

LFFLM (GFM)

Licentiate of the Faculty of Forensic & Legal Medicine
(General Forensic Medicine)

Regulations & Information for Candidates



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Foreword

The Licentiate was instituted by the Faculty of Forensic and Legal Medicine (FFLM) on 1 May 2014. Its purpose is to set national quality standards for the professional care that medical and health professionals provide in the field of general forensic medicine.

The Examination for the Licentiate is divided into two parts:

- Part 1 is a theoretical examination in matters related to branches of medico-legal and clinical practice.
- Part 2 is a clinical competency assessment.

The Examinations are open to registered medical practitioners and registered health care professionals who have achieved a basic level of experience in the field of general forensic medicine. Both parts must be completed for a person to hold one of the diplomas and use the postnominals. Successful completion of both parts entitles a candidate to apply for Licentiate of the Faculty of Forensic and Legal Medicine and use of the postnominals LFFLM.

The LFFLM Regulations 2014 apply from 1 May 2014 and cover the LFFLM Part 1 Written Examination (Knowledge Test) and the LFFLM Part 2 Compendium of Validated Evidence (COVE), an assessment of the Case Portfolio and by an Objective Structured Clinical Examination (OSCE).

Notice of future amendments to the Regulations and revisions following publication of the 2014 Regulations

The LFFLM Examination will continue to change to reflect developments in forensic and legal medicine. While every attempt has been made to ensure that the LFFLM Examination Regulations 2014 are accurate, further changes to the LFFLM Examination, the Regulations and closing dates may be implemented from time to time. Candidates should refer to the FFLM website (www.fflm.ac.uk) for the most up-to-date information, where any such changes will be detailed.

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The following Regulations apply to all candidates entering the LFFLM Examination

1. Duties of a Healthcare Professional

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

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

2. Introduction

2.1. Purpose of these Regulations

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

2.2. Date of publication

These LFFLM Regulations first come into effect on 1 May 2014. They will change over time. Candidates should ensure that they familiarise themselves with the Regulations current at the time they are taking the LFFLM. The current version will always be downloadable from the FFLM web site. The FFLM will give appropriate advance notice of any change which may have a material effect on candidates to ensure that candidates are not disadvantaged as a result.

2.3. Data protection

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

2.4. Test security and copyright

Material relating to LFFLM 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 under any circumstances except with the express, written permission of the FFLM. Candidates who are found to have infringed these requirements will be penalised in accordance with the guidance on misconduct in these Regulations.

3. Purpose of the assessment

- 3.1. The LFFLM is an assessment system and successful completion of its components is required of healthcare professionals who wish to obtain qualification of eligibility for Licentiate of the Faculty of Forensic and Legal Medicine.
- 3.2. A healthcare professional who successfully completes both parts of the LFFLM examinations and is appropriately registered with a regulatory body is eligible to be considered for Licentiate of the FFLM.

4. Constitutional Framework: Faculty of Forensic and Legal Medicine

- 4.1. The FFLM has the power under Standing Orders:
 - to set professional standards for admission to membership of the FFLM; and
 - to conduct examinations and award the LFFLM qualification and the LFFLM Diploma of Licentiate.
- 4.2. The FFLM has the power to:
 - determine the terms and conditions of entry to the LFFLM Examination. The FFLM reserves the right to refuse admission to any part of the LFFLM Examination;
 - recognise appropriate periods of training, in fulfilment of the entry requirements of the LFFLM and reserves the right to determine when this training has been completed successfully by candidates.
- 4.3. To maintain the academic quality of the Examination, the FFLM is responsible for:
 - appointing examiners with appropriate qualifications and experience;
 - producing syllabuses for appropriate parts of the Examination;
 - monitoring candidate performance; and
 - arranging suitable examination facilities.
- 4.4. In the exercise of these powers and responsibilities, the FFLM will comply and ensure compliance with the requirements of relevant legislation, such as the:
 - Equality Act 2010;
 - Race Relations (Amendment) Act 2000;
 - Disability Discrimination Act 1995;
 - Special Educational Needs and Disabilities Act 2001;
 - Employment Equality (Age) Regulations 2006; and
 - 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 of staff and Officers, as advisors from the medical, nursing & paramedic professions, as members of the FFLM's committees or as healthcare professionals 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 DFCASA Examination

- 5.1. It is the aspiration of the FFLM that the LFFLM Examination will play an essential role in the overall educational experience and continuing professional development of healthcare professionals in the United Kingdom. It is hoped that it will become a prerequisite for healthcare professionals wishing to pursue a career in general forensic medicine in the United Kingdom.

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

5.3. Aim

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

5.4. Objectives

5.4.1 The LFFLM Examination evaluates the basic professional competence of healthcare professionals who are working in the field of general forensic medicine. It does not denote expertise in the field.

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

5.5. Assessment methodology

The LFFLM Examination includes questions and assessments that require an understanding of the legal framework that underpins medicine in general and that of forensic medicine in particular.

5.6. LFFLM Part 1 Examination

5.6.1 Purpose

The purpose of the LFFLM Part 1 Examination - which is a Knowledge Test - is to identify those healthcare professionals who have a basic knowledge of general forensic medicine.

5.6.2 Aims

The aim of the LFFLM Part 1 Examination is to test the acquisition of a representative sample of general forensic medicine knowledge as specified in the published Syllabus for the LFFLM Examination.

5.6.3 Validity

All elements of Part 2 of the LFFLM must be completed within 3 years of passing part 1. There is no limit to the number of entries to Part 1.

5.7. LFFLM Part 2 Examination

5.7.1. Purpose

The LFFLM Part 2 Examination can be taken by doctors and health care professionals who have passed the LFFLM Part 1 Examination. Success in this Examination demonstrates the attainment of the minimum level of competency expected of a doctor or health care professional in training and the ability to apply this knowledge to problem-solving in general forensic medicine (GFM).

5.7.2. Aims

The LFFLM Part 2 Examination for GFM will test medico-legal principles as well as testing clinical and forensic understanding, making clinical and forensic judgments and formulating appropriate management plans.

5.7.3. Validity

This is an assessment of competencies, all elements of which have to be completed within 3 years of passing Part 1.

It is completed by a review of the **Compendium of Validated Evidence (COVE)**, an assessment of the **Case Portfolio** and by an **Objective Structured Clinical Examination (OSCE)**.

NB The Part 1 (written paper) must be passed in order to be eligible for entry to the Part 2 examination.

The portfolio with the fee for marking can be submitted at any time as long as it is within the permitted 3 years from the date of the first Part I entry.

If the case portfolio is rejected on the grounds of inadequacy, the Chief Examiner's Committee will give the reason for this and stipulate the number and nature of further cases which must be submitted prior to re-evaluation. A casebook may be submitted a maximum of 3 times.

NB Failed portfolios which are resubmitted must be accompanied by a further fee.

The COVE can also be submitted at any time for assessment of completion of training requirements within the permitted 3 years from the date of the first Part I entry. There is no fee for this service.

Part 2 can only be entered a maximum of 4 times. The diploma of licentiate will only be awarded when candidates have completed all the components satisfactorily, are appropriately registered with a regulatory body, are in good standing with a regulatory body and have formally applied to the FFLM that they can use the postnominals LFFLM after their names.

5.8. LFFLM Part 2 Clinical Examination (OSCE)

5.8.1. Purpose

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

5.8.2. Aims

The LFFLM Part 2 Clinical Examination (OSCE) will test the ability to:

- a. demonstrate the skills of history taking;
- b. examine an individual to obtain appropriate further information;
- c. interpret findings either factual or physical/forensic signs;
- d. make appropriate diagnoses/interpretations;
- e. develop and discuss immediate and long-term management plans; and
- f. appreciate the ethical issues that relate to the relevant specialty.

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. A letter giving written evidence of the mitigating circumstances must be provided to the FFLM.
- 6.6 Mitigating circumstances for reasons of illness must be evidenced in the form of a medical certificate submitted with the Mitigating Circumstances Form.

- 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 FFLM 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 (Knowledge Test) or the Part 2 (OSCE) must inform the FFLM of their disability when they apply to sit the assessments or as soon as possible thereafter, and must complete a disability declaration form. Evidence of the disability will be required. For dyslexic candidates a report from an educational psychologist will be required.
- 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 takes the assessment.

8. LFFLM Part 1 Examination

8.1 The Format

- 8.1.1 The LFFLM Part 1 Examination is designed to assess a candidate's knowledge and understanding of general forensic medicine.

- 8.1.2 The LFFLM Part 1 Examination has a one-paper format. The Single Best Answer (SBA) paper will consist of a 2-2.5 hour examination in a best-of-five format (where the candidate is asked to select the best answer from five possible answers). Candidates are tested on a wide range of topics in general forensic medicine as set out in the published Syllabus and Curriculum – Appendix 1.
- 8.1.3 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 set out by the General Medical Council (GMC). Candidates are directed to <http://goo.gl/efbbMo> for further information.
- 8.1.4 Drugs are almost invariably referred to by their recommended International Non-Proprietary names (rINN) rather than by their trade names.
- 8.1.5 Biochemical and other measurements are expressed in SI units and normal or reference ranges are provided.
- 8.1.6 The LFFLM Part 1 Examination is criterion referenced. Before the Examination, the difficulty of each question is considered by the LFFLM 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.
- 8.1.7 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.
- 8.1.8 The marking system for the LFFLM Part 1 Examination is as follows:
- one mark is awarded for a correct answer;
 - no mark is awarded or deducted for an incorrect answer;
 - no mark is awarded or deducted if a question is left unanswered or don't know;
 - no mark is awarded if more than one response is recorded or if the answer is not sufficiently clear; and
 - no mark is awarded for any answer that the scanner queries as:
 - insufficiently erased;
 - smudged; or
 - a double response to a question.
 - In these circumstances the FFLM does not consider it is appropriate to interpret a candidate's intentions.
 - The final mark for each candidate is the mark obtained in the examination paper expressed as a percentage.

8.2 How to complete the LFFLM Part 1 Examination answer sheets

- 8.2.1 Examination Papers 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.
- 8.2.2 The answer sheets for the LFFLM Part 1 Examination contain a row of rectangles for each question. Candidates should indicate the single correct answer in accordance with the instructions given on the Examination Paper.

- 8.2.3 Papers may 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 LFFLM Part 1 Examination Board.
- 8.2.4 As the completed answer sheets may 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.
- 8.2.5 The FFLM reserves the right to mark the examination papers manually if the numbers of candidates warrants this method.
- 8.2.6 Candidates should use only the pencil (Grade 2B) supplied in the Examination. Answers in ink or a different grade of pencil cannot be read by the OMR and will therefore result in a zero score.
- 8.2.7 Candidates may erase an answer by using the rubber provided. To avoid too many erasures on the answer sheet, 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.
- 8.2.8 The answer sheet must not be folded or creased.
- 8.2.9 It is important that candidates fully understand how to complete the answer sheet before sitting the Examination.

8.3 Entry requirements

- 8.3.1 Every candidate for the Examination must hold a medical, nursing or paramedic qualification recognised by the FFLM.
- 8.3.2 Candidates will not be admitted to the LFFLM Part 1 Examination until 3 years after the date of full registration with the General Medical Council (GMC), Nursing and Midwifery Council (NMC) or Health & Care Professions Council (HCPC).
- 8.3.3 At the stage of being awarded affiliateship or licentiate 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 Registrar in advance so that they may make an informed decision on whether or not to proceed with their application at that time.

8.4 Exemptions

There are no exemptions.

8.5 How to enter the LFFLM Part 1 Examination

- 8.5.1 Candidates can apply for the LFFLM Part 1 Examination by completing and submitting the application form available on the FFLM website <http://fflm.ac.uk/education/licentiategfm/>
- 8.5.2 It is the responsibility of the candidate to ensure that their application is completed by the required deadline. Incomplete applications will not be accepted and will be returned to the candidate.
- 8.5.3 In the case of paper applications, the application form(s), complete in every detail and accompanied by the appropriate fee and any other documents required, must reach the appropriate Administration Office by 5 p.m. on the published closing date.

8.6 Fees

- 8.6.1 Details of fees (which are subject to annual revision), method of payment, Examination dates and opening and closing dates for applications, are published annually and can be checked on the LFFLM Examination website (<http://fflm.ac.uk/education/licentiategfm/>). They can also be obtained directly from Administration Office. Cheques should be made payable to "The Faculty of Forensic and Legal Medicine" or "FFLM".
- 8.6.2 Candidates transferring fees from outside the UK should remember that banks deduct their charges from the sum transferred. The FFLM must receive the full Examination fee in pounds Sterling, so candidates must themselves pay any additional bank charges. Please contact the Office if you require account details to make a transfer.

