

Membership of the Faculty of Forensic & Legal Medicine (MFFLM) Regulations, Syllabus and Information for Candidates



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Foreword

The Membership of the Faculty of Forensic & Legal Medicine (MFFLM) Examination Regulations 2016 apply from 01 January 2017 and cover the MFFLM Examination. This document supersedes any previous version.

Notice of future amendments to the Regulations

The MFFLM examination will continue to change to reflect developments in forensic and legal 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) 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.

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The following Regulations apply to candidates entering the MFFLM examination.

1. Duties of a Doctor

All registered medical doctors have a duty placed on them by the General Medical Council (GMC) to be honest and trustworthy. Candidate performance in MFFLM assessments is reviewed by doctors who themselves have a duty to notify the GMC if they have concerns. Misconduct before, during or after assessments or evidence of lack of competence may be referred to the GMC. Candidates whose GMC registration (or its equivalent overseas) is subject to suspension, referral or any condition must provide the FFLM with full details in advance of sitting any component of the assessment.

2. Introduction

2.1 Purpose of these Regulations

These Regulations relate to the assessments undertaken by doctors training in Forensic and Legal Medicine in the UK from October 2009 onwards. The assessments are known collectively as the assessment for Membership of the FFLM (MFFLM).

2.2 Date of publication

The MFFLM Regulations first came into effect on 01 October 2009. They will change over time. Candidates should ensure that they familiarise themselves with the Regulations current at the time they are taking the MFFLM. 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 MFFLM 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 MFFLM 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 MFFLM is an examination and successful completion of its components is required of doctors who wish to obtain qualification of eligibility to become Members of the Faculty of Forensic & Legal Medicine.
 - 3.2 A doctor who successfully completes the MFFLM and has a licence to practise is eligible to be considered for Membership 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 MFFLM qualification and the MFFLM Diploma of Membership.
 - 4.2 The Faculty of Forensic & Legal Medicine has the power to:
 - 4.2.1 determine the terms and conditions of entry to the MFFLM examination. The Faculty of Forensic & Legal Medicine reserves the right to refuse admission to any part of the MFFLM examination;
 - 4.2.2 recognise appropriate periods of training, in fulfilment of the entry requirements of the MFFLM examination Part 2, and reserves the right to determine when this training has been completed successfully by candidates; and
 - 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 MFFLM Examination

5.1 It is the aspiration of the FFLM that the MFFLM examination will play an essential role in the overall educational experience and continuing professional development of forensic physicians and medico-legal advisors in the United Kingdom. It is hoped that it will become a prerequisite for physicians wishing to pursue a career in forensic and legal medicine in the United Kingdom.

5.2 The MFFLM examination will play an important role in the international arena of postgraduate medical education. It will provide a professional standard against which physicians 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 MFFLM examination is to demonstrate those physicians 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 forensic and legal medicine.

5.4 Objectives

5.4.1 The MFFLM examination evaluates the professional competence of medical graduates having completed three years of forensic/legal training (within the previous five years).

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 MFFLM examination includes questions and assessments that require an understanding of the legal framework that underpins medicine in general and that of forensic and legal medicine in particular. Candidates will also have to demonstrate particular expertise in their chosen sub-specialties in Legal Medicine and/or General Forensic Medicine and/or Sexual Offence Medicine.

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 Part 1 MFFLM (Knowledge Test) or the Part 2 (Written Paper and OSCE [Objective Structure Clinical Examination]/OSPE [Objective Structured Practical 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. MFFLM examination

8.1 How to enter the MFFLM examination

8.1.1 Candidates can apply for the MFFLM examination by completing and submitting the application form available on the FFLM website 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). 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 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 MFFLM 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 MFFLM 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 MFFLM 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 medical qualification **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 medical 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).
- 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 MFFLM 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) for the most up-to-date information.

The MFFLM Part 2 examination may be held in various centres within the UK but the written component normally takes place in Central London and the practical component (OSCE/OSPE) 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 MFFLM Part 1 examination as many times as required. However, MFFLM Part 2 candidates are only allowed four attempts.

8.9.1 Discounting of MFFLM 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 MFFLM 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). 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 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 MFFLM Examination
 - 9.1 Candidates presenting themselves for the MFFLM examination must have complied fully with all admission requirements, including the payment of fees.
 - 9.2 Candidates are warned that any breach of MFFLM 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 MFFLM 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 MFFLM 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 MFFLM 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 MFFLM Chief Examiner's Committee may use to monitor candidate behaviour in the MFFLM 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, MFFLM 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 MFFLM 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 retrospectively.

10 Complaints

Complaints should be made in writing and addressed to the Chief Examiner at the MFFLM Office email address: 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 MFFLM examiners are trained in equal opportunities and diversity.

12.3 The FFLM collects data on MFFLM applicants and analyses MFFLM 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/OSPE.

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

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 MFFLM 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

For further information please refer to the GMC website (www.gmc-uk.org).

15 Language Requirements

15.1 All parts of the MFFLM 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 MFFLM 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 MFFLM examination.

15.3 The MFFLM 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

For further information please refer to the GMC website (www.gmc-uk.org).

16 Preparation for the MFFLM 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).

16.3 There is a published syllabus for the MFFLM examination Part 1 at Schedule 1 and Part 2 at Schedules 2, 3 and 4. These are at the end of this document.

16.4 A reading list is available from the FFLM website – www.fflm.ac.uk/exams/mfflm.

16.5 Sample MCQ, SAQ and OSCE are available on the FFLM website: www.fflm.ac.uk/exams/mfflm.

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 any of the three subspecialties of the FFLM follow the training guidelines of either their medical defence organisation (MLAs) or those published by the FFLM for Forensic Physicians in General Forensic Medicine (GFM) or Sexual Offence Medicine (SOM).

