



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



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## **Foreword**

The Membership of the Faculty of Forensic & Legal Medicine (MFFLM) Examination Regulations 2020 apply from 01 April 2020 and cover the MFFLM Examination. This document supersedes any previous version.

### **Notice of future amendments to the Regulations**

The MFFLM examination will continue to change to reflect developments in forensic and legal medicine. While every attempt has been made to ensure that this document is accurate, further changes may be implemented over time.

Candidates should refer to the [Exams page](#) of the FFLM website for the most up-to-date information, where any such changes will be detailed. In addition, wherever changes are made, notices will be issued indicating the nature of these changes. In order that candidates are fully briefed about the status of any proposed changes, they are advised to read these notices along with this publication.

### **Contact Details**

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The following Regulations apply to candidates entering the MFFLM examination.

1. Introduction

1.1 Purpose of these Regulations

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

1.2 Date of publication

The MFFLM Regulations first came into effect on 01 October 2009. They will change over time. Candidates should ensure that they familiarise themselves with the Regulations current at the time they are taking the MFFLM. The current version will always be downloadable from the FFLM web site. The FFLM will give appropriate advance notice of any change which may have a material effect on candidates to ensure that candidates are not disadvantaged as a result.

2. Purpose of the assessment

2.1 The MFFLM is an examination and successful completion of its components is required of doctors who wish to obtain qualification of eligibility to become Members of the Faculty of Forensic & Legal Medicine.

2.2 A doctor who successfully completes the MFFLM and has a licence to practise is eligible to be considered for Membership of the FFLM.

3. Constitutional Framework: Faculty of Forensic & Legal Medicine

3.1 The Faculty of Forensic & Legal Medicine has the power under Standing Orders:

- to set professional standards for admission to membership of the FFLM; and
- to conduct examinations and award the MFFLM qualification and the MFFLM Diploma of Membership.

3.2 The Faculty of Forensic & Legal Medicine has the power to:

- determine the terms and conditions of entry to the MFFLM examination. The Faculty of Forensic & Legal Medicine reserves the right to refuse admission to any part of the MFFLM examination;
- recognise appropriate periods of training, in fulfilment of the entry requirements of the MFFLM examination Part 2 and reserves the right to determine when this training has been completed successfully by candidates.

## 4. Academic Framework: The Aims and Objectives of the MFFLM Examination

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

4.2 The MFFLM examination will play an important role in the international arena of postgraduate medical education. It will provide a professional standard against which physicians working outside the United Kingdom can measure their level of attainment. It may also be used by medical educationalists in other countries in respect of their local postgraduate assessments.

### 4.3 Aim

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

### 4.4 Objectives

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

4.4.2 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.

### 4.5 Assessment methodology

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

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

For Mitigating Circumstances and Special Examination Arrangements for Disability and Pregnancy: see General Regulations.

## 5. MFFLM examination

### 5.1 How to enter the MFFLM examination

5.1.1 Candidates can apply for the MFFLM examination by completing and submitting the application form available on the [FFLM website](#) and paying the appropriate fee.

- 5.1.2 It is the responsibility of the candidate to ensure that their application is completed by the required closing date. Incomplete or late applications will not be accepted unless this was caused by exceptional circumstances.
- 5.1.3 Paper applications will **not** be accepted.

## 5.2 Fees

- 5.2.1 Details of fees, which are subject to annual revision, dates and opening and closing dates for applications are available on the Exams page of the [FFLM website](#). The preferred payment method is online, by credit or debit card, using the link provided in the Exams page of the FFLM website. Alternative methods are also possible. Please email [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk) for details.
- 5.2.2 A candidate's application is only processed once his/her complete application form and payment are received.

For arrangements about visas, submission of documentation of professional qualification and current registration with GMC: see General Regulations.

## 5.3 Centres

The MFFLM Part 1 Examination may be held in various centres within the UK but normally takes place in Central London. Candidates should refer to the Exams page of the [FFLM website](#) for the most up-to-date information.

The MFFLM Part 2 examination may be held in various centres within the UK but it normally takes place in Central London.

For arrangements about withdrawal from the examination and refund of fees: see General Regulations.

## 5.4 Number of attempts allowed

Candidates can apply and sit the MFFLM Part 1 examination as many times as required. However, MFFLM Part 2 candidates are only allowed four attempts. After this time, the process would need to start again with sitting Part 1 and there would then be a maximum of 2 further attempts at Part 2.

### 5.4.1 Discounting of MFFLM Part 2 attempts

- 5.4.1.1 Candidates who are prevented from attending the examination in person, owing to the following circumstances, may apply to have that attempt discounted:
  - 5.4.1.2 Illness just before or during the examination;
  - 5.4.1.3 Involvement in an accident;
  - 5.4.1.4 Death of a close relative (parent, sibling, spouse/partner, child).
  - 5.4.1.5 Documentary evidence is required in all cases.
  - 5.4.1.6 Any request for discounting of an attempt must be submitted to the Administration Office within one month of the date of the examination. Requests received at a later stage will not be considered.

