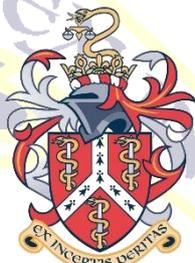


**Licentiate of the Faculty of
Forensic & Legal Medicine
(General Forensic Medicine)
(LFFLM - GFM)
Regulations, Syllabus and
Information for Candidates**



Faculty of Forensic & Legal Medicine
www.fflm.ac.uk
forensic.medicine@fflm.ac.uk



Royal College of Physicians
11 St Andrew's Place
London
NW1 4LE

Foreword

The Licentiate was instituted by the Faculty of Forensic & Legal Medicine (FFLM) on 01 May 2014. Its purpose is to set national quality standards for the professional care which healthcare 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, tested by Objective Structured Clinical Examination (OSCE).
- There is also a requirement to submit a Compendium of Validated Evidence (COVE) and a reflective Portfolio of casework.
- These elements of the LFFM (GFM) are covered by the following regulations, which apply from 01 April 2020.
- Candidates are also advised to read the FFLM General Examination Regulations.

The Examinations are open to registered:

- Medical practitioners
- Nurses and midwives
- Paramedics

who have achieved a basic level of knowledge and experience in the field of general forensic medicine and who are in active clinical practice. 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 2020 apply from 01 April 2020 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 an Objective Structured Clinical Examination (OSCE).

Contact Details

Administrative Office

Faculty of Forensic & Legal Medicine

www.fflm.ac.uk

forensic.medicine@fflm.ac.uk

Royal College of Physicians

11 St Andrew's Place

London

NW1 4LE (only use in exceptional circumstances)

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The following Regulations apply to candidates entering the LFFLM (GFM) 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 professionals 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 appropriate Regulatory Professional Body.

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 Purpose of the Regulations

The LFFLM – GFM examination will continue to change to reflect developments in general forensic 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 Examinations area 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.

These revised Regulations apply from 01 April 2020 and supersede any previous version.

3 Purpose of the assessment

- 3.1. The LFFLM is an examination and competency assessment: successful completion of its components is required of healthcare professionals who wish to obtain the qualification of eligibility for Licentiate of the Faculty of Forensic & Legal Medicine.
- 3.2. Success in this examination demonstrates the attainment of the minimum level of competency expected of a doctor or other health care professional in training and the ability to apply this knowledge to problem-solving in general forensic medicine (GFM).
- 3.3. A healthcare professional who successfully completes the LFFLM (GFM), **is in current forensic practice and in good standing with their regulatory body** is eligible to be considered for Licentiate of the FFLM.

4 Constitutional Framework: Faculty of Forensic & Legal Medicine refer to the generic document

- 4.1 The Faculty of Forensic & Legal Medicine has the power under Standing Orders:
 - 4.1.1. to set professional standards for admission to membership of the FFLM; and
 - 4.1.2. to conduct examinations and award the LFFLM (GFM) qualification and the LFFLM Diploma of Licentiate.
- 4.2 The Faculty of Forensic & Legal Medicine has the power to:

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

5 Academic Framework: The Aims and Objectives of the LFFLM (GFM) 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 (GFM) Examination will play an important role in the international arena of postgraduate clinical 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 (GFM) 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 (GFM) Examination includes questions and assessments which require an understanding of the legal framework that underpins medicine in general and that of general forensic medicine in particular.

6 LFFLM (GFM) Part 1 Examination

- 6.1 **Purpose**
The purpose of the LFFLM (GFM) Part 1 Examination - which is a Knowledge Test - is to identify those healthcare professionals who have a basic knowledge of general forensic medicine. **All aspects of the syllabus will be tested in Part 1.**
- 6.2 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 (GFM) Examination.
- 6.3 **Validity**
All elements of Part 2 of the LFFLM must be completed within 4 years of passing Part 1. There is no limit to the number of entries to Part 1.

7 LFFLM (GFM) Part 2 Clinical Examination

7.1 Purpose

The purpose of the LFFLM (GFM) Part 2 examination is to demonstrate in a practical setting the application of the knowledge, skills and attitudes appropriate for a healthcare professional in general forensic medicine.

7.2 LFFLM Part 2 is an assessment of competencies, all elements of which have to be completed within 4 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)**.

7.3 Candidates must have passed the Part 1 examination (written paper), within the last 4 years, in order to be eligible for entry to the Part 2 examination.

7.4 The **COVE** must be submitted and assessed as satisfactory in order for the candidate to be eligible for entry to the OSCE component of the Part 2. There is no fee for this.

a. The COVE must be submitted no later than the end of the application period to allow for assessment. If there are exceptional circumstances which make this difficult, these need to be considered by the Chief Examiner before the end of the application period.

b. The COVE can be submitted at any time after passing the Part 1 Examination for assessment of completion of training requirements within the same period mentioned above, provided it allows entry to the OSCE examination within four years (four examination diets) of passing Part 1.

7.5 The **PORTFOLIO** with the fee for marking can be submitted at any time, as long as it is within the permitted 4 years from the date of the first Part 1 entry.

7.6 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 case portfolio may be submitted a maximum of 4 times.