17 The three components of the MFFLM examination: MFFLM Part 1 Examination

17.1 Purpose

The purpose of the MFFLM Part 1 examination - which is a knowledge test - is to identify those physicians who have knowledge of the legal infrastructure that governs forensic and legal medicine.

17.2 Aims

The aim of the MFFLM Part 1 examination is to test the acquisition of a representative sample of medico-legal knowledge as specified in the published Syllabus for the MFFLM Examination (Schedule 1: MFFLM Part 1 Syllabus).

17.3 Validity

A pass in part 1 of the MFFLM is valid for **three** years. Similarly, exemption from the MFFLM Part 1 Examination, through obtention of a distinction in the FFLM Diploma of Legal Medicine (DLM), is also valid for three years. Please note that this exemption is for registered medical practitioners only. Please note that the part 1 MFFLM and DLM distinction is valid for **four** years from June 2016.

17.4 The format

- 17.4.1 The MFFLM Part 1 examination is designed to assess a candidate's knowledge and understanding of legal medicine relevant to medical practice.
- 17.4.2 The MFFLM 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 forensic and legal medicine as set out in the published Syllabus – Schedule 1 at the end of this document.
- 17.4.3 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.
- 17.4.4 Drugs are normally referred to by their recommended International Non-Proprietary names (INN) rather than by their trade names.
- 17.4.5 Biochemical and other measurements are expressed in SI units and normal or reference ranges are provided.
- 17.4.6 The MFFLM Part 1 examination is criterion referenced. Before the Examination, the difficulty of each question is considered by the MFFLM 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.
- 17.4.7 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.
- 17.4.8 The marking system for the MFFLM 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.

17.5 How to complete the MFFLM Part 1 examination answer sheets

- 17.5.1 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.
- 17.5.2 The answer sheets for the MFFLM Part 1 examination are machine readable, like [this](#). Candidates should indicate the single correct answer in accordance with the instructions provided.
- 17.5.3 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.
- 17.5.4 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.
- 17.5.5 The Faculty reserves the right to mark the examination papers manually if the numbers of candidates warrants this method.
- 17.5.6 Candidates should use only the pens supplied in the examination. A pencil may also be used. Dubious or multiple answers for the same question cannot be read by the OMR and may therefore result in a zero score.
- 17.5.7 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.
- 17.5.8 The answer sheet must **not** be folded, creased or contain anything other than the answers A, B, C, D or E.
- 17.5.9 It is important that candidates fully understand how to complete the answer sheet before sitting the examination.

17.6 Entry requirements

- 17.6.1 Every candidate for the Examination must hold a **medical qualification** recognised by the Faculty of Forensic & Legal Medicine.
- 17.6.2 Candidates will not be admitted to the MFFLM Part 1 Examination until **two years** after the date of graduation given on their diploma of medical qualification **unless** they hold a previous qualification in law and they intend to gain Part 2 in medico-legal medicine, in which case they may write to gain exemption from the two-year requirement from the Chief Examiner at the Administration Office.
- 17.6.3 At the stage of being awarded affiliateship, membership or fellowship 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.

17.7 Exemptions

A registered medical-practitioner candidate who obtains a distinction in FFLM Diploma of Legal Medicine (DLM) will be exempted from the MFFLM Part 1 examination for a period of three years. This was increased to four years from June 2016.

17.8 Pass result

Candidates passing the MFFLM Part 1 examination can proceed to sit the MFFLM Part 2 examination at the next date of the examination, if eligible (see eligibility criteria below).

17.9 Fail result

A candidate not achieving the pass mark in the MFFLM Part 1 examination will be deemed to have failed the examination.

18 MFFLM Part 2 Written Examination

18.1 Purpose

The MFFLM Part 2 Written Examination can be taken by physicians who have passed the MFFLM Part 1 Examination. Success in this examination demonstrates the attainment of the minimum level of knowledge expected of a physician in training and the ability to apply this knowledge to problem-solving in the candidate's sub specialty of either/and/or medico-legal advisor (MLA), general forensic medicine (GFM), and sexual offence medicine (SOM)

18.2 Aims

The MFFLM Part 2 Written Examination for MLAs will test understanding of medico-legal principles and the ability to apply medico-legal theory to practical problems. The MFFLM Part 2 Written Examination for GFM and SOM will test medico-legal principles as well as testing clinical and forensic understanding, making clinical and forensic judgments and formulating appropriate management plans.

18.3 The format

18.3.1 All candidates have two and a half hours to finish the paper, which contains eight compulsory questions.

18.3.2 Medico-legal Advisors (MLA), General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM) candidates will have a specialty-specific paper. Candidates wishing to gain qualification in more than one specialty will have to sit the question papers specific for their choice. See Schedules 2, 3 and 4 for Syllabus at the end of this document.

18.3.3 The pass mark will be set by the Angoff Method.

18.4 How to complete the MFFLM Part 2 Written Examination answer sheets

18.4.1 Examinations answer sheets will be printed to include candidate numbers. Candidates should ensure that the candidate number which appears on their Paper matches the one issued at the time of application.

- 18.4.2 A single question and answer booklet will be provided, with appropriate space allocated for each question and answer.
- 18.4.3 Candidates should use ink.
- 18.4.4 It is important that candidates follow the instructions given with each question.
- 18.4.5 The answer booklet must not be folded or creased.

18.5 Entry requirements

- 18.5.1 Candidates for the MFFLM Part 2 Written Examination must have passed the MFFLM Part 1 Examination within the preceding **three** years. This was increased to four years from June 2016.
- 18.5.2 Candidates must be currently working in, and have worked in their chosen field for three years (within the previous five) on the date of the Part 2 Examination.
- 18.5.3 At the stage of being awarded affiliateship, membership or fellowship of the FFLM, it will be necessary for the individual to sign a Declaration of Faith ([see FFLM website](#)) 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.
- 18.5.4 GFM and SOM candidates **will** be required to produce a current (obtained within the previous 12 months) **Immediate Life Support (ILS) certificate** 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 upon application for the Part 2 examination, to allow its consideration by the Chief Examiner's Committee, whose decision will be final.

