



The role of the Independent Forensic Physician

General Forensic Medicine and Sexual Offence Medicine

Summary of Service

Forensic physicians (FPs) provide medical care and, when required, forensic assessment of detainees/suspects in police custody, complainants/complainers (alleged victims) of crime, police officers injured while on duty, and attend scenes of death to pronounce life extinct and give an opinion on whether there are any suspicious circumstances. They provide interpretation of their findings to the police, solicitors, courts and sometimes to social services verbally and in writing. Statements for court and presentation of evidence in court are required in a proportion of these cases.

Faculty of Forensic & Legal Medicine (FFLM)

The FFLM was set up in September 2005 by the Royal College of Physicians of London with 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 FFLM is recognised as the standards' setting body for forensic medicine: General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM).

Status

FPs may be employed, by the NHS or commercial companies to provide medical care to detainees, or self-employed, independent and individually appointed (usually contracted) to provide services to relevant police authorities or appointed agencies responsible for the provision of clinical forensic medical services.

Increasingly doctors are specialists in the field of clinical forensic medicine, especially in busy Metropolitan areas. FPs who provide a part-time service in clinical forensic medicine work in other disciplines of medicine, predominantly general practice but also specialities such as emergency medicine, psychiatry, sexual health, paediatrics and gynaecology.

Increasingly FPs work in multidisciplinary teams with other healthcare professionals (HCPs) e.g. nurses, paramedics, crisis workers. The hours worked and the number of cases seen within those hours varies throughout the country and from day to day.

Training and Professional Development

(for more detail, see the FFLM Quality Standards in Forensic Medicine)

FPs must undergo an initial approved (FFLM) training course such as the College of Policing/FFLM one-week residential course before commencing work. Practical and further theoretical instruction should be given by a FFLM-approved supervisor (clinical/educational). Trainees in forensic medicine may come from a variety of diverse backgrounds and so it is essential that the exact period and content of training should be tailored to meet the needs and requirements of the individual doctor with the overall outcome: a competent forensic physician.

There is "A Guide to Practical Induction Training for Physicians in Clinical Forensic Medicine." Details of the content of an initial training course can be obtained from the FFLM. Ideally, FPs should work towards acquiring a Certificate of Achievement of a Standard of Minimal Competence in Clinical Forensic Medicine.

FPs must fulfil the GMC requirements for revalidation, including an annual appraisal, and should practise in accordance with FFLM *Core Competencies for Re-licensing/Revalidation*. For doctors working with portfolio careers it is essential that any appraisal is robust in covering the forensic aspect of their work.

The FFLM also runs development training courses to enable doctors fulfil their continuing professional development (CPD) requirements.

Specific training is given for examination of complainants/complainers of serious sexual assault, for examination of alleged victims of child sexual assault and for mental health assessments.

Higher Qualifications

The first full Membership exam (MFFLM) was completed in April 2010. Starting in October 2009 the exam was set up for Forensic Physicians of both disciplines – General Forensic Medicine and Sexual Offence Medicine, and Medico-Legal Advisers.

It is hoped that the exam will become compulsory for those who wish to pursue a career in forensic and legal medicine in the United Kingdom at consultant level. Doctors who pass the exam will have the professional knowledge, skills and attitudes to practise as independent practitioners within the specialty of forensic and legal medicine.

To be eligible to sit the exam candidates must have been working in the specialty for three years (within the past 5 years). The part I is a knowledge-based test covering medical law and ethics. The part II written exam will test the application of knowledge to problems in modified short answers and more practical skills in the OSCE/OSPEs. A detailed syllabus has been published outlining the areas of knowledge and understanding required for both parts of the exam; the part II syllabus is different for each of the three disciplines.

The Diploma in the Forensic and Clinical Aspects of Sexual Assault (DFCASA) commenced in 2010 and was provided by the Society of Apothecaries and will transfer to the FFLM in 2014. This examination is open to doctors and nurses who have achieved a basic level of experience in the care of complainants/complainers of sexual assault (adults and/or children). The examination has been sponsored by the Department of Health and funding of £300 towards the first-time entry to the part II OSCE is available for the first 60 candidates.

A Licentiate examination (LFFLM) in General Forensic Medicine will be available to doctors and other healthcare professionals in 2014. This will be set at a basic level of competence. Holders of the DFCASA will be eligible for LFFLM for Sexual Offence Medicine.

Other courses and postgraduate qualifications are available – see the FFLM website for more details.

Associations and Societies

Societies and associations exist that support the interface between medicine and the law (Section of Clinical Forensic and Legal Medicine of the Royal Society of Medicine, The Medico-Legal Society and other local Medico-Legal Societies, The British Academy of Forensic Sciences, The Forensic Science Society, the Forensic Medicine Committee of the British Medical Association, The Society of Forensic Physicians, etc.).