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

7.8 Part 2 can only be entered a maximum of 4 times. Thereafter the process would require to be repeated with a re-sitting of Part 1 and a further 2 attempts at Part 2.

7.9 The diploma of licentiate will only be awarded when candidates have completed all the components satisfactorily, are appropriately registered and in good standing with their regulatory body. The candidate must formally apply to the FFLM and, on completion, they can use the postnominals LFFLM after their name.

7.10 The LFFLM (GFM) Part 2 Clinical Examination (OSCE) will test medico-legal principles as well as clinical and forensic understanding, making clinical and forensic judgments and formulating appropriate management plans. It will also test the ability to:

- a. demonstrate the skills of history and consent taking;
- b. obtain consent to 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;
- g. appreciate the requirements of the criminal justice system as it applies to their speciality.

7.11 Format - Practical Assessment Skills (OSCE)

7.11.1 The Objective Structured Clinical Examination (OSCE) assesses the ability to

integrate and apply clinical, professional, communication and practical skills appropriate for forensic and legal medicine. The HCP is assessed in scenario-based consultations, relevant to forensic and legal medicine, using simulated patients/clients. A range of scenarios, drawn from forensic and legal practice, is used and each consultation is marked by a different assessor. The role of the patient/client is taken by a trained role-player.

- 7.11.2 The OSCE is composed of 14 stations over a period of a minimum of two and a half hours. 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. Two minutes of reading time is allowed between stations.
- 7.11.3 An external examiner or observer may be present at an OSCE station at any time to observe and review stations.

8 How to enter the LFFLM (GFM) examination

- 8.1 Candidates must ensure they have read the current version of the regulations and can apply for the LFFLM (GFM) examination by completing and submitting the application form available on the [FFLM website](#) and paying the appropriate fee.
- 8.2 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. Paper applications will **not** be accepted.
- 8.3 The LFFLM (GFM) Part 1 Examination may be held in various centres within the UK but normally takes place in Central London. Candidates should refer to the Examinations page of the [FFLM website](#) for the most up-to-date information.
- 8.4 The LFFLM (GFM) Part 2 examination may be held in various centres within the UK but normally takes place in London.
- 8.5 Number of attempts allowed
Candidates can apply and sit the LFFLM (GFM) Part 1 examination as many times as required. However, LFFLM (GFM) Part 2 candidates are only allowed four attempts. After this time, the process would need to start again with sitting Part 1 and a further 2 attempts at Part 2.
- 8.6 Discounting of LFFLM (GFM) Part 2 attempts: candidates who are prevented from attending the examination owing to the following circumstances may apply to have that attempt discounted:
- Illness just before or during the examination;
 - Involvement in an accident;
 - Death of a close relative (such as parent, sibling, spouse/partner, child).
 - Exceptional circumstances such as national emergency.
- 8.7 Documentary evidence is required in all cases.
- 8.8 Any request for discounting of an attempt must be submitted to the Administration Office within one month of the date of the examination. Requests received at a later stage will not be considered.
- 8.9 Decisions about discounting attempts are made by the Chief Examiner in consultation with the Chief Examiner's Committee, whose decision is final.
- 8.10 Discounting of attempts will only be allowed for a maximum of two occasions. After this the exam fee will be forfeited.
- 8.11 Validity
- 8.11.1 A pass in part 1 of the LFFLM (GFM) is valid for **4** years. Note that all elements

of the LFFLM Part 2 (the OSCE examination and both written projects, the COVE and the Case Portfolio) therefore need to be completed within those four years.

- 8.11.2 Any application to the Chief Examiner for recognition of exceptional circumstances requiring an extension to this time period must be made within four weeks of the Part 2 examination date of that year. For example, if a Portfolio is submitted within the time limit but then needs revision, an extension of no more than 3 months may be permitted to allow this revision but an application by the candidate must be made to the Chief Examiner to consider this.
- 8.11.3 There is no limit of attempts in the Part 1 examination.

9 LFFLM Part 1 Examination

- 9.1.1 Part 1 is a theoretical examination in matters related to branches of medico-legal and clinical practice. **It tests the whole syllabus.**
- 9.1.2 Part 2 is a clinical competency assessment in the form of an Objective Structured Clinical Examination (OSCE). It also includes a Compendium of Validated Evidence (COVE), which must be submitted with the application to Part 2, and a reflective Portfolio of cases.
- 9.2 The Format
 - 9.2.1 The LFFLM Part 1 Examination is designed to assess a candidate's knowledge and understanding of general forensic medicine.
 - 9.2.2 The LFFLM Part 1 Examination has a one-paper format. The Single Best Answer (SBA) paper will consist of a 3 hour examination in a 'single best answer' (SBA) 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.
 - 9.2.3 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).
 - 9.2.4 Drugs are referred to by their recommended International Non-Proprietary names (rINN) rather than by their trade names: <https://www.who.int/medicines/services/inn/en/>
 - 9.2.5 Biochemical and other measurements are expressed in SI units and normal or reference ranges are provided.
 - 9.2.6 The LFFLM (GFM) 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.
 - 9.2.7 All judgments by all standard setters on all questions are then analysed and a criterion-referenced pass mark is established. In order for significant 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.
 - 9.2.8 The marking system for the LFFLM Part 1 Examination is as follows:
 - a. one mark is awarded for a correct answer;

- b. no mark is awarded or deducted for an incorrect answer;
- c. no mark is awarded or deducted if a question is left unanswered or don't know;
- d. no mark is awarded if more than one response is recorded or if the answer is not sufficiently clear; and
- e. no mark is awarded for any answer that the scanner queries as:
 - 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.
- f. The final mark for each candidate is the mark obtained in the examination paper expressed as a percentage.