18.6 Exemptions

There are no exemptions.

18.7 MFFLM Part 2 Examination Registration Period

As success in the MFFLM Part 1 examination is only valid for three years, any candidate who is unsuccessful in passing the MFFLM Part 2 examination within a period of three years of passing the MFFLM Part 1 examination will not be allowed to apply for the MFFLM Part 2 examination again until he or she has passed the MFFLM Part 1 Examination again. Both the MFFLM Part 1 and the MFFLM Part 2 examinations are offered once a year, in October and March, respectively. The validity of the Part 1 was increased to four years from June 2016.

18.8 Pass result

A pass in the MFFLM Part 2 written examination is part of the requirement for success in the MFFLM Part 2 examination. The candidate still needs to sit and pass the Clinical/Practical examination (OSCE/OSPE). Note that as of March 2016 successful results can be retained as long as the candidate's Part 1 exam result is valid. In other words, if a candidate passes the written component he/she will only need to apply for the practical/clinical component (OSPE/OSCE) in the next sitting and vice-versa.

18.9 Fail result

A candidate not achieving the pass mark in the MFFLM Part 2 written examination will be deemed to have failed the entire MFFLM Part 2 examination, even if they pass the Clinical/Practical component (OSCE/OSPE). Please see below.

19 MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE)

19.1 Purpose

To demonstrate in a practical setting the knowledge, skills and attitudes appropriate for a practitioner in either or all of the sub-specialties namely: MLA, GFM and SOM.

19.2 Aims

The MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) will test the ability to:

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

19.3 Format - Practical Assessment Skills (OSCE/OSPE)

- 19.3.1 The Observed Structured Clinical Examination (OSCE) or Observed Structured Practical Examination (OSPE) 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.
- 19.3.2 The OSCE/OSPE is composed of 8-14 stations for each of the specialties (medico-legal advisor, general forensic medicine and sexual offence medicine) over a period of a minimum of two hours. Medico-legal advisors will only have OSPE stations; all other candidates may have OSCE and OSPE stations. A candidate wishing to specialise in more than one of these sub-specialties will need to sit the sets of stations for that specialty – some of the stations may be common to more than one specialty. 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 5 - 10 - 20 minute intervals until the cycle has been completed.
- 19.3.3 The MLA OSPE examination consists of a mixture of telephone and written stations. The telephone stations will involve simulated calls from healthcare professionals requesting medico-legal advice. The written stations will involve analysis of complex and often multiple papers prior to providing written medico-legal advice.
- 19.3.4 An external examiner may be present at an OSCE/OSPE station at any time to observe and review stations.

19.4 Entry requirements

Before candidates can enter the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE), they must have:

- 19.4.1 passed the MFFLM Part 1 Written Examination;
- 19.4.2 a current (obtained within 12 months) certificate of Immediate Life Support training on the date of the Part 2 Examination (unless an MLA applicant); and
- 19.4.3 completed a recognised equivalent period of training and produce a verification that they have worked in the field of their expertise for a minimum of three years (within the previous five years) on the date of the Part 2 Examination.

19.5 Attending the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE)

- 19.5.1 Candidates will not be admitted once the examination has started.
- 19.5.2 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.
- 19.5.3 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.
- 19.5.4 Candidates presenting themselves for the MFFLM examination must have complied fully with all admission requirements, including the payment of fees.
- 19.5.5 Candidates may not carry electronic devices, including telephones, pagers, PDAs or other forms of communication devices, while at the Examination.

19.6 Procedure

- 19.6.1 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.
- 19.6.2 Clinical scenarios must not be copied or removed from the clinical examination centres. All MFFLM 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.

19.7 Method of assessment

- 19.7.1 The mark sheets in total are completed by the examiners:
- 19.7.2 The marks awarded on all mark sheets determine the candidate's overall MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) score.
- 19.7.3 Each station of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) is marked according to a structured marking scheme. The pass mark for the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) 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 MFFLM Chief Examiner's Committee.

19.8 Quality control

19.8.1 The FFLM oversees the delivery and quality control of the MFFLM examination.

19.9 Best-practice standard-setting techniques are used to ensure that pass/fail levels are applied equitably and rigorously.

19.10 Assessors and role-players

19.10.1 MFFLM examiners are formally recruited and trained and regularly retrained in assessment techniques and equality and diversity.

19.10.2 The performance of examiners is monitored and reviewed.

19.10.3 The role-players used in the OSCEs and OSPEs are trained both generically and in preparation for each case so that they deliver a standardised test.

19.10.4 The performance of role-players is monitored and reviewed by experienced assessors and role-player facilitators.

19.11 Assessment outcome statistics are used to quality assure cases.

19.12 Academic and professional misconduct

19.12.1 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 MFFLM Part 2 Clinical/Practical 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.

19.12.2 Where an examiner considers that a candidate is acting in an unprofessional, improper or inappropriate manner during the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) they shall:

- (a) ask the candidate to stop that particular part of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE);
- (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 MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE);
- (d) inform the candidate in question at the end of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) that a written report of the incident will be submitted to the Chief Examiner of the MFFLM 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 MFFLM examination Office.

- 19.12.3 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.
- 19.12.4 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 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, he will not be awarded a pass until the issues have been addressed and resolved to the satisfaction of the GMC, 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, an outright fail may be awarded.
- 19.12.5 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 General Medical Council.