- 5.4.1.7 Decisions about discounting attempts are made by the Chief Examiner in consultation with the Chief Examiner's Committee, whose decision is final.
- 5.4.1.8 Discounting of attempts will only be allowed for a maximum of two occasions. After this the exam fee will be forfeited.

## 5.5 After the examination

### 5.5.1 Review of the examination

- (a) Results are released when the Chief Examiner and the Academic Dean of the FFLM are satisfied that the examination was conducted appropriately and in accordance with the procedures of the Faculty of Forensic & Legal Medicine.

### 5.5.2 Results

- (a) Results will be published on the website within four weeks of the date of the examination. Confirmation and details of results will be emailed within a further four weeks. Results cannot be collected from FFLM or given over the telephone.
- (b) The FFLM candidate numbers and results of all candidates, both passes and fails, will be published in the Exams page of the [FFLM website](#). Candidates will not be identified by name. Candidates are advised to take careful note of their candidate number upon receipt of their admission document.
- (c) Candidates should notify the FFLM of any change of email address as soon as possible. Please note that **personal** email addresses, rather than work ones, are preferred.

## 5.6 Queries on results

- (a) Candidates may request that their Examination answer sheets are re-marked. There is a charge of £150.00 per paper for this service. This charge will be refunded if an error, made by the FFLM, is identified.
- (b) Requests for the re-marking of answer sheets should be made in writing to the Chief Examiner, via [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk) and must be received within six weeks of the publication of results.
- (c) Candidates are reminded that their answer sheets are held for one year only.

For information on attendance at and conduct during the examination, academic and professional misconduct, complaints and appeals and compliance with diversity legislation, see General Regulations

## 6 Registration with the UK General Medical Council

- 6.1 Registration with the General Medical Council (GMC) is required for all candidates intending to work as doctors in the UK. Registration with the GMC is not necessary in order to take the MFFLM examination. However, prospective candidates who intend to obtain training in a forensic unit, whether paid or unpaid, must register with the GMC.

6.2 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.

6.3 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](mailto:registrationhelp@gmc-uk.org)  
For further information please refer to the [GMC website](#).

## 7 Language Requirements

7.1 All parts of the MFFLM examination are conducted in English.

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

7.3 The MFFLM cannot be used as demonstrating competency in the English language, for which PLAB is necessary before doctors can obtain Limited Registration with the GMC. Full details are available from:

PLAB Test Section  
General Medical Council  
Regent's Place, 350 Euston Road  
London, NW1 3JN  
Tel: +44(0)845 357 3456 Email: [registrationhelp@gmc-uk.org](mailto:registrationhelp@gmc-uk.org)  
For further information please refer to the [GMC website](#).

## 8 Preparation for the MFFLM examination

8.1 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.

8.2 There is an e-learning course, which has been available since 01 March 2014 that covers most of the syllabus of the Part 1 exam and the Part 2 in Sexual Offence



Medicine (SOM). Further details can be found on the [FFLM website](#).

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

8.4 A reading list is available from the [FFLM website](#).

8.5 Sample SBA, SAQ and OSCE questions are available on the [FFLM website](#).

8.6 The FFLM may be able to provide lists of recommended FFLM courses. The details of most courses are contained in the education section of the FFLM website.

8.7 It is recommended that candidates wishing to proceed in a career in any of the three subspecialties of the FFLM follow the training guidelines of either their medical defence organisation (MLAs) or those published by the FFLM for Forensic Physicians in General Forensic Medicine (GFM) or Sexual Offence Medicine (SOM).

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

9.1 Purpose

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

9.2 Aims

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

9.3 Validity

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

9.4 The format of MFFLM Part 1

9.4.1 The MFFLM Part 1 examination is designed to assess a candidate's knowledge and understanding of legal medicine relevant to medical practice.

9.4.2 The MFFLM Part 1 Examination has a one-paper format. The paper consists of 150 Single Best Answer (SBA) questions. Candidates have three hours to complete it. Candidates are tested on a wide range of topics in forensic and legal medicine as set out in the published Syllabus – Schedule 1 at the end of this document.

9.4.3 The examination may include pre-test questions (trial questions that are used for research purposes only). A small number of pre-test questions may appear in any paper. Responses to them do not count towards a candidate's

final score. The use of pre-test questions is in line with the assessment criteria set out by the General Medical Council (GMC). Candidates are directed to their website for further information.