8.7 Visas

- 8.7.1 The FFLM Office is aware of the difficulties encountered by some candidates in obtaining visas in sufficient time to attend the LFFLM 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 Examination as a result of visa-related problems.

8.7.2 LFFLM 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 (up to and no earlier than six weeks before the official closing date). Your application will then be stored at the Administration Offices and processed as soon as possible after the official opening date. No correspondence will be entered into before the official opening date. To avoid delays in processing your application, please ensure that you have read the LFFLM Regulations and submitted all relevant documentation, as outlined on the application form.
- b. If applications from candidates who are likely to encounter visa problems are received prior to two weeks before the official closing date with an attached letter detailing the reasons for the need of early processing then we will try and accommodate such requests ensuring that such applications will be entered on the system and an acknowledgement letter will be produced and dispatched by the examination closing date. If such applications are not received by the above closing date, then we cannot guarantee that they will be processed in due time and no special arrangements will be made for their early processing.

- 8.8 It is ultimately the candidate's responsibility to ensure that they can meet the requirements concerning entry to the UK for attendance at the LFFLM Examinations. 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 cannot guarantee that we will be able to refund Examination Fees if we do not receive notification of withdrawal before the examination closing date. Please also bear in mind that the FFLM Administration Office may be asked by immigration authorities to verify details of examination attendance and status of applications. It is therefore not advisable to make any false statement to these authorities as this is likely to see any visa application rejected.

8.9 Applying via paper (manual) method

- 8.9.1 Candidates applying via paper (manual) method must complete the appropriate form(s) which, together with the Examination Calendar, are available to download from the Examination website (<http://fflm.ac.uk/education/licentiategfm/>). If for any reason you are unable to download a form, please contact the Administration Office and one will be emailed or posted to you.
- 8.9.2 Faxed applications will not be accepted.
- 8.9.3 Applications will not be accepted earlier than the published opening date.
- 8.9.4 Applicants are advised to submit their applications at least two weeks before the closing date: allowances cannot be made for postal or other delays, and late applications cannot be accepted.
- 8.9.5 First-time entry candidates who are not registered with the UK General Medical Council must submit an appropriately authenticated copy of their primary medical qualification.

8.10 Applying online

Electronic applications may be submitted by emailing your completed application form to info@fflm.ac.uk. Your email will be accepted as an electronic signature. Fees can be paid at <http://fflm.ac.uk/shop>.

8.11 Payments

- 8.11.1 Cheque payment method may increase the application processing time.
- 8.11.2 Candidates paying fees online, who do not successfully complete the credit or debit card payment, will have their application marked as incomplete. It is the responsibility of the candidate to ensure that the payment is made and their application is completed promptly. Candidates are advised not to pay by cash.
- 8.11.3 Submission of documentary evidence of primary medical, nursing or midwifery, paramedic or other appropriate healthcare professional qualification
- 8.11.4 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, Medical School, Nursing or Midwifery School, School of Paramedic Science;;
 - 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/other educational institution and the attested copy should be submitted with an accompanying official stamp/letter from the Fellow, Member or Chair).
- 8.11.5 Candidates must submit an authenticated translation if their primary medical degree certificate or other qualification is not in English.
- 8.11.6 The FFLM 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.

8.12 Names

- 8.12.1 Candidates with registration (be it full, limited, or provisional) with the UK General Medical Council (GMC), or the Nursing and Midwifery Council (NMC) or Health & Care Professions Council (HCPC) do NOT need to submit documentary evidence of their primary medical, nursing or midwifery qualification, only their GMC, NMC or HCPC number. This regulation is dependent on the primary medical, nursing or midwifery, paramedic or other appropriate healthcare professional qualification appearing on the relevant website.
- 8.12.2 Candidates must ensure that the relevant section of the application form is completed to include their GMC, NMC or HCPC number, the year and month they obtained their qualification and the category of registration they have obtained.
- 8.12.3 Candidates who are not registered with the UK General Medical Council, Nursing and Midwifery Council or Health & Care Professions Council must submit documentary evidence of their primary medical, nursing or midwifery, paramedic or other appropriate healthcare professional qualification (authenticated copy).
- 8.12.4 If the name under which candidates are applying is different from the name that appears on the original diploma of their primary medical, nursing or midwifery qualification or the GMC, NMC or HCPC register, they will need to submit a certificate from the issuing body 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.
- 8.12.5 Entries will 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.
- 8.12.6 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.
- 8.12.7 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.
- 8.12.8 Names are phonetically translated into English from some languages and this can lead to spelling variations. Thus 'Mohammed' may appear as 'Mohamed', 'Mahammed', 'Mahamed', 'Muhammed' and so on. 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 FFLM. Candidates should ensure that the spelling agrees on all documents submitted.
- 8.12.9 The records of the FFLM will show forenames followed by the family name, for example, Alan John Smith. Correspondence will be addressed using the candidate's professional title (if applicable) followed by initials in place of each forename, and then the family name as it appears on the candidate's diploma of medical, nursing or paramedic qualification, for example, Dr A J Smith.
- 8.12.10 Candidates, particularly those based outside the UK, are recommended to provide authenticated copies of any original documentation. Do not send original documents as the FFLM cannot be held responsible for any items lost in transit.

8.13 Centres

The LFFLM Part 1 Examination may be held in various centres within the UK. Candidates should refer to the LFFLM Examination website (<http://fflm.ac.uk/education/licentiategfm/>) for the most up-to-date information about the whereabouts of the centre holding the LFFLM Part 1 Examination.

8.14 Application checklist for the LFFLM Examination

8.14.1 Paper applications

Candidates should send:

- a) Application form;
- b) Diploma of Primary Medical, Nursing or Midwifery, Health & Care Professions Council Qualification (**authenticated copy only**) **or** UK General Medical Council (GMC) or Nursing and Midwifery Council (NMC) or Health & Care Professions Council (HCPC) Registration Number (meaning that your details appear on the GMC, NMC or HCPC website);
- c) Fee in pounds Sterling (please check current amount as detailed on the LFFLM Examination website: (<http://fflm.ac.uk/education/licentiategfm/>) or from the Administration Office).

8.14.2 Candidates with registration with the UK General Medical Council, the Nursing and Midwifery Council (NMC) or Health & Care Professions Council do NOT need to submit documentary evidence of their primary medical, nursing or paramedic qualification, only their GMC, NMC or HCPC number, so long as their primary medical, nursing or midwifery, paramedic or other appropriate healthcare professional qualifications appear on the relevant website. Candidates must ensure that the relevant section of the application form is completed to include their GMC, NMC or HCPC number, the year and month they obtained their degree and the category of registration they have obtained.

8.14.3 Candidates who are not registered with the UK General Medical Council, Nursing and Midwifery Council or Health & Care Professions Council must submit documentary evidence of their primary medical, nursing or paramedic qualification (authenticated copy).

8.14.4 Candidates, particularly those based outside the UK, are recommended to provide authenticated copies of any original documentation. Do not send original documents as the FFLM cannot be held responsible for any items lost in transit.

8.14.5 All candidates

- a. No candidate will be permitted to take any part of the Examination unless all fees are paid in full.
- b. Candidates should check carefully that they have enclosed all relevant documentation before sending their applications. Applications that are not complete in every detail and/or arrive after 5 p.m. on the closing date will be returned. Allowances cannot be made for postal or other delays.

8.14.6 Special arrangements

Any candidate who has a special need that could affect their performance in the Examination is advised to inform, at the time of application, the Administration Office to which they apply, by completing the Special Needs area on the application form. Medical report/documentary evidence will be required to support such an application and should be submitted either with the application or as soon as possible thereafter. 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.

8.15 Withdrawal from the Examination and refund of Examination fees

8.15.1 Notice of withdrawal from any part of the Examination must be given in writing 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 FFLM staff to easily

identify candidates. In addition, the withdrawal request must be accompanied by the acknowledgement letter and/or admission document, if received.

- 8.15.2 Only written requests to withdraw will be accepted as official withdrawal requests.
- 8.15.3 Under no circumstances can Examination applications and/or fees be transferred from one Examination to another.
- 8.15.4 Candidates who submit their withdrawal request on or before the UK closing date of that respective Examination will be refunded 90% of the Examination fee paid. 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 4 weeks of 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 Examination fee paid.

8.16 Discounting of attempts

- 8.16.1 Candidates who are prevented from attending the Examination owing to the following circumstances may apply to have that attempt discounted:
 - a. illness;
 - b. involvement in an accident; or
 - c. death of a close relative (parent, sibling, spouse, child).
- 8.16.2 Documentary evidence is required in all cases.
- 8.16.3 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.
- 8.16.4 Decisions about discounting attempts are made by the Chief Examiner with the Chief Examiner's Committee.

8.17 After the LFFLM Part 1 Examination

- 8.17.1 Review of the Examination
 - a. Results are released when the Chief Examiner and the Academic Dean of the FFLM are satisfied that the Examination has been conducted appropriately and in accordance with the procedures of the FFLM.
 - b. The Chief Examiner's Committee considers each question in the LFFLM Part 1 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 LFFLM Part 1 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 LFFLM Part 1 Examining Board makes modifications to the questions and answers that it deems desirable to ensure that the quality of the Examination is maintained.

8.17.2 Results

- a. Results will be published on the website within two weeks of the date of the Examination, subject to 8.22.1(a). Confirmation and details of results will be posted by first class mail or airmail within 3 weeks. Results cannot be collected from FFLM or given over the telephone or by fax or email.
- b. The FFLM candidate numbers and results of all candidates, both passes and fails, will be published in the public area of the FFLM Examination website (www.fflm.ac.uk). Candidates will not be identified by name. Candidates are advised to take careful note of both their FFLM candidate number upon receipt of their admission documents. Candidates may opt out of this facility when making their application, and are required to do so on each occasion they apply for the Examination.
- c. Candidates should notify the FFLM of any change of address as soon as possible.

8.17.3 Pass result

Candidates passing the Part 1 Examination can proceed to the Part 2 Examinations if eligible (see 9.2.1)

8.17.4 Fail result

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

8.17.5 Queries on results

- a. Candidates may request that their Examination answer sheets are re-marked. There is a charge of £100.00 per Examination paper for this service. This charge will be refunded if an error is identified.
- b. Requests for the re-marking of Examination answer sheets should be addressed in writing to the Chief Examiner, LFFLM Administration Office and must be received within six weeks of the dispatch of results.
- c. Candidates are reminded that their Examination scripts are held for one year only.

9. LFFLM Part 2 Examinations

9.1 The Format

- 9.1.1 All Candidates will complete a Compendium of Validated Experience (COVE) and a Case Portfolio.
- 9.1.2 All candidates will complete an OSCE. The pass mark will be set by the Angoff Method (recognised standard-setting method).

9.2 Entry requirements

- 9.2.1 Candidates for the LFFLM Part 2 Examinations must have passed the LFFLM Part 1 Examination within the preceding three years.
- 9.2.2 Candidates must have had at least 6 months employment in an occupation requiring the practical application of general forensic medicine, e.g. managing detainees in police custody on the date of the Part 2 Examination (see paragraph 9.13).
- 9.2.3 At the stage of being awarded affiliateship, licentiate, 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 Registrar in advance so that they may make an informed decision on whether or not to proceed with their application at that time.

- 9.2.4 LFFLM 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 one month before the Part 2 examination to allow its consideration by the Chief Examiner's Committee whose decision will be final.

9.3 Exemptions

There are presently no exemptions.

9.4 LFFLM Part 2 Examination Registration Period

Any candidate who is unsuccessful in passing the LFFLM Part 2 Examination within a period of three years of passing the LFFLM Part 1 Examination will be required to take and pass the LFFLM Part 1 Examination again. Candidates who re-enter the LFFLM Part 1 Examination and pass will have a further three years in which to pass the LFFLM Part 2 Examination.

9.5 How to enter the LFFLM Part 2 Examination

9.5.1 Method of application

- a. Candidates can apply for the LFFLM Part 2 Examination by completing and submitting the application form available on the FFLM website: <http://fflm.ac.uk/education/licentiategfm/>
- b. It is the responsibility of the candidate to ensure that their application is completed by the required deadline. Incomplete applications will not be accepted and will be returned to the candidate.
- c. In the case of paper applications, the application form(s), complete in every detail and accompanied by the appropriate fee and any other documents required, must reach the Administration Office by 5 p.m. on the published closing date.
- d. Details of fees (which are subject to annual revision), method of payment, Examination dates and opening and closing dates for applications, are published annually and can be checked on the LFFLM Examination website. They can also be obtained directly from the Administration Office. Cheques should be made payable to "The Faculty of Forensic and Legal Medicine" or "FFLM".
- e. Candidates transferring fees from outside the UK should remember that banks deduct their charges from the sum being transferred. The FFLM must receive the full Examination fee in pounds Sterling, so candidates must themselves pay the bank charges. Please contact the Office if you require account details to make a transfer.