19.13 After the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE)

19.13.1 Results

- 19.13.1.1 The MFFLM Chief Examiner’s Committee has overall responsibility for policy and procedures relating to, and the organisation of, the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE).
- 19.13.1.2 The MFFLM Chief Examiner’s Committee will consider reports from Examiners (and others as necessary) on the delivery of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) at the examination centre. The MFFLM 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 MFFLM Chief Examiner’s Committee is satisfied that the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) has been conducted appropriately and in accordance with the procedures of the FFLM.
- 19.13.1.3 After every Examination, the MFFLM 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 MFFLM Chief Examiner’s Committee may:
- 19.13.1.4 agree that the pass mark should remain the same;
- 19.13.1.5 agree that the pass mark should be changed. The MFFLM Chief Examiner’s Committee would need to be satisfied that the standards of the MFFLM would be maintained by taking such action; and/or

19.13.1.6 make modifications to the structure and format of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) that it deems desirable to ensure the validity of the Examination.

19.14 Pass result

19.14.1 A pass in both the MFFLM Part 2 Written examination and the Clinical/Practical (OSCE/OSPE) examination will confer the qualification only. Successful candidates will then be eligible to apply and be considered for Membership of the Faculty of Forensic & Legal Medicine of the Royal College of Physicians of London.

19.14.2 Successful candidates may **NOT** use the postnominal MFFLM until their Membership application has been completed and ratified by both the Chief Examiner's Committee and by the Board of the FFLM.

19.14.3 The Membership 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.

19.15 Award of the MFFLM Qualification

Successful candidates will receive an electronic letter, via email, confirming that they have passed the MFFLM examination and are therefore eligible to apply for Membership of the Faculty of Forensic & Legal Medicine.

19.16 Award of the of the Diploma of Membership of the Faculty of Forensic & Legal Medicine

19.16.1 Every candidate must pass all three parts of the MFFLM examination.

19.16.2 Successful candidates will be informed on how to apply for Membership of FFLM after they have been sent their examination result letter.

19.16.3 Once Membership has been approved, an annual subscription will be incurred from the next subscription renewal (01 July each year).

19.16.4 Members 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.

19.16.5 Award of Merit and Distinction

Merit will be awarded to those candidates who receive 70% and over in all three parts of the exam and fail not more than one OSCE/OSPE station, with a recommendation from the Chief Examiner's Committee, who will take all factors of the examination into consideration.

Distinction will be awarded to candidates who receive 80% and over in all three parts of the exam and fail not more than one OSCE/OSPE station, with a recommendation from the Chief Examiner's Committee, who will take all factors of the examination into consideration.

19.17 Fail result

19.17.1 The MFFLM Part 2 Clinical/Practical Examination may be failed in the following ways:

19.17.2 a candidate does not achieve the pass mark;

- 19.17.3 a candidate automatically fails the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) if they are awarded five 'fail' grades, or;
- 19.17.4 **aggressive or inconsiderate behaviour**, either physical or verbal, to a patient will invariably result in failure, and may result in misconduct procedures being invoked.
- 19.17.5 If a candidate fails the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) at their first or second attempt they may be deemed by the MFFLM Chief Examiner's Committee to require more clinical experience before re-attempting OSCE/OSPE, or be recommended for counselling from a nominated Fellow or Member of the FFLM.
- 19.17.6 A candidate who has failed the MFFLM Part 2 examination will be required to re-sit the MFFLM Part 1 examination if three years have elapsed since taking Part 1. This period was increased to four years from June 2016.
- 19.18 Poor performance in the MFFLM Part 2 Clinical/Practical Examination
- 19.18.1 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*. 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 fitness to practise is called into question by facts coming to light during the course of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE), 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 or similar professional body.
- 19.18.2 The candidate concerned will be informed by letter when their poor performance in the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) 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/Practical Examinations but, in exceptional circumstances, it may take place as a result of poor performance in a single Examination.
- 19.18.3 Before the candidate may re-enter any part of the MFFLM 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 MFFLM Chief Examiner's Committee to confirm whether the evidence presented is satisfactory to warrant re-entry to the MFFLM examination. They will also be available to consider any representations that the candidate wishes to submit.

SCHEDULE 1: SYLLABUS FOR PART 1 MFFLM EXAMINATION

Foreword

This syllabus outlines the areas of knowledge and understandingⁱ covered in the MFFLM Part 1 examination.

The Part 1 examination is common to all MFFLM candidates – whether Forensic Physicians in General Forensic Medicine/Sexual Offence Medicine or Medico-Legal Advisors – and the Chief Examiner’s Committee believe it is important that all candidates have a thorough understanding of medical law and ethics.

The Part 1 examination aims to encourage candidates to read widely on medico-legal and ethical issues outwith their day-to-day practice as a basis for further professional development and later specialisation.

The syllabus aims to describe broadly the areas of knowledge expected of candidates to pass the examination: it is not to be taken as exhaustive or inclusive; not every area of the syllabus will be tested at each examination diet and the absence of a topic does not guarantee that it will not be included in the examination paper. Candidates can expect the majority of questions to relate to the broad areas specified.

The examination covers all jurisdictions within the UK. The syllabus will highlight this in some of the areas where the differences between jurisdictions are of particular importance, but candidates should be aware that this principle applies throughout the MFFLM examination.

1. STRUCTURE OF HEALTHCARE DELIVERY IN THE UK

Candidates should have an understanding of the structure and organisation of healthcare in the UK including:

- 1.1. Structure of the NHS;
- 1.2. Independent contractor status of GMS GPs, PMS GPs
- 1.3. GP Performer's Lists;
- 1.4. Private medical practice
- 1.5. NHS indemnity and other indemnity arrangements;
- 1.6. Clinical governance;
- 1.7. Issues of access to healthcare; and
- 1.8. The National Institute for Health and Clinical Excellence and the Scottish Medicines Consortium.

