

FACULTY OF FORENSIC & LEGAL MEDICINE

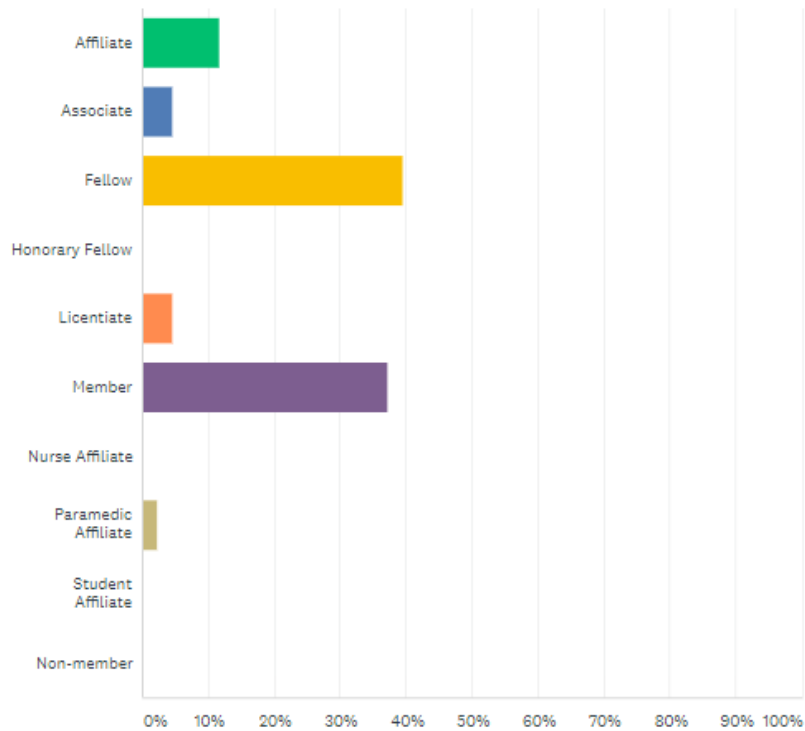


Membership Survey

January 2020

What is your current FFLM Membership status?

Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Affiliate	11.63% 5
▼ Associate	4.65% 2
▼ Fellow	39.53% 17
▼ Honorary Fellow	0.00% 0
▼ Licentiate	4.65% 2
▼ Member	37.21% 16
▼ Nurse Affiliate	0.00% 0
▼ Paramedic Affiliate	2.33% 1
▼ Student Affiliate	0.00% 0
▼ Non-member	0.00% 0
Total Respondents: 43	

TOTAL RESPONSES 43	COMPLETION RATE 53%	TYPICAL TIME SPENT 4m:50s
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Q1 What do you see as the role of the FFLM?

- Enhancing standards;
- To set and maintain clinical standards; to regularly communicate with its members regarding all relevant material; to be available for advice and help;
- Not sure. In NI FMOs being phased out;
- Maintaining and improving quality standards in Forensic Medicine;
- To promote the highest standards of practice in the disciplines of forensic and legal medicine;
- Guidance in forensic issues including clinical staffing of SARCs and Custody guidance. Standard setting. Exams as part of standard setting;
- I believe the FFLM should function and have the same status as the other Royal Colleges;
- Standards Training Guidance;
- I refer to the FFLM for guidelines to best practice. I attend educational meetings and I enjoy meeting colleagues at the national and local meetings;
- Providing governance, gold standards of practice, education and guidance for those working in forensic and legal medicine, including of custody care;
- This should be anonymised;
- What I see the role as is different to what the role is currently. I do not see the role as simply setting standards but being diverse enough to expand the role of the FME. To ensure that the role of the FME does not become obsolete;
- Guidance on evidence based procedures and protocols;
- To decide on and maintain high standards of medical care in all aspects of our work. To communicate regularly. Weekly newsletter is perfect. To be the hub of all of us who work in this field;
- Educational excellence support;
- Advancing the interests of the subspecialty;
- Recommendations/ Guidelines/ Best practice;
- Maintaining quality standards, providing training, lobbying for the status of Forensic Medicine to be recognised;
- To promote Forensic Medicine in its widest role as a specialist subject. To engage with all interested parties in the establishing of appropriate standards for all groups of clinicians currently working in police custody/prison/SARCs/Immigration/paediatric forensic practice/forensic psychiatry/odontology/ and the other subspecialties/medical defence

organisations and also to engage with the Police/CPS/Coroner service to establish common sense policies and practice;

- Setting and promoting forensic standards working across health and MOJ advocacy for the most vulnerable patients to achieve GMC specialist status;
- To be a central focal point for supporting forensic practitioners, providing policies etc and ensuring that other organisations have a competent body to consult on all issues forensic;
- Examinations/standards, contributing to knowledge base (in FMP/SOE);
- To maintain standards of forensic work in the UK and offer clinicians both training and postgraduate qualifications to support their work.