- 9.4.4 Drugs are normally referred to by their recommended International Non-Proprietary names (INN) rather than by their trade names.
- 9.4.5 Biochemical and other measurements are expressed in SI units and normal or reference ranges are provided.
- 9.4.6 The MFFLM Part 1 examination is criterion referenced. Before the Examination, the difficulty of each question is considered by the MFFLM Chief Examiner's Committee. The standard setters assess the difficulty of the questions against the level of knowledge expected of candidates using a procedure known as the modified Angoff method.
- 9.4.7 All judgments by all standard setters on all questions are then analysed and a criterion-referenced pass mark is established. In order for wild fluctuations in the pass rate to be avoided, there are limits outside which it has been decided the pass rate may not fall. As a result of the standard setting and the restrictions on pass rates, the pass mark and pass rate can vary slightly from one examination to the next.
- 9.4.8 The marking system for the MFFLM Part 1 examination is as follows:
  - 9.4.8.1 one mark is awarded for a correct answer;
  - 9.4.8.2 no mark is awarded or deducted for an incorrect answer;
  - 9.4.8.3 no mark is awarded or deducted if a question is left unanswered;
  - 9.4.8.4 no mark is awarded if more than one response is recorded or if the answer is not sufficiently clear; and
  - 9.4.8.5 no mark is awarded for any answer that the scanner queries as:
    - 9.4.8.5.1 insufficiently erased;
    - 9.4.8.5.2 smudged.

In these circumstances the Faculty of Forensic & Legal Medicine does not consider it is appropriate to interpret a candidate's intentions.

- 9.4.8.6 The final mark for each candidate is the mark obtained in the examination paper expressed as a percentage.

## 9.5 How to complete the MFFLM Part 1 examination answer sheets

- 9.5.1 Answer sheets will be printed to include candidate numbers. Candidates must ensure that their candidate number matches the one issued at the time of application.
- 9.5.2 The answer sheets for the MFFLM Part 1 examination are machine readable, like [this](#). Candidates should indicate the single correct answer in accordance with the instructions provided.
- 9.5.3 Papers will be marked by an Optical Mark Reader (OMR). The OMR output is processed by computer and marks are allocated according to the candidate's responses. Scores are then calculated and statistical data across candidates are calculated relating to individual questions. This information is produced in printed form for the FFLM Examining Board.
- 9.5.4 As the completed answer sheets will be computer marked, candidates must comply fully with the instructions given on each answer sheet, otherwise answer sheets may be rejected by the machine or the candidate's intention misinterpreted.

- 9.5.5 The Faculty reserves the right to mark the examination papers manually if the numbers of candidates warrants this method.
- 9.5.6 Candidates should use only the pens or pencils supplied in the examination. Dubious or multiple answers for the same question cannot be read by the OMR and may therefore result in a zero score.
- 9.5.7 Candidates may **not** erase any answer. To avoid making mistakes, they may indicate their choices in the question book in the first instance, before transferring them to the answer sheet. Candidates should remember to allow sufficient time to do this, as additional time will not be allowed.
- 9.5.8 The answer sheet must **not** be folded, creased or contain anything other than the answers A, B, C, D or E.
- 9.5.9 It is important that candidates fully understand how to complete the answer sheet before sitting the examination.

## 9.6 Entry requirements

- 9.6.1 Every candidate for the Examination must hold a **medical qualification** recognised by the Faculty of Forensic & Legal Medicine.
- 9.6.2 Candidates will not be admitted to the MFFLM Part 1 Examination until **two years** after the date of graduation given on their diploma of medical qualification **unless** they hold a previous qualification in law and they intend to gain Part 2 in Medico-Legal medicine, in which case they may write to gain exemption from the two-year requirement from the Chief Examiner at the Administration Office.
- 9.6.3 At the stage of being awarded membership or fellowship of the FFLM, it will be necessary for the individual to sign a Declaration of Faith confirming that they are in good standing with the relevant regulatory body. If the applicant believes they may have any difficulty in this respect, then they should discuss the matter, in confidence, with the FFLM Registrar in advance so that they may make an informed decision on whether or not to proceed with their application at that time.

## 9.7 Exemptions

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

## 9.8 Pass result

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

## 9.9 Fail result

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

## 10 MFFLM Part 2 Written Examination

### 10.1 Purpose

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

### 10.2 Aims

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

### 10.3 The format

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

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

10.3.3 The pass mark will be set by the modified Angoff Method.

### 10.4 How to complete the MFFLM Part 2 Written Examination answer sheets

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

10.4.2 A single question and answer booklet will be provided, with appropriate space allocated for each question and answer.

10.4.3 Candidates should use black ink.

10.4.4 It is important that candidates follow the instructions given with each question.

10.4.5 The answer booklet must not be folded or creased.

### 10.5 Entry requirements

10.5.1 Candidates for the MFFLM Part 2 Written Examination must have passed the MFFLM Part 1 Examination within the preceding **four** years. This was increased from three years from June 2016.

10.5.2 Candidates must be currently working in, and have worked in, their chosen field for **three** years (within the previous five) on the date of the Part 2 Examination.

10.5.3 At the stage of being awarded membership or fellowship of the FFLM, it will be necessary for the individual to sign a Declaration of Faith (see [FFLM](#))

[website](#)) that they are in good standing with the relevant regulatory body. If the applicant believes they may have any difficulty in this respect, then they should discuss the matter, in confidence, with the FFLM Registrar in advance so that they may make an informed decision on whether or not to proceed with their application at that time.