ⁱ The sections refer to either:

- understanding of a subject
- A “basic” knowledge and understanding of a subject or
- A “detailed” knowledge and understanding of a subject

This is intended as a guide to candidates with respect to the level at which the subjects are likely to be examined. Thus, for example, only a basic knowledge and understanding is required of “philosophical medical ethics”, whereas a detailed knowledge and understanding of “Consent” is required

2. REGULATION OF HEALTHCARE PROFESSIONALS

- 2.1. The General Medical Council, the General Dental Council, the Health and Care Professions Council, The Nursing & Midwifery Council and others
 - 2.1.1. Candidates should have an understanding of the structure and functions of the regulatory bodies, including:
 - (a) Composition; and
 - (b) Fitness to practise procedures.
 - 2.1.2. Candidates should have a detailed knowledge and understanding of the ethical guidance published by the regulatory bodies (including the GMC's "Good Medical Practice" and all supporting ethical guidance – see also "Medical Ethics in Practice").

3. SOURCES OF LAW AND LEGAL SYSTEMS

Candidates should have a basic knowledge and understanding of the sources of law in the UK and of the legal systems of England, Wales, Northern Ireland and Scotland. Examples of question topics might include:

- 3.1. the structure and functions of the main courts in the jurisdictions;
- 3.2. the legislative process;
- 3.3. the effect of judicial precedent/case law;
- 3.4. European Community law; and
- 3.5. Human Rights legislation.

4. CRIMINAL LAW

Candidates should have a basic knowledge and understanding of the structure and function of the criminal law in the UK jurisdictions, particularly in relation to those areas where this may be relevant to medical practice. Examples of question topics might include:

- 4.1. police powers
- 4.2. principles of the law of Manslaughter, including corporate manslaughter and gross negligence manslaughter; and
- 4.3. sexual offences.

5. CIVIL LAW

Candidates should have a basic knowledge and understanding of the structure and function of the civil law in the UK jurisdictions and a more detailed knowledge and understanding of the law relating to medical negligence and medical injuries. Examples of question topics might include:

- 5.1. duty of care in the law of negligence;
- 5.2. tests for medical negligence;
- 5.3. failure to warn of risks;
- 5.4. actions for assault or trespass to the person;
- 5.5. principles of causation;
- 5.6. civil procedure; and
- 5.7. damages

6. PHILOSOPHICAL MEDICAL ETHICS

Candidates should have a basic knowledge and understanding of the main philosophical approaches to medical ethics including:

- 6.1. utilitarianism;
- 6.2. deontological systems; and
- 6.3. principle-based systems and of the core principles to be found in most principle-based systems of medical ethics:
- 6.4. beneficence;
- 6.5. non-maleficence;
- 6.6. respect for autonomy; and
- 6.7. justice.

7. MEDICAL ETHICS IN PRACTICE

Candidates should have an understanding of the regulatory bodies' ethical guidance including the GMC's Good Medical Practice. Examples of question topics might include:

- 7.1. GMC and NMC probity requirements;
- 7.2. sharing information with and working with colleagues; and
- 7.3. responding to concerns about colleagues.

8. CONSENT ⁱⁱ

Candidates should have a detailed knowledge and understanding of the law and ethics relating to consent for medical treatment including:

- 8.1. Regulatory bodies' and NHS guidance;
- 8.2. requirements for consent to be valid;
- 8.3. forms of consent; and
- 8.4. consent and mentally incapacitated adults (including consent given by others e.g. welfare attorneys).

9. CONFIDENTIALITY ⁱⁱⁱ

Candidates should have a detailed knowledge and understanding of the law and ethics governing the duty of confidentiality, including:

- 9.1. legal basis;
- 9.2. GMC and NMC guidance;
- 9.3. disclosures required by law;
- 9.4. disclosures in the public interest;
- 9.5. data protection legislation;
- 9.6. patients' rights of access to health records and medical reports;
- 9.7. confidentiality and mentally incapacitated adults; and
- 9.8. confidentiality after death.

ⁱⁱ Note that consent in children is included in "Children and Young People"

ⁱⁱⁱ Note that confidentiality in children is included in "Children and Young People"

10. CHILDREN AND YOUNG PEOPLE

- 10.1. Candidates should have a detailed knowledge and understanding of the law of consent as it applies to children and young people including:
 - 10.1.1. differences between the UK jurisdictions;
 - 10.1.2. competence to consent;
 - 10.1.3. refusal of treatment by children and/or parents;
 - 10.1.4. parental responsibility;
 - 10.1.5. 16 – 18 year olds; and
 - 10.1.6. GMC and NMC guidance.
- 10.2. Candidates should have a detailed knowledge and understanding of the legal and ethical requirements of confidentiality in relation to young people. Examples of question topics might include:
 - 10.2.1. parental requests for information;
 - 10.2.2. disclosure in the public interest; and
 - 10.2.3. requests for information about children and young people under data protection legislation.
- 10.3. Candidates should have a detailed knowledge and understanding of the legal and ethical principles involved in child protection issues. Topics for questions might include:
 - 10.3.1. relevant legislation and government guidance;
 - 10.3.2. GMC and NMC guidance;
 - 10.3.3. sources of advice and assistance;
 - 10.3.4. role of the social work department;
 - 10.3.5. confidentiality; and
 - 10.3.6. child protection procedures.

11. DEATH AND DYING

Candidates should have an understanding of the legal and ethical issues surrounding death including:

- 11.1. definition of death;
- 11.2. death certification and cremation;
- 11.3. the role of the coroner and the structure and function of inquests
- 11.4. Fatal Accident Inquiries in Scotland;
- 11.5. withholding and withdrawing life prolonging treatment;
- 11.6. patient refusal of life-prolonging treatment;
- 11.7. advance directives;
- 11.8. euthanasia and assisted suicide;
- 11.9. organ donation; and
- 11.10. retention of organs and tissue.

12. MENTAL HEALTH LAW

Candidates should have an understanding of the applicable mental health law (including mental capacity and related legislation) and Codes of Practice in the UK jurisdictions. Examples of question topics might include:

- 12.1. detention under the mental health acts;
- 12.2. detention of mentally incapacitated adults;
- 12.3. community treatment orders;
- 12.4. treatment without consent; and
- 12.5. vulnerable adults.