9.5.2 Visas

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 Examination as a result of visa-related problems.

LFFLM 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 (up to and no earlier than six weeks before the

official closing date). Your application will then be stored at the Administration Office and processed as soon as possible after the official opening date. No correspondence will be entered into before the official opening date. To avoid delays in processing your application, please ensure that you have read the LFFLM Regulations and submitted all relevant documentation, as outlined on the application form.

- b. If applications from candidates who are likely to encounter visa problems are received prior to two weeks before the official closing date with an attached letter detailing the reasons for the need of early processing then we will try and accommodate such requests ensuring that such applications will be entered on the system and an acknowledgement letter will be produced and dispatched by the examination closing date. If such applications are not received by the above closing date, then we cannot guarantee that they will be processed in due time and no special arrangements will be made for their early processing.

- 9.6 It is ultimately the candidate's responsibility to ensure that they can meet the requirements concerning entry to the UK for attendance at the LFFLM Examinations. 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 cannot guarantee that we will be able to refund Examination Fees if we do not receive notification of withdrawal before the examination closing date.

Please also bear in mind that the LFFLM Administration Office may be asked by immigration authorities to verify details of examination attendance and status of applications. It is therefore not advisable to make any false statement to these authorities as this is likely to see any visa application rejected.

9.7 Applying via paper (manual) method

9.7.1 Candidates applying via paper (manual) method must complete the appropriate form(s) which, together with the Examination Calendar, are available to download from the Examination website (<http://fflm.ac.uk/education/licentiategfm/>)not som. If for any reason you are unable to download a form, please contact the Administration Office, and one will be emailed or posted to you.

9.7.2 Faxed applications will not be accepted.

9.7.3 Applications will not be accepted earlier than the published opening date.

9.7.4 Applicants are advised to submit their applications at least two weeks before the closing date: allowances cannot be made for postal or other delays, and late applications cannot be accepted.

9.8 Applying via online method

Electronic applications may be submitted by emailing your completed application form to info@fflm.ac.uk. Your email will be accepted as an electronic signature. Fees can be paid at <http://fflm.ac.uk/shop>.

9.9 Payments

9.9.1 Cash or cheque payment methods may increase the application processing time.

9.9.2 Candidates paying fees online who do not successfully complete the credit or debit card payment will have their application marked as incomplete. It is the responsibility of the candidate to ensure that the payment is made and their application is completed promptly. In the case of cash payments, candidates are advised not to send cash by post.

9.10 Names

9.10.1 For information regarding how the candidates' names are used for application purposes, please refer to clause 8.13 above.

9.10.2 The records of the Faculty of Forensic and Legal Medicine and the LFFLM Diploma will show forenames followed by the family name, for example, Alan John Smith. Correspondence will be addressed using the candidate's medical title followed by initials in place of each forename, and then the family name as it appears on the candidate's diploma of medical qualification, for example, Dr A J Smith.

9.11 Centres

The LFFLM Part 2 OSCE Examination may be held in various centres within the UK.

9.12 Application checklist for the LFFLM Part 2 Examination

9.12.1 Part 2 Examination candidates should send:

- a. Completed application form;
- b. Immediate Life Support Certificate;
- c. A reference confirming the candidate has had not less than six months employment in an occupation requiring the practical application of general forensic medicine to a greater degree than usual in normal medical practice; this work must include being involved in forensic medical examinations of people who have been detained in police custody. A section on the application form for counter-signature by e.g. their employer / police authority / Trust is provided for this purpose;
- d. Fee in pounds Sterling (please check current amount as detailed on the DFCASA Examination website: (www.fflm.ac.uk)).

9.12.2 Candidates with registration with the UK General Medical Council, the UK Nursing and Midwifery Council or the Health & Care Professions Council **do NOT** need to submit documentary evidence of their primary clinical qualification, only their GMC/NMC/HCPC number, so long as their primary medical/nursing/paramedic or other appropriate healthcare professional qualifications appear on the GMC website (www.gmc-uk.org), NMC website (www.nmc-uk.org/) or HCPC website (<http://www.hpc-uk.org/>). Candidates must ensure that the relevant section of the application form is completed to include their GMC/NMC/HCPC number, the year and month they obtained their degree and the category of registration they have obtained.

9.12.3 Candidates who are not registered with the UK General Medical Council, Nursing and Midwifery Council or Health & Care Professions Council must submit documentary evidence of their primary medical/nursing qualification (authenticated copy).

9.12.4 Candidates, particularly those based outside the UK, are recommended to provide authenticated copies of any original documentation. Do not send original documents as the FFLM cannot be held responsible for any items lost in transit.

9.12.5 All candidates

- a. No candidate will be permitted to take any part of the Examination unless all the fees are paid in full.
- b. Candidates should check carefully that they have enclosed all relevant documentation before sending their applications. Applications that are not complete in every detail and/or arrive after 5 p.m. local time on the closing date may be returned. Allowances cannot be made for postal or other delays.

9.12.6 Special arrangements

Any candidate who has a special need that could affect their performance in the Examination is advised to inform, at the time of application, the Administration Office to which they apply, by completing the Special Needs area on the application form. A medical report / documentary evidence will be required to support such an application and should be submitted either with the application or as soon as possible thereafter. 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.

9.13 Withdrawal from the Examination and refund of Examination fees

9.13.1 Notice of withdrawal from any part of the Examination must be given in writing 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 FFLM staff to easily identify candidates. In addition, the withdrawal request must be accompanied by the acknowledgement letter and/or admission document, if received.

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

9.13.3 Under no circumstances can Examination applications and/or fees be transferred from one Examination to another.

9.13.4 Candidates who submit their withdrawal request on or before the UK closing date of that respective Examination will be refunded 90% of the Examination fee paid. 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 4 weeks of the Examination date if they are to be considered. Decisions on these cases will be made by the Chief Examiner, after consultation with the Chief Examiner's Committee, whose decision is final. If exceptional circumstances are accepted then the candidate will be refunded 90% of the Examination fee paid.

9.14 Discounting of attempts

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

- a. illness;
- b. involvement in an accident; or
- c. death of a close relative (parent, sibling, spouse, child or partner).

9.14.2 Documentary evidence is required in all cases.

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

9.14.4 Decisions about discounting attempts are made by the Chief Examiner in consultation with officers of the LFFLM Chief Examiner's Committee.

10. Attendance at, and conduct during, the LFFLM Part 2 OSCE Examinations

- 10.1 Candidates presenting themselves for the LFFLM Examination must have complied fully with all admission requirements, including the payment of fees.
- 10.2 Candidates are warned that any breach of LFFLM 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.
- 10.3 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.
- 10.4 Examination Rules and Regulations
 - 10.4.1 Any infringement of the following Rules and Regulations may be reported to the Academic Dean, LFFLM Administration Office for consideration by the Board.
 - 10.4.2 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.
 - 10.4.3 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).
 - 10.4.4 Candidates will not be admitted to any examination if they arrive more than 30 minutes after the Examination has started, unless in exceptional circumstances with the express permission of the invigilator(s).
 - 10.4.5 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.
 - 10.4.6 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.
 - 10.4.7 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.

- 10.4.8 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.
- 10.4.9 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.
- 10.4.10 Candidates must not start reading or answering the Examination questions until the start of the Examination is announced by the invigilator(s).
- 10.4.11 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.
- 10.4.12 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).
- 10.4.13 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.
- 10.4.14 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.
- 10.4.15 Candidates who wish to attract the attention of the invigilator(s) during the Examination should do so by raising a hand.
- 10.4.16 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.
- 10.4.17 When authorised to do so by the invigilator(s), candidates should leave the Examination hall in an orderly manner.
- 10.4.18 Smoking is not permitted in any part of an FFLM Examination centre.
- 10.4.19 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, Nursing and Midwifery Council or Health & Care Professions Council.

10.4.20 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.

11. LFFLM Part 2 Clinical Examination (OSCE)

11.1 Format - Practical Assessment Skills (OSCE)

11.1.1 The Observed Structured Clinical Examination (OSCE) assesses the ability to integrate and apply clinical, professional, communication and practical skills appropriate for forensic and legal medicine. It simulates patient/client consultations that are relevant to forensic and legal medicine using simulated patients/clients. A range of scenarios drawn from general forensic medicine 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.

11.1.2 The OSCE is composed of 14 stations over a period of a minimum of 2hrs. Each station is assessed by one independent examiner. Candidates will start at any one of the stations and then move round the carousel of stations at 10-minute intervals until the cycle has been completed.

11.1.3 An external examiner and/or trainee examiner may be present at an OSCE station at any time to observe and review stations.

11.2 Entry requirements

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

- a. passed the LFFLM Part 1 Examination;
- b. a current (obtained within 12 months) certificate of Immediate Life Support training on the date of the Part 2 Examination; and
- c. completed a recognised equivalent period of training and produce a verification that they have had not less than 6 months' employment in an occupation requiring the practical application of general forensic medicine to a greater degree than usual in normal medical practice; this work must include being involved in forensic medical examinations of people who have been detained in police custody. A section on the application form for counter-signature by e.g. their employer / police authority is provided for this purpose.
- d. NB Either the COVE or the case portfolio must have been approved before a candidate is eligible to apply for the OSCE.**

11.3 Attending the LFFLM Part 2 Clinical Examination (OSCE)

11.3.1 Candidates should allow for any transport delays when planning travel to the Examination centre as admission will not be permitted once the Examination has started.

11.3.2 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.

11.3.3 The Faculty of Forensic and Legal Medicine observes sensitivity in the visual identification of candidates, but advance notice should be given by candidates of any anticipated difficulties.

- 11.3.4 Arrival after the Examination has started constitutes absence from the Examination and therefore counts as an attempt. Because of the restricted number of clinical places, no guarantee can be made of a later place at the same Examination centre, or alternative centre, for a candidate arriving late.
- 11.3.5 Candidates presenting themselves for the LFFLM Examination must have complied fully with all admission requirements, including the payment of fees.
- 11.3.6 Candidates may not carry electronic devices, including telephones, pagers, PDAs or other forms of communication devices, while at the Examination.

11.4 Procedure

- 11.4.1 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.
- 11.4.2 Clinical scenarios must not be copied or removed from the clinical examination centres. All LFFLM Examination questions and clinical scenarios are confidential and are copyrighted by the Faculty of Forensic and 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.

11.5 Method of assessment

- 11.5.1 The mark sheets in total are completed by the examiners:
- 11.5.2 The marks awarded on all mark sheets determine the candidate's overall LFFLM Part 2 Clinical Examination (OSCE) score.
- 11.5.3 Each station of the LFFLM Part 2 Clinical Examination (OSCE) is marked according to a structured marking scheme. The pass mark for the LFFLM Part 2 Clinical Examination (OSCE) is determined using the Angoff method by the Chief Examiner's Committee and other co-opted persons that they consider necessary to determine a fair and accurate pass mark. This is determined for each sub speciality and a pass mark confirmed by the LFFLM Chief Examiner's Committee.

12. Quality control

- 12.1 The FFLM oversees the delivery and quality control of the LFFLM examination.
- 12.2 Best-practice standard-setting techniques are used to ensure that pass/fail levels are applied equitably and rigorously.
- 12.3 Assessors and role-players
 - 12.3.1 LFFLM examiners are formally recruited and trained and regularly retrained in assessment techniques and equality and diversity.
 - 12.3.2 The performance of examiners is monitored and reviewed.
 - 12.3.3 The role-players used in the OSCEs are trained both generically and in preparation for each case so that they deliver a standardised test.

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

12.4 Assessment outcome statistics are used to quality assure cases.

12.5 Academic and professional misconduct

12.5.1 Candidates should note that it is an offence for candidates to seek to gain prior knowledge of the clinical cases or scenarios used in the Examination. A candidate will be prevented from proceeding with the LFFLM Part 2 Clinical Examination (OSCE) if it is the examiners' view that his/her conduct is likely to endanger the safety of patients, cause distress or disrupt other candidates.