10.5.4 GFM and SOM candidates **will** be required to produce a current (obtained within the previous 12 months) **Immediate Life Support (ILS) certificate, valid** on the date of the Part 2 examination. A candidate from overseas who wishes to submit a certificate of Life Support to an equivalent standard should do so upon application for the Part 2 examination, to allow its consideration by the Chief Examiner's Committee, whose decision will be final.

## 10.6 Exemptions

There are no exemptions.

## 10.7 MFFLM Part 2 Examination Registration Period

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

## 10.8 Pass result

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

## 10.9 Fail result

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

## 11 MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE)

### 11.1 Purpose

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

### 11.2 Aims

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

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

### 11.3 Format - Practical Assessment Skills (OSCE/OSPE)

- 11.3.1 The Observed Structured Clinical Examination (OSCE) or Observed Structured Practical Examination (OSPE) assesses the ability to integrate and apply clinical, professional, communication and practical skills appropriate for forensic and legal medicine. It simulates patient/client consultations that are relevant to forensic and legal medicine using simulated patients/clients. A range of scenarios drawn from forensic and legal practice are used and each consultation is marked by a different assessor. The role of the patient/client is taken by a trained role-player.
- 11.3.2 The OSCE/OSPE is composed of 8 OSPE stations for Medico-Legal medicine candidates and 14 OSCE stations for each of the specialties, general forensic medicine and sexual offence medicine, over a period of a minimum of 2.75 hours. Medico-Legal Advisors will only have OSPE stations; all other candidates may have OSCE and OSPE stations. A candidate wishing to specialise in more than one of these sub-specialties will need to sit the sets of stations for that specialty - some of the stations may be common to more than one specialty. Each station is assessed by one independent examiner. Candidates will start at any one of the stations and then move round the carousel of stations at 10 - 20 minute intervals until the cycle has been completed. There will be 2 minutes reading time between stations.
- 11.3.3 The MLM OSPE examination consists of a mixture of telephone and written stations. The telephone stations will involve simulated calls from healthcare professionals requesting Medico-Legal advice. The written OSPE stations will involve analysis of complex and often multiple papers prior to providing written Medico-Legal advice.
- 11.3.4 An external examiner may be present at an OSCE/OSPE station at any time to observe and review stations.

### 11.4 Entry requirements

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

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

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

- 11.5.1 Candidates will not be admitted once the examination has started.
  - 11.5.2 Candidates will not be admitted unless they produce suitable identification in addition to the Admission Document. This would normally be a passport. Where candidates do not possess a passport, some other form of identification may be acceptable, providing that it includes both the photograph and signature of the candidate concerned. Admission to the Examination will be at the discretion of the Chief Examiner or their nominee.
  - 11.5.3 The Faculty of Forensic & Legal Medicine observes sensitivity in the visual identification of candidates, but advance notice should be given by candidates of any anticipated difficulties.
  - 11.5.4 Candidates presenting themselves for the MFFLM examination must have complied fully with all admission requirements, including the payment of fees.
  - 11.5.5 Candidates may not carry electronic devices, including telephones, pagers, PDAs or other forms of communication devices, while at the Examination.
- 11.6 Procedure
- 11.6.1 The examiner is required to record their mark for each candidate on the mark sheet independently and without consultation. Examiners do not have any knowledge of the marks given by other examiners at other stations.
  - 11.6.2 Clinical scenarios must not be copied or removed from the clinical examination centres. All MFFLM examination questions and clinical scenarios are confidential and are copyrighted by the Faculty of Forensic & Legal Medicine. No person may communicate any question or part of a question to any other person or organisation. To do so would constitute a serious breach of copyright and of these Regulations and may result in misconduct procedures being invoked.
- 11.7 Method of assessment
- 11.7.1 The mark sheets in total are completed by the examiners:
  - 11.7.2 The marks awarded on all mark sheets determine the candidate's overall MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) score.
  - 11.7.3 Each station of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) is marked according to a structured marking scheme. The pass mark for the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) is determined using the modified Angoff method by the Chief Examiner's Committee and other co-opted persons that they consider necessary to determine a fair and accurate pass mark. This is determined for each sub specialty and a pass mark confirmed by the MFFLM Chief Examiner's Committee.
- 11.8 Quality control
- 11.8.1 The FFLM oversees the delivery and quality control of the MFFLM examination.
- 11.9 Best-practice standard-setting techniques are used to ensure that pass/fail levels are applied equitably and rigorously.
- 11.10 Assessors and role-players

- 11.10.1 MFFLM examiners are formally recruited and trained and regularly retrained in assessment techniques and equality and diversity.
- 11.10.2 The performance of examiners is monitored and reviewed.
- 11.10.3 The role-players used in the OSCEs and OSPEs are trained both generically and in preparation for each case so that they deliver a standardised test.
- 11.10.4 The performance of role-players is monitored and reviewed by experienced assessors and role-player facilitators.

11.11 Assessment outcome statistics are used to quality assure cases.

Academic and professional misconduct – see General Regulations

11.12 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.