9.3 Entry requirements

9.3.1 Every candidate for the Examination must hold a medical, nursing, midwifery or paramedic qualification recognised by the FFLM.

9.3.2 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).

9.3.3 At the stage of being awarded licentiatehip of the FFLM, it will be necessary for the individual to sign a Declaration of Faith (which will be provided by the Faculty) 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.

9.4 Exemptions

There are no exemptions, except for holders of the Postgraduate Certificate – Advanced Forensic Practice (Custody), who need to present a certified certificate/diploma of this document and need not submit a COVE.

9.5 How to enter the LFFLM Part 1 Examination

9.5.1 Candidates can apply for the LFFLM Part 1 Examination by completing and submitting the application form available on the [FFLM website](#).

9.5.2 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.

9.6 After the LFFLM Part 1 Examination

9.6.1 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. For further detail please see the General Regulations.

9.6.2 Results

- a. Results will normally be published on the website within 4 weeks of the date of the Examination.

Confirmation and details of results will be sent within 4 weeks, by email. Results will not be provided in any other way.

- 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](#). 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 email address as soon as possible.

9.6.3 Pass result

Candidates passing the Part 1 Examination can proceed to the Part 2 Examinations if eligible.

9.6.4 Fail result

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

9.6.5 For the following information, see the General Regulations:

- a. Documentary evidence of primary clinical qualifications
- b. Registration with the UK Regulatory Bodies
- c. Visas and names and language requirements
- d. Special arrangements: pregnancy and disability
- e. Withdrawal from the Examination and refund of fees
- f. Discounting of attempts
- g. Queries on results
- h. Academic and professional misconduct
- i. Appeals and complaints
- j. Compliance with diversity legislation

10 LFFLM Part 2 Examinations

10.1 The Format

10.1.1 All Candidates will complete a Compendium of Validated Experience (COVE) which must be submitted with the application for the Part 2 examination. A reflective Case Portfolio is a requirement of Part 2 and must be submitted within 4 years of passing Part 1.

10.1.2 All candidates will also complete an OSCE examination. The pass mark will be set by the modified Angoff Method (a recognised standard-setting method).

10.2 Entry requirements

10.2.1 Candidates for the LFFLM Part 2 Examinations must have passed the LFFLM Part 1 Examination within the preceding four years.

10.2.2 Candidates must have had at least 6 months employment (full time equivalent) 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.

- 10.2.3 At the stage of applying to become a licentiate of the FFLM, it will be necessary for the individual to sign a Declaration of Faith 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.
- 10.2.4 LFFLM candidates will be required to produce a current (obtained within the previous 12 months) UK Resuscitation Council or equivalent **Immediate Life Support (ILS) certificate** which is still 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 one month before the Part 2 examination to allow its consideration by the Chief Examiner's Committee whose decision will be final.
- 10.3 Exemptions
- 10.3.1 Candidates who have completed the Postgraduate Certificate – Advanced Forensic Practice (Custody) may present a certified certificate/diploma of this, with their application for Part 2 LFFLM. The reflective Case Portfolio is reduced to the five core topics, in recognition of the written work submitted as part of the Advanced Forensic Practitioner qualification.
- 10.3.2 LFFLM Part 2 Examination Registration Period
Any candidate who is unsuccessful in passing the LFFLM Part 2 Examination within a period of four 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 four years in which to pass the LFFLM Part 2 Examination.
- 10.4 How to enter the LFFLM Part 2 Examination
- 10.4.1 Method of application: see also the General Regulations for full details.
- 10.4.2 Candidates can apply for the LFFLM Part 2 Examination by completing and submitting the application form available on the [FFLM website](#).
- 10.4.3 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.
- 10.4.4 The completed COVE must be submitted with the application to enter the LFFLM Part 2 Examination
- 10.4.5 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 17:00hrs GMT on the published closing date.
- 10.4.6 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 or by contacting the office by email: forensic.medicine@fflm.ac.uk.
- 10.5 Applying online
Electronic applications are the only accepted method. Your email will be accepted as an electronic signature.
- 10.6 Application checklist for the LFFLM Part 2 Examination
Part 2 Examination candidates should send:
- a. Completed application form
 - b. Completed COVE document or certified completion of Postgraduate Certificate – Advanced Forensic Practice (Custody)

- c. UKRC or equivalent Immediate Life Support Certificate, dated within the last 12 months and which will still be valid/current on the date of the OSCE Examination
- d. 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
- e. Fee in pounds Sterling (current amount is detailed on the LFFLM GFM area of the [FFLM Examination website](#)).