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

- a. ask the candidate to stop that particular part of the LFFLM Part 2 Clinical Examination (OSCE);
- b. endorse the candidate's clinical mark sheet with a note of the time when the alleged infringement was discovered. Wherever possible an examiner should invite another examiner to act as witness by countersigning the endorsement;
- c. decide whether the candidate in question may continue with the LFFLM Part 2 Clinical Examination (OSCE);
- d. inform the candidate in question at the end of the LFFLM Part 2 Clinical Examination (OSCE) that a written report of the incident will be submitted to the Chief Examiner of the LFFLM Examination; and
- e. prepare within three working days a written report on the alleged incident and send it with any confiscated materials (if applicable) to the LFFLM Examination Office.

12.5.3 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.

12.5.4 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, nurse, paramedic or other healthcare professional is possibly unsafe to practice, then a referral of that candidate to the GMC, NMC or HCPC respectively will be made. In this instance no matter how well the candidate performed in the rest of the exam, or in other sections of the exam, he/she will not be awarded a pass until the issues have been addressed and resolved to the satisfaction of the GMC, NMC or HCPC, approved by the Academic Committee following a recommendation from the Chief Examiner's Committee and ratified by the FFLM 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, NMC or HCPC, an outright fail may be awarded.

12.5.5 Candidates are asked to note that any allegation of academic or professional misconduct that is sustained against a candidate is likely to be reported to employers, sponsors and the relevant professional bodies, such as the UK GMC, NMC or HCPC.

13. After the LFFLM Part 2 Clinical Examination (OSCE)

13.1 Results

- 13.1.1 The LFFLM Chief Examiner's Committee has overall responsibility for policy and procedures relating to, and the organisation of, the LFFLM Part 2 Clinical Examination (OSCE).
- 13.1.2 The LFFLM Chief Examiner's Committee will consider reports from Examiners (and others as necessary) on the delivery of the LFFLM Part 2 Clinical Examination (OSCE) at the examination centre. The LFFLM 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 LFFLM Chief Examiner's Committee is satisfied that the LFFLM Part 2 Clinical Examination (OSCE) has been conducted appropriately and in accordance with the procedures of the FFLM.
- 13.1.3 After every Examination, the LFFLM 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 LFFLM Chief Examiner's Committee may:
- agree that the pass mark should be changed. The LFFLM Chief Examiner's Committee would need to be satisfied that the standards of the LFFLM would be maintained by taking such action; and/or
 - make modifications to the structure and format of the LFFLM Part 2 Clinical Examination (OSCE) that it deems desirable to ensure the validity of the Examination.
- 13.1.4 The FFLM candidate numbers and results of all candidates, both passes and fails, will be published on the FFLM website (<http://fflm.ac.uk/education/licentiategfm/>). Candidates will not be identified by name. Candidates are advised to take careful note of both their FFLM candidate number upon receipt of their admission documents. Candidates who do not wish their results to appear on the website must inform the FFLM Administration Office in writing when applying to take the examination. They must also re-confirm this on each occasion they apply for the examination. Results cannot be collected from FFLM or given over the telephone or by fax or email.
- 13.1.5 All Part 2 Results (COVE, Case Portfolio and OSCE) will be published on the website within two weeks of the date of the Examination, subject to 13.1.2. Confirmation and details of results will be posted by first class mail or airmail within 3 weeks. Results cannot be collected from FFLM or given over the telephone or by fax or email.
- 13.1.6 The candidate numbers and results of all candidates, both passes and fails, will be published in the public area of the FFLM Examination website. Candidates will not be identified by name. Candidates are advised to take careful note of their FFLM candidate number when they receive their admission documents. Candidates may opt out of this facility when making their application, and are required to do so on each occasion they apply for the Examination.

13.2 Pass result

- 13.2.1 A pass in the LFFLM Part 2 COVE, Case Portfolio and Clinical Examination will confer the qualification only. Successful candidates will be eligible to apply and be considered for Licentiate of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians of London.
- 13.2.2 Successful candidates may not use the postnominals *LFFLM* until their Licentiate application has been completed and ratified by both the Examination Board and by the Board of the FFLM.

13.2.3 The Licentiate Diploma will not be conferred until Licentiatehip has been completed and ratified by both the Examination Board and by the Board of the FFLM.

13.3 Award of the LFFLM Qualification

Successful candidates will receive a letter confirming that they have passed the LFFLM Examination and are eligible to apply for Licentiatehip of the Faculty of Forensic and Legal Medicine.

13.4 Award of the of the Diploma of Licentiatehip of the Faculty of Forensic and Legal Medicine

13.4.1 Every candidate must pass all parts of the LFFLM Examination.

13.4.2 Successful candidates must complete the application for Licentiatehip of FFLM at <http://fflm.ac.uk/faculty/application/>.

13.4.3 Once Licentiatehip has been approved, an annual subscription will be incurred from the next subscription renewal (1st July each year).

13.4.4 Licentiates of the Faculty of Forensic and Legal Medicine are elected subject to Standing Orders of the FFLM. The Standing Orders are available to download from the FFLM website.

13.5 Fail result

13.5.1 The LFFLM Part 2 Clinical Examination may be failed in the following ways:

- a. a candidate does not achieve the pass mark;
- b. a candidate automatically fails the LFFLM Part 2 Clinical Examination (OSCE) if they are awarded a *fail* grade for more than 35% of the stations (e.g. 5 out of 14);
- c. aggressive or inconsiderate behaviour, either physical or verbal, to a patient will invariably result in failure, and may result in misconduct procedures being invoked.

13.5.2 If a candidate fails the LFFLM Part 2 Clinical Examination (OSCE) at their first or second attempt they may be deemed by the LFFLM Chief Examiner's Committee to require more clinical experience before re-attempting OSCE, or be recommended for counselling from a nominated Fellow or Member of the FFLM.

13.5.3 A candidate who has failed the LFFLM Part 2 Examination will be required to re-sit the LFFLM Part 1 Examination if three years have elapsed since taking Part 1 (see 5.6.3).

13.6 Poor performance in the LFFLM Part 2 Clinical Examination

13.6.1 All doctors, nurses and paramedics practising in the UK, including examiners and the Officers of the FFLM, are governed by the principles outlined by the UK General Medical Council in the publication *Good Medical Practice* and by the Nursing and Midwifery Council and Health & Care Professions Council respectively. The FFLM acknowledges that some good doctors, nurses and paramedics may perform badly and aberrantly under examination conditions. However, where there are genuine concerns that a doctor, nurse, paramedic or other health care professional's fitness to practise is called into question by facts coming to light during the course of the LFFLM Part 2 Clinical Examination (OSCE), the Faculty of Forensic and Legal Medicine is duty bound to inform those to whom the candidate is contractually or professionally responsible. In exceptional circumstances, where no such person can be identified, this information may have to be communicated directly to the UK General Medical Council, Nursing and Midwifery Council, Health & Care Professions Council or similar professional body.

- 13.6.2 The candidate concerned will be informed by letter when their poor performance in the LFFLM Part 2 Clinical Examination (OSCE) warrants referral to a sponsor, employer, or professional body, as outlined above. Reporting will normally take place only for consistently poor performance in repeated Clinical Examinations but, in exceptional circumstances, it may take place as a result of poor performance in a single Examination.
- 13.6.3 Before the candidate may re-enter any part of the LFFLM 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 LFFLM Chief Examiner's Committee to confirm whether the evidence presented is satisfactory to warrant re-entry to the LFFLM Examination. They will also be available to consider any representations that the candidate wishes to submit.

14. Appeals

- 14.1. An Appeal to the FFLM is open to a candidate if he is not satisfied with the decision of their exam result. The following conditions apply:
- The appeal must be received within 28 days of the candidate being notified of the examination result or the feedback or reviewing report;
 - The appellant shall set out in writing the detailed grounds on which the appeal is made to the FFLM office.
 - All the supporting evidence (for example, medical certificate, supporting statement from other candidates) must accompany the appeal submission.
- 14.2. 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.
- 14.2.1. All the supporting evidence (for example, medical certificate, supporting statement from other candidates) must accompany the appeal submission;
 - 14.2.2. The candidate did not understand or was not aware of the published examination regulations.
 - 14.2.3. The appeal is on grounds that poor syllabus information affected performance. In such circumstances a candidate should submit a complaint – see regulation 16.
 - 14.2.4. 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.
 - 14.2.5. The student 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.
 - 14.2.6. No valid reason, i.e., circumstances beyond a student's control, has been submitted as explanation for not submitting extenuating circumstances to the attention of the Chief Examiner's Committee before it met.
 - 14.2.7. The appeal concerns a long-standing health problem, which the student was aware of when applying for the exam.
 - 14.2.8. The student 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 (see regulation 6.5).

14.3. 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 wishes to use.

14.4. The Written Evaluation

14.4.1. Personnel of the Academic Tribunal:

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

14.5. 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.

14.6. 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.

14.6.1. Personnel

- a. The candidate is required to present his case in person and can be accompanied by a
- b. friend or adviser should he so wish;
- c. The Appeal Tribunal will consist of those listed in 14.5.1. 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.
- d. A note-taker will be designated for the session.
- e. A summary will be agreed by the members of the Appeal Tribunal and the appellant.

15. Compliance with diversity legislation

15.6 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.

- 15.7 LFFLM examiners are trained in equal opportunities.
- 15.8 The FFLM collects data on LFFLM applicants and analyses LFFLM results in relation to equal opportunities monitoring variables.
- 15.9 The FFLM will consider special arrangements for candidates with disabilities taking the Knowledge Test and OSCE.

16. Complaints

Complaints should be made in writing and addressed to the Chief Examiner at the LFFLM Office address.

17. Academic misconduct

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

18. Registration with the UK Regulatory Bodies

- 18.1 Registration with the General Medical Council (GMC) is required for all candidates intending to work as doctors in the UK. Registration with the GMC is not necessary in order to take the LFFLM Examination. However, prospective candidates who intend to obtain training in a forensic unit, whether paid or unpaid, must register with the GMC.
- 18.2 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.
- 18.3 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
www.gmc-uk.org
- 18.4 Nurses working in the UK must be registered with the Nursing and Midwifery Council (NMC) and Paramedics with the Health & Care Professions Council (HCPC).

19. Language Requirements

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

www.gmc-uk.org

20. Preparation for the LFFLM Examination

- 20.1 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.
- 20.2 There is a published syllabus and curriculum for the LFFLM examination at Appendix 1.
- 20.3 A reading list is available from the FFLM website: <http://fflm.ac.uk/education/licentiategfm/>
- 20.4 Sample Part 1 SBAs and OSCEs are available on the FFLM website (as above).
- 20.5 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 FFLM website.
- 20.6 It is recommended that candidates wishing to proceed in a career in general forensic medicine follow the training guidelines and Quality Standards published by the FFLM for General Forensic Medicine (GFM) for doctors and for nurses/paramedics.

APPENDIX 1

CURRICULUM

This curriculum sets out the knowledge criteria, generic professional skills and attitudes, competencies and evidence required for the objectives in each module. It also suggests training and support that candidates may find useful.

It should be studied by candidates and their clinical validators and educational supervisors.

SYLLABUS

Introduction

1. The aim of the LFFLM is to guarantee competency in examining and to provide care to detainees in police custody, examining police and other staff where there is a complaint, undertaking forensic examinations including those arising out of road traffic legislation, the documentation of injuries and the harvesting of forensic samples, undertaking a relevant examination at a suspicious death scene and the preparation of witness statements.
2. This diploma is not re-certifiable. Evidence of updating is necessary within the clinician's regular appraisal or professional revalidation processes.
3. Candidates will be expected to have a *theoretical* knowledge of the essential facts and principles of all forms of medico-legal enquiry in respect of the forensic and clinical aspects of general forensic medicine, and the reasons for the form of that enquiry. Topics to be covered in 6 modules are:

Module	Objective(s)
a. Initial contact	Formulate a response to a request for a forensic examination
b. History	<ol style="list-style-type: none">a. Obtain consentb. To take an accurate and appropriate history of medical needs arising from the incidentc. To take a relevant and accurate medical history
d. Examination	Carry out a thorough, sensitive examination with regards to the care or forensic examination of the detainee, police officer or other staff, document injuries appropriately, harvest appropriate forensic samples and undertake an examination at a suspicious death scene. Ensure documentation is accurate, thorough and comprehensive.
e. Aftercare	Provide: <ol style="list-style-type: none">a. Information and guidance to the detainee and police about aftercareb. Immediate care at the time of the forensic medical examination, including the safe provision of appropriate medication.c. On-going follow-up and support for a detainee, including referral to other agencies
f. Statement	Write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person
g. Court	Prepare and present oral evidence in court

Medical

4. Candidates must be able to:
 - a. Demonstrate their ability to obtain consent for:
 - i. Therapeutic and forensic examinations, understanding the limits to confidentiality;
 - ii. Release of information.
 - b. Take a competent and appropriate medical history from a detainee, police or staff member or regarding the deceased including the following:
 - i. Medical / surgical and gynaecological;
 - ii. Mental health (including self-harm);
 - iii. Current medications, including use of 'over the counter' treatments;
 - iv. Allergies;
 - v. Recreational and illicit drugs (including alcohol);
 - vi. Safeguarding and protection needs of vulnerable adults, children and young people where appropriate.
 - c. Recognise and assess the risk of drug interactions and the importance of continuity of prescribing.
 - d. Recognise the effects that abnormal mental states, learning difficulty and previous experiences in custody may have on an individual and how this might affect fitness for detention and interview.
 - e. Undertake a relevant physical examination.
 - f. Recognise, assess and provide initial management of life threatening conditions. The FFLM require Immediate Life Support certification.
 - g. Demonstrate appropriate mental state examination and assessment of suicide risk.
 - h. Discuss the issues pertinent to detainees and how that will affect their assessment and management e.g. intoxication, mental health problems, self-harm, head injury, physical illness.
 - i. Explain common signs and symptoms of intoxication or withdrawal of drugs, including prescribed, recreational, and illicit.
 - j. Demonstrate appropriate management of detainees with respect to the Road Traffic Act and associated legislation.
 - k. Prepare a clear and concise care plan to inform the police about an individual's care and welfare in custody, including advice about the need for an Appropriate Adult and medication. Clearly indicate what factors should trigger the need for further clinical assessment in custody or at hospital.