11.12.1 In the event that the candidate has a yellow card submitted which in the view of the Chief Examiner’s Committee and the Academic Committee is of a degree that would indicate that the doctor is possibly unsafe to practice, then a referral of that candidate to the GMC will be made. In this instance no matter how well the candidate performed in the rest of the exam, or in other sections of the exam, they will not be awarded a pass until the issues have been addressed and resolved to the satisfaction of the GMC, approved by the Academic Committee following a recommendation from the Chief Examiner’s Committee and ratified by the Faculty Board. It remains within the discretion of the Chief Examiner’s Committee to make a recommendation that, depending on the gravity and nature of the submission to the GMC, an outright fail may be awarded.

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

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

11.13.1 Results

The MFFLM Chief Examiner’s Committee has overall responsibility for policy and procedures relating to, and the organisation of, the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE).

11.13.2 The MFFLM Chief Examiner’s Committee will consider reports from Examiners (and others as necessary) on the delivery of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) at the examination centre. The MFFLM Chief Examiner’s Committee is responsible for confirming the pass mark and success or failure of candidates in the Examination. Results are released only when the MFFLM Chief Examiner’s Committee is satisfied that the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) has been conducted appropriately and in accordance with the procedures of the FFLM.

11.13.3 After every Examination, the MFFLM Chief Examiner’s Committee reviews the whole Examination. To do so, it considers statistical analyses of all candidates’ performance, together with the comments of the examiners. In



the light of these analyses and opinions, the MFFLM Chief Examiner's Committee may:

- 11.13.3.1 agree that the pass mark should remain the same;
- 11.13.3.2 agree that the pass mark should be changed. The MFFLM Chief Examiner's Committee would need to be satisfied that the standards of the MFFLM would be maintained by taking such action; and/or
- 11.13.3.3 make modifications to the structure and format of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) that it deems desirable to ensure the validity of the Examination.

#### 11.14 Pass result

- 11.14.1 A pass in both the MFFLM Part 2 Written examination and the Clinical/Practical (OSCE/OSPE) examination will confer the qualification only. Successful candidates will then be eligible to apply and be considered for Membership of the Faculty of Forensic & Legal Medicine of the Royal College of Physicians of London.
- 11.14.2 Successful candidates may **NOT** use the postnominal MFFLM until their Membership application has been completed and ratified by both the Chief Examiner's Committee and by the Board of the FFLM.
- 11.14.3 The Membership Diploma will not be conferred until Membership has been completed and ratified by both the Chief Examiner's Committee and by the Board of the FFLM.

#### 11.15 Award of the MFFLM Qualification

Successful candidates will receive an electronic letter, via email, normally within 4 weeks of the posting of the examination result on the FFLM website under candidate number, confirming that they have passed the MFFLM examination and are therefore eligible to apply for Membership of the Faculty of Forensic & Legal Medicine.

#### 11.16 Award of the of the Diploma of Membership of the Faculty of Forensic & Legal Medicine

- 11.16.1 Every candidate must pass all three parts of the MFFLM examination.
- 11.16.2 Successful candidates will be informed on how to apply for Membership of FFLM after they have been sent their examination result letter.
- 11.16.3 Once Membership has been approved, an annual subscription will be incurred from the next subscription renewal (01 July each year).
- 11.16.4 Members of the Faculty of Forensic & Legal Medicine are elected subject to Standing Orders of the Faculty. The Standing Orders are available to download from the FFLM website.
- 11.16.5 Award of Merit and Distinction

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

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

## 11.17 Fail result

- 11.17.1 The MFFLM Part 2 Clinical/Practical Examination may be failed in the following ways:
- 11.17.2 a candidate does not achieve the pass mark;
- 11.17.3 a candidate automatically fails the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) if they are awarded more than five 'fail' grades, or;
- 11.17.4 **aggressive or inconsiderate behaviour**, either physical or verbal, to a patient will invariably result in failure, and may result in misconduct procedures being invoked.
- 11.17.5 If a candidate fails the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) at their first or second attempt they may be deemed by the MFFLM Chief Examiner's Committee to require more clinical experience before re-attempting OSCE/OSPE or be recommended for educational counselling from a nominated Fellow or Member of the FFLM.
- 11.17.6 A candidate who has failed the MFFLM Part 2 examination will be required to re-sit the MFFLM Part 1 examination if four years have elapsed since taking Part 1. This period was increased to four years from June 2016.