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

- a. Candidates presenting themselves for the LFFLM Examination must have complied fully with all admission requirements, including the payment of fees.
- b. 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. The candidate's employer and/or regulatory body may also be notified.

11 LFFLM Part 2 Clinical Examination (OSCE)

11.1 Format - Practical Assessment Skills (OSCE)

The Objective 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.

- 11.2 The OSCE is composed of 14 stations over a period of a minimum of 2.75 hours. 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. Two minutes of reading time is allowed between stations.
- 11.3 An external examiner or observer may be present at an OSCE station at any time to observe and review stations.
- 11.4 Procedure: 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.
- 11.5 Method of assessment
 - 11.5.1 The mark sheet for each station is completed by the examiner for that OSCE.
 - 11.5.2 The marks awarded on all mark sheets determine the candidate's overall OSCE score.
 - 11.5.3 Each station of the LFFLM (OSCE) is marked according to a structured marking scheme. The pass mark for the LFFLM Part 2 Clinical Examination (OSCE) 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 LFFLM Chief Examiner's Committee.

- 11.6 Assessors and role-players
 - 11.6.1 LFFLM (GFM) examiners are formally recruited and trained and regularly retrained in assessment techniques and equality and diversity.
 - 11.6.2 The performance of examiners is monitored and reviewed.
 - 11.6.3 The role-players used in the OSCEs are trained both generically and in preparation for each case so that they deliver a standardised test.
 - 11.6.4 The performance of role-players is monitored and reviewed by experienced assessors and role-player facilitators.
- 11.7 Assessment outcome statistics are used to quality assure cases.

Special Arrangements for Disability and Pregnancy: see the General Regulations

12 After the LFFLM (GFM) Part 2 Clinical Examination (OSCE)

Results

- 12.1 The LFFLM Chief Examiner's Committee has overall responsibility for policy and procedures relating to, and the organisation of, the LFFLM OSCE.
- 12.2 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.
- 12.3 The FFLM candidate numbers and results of all candidates, both passes and fails, will be published on the [FFLM website](#). 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.
- 12.4 OSCE results will normally be published on the website within four weeks of the date of the Examination. Confirmation and details of results will be sent within 4 weeks thereafter, by email. Results cannot be collected from FFLM or given over the telephone.
- 12.5 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.
- 12.6 Pass result
 - 12.6.1 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 & Legal Medicine of the Royal College of Physicians of London.

- 12.6.2 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.
- 12.6.3 The Licentiate Diploma will not be conferred until Licentiateship has been completed and ratified by both the Examination Board and by the Board of the FFLM.
- 12.7 Award of the LFFLM (GFM) Qualification
Successful candidates will receive an email, confirming that they have passed the LFFLM (GFM) Examination and are eligible to apply for Licentiateship of the Faculty of Forensic and Legal Medicine.
- 12.8 Award of the of the Diploma of Licentiateship of the Faculty of Forensic & Legal Medicine
- 12.8.1 Every candidate must pass all parts of the LFFLM Examination.
- 12.8.2 Successful candidates must complete the application for Licentiateship of FFLM at <http://fflm.ac.uk/faculty/application/>.
- 12.8.3 Once Licentiateship has been approved, an annual subscription will be incurred from the next subscription renewal (01 July each year).
- 12.8.4 Licentiates of the Faculty of Forensic & Legal Medicine are elected subject to Standing Orders of the FFLM. The Standing Orders are available to download from the FFLM website.
- 12.9 Fail result
- 12.9.1 The LFFLM Part 2 Clinical Examination may be failed in the following ways:
- a candidate does not achieve the pass mark;
 - 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. 6 out of 14);
 - aggressive or inconsiderate behaviour, either physical or verbal, to a patient will invariably result in failure, and may result in misconduct procedures being invoked.
- 12.9.2 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 educational counselling from a nominated Fellow or Member of the FFLM.
- 12.9.3 A candidate who has failed the LFFLM Part 2 Examination will be required to re-sit the LFFLM Part 1 Examination if four years have elapsed since taking Part 1.
- 12.10 Poor performance in the LFFLM Part 2 Clinical Examination
- 12.10.1 All healthcare professionals 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 healthcare professionals 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 & 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.

- 12.10.2 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.
- 12.10.3 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 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.

Appeals, Compliance with diversity legislation, Complaints, Academic misconduct, Registration with the UK Regulatory Bodies, Language Requirements; see the General Regulations.

13 Preparation for the LFFLM (GFM) Examination

- 13.1 The FFLM recommend that candidates prepare for the Examination by gaining clinical experience in recognised training posts in forensic and legal medicine or their subspecialty of forensic medicine and by studying up-to-date postgraduate clinical textbooks and current medical journals.
- 13.2 There is a published syllabus, below, and curriculum for the LFFLM (GFM) examination in a separate document, entitled Case Portfolio and Compendium of Validated Evidence.
- 13.3 A reading list is available from the [FFLM website](#).
- 13.4 Sample Part 1 SBAs and OSCEs are available on the FFLM website (as above).
- 13.5 There is an e-learning course. It is reviewed and updated regularly. Further details can be found on the [FFLM website](#).
- 13.6 The FFLM may be able to provide lists of recommended FFLM courses. The details of courses can be found on the [FFLM website](#).
- 13.7 It is recommended that candidates wishing to train 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 www.fflm.ac.uk.