13. PRESCRIBING

Candidates should have an understanding of the medico-legal issues relating to prescribing medicines. Examples of question topics might include:

- 13.1. GMC and NMC guidance on prescribing;
- 13.2. medico-legal issues involved in prescribing controlled drugs (including regulatory requirements);
- 13.3. medico-legal issues involved in unlicensed and off label prescribing.

14. REPORT WRITING AND GIVING EVIDENCE

- 14.1 Rules of evidence
- 14.2 The Professional and the Expert Witness

SCHEDULE 2

PART 2 EXAM SYLLABUS MEDICO-LEGAL ADVISORS

Foreword

This syllabus covers the areas of knowledge to be tested in the MFFLM Part 2 examination for medico-legal advisors (there is a separate syllabus for the part 2 FFLM examination for Forensic Physicians – General Forensic Medicine and Sexual Offence Medicine). The Part 2 examination is designed to test the knowledge, understanding and skills required of a medico-legal advisor.

The skills tested in the Part II examination will include:

- application of ethical and medico-legal knowledge to complex medico-legal problems;
- problem solving skills; and
- communication skills.

The syllabus aims to describe broadly the areas of knowledge expected of candidates to pass the examination: it is not to be taken as exhaustive or inclusive; not every area of the syllabus will be tested at each examination diet and the absence of a topic does not guarantee that it will not be included in the examination paper. Candidates can expect the majority of questions to test the broad areas specified.

The examination covers all jurisdictions within the UK. The syllabus will highlight this in some of the areas where the differences between jurisdictions are of particular importance, but candidates should be aware that this principle applies throughout the MFFLM examination.

1. CONSENT

- 1.1. GMC and NMC guidance
- 1.2. Requirements for consent to be valid
- 1.3. Assessment of capacity
- 1.4. Forms of consent
- 1.5. Obtaining consent and the provision of information
- 1.6. Refusal of consent
- 1.7. Consent in children and young people (competent and incompetent, refusal of consent, parental refusal of treatment)
- 1.8. Consent and mentally incapacitated adults (including consent given by others e.g. welfare attorneys)
- 1.9. Consent in research
- 1.10. Consent and transplantation
- 1.11. Emergencies
- 1.12. Legal actions for assault or trespass to the person based on lack of consent
- 1.13. Relevant legislation and codes of practice in relation to the above issues in all UK jurisdictions.

2. CONFIDENTIALITY

- 2.1. Legal bases

- 2.2. Ethical duty
- 2.3. Data protection legislation
- 2.4. Disclosures required by law
- 2.5. Court orders for disclosure of records
- 2.6. Disclosures in the public interest without consent
- 2.7. Serious communicable diseases
- 2.8. Rights of access to health records and medical reports
- 2.9. Confidentiality and mentally incapacitated adults
- 2.10. Confidentiality of children and young people
- 2.11. Confidentiality after death
- 2.12. Doctors with dual responsibilities (including occupational health medicine)
- 2.13. Confidentiality and research
- 2.14. Confidentiality and electronic record systems.

3. GENERAL MEDICAL COUNCIL and NURSING AND MIDWIFERY COUNCIL

- 3.1. All GMC and NMC guidance
- 3.2. Composition of the GMC and NMC
- 3.3. GMC and NMC fitness to practise procedures
- 3.4. Performance assessments
- 3.5. Health assessments
- 3.6. The adjudicatory function of the Medical Practitioners Tribunal Service (MPTS) and NMC
- 3.7. Sanctions
- 3.8. Appeals
- 3.9. The role of the Professional Standards Agency (PSA) for health and social care.

4. CLINICAL NEGLIGENCE

- 4.1. Duty of care
- 4.2. Psychiatric harm
- 4.3. Economic losses
- 4.4. Standard of care
- 4.5. Tests for medical negligence in UK jurisdictions
- 4.6. Failure to warn of risks
- 4.7. Causation
- 4.8. Loss of a chance
- 4.9. Defences
- 4.10. Civil procedure rules in UK jurisdictions
- 4.11. Principles of damages in UK jurisdictions
- 4.12. Breach of statutory duty
- 4.13. Breach of contract
- 4.14. Expert witnesses.

5. CHILDREN AND YOUNG PEOPLE

- 5.1. GMC guidance
- 5.2. Consent
- 5.3. Parental responsibility
- 5.4. Refusal of treatment by children, young people and/or parents
- 5.5. Confidentiality and data protection
- 5.6. Parental requests for information
- 5.7. Disclosure of information without consent in the public interest
- 5.8. Child protection procedures
- 5.9. Role of the social work department
- 5.10. Relevant legislation and government guidance (in all UK jurisdictions) in relation to the above areas.

6. DEATH AND DYING

- 6.1. Definition of death
- 6.2. Death certification and cremation
- 6.3. Withholding and withdrawing life prolonging treatment
- 6.4. Refusal of life-prolonging treatment
- 6.5. Advance directives
- 6.6. Euthanasia and assisted suicide
- 6.7. Organ donation
- 6.8. Retention of organs and tissue.

7. THE CORONER AND FATAL ACCIDENT INQUIRIES

- 7.1. Jurisdiction of the coroner
- 7.2. Preparing reports for the coroner
- 7.3. Procedure in coroners' courts
- 7.4. Scope of coroners' inquiries
- 7.5. Implication of Human Rights legislation
- 7.6. Legal representation
- 7.7. Determinations
- 7.8. Judicial Review
- 7.9. Use of evidence given in inquests
- 7.10. Fatal Accident Inquiries in Scotland (precognitions, procedure, judicial review, legal representation).