Facilities

Police stations provide medical examination rooms equipped to various standards. Specific examination suites, sexual assault referral centres (SARCs), which may be within a hospital setting or community based, are available for examination of complainants/complainers of adult and child sexual assault. Colposcopes (providing a bright light source and magnification) attached to a video recording facility are now provided in some of these suites. Doctors may be requested to attend home addresses, examination suites, hospitals or

their own surgery premises to conduct examinations and to attend scenes of crime or death, usually to pronounce life extinct.

Forensic sampling kits are provided by the police in accordance with national guidelines.

FPs are generally expected to provide their own medical bag containing the necessary equipment for examinations and essential medication. Some police stations and SARCs will have a small formulary for HCPs to use to dispense medication to detainees in police custody or treat complaints of assault. Specific medication may be prescribed by private prescription which is paid for and collected by the police. Those doctors working within NHS services will be able to use NHS prescriptions.

An independent means of transport is an essential requirement, as are facilities for easy and rapid contact via mobile telephone. Medical reports and statements must be typed and checked. Storage facilities for medical records, which must be retained and retrievable, must be provided by the forensic physician or in conjunction with the overall service provision. Data protection registration is essential.

Specific Functions

Detainee examinations:

The custodians of detainees are obliged to call an appropriately trained health care professional when they suspect, or are aware of, any physical illness, mental health problem or injury of the detainee. Following an initial assessment by the healthcare professional the FP may be called, or in many areas the request passes directly to the duty FP. The FP in attendance is responsible for the clinical needs of a detainee and should also consider their well-being (food, drink, rest, warmth etc.).

The doctor is usually requested to provide an opinion on one or more of the following:

- Fitness to be detained in police custody, e.g. requirement for medication, referral to hospital.
- Fitness to be released, e.g. sobered up sufficiently to release safely, consideration of any risk to public safety, or the personal well-being of the detainee where there are suicidal thoughts.
- Fitness to be charged: competent to comprehend charge.
- Fitness to transfer, e.g. when wanted on warrant elsewhere, possibly necessitating a long journey.
- Fitness to be interviewed by the police. A detainee may be at risk in an interview if it is considered that:
 - a) conducting the interview could significantly harm the detainee's physical or mental state;
 - b) anything the detainee says in the interview about their involvement in the offence about which they are being interviewed **might** be considered unreliable in subsequent court proceedings because of their physical or mental state.
- Requirement of an appropriate adult, e.g. vulnerable, mentally disordered.
- Assessment of alcohol and drug intoxication and withdrawal.
- To assess whether there is a "condition that *might* be due to a drug" under Road Traffic Act Legislation.
- Undertake intimate body searches for drugs (not on police premises).

Prisoner and alleged victim examinations:

The doctor is expected to:

- Ensure the safeguarding of vulnerable adults and children.
- Arrange appropriate treatment/referral including for emergency contraception, post-exposure prophylaxis and STI screening.
- Make precise documentation and interpretation of injuries.
- Take forensic samples as appropriate after discussion with investigating officer.

- Deal with police officers injured while on duty; including needle stick injuries, and at-risk exposure.
- Pronounce life extinct at a scene and give an opinion on whether there are any suspicious circumstances.
- Give an opinion at certain scenes in relation to bony remains.
- Give advice to the police when requested.
- Undertake mental state examinations.

In addition, doctors with sufficient training and experience may be requested to:

- Examine adult complainants of serious sexual assault and the alleged perpetrators.
- Examine alleged child victims of neglect, physical or sexual abuse.
- Undertake mental health assessments and become Section 12 (MHA 1983 England and Wales) approved forensic physicians.
- Examine those detained under terrorism legislation and be responsible for leading a multidisciplinary team and setting a management plan.

Liaison with other agencies

The FP is expected to liaise with other custody user groups such as drug arrest referral schemes and those projects that encourage appropriate diversion from custody of the mentally ill, mental health liaison teams.

Subsequent to these examinations:

Statements may be requested by the police and, later, attendance at court may be required. Other reports may be requested e.g. by solicitors, social services, Criminal Injuries Compensation Authority (CICA). The more experienced FP may be requested, by the prosecution or by the defence, to provide expert opinion on particular cases.

Consent and Confidentiality

Forensic examinations are performed to obtain information which may ultimately be used in evidence in court proceedings. In obtaining consent, the doctor must make this clear to the examinee in accordance with Good Medical Practice and GMC guidelines in relation to consent and confidentiality. The purpose of the examination must be understood and consent freely given and the examinee must be aware that there is no obligation to give this consent.

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