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 (GFM) 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 taking 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 healthcare professional'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)
1. Initial contact	Formulate a response to a request for a forensic medical examination
2. 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
3. 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, obtain/take appropriate forensic samples and undertake an examination at a suspicious death scene. Ensure documentation is accurate, thorough and comprehensive.
4. 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
5. Statement	Write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person
6. 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, intellectual impairment 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 UKRC or equivalent 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, intellectual impairment, 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, persistence of evidence, the recording of injury, suitability of where the examination should be performed 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. Management of detainees who have been subject to the use of restraint included conducted electrical devices (CED) and irritant sprays.
 - 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 perform assessments under road traffic legislation including understanding the limitations of the tests performed by police
 - 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, safeguarding and confidentiality. Awareness of the relevant guidance from the GMC, NMC and HCPC 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 & 2017]
Police and Criminal Evidence Act [1984]
Access to Medical Reports Act [1988]
Children Act [1989, 2004 & 2014]
Access to Health Records Act [1990]
Criminal Procedure and Investigations Act [1996]
Data Protection Act [1998 & 2018] & GDPR
Human Rights Act [1998]
Sexual Offences Act [2003] and [1956] and equivalent in other jurisdictions
Mental Capacity Act [2005] and equivalent in the other jurisdictions
Safeguarding Vulnerable Groups Act [2006]
Equality Act 2010

Road Traffic Legislation

The Police Reform Act 2002 & The Criminal Justice (Northern Ireland) Order 2005
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, who is usually a more experienced colleague and should not be a current candidate in the LFFLM, 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.
11. For those candidates who meet the requirements, validators are encouraged to comment about how they met the standard and may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated. These comments assist the Educational Supervisor who certifies the COVE and the examiner who assesses the COVE.

Educational Supervisor(s)

12. 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 in Appendix 4. Again, it is the candidate's responsibility to identify and obtain the cooperation of their own educational supervisor(s).
13. 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.
14. If there is more than one educational supervisor, the module should be signed off by the educational supervisor who has had the greater involvement.
15. 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. GMC requirements state that training to be an Educational Supervisor is mandatory for doctors.

The Compendium of Validated Evidence (COVE)

16. The COVE is available to download from the [FFLM website](#). 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

17. The purpose of the case portfolio is to demonstrate acquired skills in general forensic examination and to show the ability to reflect on relevant forensic issues.

Content

18. The case portfolio is topic based, with reference to one or more anonymised cases, which illustrate aspects of the subject. Specific case details should be kept to a minimum and any body diagrams should also be anonymised for client name and site of examination.

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

19. Cases used to illustrate the forensic topics should have been seen in the 36 months prior to submission of the Portfolio and none should be observed cases, except for shadowing a very infrequent or unusual case. A retrospective case (i.e. seen more than 36 months earlier) could be included to illustrate a change in practice, technique or the law. As noted those who hold the ASET are required to cover the 5 mandatory case topics only.

Case reports and Reflective Discussion

20. 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 up to 2 of the 8 topics may take the form of 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, as outlined above. The case reports should include brief pertinent details of the nature of the allegation, the history and examination, forensic aspects and details of management and therapeutic care but focus on analysis and reflection on practice.
21. Each report and reflective discussion by the candidate should be between 1,000 and 1500 words excluding references and diagrams.
22. All prescribed medicines should be referred to by their recommended International Non-Proprietary names (INN) rather than by their trade names.

23. Biochemical and other measurements should be expressed in SI units, and normal or reference ranges should be provided.

Presentation of the Case Portfolio

24. Elaborate volumes are not required as the Portfolios will be submitted electronically.
25. 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. For further guidance, see the sample answers on the FFLM website
26. As an appendix to the Portfolio, list the cases used with date of examination and type of case (age & sex of complainant + alleged offence).

Guidelines on structure

27. All cases are to be anonymous in as much as a detainee must not be identifiable in any way.
- Candidate to outline nature of their involvement with the case.
 - Basic case details must be given.
 - Age and gender of detainee;
 - Reason for arrest: Why examination required? Time from alleged assault to examination
 - Candidate to highlight any particular areas of interest in the case.
 - Candidate to select and indicate one area for discussion.
 - 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.
 - Candidates should show reflective practice and demonstrate a broad appreciation of the issues involved across the spectrum of cases.

N.B. Please note the characteristics which are used for marking, in a separate document entitled Case Portfolio and Compendium of Validated Evidence.

28. The Portfolio is to be submitted electronically and cases should be in Arial 12 point black type, double-spaced.
29. 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"

See <http://intranet.exeter.ac.uk/insess/correct/vancouverreferencing.pdf>

[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').

30. The case portfolio must be submitted electronically at least eight weeks prior to the application deadline, which is 4 years after passing the Part 1 Examination. First page should be labelled with the candidate's number and the words "Case portfolio LFFLM (GFM)" with candidate number and submission date as a footer. All case portfolios will become the property of the FFLM.

