves the best interests of the criminal justice system and the wider public.

Yours faithfully

Reference

- [1] Kershaw A., Eight years on, *Science and Justice* 47 (2007) 49.

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