Q2 What is the most important thing that the FFLM does for you?

- Produces guidance documents;
- Weekly newsletter seeing me up to date with conferences guidelines information;
- Meetings with some cpd points;
- The sampling guidelines is probably the most important on a daily basis, but all the Faculty guidelines are very important to me;
- Provides educational, academic, training and peer support in forensic and legal medicine;
- Provides guidance, clinical and non-clinical. Support from other FMEs /SOEs . Training. Running meetings;
- Supports standards, professional development, valuable information resource, accreditation and keeping up to date with developments;
- A point of reference and training materials;
- A sense of "collegiate" and feeling bound to a greater body rather than being a "free radical" doing his own thing;
- Education, updates and guidelines;
- this should be anonymised;
- Unfortunately - my experience is negative in that it has shown me that there is no future in the FME profession;
- Provide guidance and leadership;
- Communicates;
- FFLM exam;
- Opportunities for development;
- Access to Publications;
- Producing trusted guidelines;
- Providing an annual conference, and updating advice on policies and procedures;
- Sets standards;

- It has provided me with a competent organization that I can consult about issues that affect me as a Sexual Offences examiner;
- The FFLM doesn't do anything for me;
- Apart from giving me lots of work in connection with examinations, it gives me support in my forensic and expert work.

Q3 What more do you want the FFLM to do for you as a Member?

- Promote membership within the specialty and police forces as those with membership aren't treated any differently to a new HCP with no qualifications;
- At this moment address retention of clinical records including intimate images and other 'photo documentation;
- Protect our jobs;
- Keep doing what it's doing! Keep pressing for speciality status;
- Provide speciality status;
- Provide a mechanism for bringing bad practice to the attention of PCCs, ACPO. I am not meaning single occurrences but where the Provider is providing a service that is unsafe;
- I am not dissatisfied with the current situation;
- Just keep going!;
- I feel well supported in my role as an FP;
- Become a royal college! We need to encourage others to take this specialism as a primary career pathway and to do this we need training numbers;
- this should be anonymised;
- Be innovative and dynamic enough to redefine the FME position and create a multidisciplinary profession;
- Organise more regional meetings/conferences;
- I can't think of anything. The FFLM is brilliant;
- More CPD;
- Open part 2 of the medicolegal advisors exam to law/lpc/bptc graduates;
- Get Specialist status;
- Continue to work for our recognition as a speciality;
- I think that the Faculty needs to get itself wiser about the commercial and commissioning situation as it now is. Engagement with commissioners to explain what they are "purchasing and specifying" would be beneficial;
- Continue to promote standards for forensic and legal medicine;
- FFLM has been excellent in being the resource and source of support I feel I need to fulfil my role as a Sexual Offences examiner;
- A clear way of booking accommodation at the RCP (if indeed we are entitled to this) eg through the FFLM website;
- Consider more events north of London.

Q4 What can the FFLM do to promote best practice?

- Enforce standards by compulsory, standardised qualifications for those working in police custodies or SARCS;
- Set and maintain clinical standards and ensure they are mandatory across the UK and that private providers do not deviate from them;
- Make sure if our jobs are being given away the people replacing us are properly trained;
- Promoting the exam and encouraging ALL involved in this work to take it. Respond to reports in the media about forensic medicine;
- Continue to offer examinations and educational activities to the highest standards in consultation with the membership;
- See 7 but also lobby Politicians , PCCs, etc about issues;
- I think the FFLM should do more work with NHS England and promote provision of forensic services from the NHS rather than via private providers, particularly with regard to sexual offences medicine and child examinations;
- Already does this, in my opinion the problem is large proportion of the workforce are not keyed into the faculty;
- Updating the guidelines on a regular basis and underpinning them with published evidence is essential;
- As above. And encourage undergraduate training and education;
- Engage with private providers, government and constabularies;
- Guidelines already readily available;
- Set standards and insist they are maintained. To attempt to disallow providers from varying these standards at all;
- don't know;
- Seek funding to increase services to members;
- Until the FFLM gets Specialist Status, their voice will not have the strength it needs;
- Promoting the exam, providing best practice days;
- Already does some work in this regard but what is "best" vs what is safe and achievable are not necessarily the same thing and the faculty needs to be aware of this;
- Consistent standards recognised by commissioners, providers and MOJ work with other colleges and GMC;
- I think the weekly electronic newsletter is excellent. I am pleased that the Faculty is involved in the appointment of Clinical Directors of NHS SARCS. I wonder if they are consulted by the private firms when the private firms appoint their senior forensic teams (Sexual Offences and custody). The Development days are relevant and accessible. The journal is widely disseminated. Guidance and recommendations are easily accessed via the Faculty website. I wonder if the faculty could press for more Medical School and Nurse/ paramedic training to include some forensic input;