Marking System

Part I

31. The LFFLM Part I Examination marking system is set out in the General Regulations

Part II

32. **Case Portfolio:** The case portfolio will be assessed by 2 examiners; marks being awarded for:
- Forensic content
 - Knowledge and Understanding
 - Evidence of Further Reading
 - Structure and Formatting
- An acceptable case portfolio must reach a satisfactory standard across each domain.

33. **OSCE:** Details of the method of assessment is set out in the generic document

Feedback

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

Part II:

- Case portfolio. Feedback for case portfolios that do not reach a satisfactory standard will include:
 - Forensic content
 - Knowledge and Understanding
 - Evidence of Further Reading
 - Structure and Formatting
 - Any other recommendations for improvement that the examiners feel might be helpful.
- OSCE. Feedback for the OSCE will comprise a pass / fail result for each station and the examiner's comments on the candidate's performance.

APPENDIX 2 – 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 management of a case	
4. Documentation of significant injuries	
5. Mental health issues	
Other cases:	
6.....	
7.....	
8.....	

APPENDIX 3 – CURRICULUM LFFLM (GFM)

Compendium of Validated Evidence (COVE)

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, their clinical validators and educational supervisors.

1. MODULE ONE: INITIAL CONTACT

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

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
Medical Assessment and management including history relating to:	<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>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><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Tutorials</i></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 (Irritant sprays, CED, Sudden deaths)</p>		<p>b. Complainant</p> <ul style="list-style-type: none"> - reason for call - location of Complainant- 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 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 	<p>Objective Structured Clinical Examination (OSCE)</p> <p>Supervisor signature</p>	
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Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
		<ul style="list-style-type: none"> - Need for an appropriately trained interpreter <p>Ensure management plan will result in optimal:</p> <ul style="list-style-type: none"> - Preservation of forensic evidence on detainee/complainant and scene - Minimisation of risk of cross contamination - Balancing medical and forensic needs 		

Objective 2: To be able to formulate and communicate the initial management plan
Module 1

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</p> <p>Persistence of evidence</p> <p>Suitability of premises for examination</p> <p>Preservation of evidence</p> <p>Legal</p> <p>Authorisation by police officer of appropriate rank</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>Possible need for referral</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. Complainant</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>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>Attendance at an initial accredited training course</i></p> <p><i>Tutorials</i></p>

		<p>Ability to safely prioritise workload whilst balancing clinical 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> <p>Other workload</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:</p> <p>Examination</p> <p>Intimate samples</p> <p>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:</p> <p>Safeguarding Vulnerable Groups Act [2006]</p> <p>Mental Capacity Act [2005]</p> <p>Data Protection Act [1998, 2018] and General Data Protection Regulation (GDPR)</p> <p>Mental Health Act [1983,2007]</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:</p> <p>Awareness that the patient may subjectively feel coerced to consent (i.e. ensure consent is consistent & voluntary)</p> <p>Provide appropriate information to ensure informed consent is valid</p> <p>Defer assessment of consent if the patient is intoxicated (i.e.. ensure consent is consistent & voluntary)</p> <p>Ability to document consent in a systematic and clear manner</p> <p>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 safeguarding needs of detainee and others, e.g. children where appropriate</p> <p>Ability to conduct a Mental State Examination</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>GMC, NMC & HCPC guidance</i></p> <p><i>The Role of the Independent HCP, FFLM</i></p> <p><i>Tutorials</i></p>

<p>Human Rights Act [1998] Access to Health Records Act [1990] Police and Criminal Evidence Act [1984] Road Traffic legislation The Police Reform Act 2002 The Criminal Justice (Northern Ireland) Order 2005</p> <p>Practitioner</p> <p>GMC/NMC/HCPC guidance on confidentiality and consent</p>		<p>Understands the different types of consent (verbal, implied and written) and the circumstances when written consent is required</p> <p>Understand consent in road traffic medicine (including when person is incapacitated)</p> <p>Understands and correctly applies the concept of “best interests” when a person may lack capacity to consent.</p>		
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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:</p> <p>Mental Capacity Act [2005] Sexual Offences Act [2003] Offences Against the Person Act [1861] or relevant legislation and amendments</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:</p> <p>Use of proformas and body diagrams</p> <p>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 complainant and assailant - number 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 (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>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>MEDICAL</p> <p>Be able to take a competent and relevant medical history including:</p> <p>Medical Surgical Gynaecological Mental health, including self-harm Allergies Current medications, including use of over the counter drugs Recreational drugs (including alcohol) Address safeguarding needs of vulnerable adults, young people and children where appropriate</p> <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 healthcare professionals to obtain further information where it is necessary to do so in the interests of the person, e.g. community mental health team.</p> <p>Any previous medical records that may be easily available are accessed (e.g. 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 check website to the most recent versions of, for example:</i></p> <p><i>Substance Misuse Detainees in Police Custody: Guidelines for Clinical Management (5th edn); Royal College of Psychiatrists 'Blue Guidelines'</i></p> <p><i>Acute behavioural disturbance (ABD): guidelines on management in police custody</i></p> <p><i>Assessment of people with learning difficulties and disabilities in police custody</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> <ul style="list-style-type: none"> - Assessment of fitness to detain - Recognising the unwell - Medical problems; cardiac, diabetes, asthma, epilepsy, infections etc. - Mental health problems; acutely disturbed, depression, psychosis, anxiety, learning disability. 	<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: 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 (CBD)</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>Management of choking; FFLM guidelines</i></p> <p><i>Tutorials</i></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> <p><i>Training in pre-release risk assessments</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> - Pregnancy - Injuries (limb and head) - Assessment of symptoms – chest pain, abdominal pain, headache, vomiting, shortness of breath, limb pain. <p>Assessment of fitness to interview</p> <ul style="list-style-type: none"> - use of appropriate adult - capacity, assessment of vulnerability factors - 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 - assessments required under the RTA <p>Management of forensic evidence including: current persistence data recovery methods of trace evidence issues of cross contamination</p>		<p>Be able to carry out a full physical examination that 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> <p>Be able to carry out an appropriate observation assessment of non-engaging detainees.</p> <p>Be able to take appropriate forensic samples and ensure minimal cross contamination Appropriate labelling and packaging of forensic samples with regard to the chain of evidence and admissibility of evidence.</p> <p>Be proficient in Venepuncture Assessment under the RTA Mini-mental state examination</p> <p>Be able to take or arrange appropriate photo documentation that ensures</p>		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Role of photo documentation including: Potential uses and limitations</p> <p>Legal Understand the core principles of: Safeguarding Vulnerable Groups Act [2006] Mental Capacity Act [2005] Mental Health Act [1983,2007] And any recent amendments/relevant legislation</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</p> <p>Practitioner</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
<p>The risk of vicarious trauma to self and others e.g. self-awareness</p> <p>Role of chaperone</p> <p>Personal safety/Conflict resolution</p> <p>Minimisation of risks of transmission of infectious diseases e.g. good infection control</p>				