Forensic

5. Candidates must be able to:
 - a. Discuss accurately the logistics for the forensic medical examination, including the nature of the assault, assailant (type / number involved), persistence of evidence, suitability of premises for examination and preservation of evidence.

- b. Define and identify different types of injury by undertaking a full examination. Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged incident.
- c. Discuss current persistence data and recovery methods for trace evidence.
- d. Demonstrate the collection of forensic samples, including how to ensure minimal cross contamination and appropriate labelling and packaging of forensic samples with the regard to the chain of evidence and admissibility of evidence.
- e. Demonstrate competence at a suspicious death scene.
- f. Be able to demonstrate the performance of field impairment tests and understand their limitations.
- g. Safely undertake an Intimate Body Search.

Legal

- 6. Candidates must be able to:
 - a. Explain the principles of current legislation e.g.
 - i. The legal definitions of consent including awareness of the consequences of assessing 'Gillick' competency, parental responsibility and GMC guidance such as "0 -18 years: Guidance for all Doctors" (2007) and "Acting as an Expert Witness" (2008), and any relevant legislation for the jurisdictions in the UK.
 - ii. Offences Against the Person Act [1861]
 Family Reform Act [1969]
 Mental Health Act [1983 & 2007]
 Police and Criminal Evidence Act [1984]
 Access to Medical Reports Act [1988]
 Children Act [1989]
 Access to Health Records Act [1990]
 Criminal Procedure and Investigations Act [1996]
 Data Protection Act [1998]
 Human Rights Act [1998]
 Sexual Offences Act [2003] and [1956]
 Mental Capacity Act [2005]
 Safeguarding Vulnerable Groups Act [2006]
 Road Traffic Legislation
 Terrorism ACT [2000] and [2006]
 and the equivalent legislation in Scotland and Northern Ireland
 - b. Discuss police processes, the awareness and consequences of the use of closed and open questions and how the Police and Criminal Evidence Act [1984] might impact on the process of forensic medical examination.
 - c. Explain the requirements for documentation, labelling, storage of forensic samples and a chain of evidence.
 - d. Explain the structure of the courts in the UK, the burden of proof in different legal proceedings, the core principles of the Criminal Procedure Rules and the Civil Procedure Rules.
 - e. Understand the role of the Coroner.

- f. Discuss the roles of a witness to fact, the professional witness and the expert witness, the purpose of a witness statement and the rules of hearsay evidence.
- g. Demonstrate how to write a statement which is an accurate account based on contemporaneous medical notes (identifying the sources of any information) of the history of the allegations, the medical history, an account of the examination and findings (including negative and positive findings) and relevant body diagrams.
- h. Explain any medical or technical terms used in a manner that can be understood by a lay person.
- i. Explain how to indicate in a statement when the disclosure of information has not been complete. In instances where an opinion has been requested and it is appropriate to give that opinion, show how fact and opinion are separated.

Practitioner

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

Supervision

Clinical Validator(s)

9. The role of the clinical validator is purely to certify the candidate's satisfactory completion of the tasks set out in the COVE. The document allows for feedback to assist the candidate in the successful completion of the tasks. It is the candidate's responsibility to identify and obtain the cooperation of clinical validators.
10. Validators must not sign off a competency until they are sure that the standard required has been reached. They may find it helpful to indicate in the performance feedback section those components which they feel are requirements before a signature can be given. For those candidates who meet the requirements, validators may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated.

Educational Supervisor(s)

11. The role of the educational supervisor is to certify the completion of each of the modules by signing the appropriate sheet in the COVE. A job description is at Appendix 2. Again, it is the candidate's responsibility to identify and obtain the cooperation of their own educational supervisor(s).

12. The role of the educational supervisor is distinct from that of the clinical validator, but it may occasionally be necessary for the same person to fulfil both roles.
13. If there is more than one educational supervisor, the module should be signed off by the educational supervisor who has had the greater involvement.
14. The educational supervisor should where possible:
 - a. Have experience of being a clinical supervisor;
 - b. Have some understanding of educational theory and practical education techniques.
 - c. In time the FFLM expect Educational Supervisor training to be mandatory.

The Compendium of Validated Evidence (COVE)

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

The Case Portfolio

16. The case portfolio is the candidate's record of the anonymised case reports.

Content

17. The case portfolio must include a selection of 8 anonymised case reports for the LFFLM. The cases should reflect the breadth of the candidate's experience as stipulated below:

Case	
1.	Capacity, consent and confidentiality
2.	Safeguarding: children and/or vulnerable adult
3.	Reflection on aftercare
4.	Documentation of significant injuries
5.	Mental health issues
6.	Case of own choice
7.	Case of own choice
8.	Case of own choice

The candidate must demonstrate personal involvement and all cases included in the case portfolio must have been seen by the candidate within 24 months prior to submission date. If retrospective cases are included, the candidate must be able to demonstrate any changes in guidance, technique and the law that have occurred since.

Case reports and Reflective Discussion

18. The case reports should include the nature of the allegation, pertinent details of the history and examination, forensic aspects, details of therapeutic care.
19. Each report and reflective discussion by the candidate should be no more than 1,000 words excluding references and diagrams.
20. All prescribed medicines should be referred to by their recommended International Non-Proprietary names (rINN) rather than by their trade names.
21. Biochemical and other measurements should be expressed in SI units, and normal or reference ranges should be provided.

Presentation of the Case Portfolio

22. Elaborate volumes are not required - see details below.
23. The portfolio should be presented in a way which will permit examiners to scrutinise it for diversity of material, logical presentation, precision of description, and reflective analysis.
24. The portfolio should include a completed copy of the table in paragraph 17.

Guidelines on structure

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

NB. Please note the characteristics which are used for marking (paragraph 32).

27. Cases should be printed in 12 point black type, double-spaced on single sides of A4 paper.
28. References should be numbered consecutively in the order that they are first mentioned in the text and placed in superscript each time the author is cited. The list of references should be arranged at the end of each case in numerical order.

Biomedical references should use the Vancouver style: e.g. "references may be made to journals⁴ or to books⁵ or to both⁴⁻⁵"

[for Journals]

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

[for Books]

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

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

29. The case portfolio must be submitted electronically at least eight weeks prior to the examination, to arrive not later than the application deadline. Covers should be labelled with the candidate's name and initials and the words "Case portfolio. LFFLM". All case portfolios will become the property of the FFLM.

The OSCE

30. The OSCE will comprise a number of stations which sample the necessary skills and knowledge base set against a blueprint determined by the Chief Examiner's Committee. Typically a circuit is of 14 stations of 10 mins duration. Some stations may have examiners or actors or patients while others are unmanned or rest stations. Instruction will be provided to candidates about the detailed conduct of each OSCE examination at the time it is held.

Marking System

Part I

31. The LFFLM Part I Examination marking system is set out in paragraph 8.1.8.

Part II

32. **Case Portfolio:** The case portfolio will be assessed by 2 examiners, marks being awarded for:
 - a. Construction of case;
 - b. Presentation of case;
 - c. Assembly of ideas;
 - d. Reflective analysis.

An acceptable case portfolio must reach a satisfactory standard across each domain.

33. **OSCE:** Details of the method of assessment is set out in paragraph 11.5.

Feedback

34. **Part I:** Candidates will be informed whether they passed or failed each question.
35. **Part II:**

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

- b. OSCE. Feedback for the OSCE will comprise a pass / fail result for each station.

CURRICULUM

1. MODULE ONE: INITIAL CONTACT

Objective 1: To be able to formulate an appropriate response to a request for a forensic examination

Module 1

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
<p>Medical</p> <p>Assessment and management including history relating to:</p> <p>Acute injuries including head injuries</p> <p>Intoxication</p> <p>Mental health e.g. suicide risk</p> <p>Asthma</p> <p>Epilepsy</p> <p>Diabetes</p> <p>Symptoms (e.g. chest pains, SOB, abdominal pain, headache)</p> <p>Methods of restraint (CS spray, TASER)</p> <p>Sudden deaths</p>	<p>Communication skills</p> <p>Ability to liaise effectively with the police or other legal authorities</p> <p>Ability to liaise effectively with other clinical and professional colleagues</p> <p>Ability to undertake accurate documentation</p>	<p>Ability to competently triage calls by ascertaining all relevant and appropriate information:</p> <p>(a) Arrest</p> <ul style="list-style-type: none"> - Time and date of arrest - Circumstances of arrest - Location of detainee - Age - Outcome of risk assessment - Reason for call and current concerns - Current level of observations <p>(b) Victim</p> <ul style="list-style-type: none"> - reason for call - location of victim - immediate concerns <p>(c) Sudden death</p> <ul style="list-style-type: none"> - Location of body - Safety - Circumstances of death - Age - last alive <p>Ability to safely prioritise workload whilst balancing clinical</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Direct observation</p> <p>Document review</p> <p>Single Best Answer (SBA)</p> <p>Objective Structured Clinical Examination (OSCE)</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations including:</i></p> <p><i>Health care of detainees in police stations; Guidance from the BMA Medical Ethics Department and the Faculty of Forensic and Legal Medicine</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
		<p>and forensic demands.</p> <p>Ability to provide appropriate advice/information</p> <ul style="list-style-type: none"> - fitness to detain - level of observation - worsening signs and symptoms - obtaining medication - ETA <p>Take account of other potential constraints when formulating management plan including:</p> <ul style="list-style-type: none"> - Other work load - Issues of consent - Level of competency of non-medical staff - Forensic integrity - Need for an appropriate trained interpreter <p>Ensure management plan will result in optimal:</p> <ul style="list-style-type: none"> - Preservation of forensic evidence on detainee and scene - Minimisation of risk of cross contamination - Balancing medical and forensic needs 		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Forensic</p> <p>Early evidence</p> <p>Nature of the assault (inc assailant type/ number involved)</p> <p>Persistence of evidence</p> <p>Suitability of premises</p> <p>Preservation of evidence</p> <p>Legal</p> <p>Capacity</p> <p>Age</p> <p>Documentation and disclosure</p> <p>Practitioner</p> <p>Level of expertise</p> <p>Health and safety</p> <p>Resources e.g psychiatrist</p> <p>Are you fit to examine in terms of tiredness etc but no one else available</p>	<p>Organisational</p> <p>Effective organisation to enable the optimum pathway to address:</p> <p>The medical needs of the detainee</p> <p>The forensic requirements of the case</p> <p>Any specific needs arising from disability or communication difficulties of the detainee.</p> <p>Interpersonal skills</p> <p>Ability to maintain impartiality, objectivity and avoid discrimination</p> <p>Appreciate the limits of personal expertise</p> <p>Appreciate the health and safety implications of the case including personal safety</p>	<p>Ability to competently triage calls by ascertaining all relevant and appropriate information:</p> <p>a) Arrest</p> <p>Time and date of arrest</p> <p>Circumstances of arrest</p> <p>Location of detainee</p> <p>Age</p> <p>Outcome of risk assessment</p> <p>Reason for call and current concerns</p> <p>Current level of observations</p> <p>(b) Victim</p> <p>-reason for call</p> <p>Sudden death</p> <p>- Location of body</p> <p>- Circumstances of death</p> <p>- Age</p> <p>- last alive</p> <p>Ability to safely prioritise workload whilst balancing clinical and forensic demands.</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