- I think this role may be confined to FM practitioners and SOE's – I am not either so no comment;
- Continue to lobby government, commissioners and NHSE to adhere to best practice standards.

Q5 How can the FFLM profile be increased?

- Press, NPCC publications, commissioners;
- Significant failure to represent BAME or its members profile
- Communication with police and lawyers;
- Using the media (both “mainstream” and social) to respond/comment on cases in the media, and in the medical press too -with issues such as consent;
- Use of the media, membership of and participation in academic, legal and justice, and NHS bodies;
- By greater liaison with the Police in Custody and Special Units for Sexual Offences. Maybe a 6 monthly newsletter that could be forwarded by a Police contact to Custody and SARC officers. More contact with the College of Policing. Ensuring that providers of Custody and SARC services are regularly contacted and asked to forward material to clinicians. Apologies if these suggestions already happen;
- More media exposure, promotion of good practice and standards;
- Make at least affiliation mandatory, likely only specialist recognition will assist here;
- Being recognised as a specialty in itself;
- By becoming a Royal College;
- Significant failure to represent BAME or its members profile;
- I don't know really. I feel like the horse is bolted and it has been left too long to now be addressing it. I guess it isn't about the FFLM any longer. I think the question that needs to be asked is how can the FME profile be increased as the “death” of the FME means less members and lower profile of the FFLM;
- Not sure;
- Advertise in the BMJ. Communicate with medical schools. Be included in the Med school curriculum;
- Undergraduate forensic teaching;
- Stop closing doors to non-doctors and marking exams for non-doctors at a lower level. It is patronising, archaic and the provision of healthcare has moved on from the old days;
- Get Specialist status;
- More engagement with the media where appropriate;
- Engagement with other stakeholders e.g. what does the FFLM do for non-medics. How do you attract interest from Paramedics/Nurses etc... There needs to be a move away from the ivory tower silo approach that the rest of

reality doesn't matter as long as the academic viewpoint is recorded and pushed as the expected standard;

- Network / continue collaborative work with national bodies: colleges, MOJ, NHSE engage with national media;
- Attaching ourselves to other Royal Colleges and Faculties eg having a stand at the RCGP annual conference etc;
- Don't know;
- Continue to comment publicly through all social and news media on deficiencies in service and how to improve standards and funding.

Q6 Which FFLM services do you rarely or never use?

- Ones I'm not aware exist so I don't know!;
- Webinars because I don't know how;
- ? I sometimes go to the conferences;
- Can't think of any - but prob I'm not aware of ones I don't use??;
- Appraisal;
- CPD diary;
- I have not been to conferences and I have no involvement in general forensic medicine;
- None;
- Not sure.....I'll need to do some searching;
- I use all;
- this should be anonymised;
- At present - I don't use any as I'm not doing forensic work any longer;
- None;
- I don't use webinars. I am lazy with new IT and also scared of it. I know I should simply ask for help;
- Library;
- Courses;
- JFLM;
- I don't know how to answer that!;
- Most of them,!! I think the Journal rarely contains material that is useful to me on a day to day basis. I will admit that there is the occasional article but not frequent. I would be interested to know how much of my sub supports the hard copy that I don't need;
- None;
- Cannot think of any;
- I do not use any FFLM services;
- I do not need appraisal/revalidation services.

Q7 What do you think is the fairest way of funding the FFLM examinations?