4. MODULE FOUR: AFTERCARE/Management Plan

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 or relevant legislation</p> <p>Purpose and use of appropriate adults</p> <p>Arrangements for transfer of detainee to hospital</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/complainant/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)</p> <ul style="list-style-type: none"> - any special care required - advice re worsening signs and symptoms - level of observations - (if applicable) time of next clinical review and any conditions for earlier review <p>b. fitness to interview</p> <ul style="list-style-type: none"> - time - need for appropriate adult 	<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><i>FFLM document, for example:</i></p> <p><i>Managing blood-borne virus exposures in custody; FFLM</i></p> <p><i>Management of Diabetes Mellitus in Custody; FFLM</i></p> <p><i>Management of injuries caused by teeth; FFLM</i></p> <p><i>Safe and Secure Administration of Medication in Police Custody; FFLM</i></p> <p><i>Taser®: Clinical Effects and Management of Those Subjected to Taser® Discharge</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Disposal of the dead body following examination</p> <p>“Chain of custody” of samples</p> <p>Legal</p> <p>Understand the core principles of the Mental Health Act [1983,2007] or relevant legislation</p>		<p>c. fitness to travel</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</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 Police and Criminal Evidence Act or relevant legislation</p> <p>Mental Capacity Act or relevant legislation</p> <p>Sexual Offences Act or relevant legislation</p> <p>Offences Against the Person Act</p> <p>Road Traffic Legislation</p> <p>Legal definitions of consent</p> <p>GMC guidelines on confidentiality</p> <p>Level of expertise</p>		<p>an opinion within the limits of expertise</p>		
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Time management Resources including an accurate and relevant curriculum vitae, access to secure electronic storage				
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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</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. 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 Be able to use simple aids e.g. body maps, when giving oral evidence in Court. 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>Tutorials</i></p> <p><i>Statement writing & Courtroom Skills Course</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>The different roles of the witness 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 4 – 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 LFFLM (SOM and/or GFM), 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 regularly 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 or HCPC full registration</p> <p>Specialist or General Practitioner registration for medically qualified Educational Supervisor or MFFLM or LFFLM or Postgraduate Certificate – Advanced Forensic Practice (Sexual Assault and/or Custody)</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>Assessment methods (see the Educator Hub on E-learning for Healthcare (e-LfH), https://www.e-lfh.org.uk/programmes/educator-hub)</p> <p>Follow GMC standards: See: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes for further information.</p> <p>Training and 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 sexual offence medicine and/or general forensic medicine as applicable</p> <p>Trained in Equality and Diversity (updated every 3 years)</p>	

Role of Clinical Validator

Attributes	Essential	Desirable
Qualifications	<p>Primary clinical qualification and full registration with the: GMC or NMC or HCPC, as appropriate for at least 5 years</p> <p>Holds the LFFLM or Postgraduate Certificate – Advanced Forensic Practice (Sexual Assault and/or Custody)</p>	<p>Postgraduate qualification in education</p> <p>MFFLM</p>
Knowledge and Skills and Attitudes	<p>Trained in:</p> <p>Equality and Diversity (updated every 3 years)</p> <p>Assessment methods (see the Educator Hub on E-learning for Healthcare (e-LfH), https://www.e-lfh.org.uk/programmes/educator-hub/)</p> <p>Training and experience as a clinical trainer/supervisor and/or educational supervisor</p> <p>Commitment to training and education and maintaining Quality Standards (FFLM)</p> <p>Effective communication skills and trained in giving feedback, supporting development of trainees and colleagues</p> <p>At least 2 years' experience (or full time equivalent) and current practice in sexual offence medicine and/or general forensic medicine</p>	