		<p>Ability to provide appropriate advice/information</p> <ul style="list-style-type: none"> - fitness to detain - level of observation - worsening signs and symptoms - obtaining medication - ETA <p>Take account of other potential constraints when formulating management plan including:</p> <p>Other work load</p> <p>Issues of consent</p> <p>Level of competency of non-medical staff</p> <p>Forensic integrity</p> <p>Need for an appropriate trained interpreter</p> <p>Ensure management plan will result in optimal:</p> <p>Preservation of forensic evidence on detainee and scene</p> <p>Minimisation of risk of cross contamination</p> <p>Balancing medical and forensic needs</p>		
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2. MODULE TWO: HISTORY

Objective 1: To be able to obtain appropriate consent

Module 2

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Be able to obtain appropriate consent for: Examination Intimate samples Release of information</p> <p>Awareness of the consequences of assessing 'Gillick' competency</p> <p>Dual role of the forensic clinician</p> <p>Legal</p> <p>Understand the core principles of: Safeguarding Vulnerable Groups Act [2006] Mental Capacity Act [2005] Data Protection Act [1998] Mental Health Act [1983,2007] Human Rights Act [1998] Access to Health Records Act [1990] Police and Criminal Evidence Act [1984] Road Traffic legislation</p> <p>Practitioner</p>	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Communication skills and assessment of informed consent includes: Awareness that the patient may subjectively feel coerced to consent (ie. ensure consent is consistent & voluntary) Provide appropriate information to ensure informed consent is valid Defer assessment of consent if the patient is intoxicated (ie. ensure consent is consistent & voluntary) Ability to document consent in a systematic and clear manner Ascertain competence of patient to consent</p>	<p>Assess capacity to consent and ability to identify mental health problems/learning disabilities that may prevent ability to consent.</p> <p>Understands the level of capacity required to consent depends on the nature of examination.</p> <p>Formulate an appropriate management plan if consent unobtainable.</p> <p>Understand the limits of and maintain confidentiality as appropriate and discuss this with patient</p> <p>Address child protection needs of detainee and other children where appropriate</p> <p>Ability to conduct a Mental State Examination</p> <p>Understands the different types of consent (verbal, implied and written) and the circumstances when written consent is required</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>GMC</i></p> <p><i>Good Medical Practice</i></p> <p><i>Consent: patients and doctors making decisions together</i></p> <p><i>0-18 years: guidance for all doctors</i></p> <p><i>Confidentiality: Protecting and Providing Information</i></p> <p><i>Acting as an expert witness</i></p> <p><i>The Role of the Independent Forensic Physician; FFLM</i></p> <p><i>Tutorials</i></p>

GMC guidance on confidentiality and consent		Understand consent in road traffic medicine (including when person is incapacitated) Understands and correctly applies the concept of “best interests” when a person may lack capacity to consent.		
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Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>Understand the core principles of: Mental Capacity Act [2005] Sexual Offences Act [2003] -Offences Against the Person Act [1861]</p> <p>Hearsay evidence</p> <p>Understand the police process including awareness and consequences of the use of closed and open questions</p>		<p>Take and document a relevant history of event from police/patient including: Use of proformas and body maps Avoiding leading questions</p> <p>Understand the importance of obtaining the following information:</p> <ul style="list-style-type: none"> -time/date of incident(s) -intoxication -weapons used - dominant hand of both victim and assailant - no of people involved - employment, other recent accidents - medical history - location and alleged mechanism of injuries - educational history 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p><u>MEDICAL</u> Be able to take a competent and relevant medical history including:</p> <ul style="list-style-type: none"> Medical Surgical Gynaecological Mental health, including self-harm Allergies Current medications, including use of over the counter Recreational drugs (including alcohol) Address safeguarding needs of vulnerable adults, young people and children where appropriate <p>Be able to identify common drug interactions.</p> <p>Know the common effect of drugs/alcohol and post-traumatic stress on recollection of events and medical history</p> <p>Practitioner</p> <p>Level of expertise</p> <p>Health and safety</p>	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Engage with other health professionals to obtain further information where it is necessary to do so in the interests of the person, eg community mental health team.</p> <p>Any previous medical records that may be easily available are accessed (eg medical entries of previous consultations)</p>	<p>Demonstrate ability to obtain all relevant information relating to the presenting complaint (if applicable) and any past medical problems. Incorporates FFLM guidance when doing so.</p> <p>Demonstrate ability to acquire a psychiatric history using a standardised approach.</p> <p>Ability to assess risk (self-harm, harm to others, neglect) whilst in custody or on release.</p> <p>Ability to focus on key aspects of history when consultation time may be limited.</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Tutorials in obtaining a psychiatric history</i></p> <p><i>FFLM guidance:</i></p>

3. MODULE THREE: EXAMINATION

Objective 1: To be able to carry out a thorough examination

Module 3

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Recognition, assessment and management relating to: life threatening conditions (first aid)</p> <p>Mental state including suicide risk</p> <p>Intoxication or withdrawal of drugs.</p> <p>Definition and recognition of differing types of injury and their mechanism.</p> <p>Ageing and healing process of injuries</p> <p>The differential diagnosis of findings e.g. dermatological conditions that may mimic injury.</p> <p>Assessment of fitness to detain</p> <ul style="list-style-type: none"> - Recognising the unwell - Medical problems; cardiac, diabetes, asthma, epilepsy, infections etc - Mental health problems; acutely disturbed, depression, psychosis, anxiety, learning disability. - Pregnancy - Injuries (limb and head) 	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Demonstrate the use of open questions when gaining a mental state examination</p> <p>Attempt to build rapport with vulnerable persons who may not be engaging</p>	<p>On a case by case basis ensure appropriate approach to examination including:</p> <p>Selection of an appropriate environment</p> <p>Flexibility as the examination progresses</p> <p>Positive obligation to protect vulnerable</p> <p>Comprehensive medical records which reflect examination</p> <p>Be able to recognise and manage any medical problems that need immediate urgent medical treatment including:</p> <p>Provision of immediate life support.</p> <p>Summons of appropriate and timely help</p> <p>Transfer of person to services providing appropriate care</p> <p>Risk identification including basic assessment of mental state.</p> <p>Be able to recognise common signs and symptoms of intoxication or withdrawal of drugs</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p> <p>ILS certification</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Irritant Sprays: Clinical Effects and Management; FFLM</i></p> <p><i>Taking blood specimens from incapacitated drivers; FFLM, BMA</i></p> <p><i>Substance Misuse Detainees in Police Custody: Guidelines for Clinical Management (4th edn); Royal College of Psychiatrists</i></p> <p><i>Acute behavioural disturbance: guidelines on management in police custody; FFLM</i></p> <p><i>Management of choking; FFLM</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>- Assessment of symptoms – chest pain, abdominal pain, headache, vomiting, shortness of breath, limb pain.</p> <p>Assessment of fitness to interview</p> <ul style="list-style-type: none"> - use of appropriate adult - capacity - impairment - memory problems - Factors that may require interview to be deferred <p>Assessment of deceased body</p> <ul style="list-style-type: none"> - Circumstances - Estimation of time of death - post mortem changes to body - cause of death <p>Traffic medicine</p> <ul style="list-style-type: none"> -alcohol and drugs -consent and blood testing -field impairment tests <p>Management of forensic evidence including:</p> <ul style="list-style-type: none"> Current persistence data Recovery methods of trace evidence Issues of cross contamination <p>Role of photo documentation including:</p> <ul style="list-style-type: none"> Potential uses and limitations 		<p>Be able to carry out a full physical examination that</p> <ul style="list-style-type: none"> Takes account of possible on going medical problems Takes account of injuries which may be due to assault Accurately identifies and documents injuries so as to aid in the determination of their possible causation and age. Thoroughly and accurately documents positive and negative findings with regards to the known account of the alleged assault. <p>Be able to carry out an appropriate eye-ball assessment of non-engaging detainees.</p> <p>Be able to take appropriate forensic samples and ensure Minimal cross contamination</p> <p>Appropriate labelling and packaging of forensic samples with regard to the chain of evidence and admissibility of evidence.</p> <p>Be proficient in</p> <ul style="list-style-type: none"> Venepuncture Field impairment testing Mini-mental state examination <p>Be able to take or arrange appropriate photo documentation</p>		<p><i>Training in conducting mental state examinations</i></p> <p><i>Training in the structured assessment of risk of self-harm and suicide</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>Understand the core principles of: Safeguarding Vulnerable Groups Act [2006] Mental Capacity Act [2005] Mental Health Act [1983,2007]</p> <p>Requirements of documentation e.g. dated, timed signed</p> <p>Management of forensic samples including: Labelling and storage Maintaining the integrity of the chain of evidence</p> <p>Management of information gathering during the forensic examination including: The significance and response to additional information given during the examination, either spontaneously or as a result of additional history taking in the light of examination findings Revalidation of consent as the examination progresses</p> <p>Practitioner</p> <p>The risk of vicarious trauma to self and others e.g. self-awareness</p> <p>Role of chaperone</p>		<p>that ensures</p> <p>Admissibility as evidence</p> <p>Be able to communicate examination findings To the detainee including the natural history and or implications of both positive and negative findings To those with a need to know within the limits of the consent process.</p>		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
Personal safety Minimisation of risks of transmission of infectious diseases e.g. good infection control				

4. MODULE FOUR: AFTERCARE

Objective 1: To be able to provide appropriate:

- information and guidance to detainee and those looking after welfare
- immediate care at the time of the forensic examination

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Management of chronic diseases, common ailments and wound management</p> <p>Transmission of infectious diseases</p> <p>Provision of medication in custody including controlled drugs.</p> <p>Management of acutely disturbed patients and those requiring detention under the Mental Health Act</p> <p>Purpose and use of appropriate adults</p> <p>Arrangements for transfer of detainee to hospital</p> <p>Disposal of the dead body following examination</p> <p>“Chain of custody” of samples</p>	<p>Ability to provide appropriate medication</p> <p>Ability to formulate management plan for on-going care, including involving detainee in decision-making and ensuring they understand it e.g. written and verbal information</p> <p>Ability to access and provide appropriate written information</p> <p>Ability to liaise with other agencies</p>	<p>Provide appropriate management plan for the care of detainee/victim/injured police officer.</p> <p>Differentiate between medicines that are needed urgently and those that can be omitted without ill consequence</p> <p>Convey relevant and appropriate findings to the custody officer</p> <p>(a) Fitness to detain (welfare of the detainee) -Any special care required -worsening signs and symptoms - level of observations -(if applicable) time of next HCP and any conditions for earlier review</p> <p>(b) fitness to interview - time - need for appropriate adult</p> <p>c)fitness to travel</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work/case-based discussion</i></p> <p><i>Tutorials</i></p> <p><i>Professional organisations</i></p> <p>Managing blood-borne virus exposures in custody; FFLM</p> <p>Management of Diabetes Mellitus in Custody; FFLM</p> <p>Management of injuries caused by teeth; FFLM</p> <p>Safe and Secure Administration of Medication in Police Custody; FFLM</p> <p>Taser®: Clinical Effects and Management of Those Subjected to Taser® Discharge</p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>Understand the core principles of the Mental Health Act [1983,2007]</p>		<p>Basic management of wounds, common ailments and injuries.</p> <p>Safe provision of medication. Further medication left in conjunction with FFLM guidance</p> <p>Understand the indications for PEP</p> <p>Understand the indication for detention under the Mental Health Act (2007)</p> <p>Provide appropriate advice to officers at scene of death with respect to time or cause of death and next steps.</p> <p>Documents time and person to whom samples are given.</p>		

5. MODULE FIVE: STATEMENT

Objective 1: To be able to write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>The structure of the courts in the UK</p> <p>The burden of proof in different legal proceedings.</p> <p>The core principles of Criminal Procedure Rules Civil Procedure Rules</p> <p>The roles of witnesses including: Witness to fact Professional Witness Expert Witness</p> <p>The rules of Hearsay evidence</p> <p>Writing a witness statement including: Construction according to its intended use Technical accuracy Appropriateness of expression of opinions Clarity between fact and opinion Use of terms understood by lay persons</p>	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Compliance with time limits set for preparation and production of witness statement.</p>	<p>Be able to write a statement that is appropriate for the purpose for which it has been requested, including the appropriateness of the expression of opinions</p> <p>Give technically accurate information in terms understandable to a lay person.</p> <p>Use contemporaneous notes as the basis for the report and clearly indicate all sources of information</p> <p>Include appropriate body diagrams as part of the witness statement.</p> <p>Be able to indicate in the statement when disclosure of information held has not been complete.</p> <p>Where an opinion has been requested and it is appropriate to give that opinion, be able to clearly separate fact and opinion and be able to express an opinion</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisation</i></p> <p><i>Court skills course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