## 11.18 Poor performance in the MFFLM Part 2 Clinical/Practical Examination

- 11.18.1 All doctors practising in the UK, including examiners and the Officers of the FFLM, are governed by the principles outlined by the UK General Medical Council in the publication *Good Medical Practice*. The FFLM acknowledges that some good doctors may perform badly and aberrantly under examination conditions. However, where there are genuine concerns that a doctor's fitness to practise is called into question by facts coming to light during the course of the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE), the Faculty of Forensic & Legal Medicine is duty bound to inform those to whom the candidate is contractually or professionally responsible. In exceptional circumstances, where no such person can be identified, this information may have to be communicated directly to the UK General Medical Council or similar professional body.
- 11.18.2 The candidate concerned will be informed by letter when their poor performance in the MFFLM Part 2 Clinical/Practical Examination (OSCE/OSPE) warrants referral to a sponsor, employer, or professional body, as outlined above. Reporting will normally take place only for consistently poor performance in repeated Clinical/Practical Examinations but, in exceptional circumstances, it may take place as a result of poor performance in a single Examination.
- 11.18.3 Before the candidate may re-enter any part of the MFFLM examination, written evidence must be received from the sponsor, employer or professional body confirming that remedial action has been taken. It will be for the Academic Dean and the Chief Examiner of the MFFLM Chief Examiner's Committee to confirm whether the evidence presented is satisfactory to warrant re-entry to the MFFLM examination. They will also be available to consider any representations that the candidate wishes to submit.

# SCHEDULE 1

## Syllabus for Part 1 MFFLM Examination

### Foreword

This syllabus outlines the areas of knowledge and understanding<sup>i</sup> covered in the MFFLM Part 1 examination.

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

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

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

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

#### 1. STRUCTURE OF HEALTHCARE DELIVERY IN THE UK

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

- 1.1. Structure of the NHS and the differences due to devolved government in the 4 jurisdictions;
- 1.2. Independent contractor status of GMS GPs, PMS GPs;
- 1.3. GP Performer's Lists;
- 1.4. Private medical practice;
- 1.5. NHS indemnity and other indemnity arrangements;
- 1.6. Clinical governance;
- 1.7. Issues of access to healthcare; and
- 1.8. The National Institute for Health and Clinical Excellence and the Scottish Medicines Consortium.

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<sup>i</sup> The sections refer to either:

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

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

## **2. REGULATION OF HEALTHCARE PROFESSIONALS**

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

## **3. SOURCES OF LAW AND LEGAL SYSTEMS**

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

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

## **4. CRIMINAL LAW**

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

- 4.1. police powers
- 4.2. principles of the law of gross negligence manslaughter, including corporate manslaughter and
- 4.3. sexual offences
- 4.4. road traffic legislation
- 4.5. drug offences
- 4.6. assault and offences against the person.

## **5. CIVIL LAW**

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

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

## **6. PHILOSOPHICAL MEDICAL ETHICS**

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

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

## **7. MEDICAL ETHICS IN PRACTICE**

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

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

## **8. CONSENT <sup>ii</sup>**

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

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

## **9. CONFIDENTIALITY <sup>ii</sup>**

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

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

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<sup>ii</sup> Note that GMC consent and confidentiality in children is included in "Protecting Children and Young People" and "0 – 18 years: guidance for all doctors"

## **10. CHILDREN AND YOUNG PEOPLE**

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

## **11. DEATH AND DYING**

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

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

## **12. MENTAL HEALTH LAW**

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

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

## **13. PRESCRIBING**

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

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

## **14. REPORT WRITING AND GIVING EVIDENCE**

- 14.1 Rules of evidence
- 14.2 The Professional and the Expert Witness
- 14.3 Criminal and Civil Procedures Rules

## SCHEDULE 2

### PART 2 Examination Syllabus Medico-Legal Medicine

#### Foreword

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

The skills tested in the Part II examination will include:

- application of ethical and Medico-Legal knowledge to complex Medico-Legal problems;
- problem solving skills; and
- communication skills.

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

The Part 2 examination will not only test the depth and detail of a candidate's knowledge, but also their ability to apply it to given situations such as providing written or oral advice to a member (client). The content of advice is important, as is the need for it to be given clearly and concisely.

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

#### **1. CONSENT**

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



- 1.12 Emergencies
- 1.13 Legal actions for assault or trespass to the person based on lack of consent

## **2. CONFIDENTIALITY**

- 2.1 Legal bases (common law, contractual and privacy)
- 2.2 Ethical duty
- 2.3 Data protection legislation
- 2.4 Disclosures required by law
- 2.5 Court orders for disclosure of records
- 2.6 Disclosures in the public interest without consent
- 2.7 Disclosures in serious communicable diseases
- 2.8 Subjects' rights of access to health records and medical reports
- 2.9 Confidentiality and mentally incapacitated adults
- 2.10 Confidentiality of children and young people
- 2.11 Confidentiality after death
- 2.12 Doctors with dual responsibilities (including occupational health medicine)
- 2.13 Confidentiality and research
- 2.14 Managing and protecting personal information, including records management and retention.

## **3. GENERAL MEDICAL COUNCIL and NURSING AND MIDWIFERY COUNCIL**

- 3.1 All GMC and NMC guidance
- 3.2 Composition/structure of the GMC and NMC
- 3.3 Impairment of fitness to practise and statutory types of impairment
- 3.4 GMC and NMC fitness to practise procedures
- 3.5 Performance assessments
- 3.6 Health assessments
- 3.7 The adjudicatory function of the Medical Practitioners Tribunal Service (MPTS) and NMC Fitness to Practise Committee
- 3.8 Sanctions
- 3.9 Appeals
- 3.10 The role of the Professional Standards Authority (PSA) for health and social care.