8. MENTAL HEALTH LAW

- 8.1. Mental Health legislation and Codes of Practice in UK jurisdictions
- 8.2. Detention under the mental health acts
- 8.3. Consent, and treatment without consent
- 8.4. Emergencies: assessments, overdoses, refusal of treatment
- 8.5. Community treatment orders

- 8.6. Mental health legislation and the GP
- 8.7. Interaction with Human Rights legislation
- 8.8. Detention of mentally incapacitated adults
- 8.9. Research and the mentally incapacitated adult
- 8.10. Vulnerable adults
- 8.11. Review tribunals and the role of the courts
- 8.12. Public inquiries.

9. PRESCRIBING

- 9.1. GMC and NMC guidance
- 9.2. Responsibility for prescribing
- 9.3. Civil liability for prescribing and disclaimers of liability
- 9.4. Contractual obligations of GPs (under GMS and PMS contracts)
- 9.5. Hospital prescribing
- 9.6. Controlled drugs (including regulatory requirements and disposal)
- 9.7. Unlicensed and off-label prescribing
- 9.8. Remote prescribing (telephone, internet)
- 9.9. Nurse prescribing and patient group directives
- 9.10. Guidelines for prescribing and the role of the MHRA
- 9.11. Covert administration of medicines
- 9.12. Specific treatments: vaccinations, cosmetic treatments, infertility drugs, erectile dysfunction
- 9.13. Eligibility for NHS prescriptions and other NHS treatment
- 9.14. Private prescriptions
- 9.15. Relevant legislative provisions.

10. DISCIPLINARY ACTION

- 10.1. Pre-disciplinary investigation of allegations
- 10.2. Suspension, exclusion, restrictions/conditions and informal exclusion
- 10.3. Disciplinary procedures in the UK jurisdictions
- 10.4. Personal conduct and professional conduct
- 10.5. Conduct and capability procedures
- 10.6. Rights to representation
- 10.7. Role of the NCAS
- 10.8. Sanctions
- 10.9. Appeals
- 10.10. Judicial reviews in disciplinary actions
- 10.11. Alert letters.

11. GP PERFORMERS LISTS

- 11.1. Legislative framework
- 11.2. Duties to declare (convictions etc.)
- 11.3. Procedures
- 11.4. Representation
- 11.5. Suspension
- 11.6. Contingent removal
- 11.7. Removal
- 11.8. Appeals and legal challenges
- 11.9. Role of the NCAS.

12. HUMAN REPRODUCTION

- 12.1. Genetic information
- 12.2. Abortion
- 12.3. Civil actions for wrongful conception/wrongful birth
- 12.4. Assisted reproduction
- 12.5. The mother and the unborn child
- 12.6. Relevant legislation.

13. CRIME AND THE MEDICAL PRACTITIONER

- 13.1. Sexual offences
- 13.2. Manslaughter and culpable homicide
- 13.3. Corporate liability for death
- 13.4. Police interviews
- 13.5. Interviews under caution
- 13.6. Interaction with the GMC
- 13.7. Declaring criminal investigations to employers/contractors/the GMC.

14. COMPLAINTS

- 14.1. Complaints procedures in UK jurisdictions
- 14.2. Responding to complaints
- 14.3. Confidentiality in complaints
- 14.4. Independent review
- 14.5. The role of the Ombudsman
- 14.6. Learning from complaints.

15. ADVERSE INCIDENT REPORTING AND RISK MANAGEMENT

- 15.1. Adverse Incident Reports (**AIR**) and Serious Untoward Incident (**SUI**) reports
- 15.2. Communication with patients
- 15.3. Hospital AI and SUI investigations
- 15.4. Investigation of SUIs in General Practice
- 15.5. Principles of Risk Management
- 15.6. Guidelines.

16. RELATIONSHIPS WITH PATIENTS

- 16.1. GMC guidance
- 16.2. The doctor-patient partnership
- 16.3. Harassment/stalking (including relevant legislative protections and court orders)
- 16.4. Violence
- 16.5. Maintaining boundaries
- 16.6. Intimate examinations and chaperones
- 16.7. Personal and sexual relationships with patients
- 16.8. Ending professional relationships
- 16.9. Gifts from patients and financial interests in treatment.

17. WORKING WITH COLLEAGUES

- 17.1. Concerns about the health of a colleague
- 17.2. Concerns about the performance of a colleague
- 17.3. Concerns about the conduct of a colleague
- 17.4. Doctors' responsibilities to arrange cover and take up appointments
- 17.5. Information sharing
- 17.6. Delegation and referral
- 17.7. Team working and doctors in managerial positions
- 17.8. Raising and acting on concerns about patient safety.

18. CLINICAL RECORDS

- 18.1. Good record keeping
- 18.2. Amending clinical records
- 18.3. Disputes over the content of clinical records
- 18.4. Requests not to record information
- 18.5. Security of records and other confidential information
- 18.6. Computerised records and national IT projects.

SCHEDULE 3

PART 2 EXAM SYLLABUS - GENERAL FORENSIC MEDICINE

No syllabus can be comprehensive. Hence the syllabus is indicative of those areas of knowledge with which you are expected to be familiar but it is not intended to be exhaustive or to exclude other items of knowledge which are of similar relevance. You can expect, however, that the majority of questions will test knowledge in the broad areas specified.

1. CONSENT AND CONFIDENTIALITY

You should have a broad understanding of the differences between therapeutic and forensic consent, interview techniques, record keeping and documentation, statement and report writing, pre-trial preparation and court appearances.

Examples of questions topic might include:

- Gillick competence and related case law
- Writing a statement or expert report
- The difference between a professional and expert witness.

2. INJURY

Injuries and their interpretation are a fundamental part of clinical forensic medicine. It is important you understand the epidemiology of injury and the physiology of wound healing and are able to document, classify and interpret different types of injuries. You should also be familiar with aspects of torture, restraint and elder abuse.

Examples of questions might include:

- Classification of the common types of injury
- Use of restraint
- Safeguarding.

3. MENTAL HEALTH LAW

Mental health problems occur frequently. You should be familiar with the relevant mental health legislation and definitions, the relationships with substance misuse and how to assess risk and dangerousness.