<p>Importance of contemporaneous notes in writing the statement and identification of all sources of information</p> <p>History of the allegation as given</p> <p>Incomplete disclosure of information held</p> <p>Concordance of content of contemporaneous medical notes and content of witness statement</p> <p>Inclusion of an appropriate medical history</p> <p>Inclusion of an account of the examination and both positive and negative findings</p> <p>The use of body diagrams</p> <p>Take account of</p> <p>Mental Capacity Act</p> <p>Sexual Offences Act</p> <p>Offences Against the Person Act</p> <p>Legal definitions of consent</p> <p>Issues around disclosure of highly sensitive images.</p> <p>GMC guidelines on confidentiality</p> <p>Level of expertise</p> <p>Time management</p> <p>Resources including an accurate and relevant curriculum vitae, access to secure electronic storage</p>		<p>within the limits of expertise</p>		
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6. MODULE SIX: THE COURT

Objective 1: To prepare and give effective oral evidence in court within the limits of expertise

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>GMC Guidelines on confidentiality</p> <p>Be able to identify any medical or technical information and issues: Raised in any pre-trial disclosure or conference, OR Raised in the content of your witness statement.</p> <p>And be able to consolidate your knowledge about them.</p> <p>Be able to identify possible challenges arising from the content of your witness statement.</p> <p>Understanding the court</p> <p>Attendance at court including: Court procedure The anatomy of a trial</p> <p>Giving evidence including: Pre-trial disclosure The role of the participants in a trial The different roles of the witness</p>	<p>Communication skills including clarity with sensitivity to the knowledge and understanding of the person /persons with whom you are communicating and the setting</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Time management</p>	<p>To be able to identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.</p> <p>To be able to participate in informed discussion with lawyers and experts about the medical and technical information and issues.</p> <p>Be able to present oral evidence in court including responding to cross-examination and to questions and challenges arising from evidence given in court.</p> <p>Be able to explain in lay terms the content of a witness statement</p> <p>Be able to use simple aids e.g. body maps, when giving oral evidence in Court.</p> <p>Appreciate and stay within limits of expertise in respect of professional and expert witnesses</p>	<p>Case portfolio</p> <p>Case based discussion (CBD)</p> <p>Written statement under controlled conditions</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p> <p><i>Court Skills Course</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>to fact, the professional witness and the expert witness</p> <p>Core principles of: Limitations of confidentiality Rules of Evidence Hearsay Evidence</p> <p>The powers of the court with respect to witnesses.</p> <p>Presentation</p> <p>Time Management</p>				

APPENDIX 2 – Educational Supervisor

JOB DESCRIPTION

EDUCATIONAL SUPERVISOR

Job Purpose:

The educational supervisor is the individual who is responsible for guiding and monitoring the progress of a candidate for the completion of the COVE and the case portfolio. He/she may be in a different department, or in a different organisation from the candidate. Every candidate must have a named educational supervisor to sign off the documentation; it is the candidate's responsibility to engage his/her educational supervisor.

Key Responsibilities:

1. The educational supervisor must familiarise him/herself with the structure of the Diploma, the curriculum and the educational opportunities available to candidates.
2. The educational supervisor where possible should:
 - a. Have previous experience of being an educational supervisor.
 - b. Have some understanding of educational theory and practical educational techniques.
 - c. Ensure that an appropriate Clinical Validator signs off the component.
3. The educational supervisor should, whenever possible, ensure that the candidate is making progress with completion of the case portfolio.
4. The educational supervisor should meet the candidate as soon as possible after the decision to commence a case portfolio to:
 - a. Establish a supportive relationship;
 - b. Indicate to the candidate:
 - i. That he/she is responsible for his/her own learning;
 - ii. The structure of their work programme set against the curriculum;
 - iii. The educational opportunities available;
 - iv. The assessment system;
 - v. The portfolio.
 - c. Meet the candidate to check progress and sign off completed sections of the portfolio to meet the requirements of the assessment system.

Person Specification for Educational Supervisor

Attributes	Essential	Desirable
Qualifications	<p>GMC or NMC full registration</p> <p>Specialist or General Practitioner registration or MFFLM</p>	<p>Postgraduate qualification in education</p>
Knowledge and Skills	<p>Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.</p> <p>Follow GMC standards: See: http://www.gmc-uk.org/Standards_for_curricula_and_assessment_systems_0410.pdf_48904896.pdf for further information.</p> <p>Experience as an educational supervisor.</p> <p>Enthusiasm for delivering training.</p> <p>Effective communications skills, motivating and developing others, approachability, good interpersonal skills.</p> <p>Significant experience in examining victims of sexual assault.</p>	

APPENDIX 3 – Case Portfolio

Case Portfolio – Cross-referencing of Cases to Required Criteria

Enter into the table details of the type and date of your cases.

A.	Date of case
1. Capacity, consent and confidentiality	
2. Safeguarding: children and/or vulnerable adult	
3. Reflection on aftercare	
4. Documentation of significant injuries	
5. Mental health issues	
Other cases:	
6.....	
7.....	
8.....	

APPENDIX 4 - Compendium of Validated Evidence (COVE)

NAME OF CANDIDATE:	
START DATE:	
COMPLETION DATE:	
NAME(S) OF EDUCATIONAL SUPERVISOR(S): (See also Appendix 2 and section on supervision)	
NAMES OF CLINICAL VALIDATOR(S): (See also Regulations section on supervision)	See individual sheets and Appendix

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Guidance

1. Introduction

This guidance should be read in conjunction with the remainder of the Regulations and Information for Candidates.

2. Clinical Validator(s)

Candidates require one or more clinical validators. The role of the clinical validator is purely to certify the candidate's satisfactory completion of the modules set out in the Compendium of Validated Evidence (COVE).

Clinical Validators must declare any conflict of interest.

It may be necessary to have different clinical validators for different modules or parts of each module. It is the candidate's responsibility to identify and obtain the cooperation of their own clinical validators. Normally the Clinical Validator will not be a contemporary candidate for the Diploma; should the need arise, the prior permission of the Chief Examiner must be obtained (via the FFLM website).

3. Educational Supervisor(s)

Candidates also require one or more educational supervisors. The role of the educational supervisor is to certify completion of the modules by signing the appropriate sheet in the COVE. Their signature is the evidence of completion of all of the components signed off by the clinical validators.

In the event that more than one educational supervisor is necessary to assist in completing a single module, the module should be signed off by the supervisor who has had the greater involvement.

Educational supervisors are expected to:

- Have significant experience in clinical forensic medicine;
- Have experience in the field of education and training;
- Have some experience as an educational supervisor;
- Ensure that an appropriate Clinical Validator signs off the component;
- Adhere to GMC standards: <http://goo.gl/efbbMo> for further information.
- Declare any conflict of interest;
- Submit a brief CV with the COVE to confirm meets criteria a-c.

4. The Compendium of Validated Evidence (COVE)

4.1 Purpose

Training and assessment for the programme are intended to achieve professional competency. The assessment programme should emphasise the attitude, skills and knowledge required to competently manage a detainee in police custody or attend a sudden death scene. This qualification is intended for those who are preparing to become experts with further experience. The curriculum is laid out in modules for ease of completion but each module links with other modules to form an integrated whole.

4.2 When to start

You should become familiar with the whole content of the COVE, and that it should be commenced as soon as possible.

Completion of the COVE to the standard required by the LFFLM confirms an appropriate range and level of current clinical experience.

4.3 Competencies

- a. You should become familiar with the whole content of the curriculum. Each module has specific competencies, as listed in the curriculum. Each must be achieved regardless of your particular discipline e.g. forensic physician, nurse or paramedic. Once you have achieved a competency your clinical validator should be asked to sign it off.
- b. The case based discussions are based on a selection of notes and the skills demonstrated in the direct observations, but not exclusively so and can include anything within the syllabus.
- c. Validators must not sign off a competency until they are sure that the standard required has been reached. They may find it helpful to indicate in the performance feedback section those components which they feel are requirements before a signature can be given. For those candidates who meet the requirements, validators may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated. Some comment or case examples should be detailed in each performance feedback section to assist those marking the COVE.
- d. If a competency is not achievable because of circumstances beyond control of the candidate or validator, then a note should be made to this effect and the Chairman of the Examination Committee informed.

4.4 Meeting your Educational Supervisor

- a. You will need to arrange a meeting with your educational supervisor as soon as you can at the start of your programme in order to plan how you will acquire or validate the skill set necessary for each of the modules. The COVE should be taken to that initial meeting to assess your needs.
- b. You should also have read through the curriculum so that you will be able to agree with the educational supervisor the various clinical placements that are required to complete your programme.

4.5 Contact during Assessment

- a. You should arrange regular contact with your educational supervisor during your assessment to review your progress.
- b. He/she will need to sign off each module of your COVE and portfolio.

4.6 How to complete the COVE

- a. The COVE sets out the modules and the objectives within the modules, and indicates the evidence, which must be current, required for each objective. Each element should be signed-off by the clinical validator and confirmed using the record sheets at the end. Once the requirements for each module have been fulfilled, the educational supervisor should sign off the Completion of Module table.
- b. If the clinical validator has concerns about any of these core skills in a candidate, observed sessions can be repeated and the Educational Supervisor can be asked to arrange an observed examination.
- c. As most of the modules are to be explored with the candidate by case discussion on the basis of **6** cases selected from the previous 6 months, this may require more than one session. These sessions could be conducted by a nominated clinical validator or the educational supervisor (the latter if concerns have been raised by any clinical validator on basis of observed cases). The second session may also be delayed if there are issues to be addressed from the first review.
- d. Where competency is to be demonstrated by case-based discussion, the validator's role is to evaluate the candidate's normal practice. He or she should therefore review **a minimum of six**

illustrative case notes from the last six months of the candidate's practice, in addition to the cases prepared as part of the case portfolio. The cases selected for discussion must cover the whole range of the candidate's experience. The case discussions are based on the sample documentation and observed skills, but the discussion can include anything in the syllabus. N.B. Case notes are required for all modules.

- e. Case review is appropriate for issues demonstrated over a variety of cases, while case-based discussion may explore a single case, which illustrates the required competency. Please note that Module 6 requires the candidate to have observed a case in Court, relating to an assault or sexual offence if possible.
- f. The COVE can be submitted independently of the Case Portfolio.

5. Case Portfolio

5.1 Submission of the Case Portfolio

- a. In the case portfolio the candidate is asked to demonstrate acquired skills and an ability to reflect on core forensic issues. These should be illustrated by anonymised case material with a reflective analysis and may include literature reviews without references to specific cases. All candidates are asked to address five core forensic topics and have a choice of three further topics of the candidate's choice.

The core topics are:

- Capacity, consent and confidentiality;
- Safeguarding: children and/or vulnerable adults;
- Reflection on aftercare;
- Documentation of significant injuries;
- Mental health issues.

Suggestions for other topics could include:

- Cultural or language problems;
- A Road Traffic case;
- A sudden death scene.

- b. There is no set format for the layout of each piece of reflective writing, but the case portfolio should comply with the directions given in the relevant sections of the Guide regarding Content and Presentation.
- c. An electronic version of the case portfolio must be submitted to the Exams Office upon its completion. The full portfolio must then be submitted in hard copy together with any supporting documentation. See the Guide to the Diploma for full details.

5.2 Final Assessment

This will take place when the COVE and the case portfolio have been approved and the OSCE passed.

6. General notes

6.1 For Validators and Supervisors:

At all times the candidate must be observed to:

- Display tact, empathy and respect for the complainant;
- Respect confidentiality;
- Be non-judgemental;
- Take into account equality and diversity issues;
- Communicate appropriately and with clarity ;
- Respect dignity;
- Consider the need for a chaperone;
- Liaise appropriately and work in conjunction with other professionals and units;
- Understand risk management.

6.2 For Candidates:

All candidates must demonstrate an awareness of:

- The roles and supervision requirements of other professionals in the team e.g. nurses, counsellors, youth workers;
- Clinical governance issues related to specific clinical services;
- Local and national standards, guidelines and performance indicators;
- The role of support groups and voluntary agencies;
- Child protection regulations.
- Courses that may be attended
- Candidates may find attendance at one or more of the following courses useful:
- FFLM or other accredited forensic course (please refer to the relevant websites: www.fflm.ac.uk and www.rcpch.ac.uk for details).
- Court room skills course.
- FFLM Development Training Courses.
- RCPCH Child Protection Level 3.