## **4. CLINICAL NEGLIGENCE**

- 4.1 Duty of care
- 4.2 Psychiatric harm
- 4.3 Economic losses
- 4.4 Standard of care
- 4.5 Tests for medical negligence in UK jurisdictions and relevant case law
- 4.6 Failure to warn of risks
- 4.7 Causation
- 4.8 Loss of a chance
- 4.9 Defences
- 4.10 Civil procedure rules in UK jurisdictions
- 4.11 Principles of damages in UK jurisdictions

- 4.12 Breach of statutory duty
- 4.13 Breach of contract
- 4.14 Professional and expert witnesses: duties and guidance
- 4.15 Clinical Negligence Scheme for Trusts (and its equivalent for other UK jurisdictions) and the Clinical Negligence Scheme for General Practice and their limitations
- 4.16 Vicarious liability.

## **5. CHILDREN AND YOUNG PEOPLE**

- 5.1 GMC guidance
- 5.2 Consent
- 5.3 Parental responsibility
- 5.4 Refusal of consent to treatment by children, young people and/or parents
- 5.5 Confidentiality and data protection
- 5.6 Parental requests for information
- 5.7 Child safeguarding procedures
- 5.8 Providing confidential information in safeguarding procedures
- 5.9 Role of the Local Authority and its social work departments
- 5.10 Relevant legislation and government guidance (in all UK jurisdictions) in relation to the above areas.

## **6. DEATH AND DYING**

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

## **7. THE CORONER AND FATAL ACCIDENT INQUIRIES**

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

## **8. MENTAL HEALTH LAW**

- 8.1 Mental Health legislation and Codes of Practice in UK jurisdictions
- 8.2 Detention under the mental health statutory frameworks
- 8.3 Consent, and treatment without consent
- 8.4 Emergencies: assessments, overdoses, refusal of treatment
- 8.5 Community treatment orders
- 8.6 Mental health legislation and the GP
- 8.7 Interaction with Human Rights legislation
- 8.8 Detention/deprivation of liberty of mentally incapacitated adults
- 8.9 Research and the mentally incapacitated adult
- 8.10 Vulnerable adults and adult safeguarding procedures
- 8.11 Review tribunals and the role of the courts
- 8.12 Public inquiries.

## **9. PRESCRIBING**

- 9.1 GMC and NMC guidance
- 9.2 Responsibility for prescribing
- 9.3 Civil liability for prescribing and disclaimers of liability
- 9.4 Contractual obligations of GPs (under GMS and PMS contracts)
- 9.5 Hospital prescribing
- 9.6 Controlled drugs (including regulatory requirements and disposal)
- 9.7 Unlicensed and off-label prescribing
- 9.8 Remote prescribing (telephone, internet)
- 9.9 Nurse prescribing, patient specific directions and patient group directions
- 9.10 Guidelines for prescribing and the role of the MHRA
- 9.11 Covert administration of medicines
- 9.12 Specific treatments: vaccinations, cosmetic treatments, infertility drugs, erectile dysfunction
- 9.13 Eligibility for NHS prescriptions and other NHS treatment
- 9.14 Private prescriptions
- 9.15 Product safety: strict liability and the Consumer Protection Act 1987
- 9.16 Relevant legislative provisions.

## **10. DISCIPLINARY ACTION**

- 10.1 Pre-disciplinary investigation of allegations
- 10.2 Suspension, exclusion, restrictions/conditions and informal exclusion
- 10.3 Disciplinary procedures in the UK jurisdictions
- 10.4 Personal conduct and professional conduct
- 10.5 Conduct and capability procedures
- 10.6 Rights to representation
- 10.7 Role of the Practitioner Performance Advice Service (PPAS)
- 10.8 Sanctions
- 10.9 Appeals
- 10.10 Judicial reviews in disciplinary actions

- 10.11 Broad understanding of the contract law principles underpinning contracts of employments and contracts for services and their remedies
- 10.12 Alert letters (Healthcare Professional Alert Notices).

## **11. GP PERFORMERS LISTS**

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

## **12. HUMAN REPRODUCTION**

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

## **13. CRIME AND THE MEDICAL PRACTITIONER**

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

## **14. COMPLAINTS**

- 14.1 Complaints procedures in UK jurisdictions
- 14.2 Responding to complaints
- 14.3 Confidentiality in complaints
- 14.4 Statutory and ethical duties of candour
- 14.5 The role of the Ombudsman
- 14.6 Learning from complaints.