Examples of questions might include:

- The commonly used Mental Health Act sections
- Assessment of self-harm risk
- The relationship of psychiatry to crime.

4. FORENSIC SCIENCE AND TOXICOLOGY

Forensic science is making an increasing contribution to clinical forensic medicine. You should be familiar with methods of forensic sampling, analysis and interpretation of different forensic samples including hair, blood etc. In addition you should understand the principles behind the use of DNA and its limitations as well as different methods used to estimate age.

Examples of questions might include:

- The types of samples taken from an assailant of an alleged sexual assault
- Age estimation.

It is important you understand the pharmacology and physiology of commonly used drugs of abuse and their criminal relevance as well as having knowledge of the types and presentations of common poisons.

Examples of questions might include:

- The clinical effects of cocaine
- Legislation relating to cannabis.

5. CUSTODIAL MEDICINE

You should understand the guidance and the legislation relating to detention of persons in custody, the spectrum of illness and disease and the examination, assessment and management (including prescribing) of persons detained in custody.

Examples of questions might include:

- Fitness to interview
- Management of persons detained under the Terrorism Act
- Near misses and death in custody
- Raising concerns where patient safety is concerned.

You should understand the science behind road traffic legislation and the common defences for failure to provide samples of breath, blood and urine. You should have knowledge of fitness to drive and the types of injuries sustained in road traffic accidents.

Examples of questions might include:

- Failure to provide a sample of breath
- The use of Impairment Tests.

Knowledge of sexual offences is important and you must understand the legislation relating to sexual offences, male and female genital anatomy and how to examine a suspect of an alleged sexual assault.

Examples of questions might include:

- The type of injuries associated with a sexual assault.

6. FORENSIC PATHOLOGY AND CRIME SCENE INVESTIGATION

Assessing a scene of death is an important part of a forensic physician's duties. You should have knowledge of the changes that take place in the body after death, how the time of death can be estimated, mechanisms of death and the principles of an autopsy and the different techniques used in mass disaster situations.

Examples of questions might include:

- The post mortem interval
- The role of the doctor at a scene of death.

7. THE MEDICAL WITNESS (NEW)

Giving evidence in Court is an important part of the role of the forensic physician. You should therefore have a good understanding of record keeping and documentation, statement and report writing, pre-trial preparation and court appearance.

Examples of questions might include:

- Writing or amending a statement or expert report

- Photo-documentation of injuries
- The difference between a professional and expert witness.

SCHEDULE 4

PART 2 EXAM SYLLABUS - SEXUAL OFFENCE MEDICINE

No syllabus can be comprehensive. Hence the syllabus is indicative of those areas of knowledge with which you are expected to be familiar but it is not intended to be exhaustive or to exclude other items of knowledge which are of similar relevance. You can expect, however, that the majority of questions will test knowledge in the broad areas specified.

1. CONSENT AND CONFIDENTIALITY

You should have a broad understanding of the differences between therapeutic and forensic consent in relation to all forensic medical procedures including obtaining highly sensitive images.

Examples of questions might include:

- Gillick competence and related case law
- vulnerable adults
- temporary loss of capacity and how this might impact on a decision to examine.

2. THE MEDICAL WITNESS

Giving evidence in Court is an important role of the forensic physician. You should therefore have a good understanding of record keeping and documentation, statement and report writing, pre-trial preparation and court appearance.

Examples of questions might include:

- writing a statement or expert report
- photo documentation of genital findings
- the difference between a professional and an expert witness.

3. INJURY

Injuries and their interpretation are a fundamental part of clinical forensic medicine. It is important you understand the epidemiology of injury and the physiology of wound healing and are able to document, classify and interpret different types of injuries. In addition you should have a clear understanding of the significance or otherwise of the absence of injuries. You should also be familiar with aspects of torture, restraint and elder abuse.

Examples of questions might include:

- classification of the common types of injury
- use of restraint
- elder abuse.

4. MENTAL HEALTH LAW

Mental health problems occur frequently. You should be familiar with the relevant mental health legislation and definitions, the relationships with substance misuse and how to assess risk and dangerousness. Examples of questions might include:

- assessment of self-harm risk
- the relationship of psychiatry to crime.

5. FORENSIC SCIENCE AND TOXICOLOGY

5.1. Forensic science is making an increasing contribution to clinical forensic medicine. You should be familiar with methods of forensic sampling, analysis and interpretation of different forensic samples including hair, blood etc. In addition you should understand the principles behind the use of DNA and its limitations as well as different methods used to estimate age.

Examples of questions might include:

- the types of samples taken in an alleged sexual assault
- persistence data.

5.2. It is important you understand the pharmacology of commonly used drugs of abuse and their criminal relevance as well as having knowledge of the types and presentations of common poisons. *Examples of questions might include:*

- the clinical effects of cocaine.

6. ADULT SEXUAL OFFENCES

Knowledge of sexual offences is crucially important and you must understand the guidance and the legislation relating to sexual offences, male and female genital anatomy and how to examine a victim of an alleged sexual assault and the principles of post assault management.

Examples of questions might include:

- the type of injuries associated with a sexual assault
- psychological response to rape
- emergency contraception
- sexually transmitted infection
- indications for PEPSE
- raising concerns where patient safety is concerned.

7. PAEDIATRICS

7.1. Examining children who may have been abused is part of the role of the forensic physician. You should have a detailed knowledge of male and female genital anatomy at different ages and the changes that can occur in abuse.

Examples of questions might include:

- the different types of hymen
- hymenal injuries
- anal findings in alleged penetration.

7.2. Child protection is crucial to the safe care of children. You should be familiar with the principles of information sharing, Local Safeguarding Children's Boards and have knowledge of the different types of child abuse including physical, sexual, emotional abuse and neglect as well as factitious and fabricated illness.

Examples of questions might include:

- disclosure of confidential medical information
- management of suspected child exploitation.