Module 1 Topic: Initial Contact

Objective 1: Formulate a response to a request for a forensic examination

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained Signature NB see Note 1 below	Competence attained Date
Mod1:1	Accurate documentation of details of initial contact and agreed management plan	Case review of 6 cases by seen within the previous 6 months			
Candidates are reminded that case discussions are based on the review of 6 cases seen within the previous six months.					
Mod1:2	Assess including history relating to:	Direct Observation			
Mod1:2.1	Acute injuries including head injuries	Direct Observation			
Mod1:2.2	(b) Intoxication (alcohol and drugs)	Direct Observation			
Mod1:2.3	e) Epilepsy	Direct Observation			
Mod1:2.4	f) Asthma	Direct Observation			

Mod1:2:5	-e) Mental health e.g. suicide risk	Direct Observation			
Mod 1:2:6	f) Diabetes	Direct Observation			
Mod 1:2:7	g) Symptoms (e.g. chest pains, SOB, abdominal pain, headache)	Direct Observation			
Mod 1:2:8	h) Methods of restraint (CS spray, TASER)	Direct Observation			
Mod 1:2:9	i) Sudden death	Direct Observation			
Mod 1:3	Ability to competently triage calls and assess needs:				
Mod 1:3:1	Custody (detainee)	Direct Observation			
Mod 1:3:2	Sudden Death	Direct Observation			
Mod 1:3:3	Custody (Victim/officer)	Direct Observation			
Candidates are reminded that case discussions are based on the review of 6 cases seen within the previous six months.					
Mod1:4	Take into account the urgency of each call and able to provide sound interim advice.	Case-based discussion			
Mod1:5	Understands consent issues and purpose/need for obtaining samples that have been requested by the police, prior to attending.	Case-based discussion			

Mod1:6	Able to competently identify persons who require immediate transfer to hospital (prior to attending).	Case-based discussion			
Mod1:7	Take into account persistence/preservation of evidence	Case-based discussion			
Mod1:8	Take into account suitability of premises available for examination	Case-based discussion			
Mod1:9	Take account of other potential constraints when formulating management plan	Case-based discussion			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 1: Initial Contact – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)

Hospital/Site name and address

GMC/NMC number

Email address

Signature

Date

Module 2 Topic: History

Objective 1: Obtain consent

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Competence attained Date
Mod2:Ob1:1	Accurate documentation	Case review of 6 cases by seen within the previous 6 months			
Mod 2:Ob 1:2	Obtain consent for examination and release of information. Dual role of clinician explained.	Direct Observation			
Mod 2:Ob 1:3	Obtain consent for intimate samples	Direct Observation			
Mod 2: Ob 1:4	Obtain consent in traffic offences (drink/drug drive)	Direct Observation			
Candidates are reminded that case discussions are based on the review of 6 cases seen within the previous six months.					
Mod2:Ob1:5	Assess capacity to consent (including 'Gillick' competency)	Case-based discussion			
Mod2:Ob1:6	Formulate an appropriate management plan if consent unobtainable.	Case-based discussion			
Mod2:Ob1:7	Understand the limits of and maintain confidentiality as	Case-based discussion			

	appropriate and discuss this with complainant.				
Mod2 : Ob 1.8	Understand and apply the broad principles of the Mental Capacity Act	Case-based discussion			

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Objective 2: To take an accurate and appropriate history of the incident

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date competence achieved
Mod2:Ob2:1	Take and document a relevant history of event from police including: a) Verbal handover. b) Written risk assessment conducted by custody	Direct observation			
Mod2:Ob2:1:1	Take and document a relevant history of: a) issues raised by the risk assessment b) medical problems c) psychiatric problems and self-harm d) medication and allergies e) illicit drug history f) alcohol history g) events that may be relevant to arrest (assault)	Direct Observation			
Mod2:Ob2:1:2	– Avoiding leading questions	Direct observation			
Mod2:Ob2:2	Able to correctly use body maps where appropriate	Direct Observation			

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Objective 3: To take a relevant and accurate medical history including, where appropriate:

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod2:Ob3:1	Medical/Surgical/pregnancy/infectious diseases	Direct observation			
Mod2:Ob3:2	Dermatological/vascular/injuries	Direct Observation			
Mod2:Ob3:3	Alcohol	Direct Observation			
Mod2:Ob3:4	Recreational Drugs	Direct Observation			
Mod2:Ob3:5	Mental health, including self-harm	Direct Observation			
Mod2:Ob3:6	Current medications including use of over the counter	Direct Observation			
Mod2:Ob3:7	Allergies	Direct Observation			
Mod2:Ob3:8	Recreational drugs (including alcohol)	Direct observation			

Mod2:Ob3:9	Address child safeguarding and protection needs of complainant and other children where appropriate	Direct observation			
Mod2:Ob3:10	Obtain information from third parties where it is appropriate: a) local mental health services b) pharmacy c) GP	Direct Observation			

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Completion of Module 2: History – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 3 Topic: Examination

Objective 1: Carry out a thorough sensitive examination with regards to the therapeutic and forensic needs of a person complaining of or suspected of being a victim of a sexual assault.

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod3:1	Conduct an appropriate examination whilst taking into account: a) extent of consent b) location of examination c) capacity of person being examined	Direct observation			
Mod3:2	Carry out a full physical examination that takes account of possible ongoing medical problems and takes account of injuries which may be due to assault	Direct observation			
Mod3:3	Accurately identify and document injuries in order to aid in the determination of their possible causation and age.	Direct observation			
Mod3:4	Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault.	Direct observation			

Mod3:5	Competently conducts a mental state examination and also assessment of memory (where appropriate)	Direct observation			
Mod3:6	Uses information gained from history and examination to conduct a risk assessment	Direct observation			
Mod3:7	Be able to take accurately labelled forensic samples and ensure minimal cross contamination Prepare the necessary equipment paperwork and other materials e.g. swabs prior to commencing physical examination. Includes	Direct observation			
Mod 3:7:1	a) venepuncture	Direct observation			
Mod 3:7:2	b) penile swabs	Direct observation			
Mod 3:8	Fitness to detain: Able to make appropriate decisions on suitability to detain.	Direct observation /case discussion			
Mod 3:9	Fitness to interview: Able to make appropriate decisions. Able to correctly identify those who require an appropriate adult	Direct observation /case discussion			
Mod 3:10	Able to conduct field impairment tests	Direct observation			
Mod 3:11	Able to correctly conclude if there is a "condition due to drugs"	Direct observation /case discussion			

Mod 3:12	Assessment of deceased body: a) Circumstances b) Estimation of time of death c) post mortem changes to body d) cause of death	Direct observation /case discussion			
Mod 3:13	Formulates appropriate conclusions based on history and examination	Direct observation /case discussion			
Mod3:14	Communicate findings to the police a) appropriate and relevant findings b) clear written records	Direct observation			

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Completion of Module 3: Examination – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 4 Topic: Aftercare

Objective 1: Provide:

- Information and guidance to detainees about aftercare
- Immediate care at the time of the forensic medical examination
- Ongoing follow-up and support for a detainee, including referral to other agencies

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod4:1	Provides clear communication to police with respect to care plan: a) Provide all relevant information b) Obtaining medication from home or pharmacy c) Level of observation required d) Next FME review e) Signs of deterioration	Direct observation			
Mod4:2	Able to correctly identify those who require transfer to hospital and the type of transfer that is required.	Direct observation			
Mod4:3	Provides appropriate treatment (for chronic medical problem or presenting complaint).	Direct observation			
Mod 4.4	Medication that is given is appropriate and correctly documented. Further medication is left in accordance with best practice	Direct observation			

Mod 4:5	Mental Health Act assessment is requested where appropriate	Direct observation and/or case review			
Mod4:6	Risk-assess need for prophylactic interventions (e.g. antibiotics / antivirals and vaccines) and provide as necessary according to local/national guidelines with discussion of side effects efficacy and risks	Direct observation and/or case review			
Mod4:7	Provide appropriate treatment and aftercare to the “acutely disturbed” detainee	Direct observation			
Mod4:8	Formulate and implement plan for follow-up including referral to other services	Direct observation			
Mod4:9	Assess emotional well-being and suicide risk of detainee/victim (in terms of risk on release)	Direct observation			
Mod 4:10	“Chain of custody” – hand over any samples and clearly document (time and person).	Direct observation			
Mod 4:11	Provide advice to police re: disposal of body following confirmation of death.	Direct observation			
Mod 4:12	Understanding of the types of medications that must be taken on time and those that can be omitted/delayed without ill consequence. Clear understanding of medicines that are used as recreational drugs.	Direct observation and/or case review			

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Completion of Module 4: Aftercare – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 5 Topic: Statement

Objective 1: Write a comprehensive and technically accurate statement in the prescribed form that can be understood by a lay person

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod5:1	Use of contemporaneous notes as the basis for the report and clearly indicate all sources of information	Case-based discussion			
Candidates are reminded that case discussions are based on the review of 6 cases seen within the previous six months.					
Mod5:2	Write a statement that is appropriate for the purpose for which it has been requested	Case-based discussion			
Mod5:3	Give technically accurate information in terms understandable to a lay person	Case-based discussion			
Mod5:4	Include appropriate body diagrams as part of the witness statement	Case-based discussion			
Mod5:5	Indicate in the statement when disclosure of information held has not been complete.	Case-based discussion			
Mod5:6	"Where an opinion has been requested and it is appropriate to give that opinion be able clearly to separate fact and opinion and be able to express an opinion within the limits of expertise	Case-based discussion			

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Completion of Module 5: Statement – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)

Hospital/Site name and address

GMC/NMC number

Email address

Signature

Date

Module 6 Topic: Court

Objective 1: Prepare and present oral evidence in court

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Candidates are reminded that this case-based discussion requires the case notes, reflections on an observed Court Case, any direct observations and study of legal texts (6.4 – 6.6)					
Mod6:1	Identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.	Case-based discussion			
Mod6:2	Explain in lay terms the content of a witness statement	Case-based discussion			
Mod6:3	Understand the court system and the role of the forensic clinician within it including:	Case-based discussion			
Mod6:3:1	- Pre-trial conferences	Case-based discussion			

Mod6:3:2	- Responding to additional material including expert evidence presented to you pre-trial or during the trial	Case-based discussion			
Mod6:4	Explain the structure of the courts in the UK	Case-based discussion			
Mod6:5	Explain the burden of proof in different legal proceedings	Case-based discussion			
Mod6:6	Explain the core principles of the Criminal Procedure Rules and the Civil Procedure Rules	Case-based discussion			

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Completion of Module 6: Court – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)

Hospital/Site name and address

GMC/NMC number

Email address

Signature

Date

COVE APPENDIX

RECORD OF CLINICAL VALIDATORS' SIGNATURES
Clinical validators should sign off each module or objective, as appropriate, against the individual labels in the left hand column.

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod1:1				
Mod1:2				
Mod1:2:1				
Mod1:2;2				
Mod1:2:3				
Mod1:2:4				
Mod1:2:5				
Mod1:3				

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod1:4				
Mod1:5				
Mod1:6				
Mod1:7				
Mod1:8				
Mod1:9				
Mod2;Ob1:1				
Mod2;Ob1:2				
Mod2;Ob1:2				
Mod2;Ob1:3				
Mod2;Ob1:4				

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod2;Ob1:5				
Mod2;Ob1:6				
Mod2;Ob1:7				
Mod2;Ob1:8				
Mod2;Ob1:9				
Mod2;Ob1:10				
Mod2;Ob2:1				
Mod2;Ob2:1:1				
Mod2;Ob2:2:				
Mod2;Ob2:2:1				
Mod2;Ob2:2:2				

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod2;Ob3:1				
Mod2;Ob3:2				
Mod2;Ob3:3				
Mod2;Ob3:4				
Mod2;Ob3:5				
Mod2;Ob3:6				
Mod2;Ob3:7				
Mod2;Ob3:8				
Mod2;Ob3:9				
Mod2;Ob3:10				

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod3:1				
Mod3:2				
Mod3:3				
Mod3:4				
Mod3:5				
Mod3:6				
Mod3:7				
Mod3:8				
Mod4:1				
Mod4:2				
Mod4:3				

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod4:4				
Mod4:5				
Mod4:6				
Mod4:7				
Mod5:1				
Mod5:2				
Mod5:3				
Mod5:4				
Mod5:5				
Mod5:6				

Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod6:1				
Mod6:2				
Mod6:3				
Mod6:3:1				
Mod6:3:2				
Mod6:4				
Mod6:5				
Mod6:6				