## **15. ADVERSE INCIDENT REPORTING AND RISK MANAGEMENT**

- 15.1 Patient Safety Incident Reports and Serious Untoward Incident (SUI) reports
- 15.2 Communication with patients
- 15.3 Hospital patient safety incident investigations

- 15.4 Investigation of patient safety incidents in General Practice
- 15.5 Principles of clinical risk management
- 15.6 Requirements for reporting certain patient safety incidents
- 15.7 Health Service Safety Investigation Branch
- 15.8 National patient safety initiatives

## **16. RELATIONSHIPS WITH PATIENTS**

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

## **17. WORKING WITH COLLEAGUES**

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

## **18. CLINICAL RECORDS**

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

## SCHEDULE 3

### PART 2 Examination Syllabus: General Forensic Medicine

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

#### 1. **CONSENT, CONFIDENTIALITY & ETHICS**

You should have a broad understanding of the differences between therapeutic and forensic consent, interview techniques, record keeping and documentation.

Examples of questions topic might include:

- Gillick competence and related case law
- Safeguarding vulnerable adults and children
- Temporary loss of capacity and how this may impact on a decision to examine

#### 2. **INJURY**

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

Examples of questions might include:

- Classification of the common types of injury
- Documentation and management of injuries, including photo documentation
- Use of restraint
- Elder abuse
- Interpersonal violence

#### 3. **MENTAL HEALTH LAW**

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

Examples of questions might include:

- The commonly used Mental Health Act sections
- Assessment of self-harm risk
- Pre-release risk assessment

#### **4. FORENSIC SCIENCE AND TOXICOLOGY**

Forensic science is making an increasing contribution to clinical forensic medicine. You should be familiar with methods of forensic sampling, analysis and interpretation of different forensic samples including hair, blood, urine, etc. In addition you should understand the principles behind the use of DNA and its limitations and how to take steps to reduce contamination.

Examples of questions might include:

- The types of samples taken from an assailant of an alleged sexual assault
- Persistence data

It is important you understand the pharmacokinetics and pharmacodynamics of commonly used prescribed drugs and drugs of misuse and their criminal relevance as well as having knowledge of the types and presentations of common poisons.

Examples of questions might include:

- The clinical effects of cocaine
- The effect of cannabis on driving
- The management of alcohol and opiate withdrawal

#### **5. CUSTODIAL MEDICINE**

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

Examples of questions might include:

- Fitness to interview
- Management of persons detained under the Terrorism Act
- Near misses in custody
- Safeguarding vulnerable adults and children
- Management of substance misuse in detainees in custody
- Administration of medication in custody
- Conflict resolution and personal safety

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

Examples of questions might include:

- Failure to provide evidential specimens
- Assessment under section 4 of the Road Traffic Act

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

Examples of questions might include:

- The type of injuries associated with a sexual assault.

## **6. FORENSIC PATHOLOGY AND CRIME SCENE INVESTIGATION**

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

Examples of questions might include:

- Causes of deaths in custody
- The role of the doctor at a scene of death
- The investigation of sudden unexplained deaths

## **7. THE MEDICAL WITNESS**

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

Examples of questions might include:

- Writing a statement
- The difference between a professional and expert witness.



## SCHEDULE 4

### PART 2 Examination Syllabus: Sexual Offence Medicine

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

#### 1. **CONSENT, CONFIDENTIALITY & ETHICS**

You should have a broad understanding of the differences between therapeutic and forensic consent, interview techniques, record keeping and documentation.

Examples of questions topic might include:

- Gillick competence and related case law
- Safeguarding vulnerable adults and children
- Temporary loss of capacity and how this may impact on a decision to examine

#### 2. **INJURY**

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

Examples of questions might include:

- Classification of the common types of injury
- Documentation and management of injuries, including photo documentation
- Use of restraint
- Elder abuse
- Interpersonal violence

#### 3. **MENTAL HEALTH LAW**

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

Examples of questions might include:

- The commonly used Mental Health Act sections
- Assessment of self-harm risk

#### **4. FORENSIC SCIENCE AND TOXICOLOGY**

Forensic science is making an increasing contribution to clinical forensic medicine. You should be familiar with methods of forensic sampling, analysis and interpretation of different forensic samples including hair, blood, urine, etc. In addition you should understand the principles behind the use of DNA and its limitations and how to take steps to reduce contamination.

Examples of questions might include:

- The types of samples taken from an assailant of an alleged sexual assault
- Persistence data

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

Examples of questions might include:

- The clinical effects of cocaine
- The management of alcohol and opiate withdrawal

#### **5. ADULT SEXUAL OFFENCES**

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

Examples of questions might include:

- The type of injuries associated with a sexual assault
- Psychological response to rape
- Emergency contraception
- Management of sexually transmitted infections
- Indications for PEPSE
- Safeguarding vulnerable adults

#### **6. PAEDIATRICS**

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

Examples of questions might include:

- The different types of hymen
- Genital injuries including hymenal injuries and anal findings in alleged penetration

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

Examples of questions might include:

- Disclosure of confidential medical information
- Management of suspected child exploitation

## **7. THE MEDICAL WITNESS**

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

Examples of questions might include:

- Writing a statement
- The difference between a professional and expert witness