- Examinees;
- Candidates pay a fee;
- Applicants or their employers pay;
- By the candidates, as with other professional exams;
- Combination of funding from examinees, employers and FFLM;
- Individual or Company payment at a going rate;
- I don't think there is a best way but perhaps the FFLM can reach an agreement with accommodation providers to offer reduced rates for candidates who have to travel and stay overnight at the exam venue;
- As per other colleges, sadly the candidates;
- partly exam fees and if there is money in the big pot, then perhaps reducing costs to the examinees if possible;
- As we are at the moment. But the quality and standards of the examiners needs to be consistent;
- This should be anonymised;
- The exam is pointless without the members. Also - getting the exam has to have a benefit and it doesn't apart from personal satisfaction for most FME's;
- Not sure;
- Though membership subs and candidates fees;
- Candidates pay all perhaps subsidised by employers;
- Continue with current model. Compliment with scholarships;
- Individual payment;
- The examination fee;
- The issue here is that there is now an expectation within the national spec that clinicians will have a post graduate examination and therefore I would suggest that there is a push to Government to make a contribution to these fees to ensure that more staff will engage with this. Providers currently will include training costs in a bid budget which commissioners don't always appreciate as an essential component now;
- As with other colleges, individual pays (great motivation and it is tax deductible) difficult to keep payment on a par with other college exams sponsorship?;
- Like all other membership examinations the burden does fall on the examinee but I do wonder if SARCs / Custody providers could be given "brownie points" for including some funding towards faculty exams for employees/ examiners;
- By charging those taking the examinations;
- Employers and service providers should at least subsidise the cost of examinations for candidates.

Q8 How could we encourage you to become a Member of the FFLM (if you are not already one)?

- I'm a Founder Fellow;
- How would I have got this survey if I was not a member?;
- Already am!;
- Already fellow;
- By providing local support. Local branch officers and local training;
- Already a founder fellow;
- I am;
- Market student membership, achieve GMC status for FFLM with a recognised career pathway, ensure membership part of all commissioning Specs;
- Already a member;
- and many more N/As entered;
- Too late - I'm a fellow.

Q9 Are there any other comments you wish to make about the FFLM or your role in forensic and legal medicine?

- The FFLM is wonderful, it is well worth being a member, without membership I would be very uncertain about my day to day work. My role is insecure, I work in sexual offences, our jobs are being gradually eroded by nurses who, in my limited personal experience, well intended and hard working as they are, are inadequately qualified;
- Am losing my job so not much enthusiasm. Think we have been side-lined for untrained nurses but this is happening all over so nothing new;
- No thanks;
- The FFLM needs to emphasise its relevance to practitioners in the field. Specialty status and support for a training hierarchy from the justice system is essential to confirm this;
- Too much reliance on Nurse and Paramedic HCPs in SARCs and Custody. Standards are not high enough by which I mean in practice. Providers are more interested in putting names on rotas;
- No;
- No;
- Being a recognised specialty with a career path beyond specialty doctor would be encouraging;
- You may wish to consider country based offices. Not everyone practices English law. Consider streamlining to offer better local training;
- My feedback to the Faculty has always been ignored because it is sometimes quite challenging. The Faculty has always persisted with the "old guard". It has ignored diversity and young blood. It has not listened to those that were most affected by private companies. The leadership needed a dynamic board

with the interests of current FME's at the heart supported by the "old guard" a - not the other way. I fear that it is too late now. Have a look at the current Finland government (leaders) and this will tell you a little about being current and dynamic;

- No;
- The FFLM is brilliant. The regularity of communication superb. The advice of new publications and changes through weekly newsletters ideal. Having been in Forensic medicine 26 years I've seen many changes some great, the FFLM, some disastrous, outsourcing to different organisations all of whom need to make and save money, my personal experience is the companies drop standards and have little knowledge of potential pitfalls that result. A big discussion about corporate responsibility should happen. National standards should be insisted on and companies not allowed to make their own in house standards. A recognition is required that different professional bodies are trained to do different work and we should work as teams, not have the cheaper option of trying to exclude doctors. Off the soap box! Happy Christmas;
- Advocate for forensic medicine to universities and other colleges to be a core item in their syllabus;
- The number of applicants for the part 2 medicolegal advisor exams has dropped to levels rendering it futile. Open the exam up to other healthcare professionals who have passed the DLM. Medicolegal advice is not given exclusively by doctors and the lack of competence of other healthcare professionals should never be assumed;
- Unless the FFLM gets its specialist status, joining the Faculty will have no value. The publications are free to everyone. The current custody forensic services do not require their staff to have FFLM qualifications. Voting Rights is not an incentive for paying over £500;
- No;
- I am not convinced that my annual sub is worth the money anymore. The annual conference is also becoming seriously expensive;
- The FFLM has enabled me to develop a wide exposure / knowledge to the multifaceted world of forensic and legal medicine;
- Really hope there will be a successful application to the GMC with recognition as a specialty;
- I consider the subscriptions too high given that I do not use any services nor do I perceive any benefit from my membership.