APPENDIX 5 - Compendium of Validated Evidence (COVE)

<p>NAME OF CANDIDATE: Regulatory number</p>	
<p>START DATE:</p>	
<p>COMPLETION DATE:</p>	
<p>NAME(S) OF EDUCATIONAL SUPERVISOR(S): (See also Appendix 2 and section on supervision)</p>	
<p>NAMES OF CLINICAL VALIDATOR(S): (See also Regulations section on supervision)</p>	<p align="center">See individual sheets and Appendix</p>

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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). They need to have sufficient knowledge and experience to be able to judge whether the competencies being tested are appropriate to independent forensic practice. They should be senior to or more experienced than the candidate, even if they are part of the same forensic team. See requirements above.

3. Clinical Validators must declare any conflict of interest.

4. **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 Licentiate. Should the need arise, the prior permission of the Chief Examiner must be obtained (via the FFLM website).**

Educational Supervisor(s)

5. Candidates also require one or more educational supervisors. The role of the educational supervisor, who must have completed accredited ES training, 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.

6. For a current list of FFLM-accredited Educational Supervisors please email forensic.medicine@fflm.ac.uk.

7. 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.

8. Educational supervisors must:

- Have significant experience in clinical forensic medicine in GFM Have experience in the field of education and training;
- have been trained as an educational supervisor and have some prior experience in this role
- Ensure that an appropriate Clinical Validator signs off the component;
- Adhere to GMC standards: gmc.org.uk
- https://www.hee.nhs.uk/sites/default/files/documents/Educational%20Supervisor%20Handbook%20v2.0_draft.pdf for further information.
- Declare any conflict of interest;

- Submit a brief CV with the COVE to confirm meets criteria a-c.

9. The Compendium of Validated Evidence (COVE)

9.1 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.

9.2 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.

9.3 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. These comments assist the examiner who validates 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.

9.4 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.

9.5 Contact during Assessment

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

9.6 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. For those candidates who meet the requirements, validators are encouraged to comment about how they met the standard and may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated. These comments assist the examiner who validates the COVE.
- d. 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.
- e. 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.
- f. 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.
- g. The COVE must be submitted prior to or with the application for Part 2 of LFFLM (GFM).

10 General notes

10.1 For Validators and Supervisors:

At all times the candidate must be observed to:

- Display tact, empathy and respect for the complainant;
- Respect confidentiality;
- Be professional and 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.

10.2 For Candidates:

All candidates must demonstrate an awareness of:

- The roles and supervision requirements of other professionals in the team e.g. DDOs, custody assistants, nurses, liaison and diversion and mental health professionals, Youth Offending Teams (YOT), probation;
- 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 and adult safeguarding responsibilities and local procedures

10.3 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.
- Compliant with Level 3 Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018).
<https://www.rcn.org.uk/professional-development/publications/pub-007069>
- Compliant with Level 3 Safeguarding children and young people: Roles and Competencies for Healthcare Staff (January 2019).
<https://www.rcn.org.uk/professional-development/publications/pub-007366>

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 Performance feedback and comments essential, as the COVE is likely to be rejected without these (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	(a) Acute injuries including head injuries	Direct Observation			
Mod1:2.2	(b) Intoxication (alcohol and drugs)	Direct Observation			
Mod1:2.3	(c) Epilepsy	Direct Observation			

Mod1:2.4	(d) 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 (Irritant sprays, CEDs)	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 and the Comments boxes completed to allow examiners to assess the COVE.

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)	
Employer/Custody Suite name and address	
GMC/NMC/HCPC number	
Email address	
Signature	
Date	

Module 2 Topic: History

Objective 1: Obtain consent

Label	Skills	Evidence required See para 18	Performance feedback and comments essential, as COVE likely to be rejected without these (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. Assess capacity to consent (including 'Gillick' competency) And the requirements for children and young people	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	Formulate an appropriate management plan if consent unobtainable.	Case-based discussion			

Mod2:Ob1:6	Understand the limits of and maintain confidentiality as appropriate and discuss this with complainant.	Case-based discussion			
Mod2:Ob1:7	Understand and apply the broad principles of the Mental Capacity Act and/or equivalent legislation in other UK Jurisdictions	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			

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

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 and intellectual disability	Direct Observation			
Mod2:Ob3:6	Current medications including use of over the counter drugs	Direct Observation			
Mod2:Ob3:7	Allergies	Direct Observation			
Mod2:Ob3:8	Recreational drugs (including alcohol)	Direct observation			
Mod2:Ob3:9	Address safeguarding needs for: detainee/complainant	Direct observation			

	other children vulnerable adult victim of trafficking where appropriate.				
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)

Employer/Custody Suite name
and address

GMC/NMC/HCPC 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 detainee, suspected perpetrator or complainant of assault, or others including police and other custody staff person complaining of or suspected of being a victim of an assault.

Label	Skills	Evidence required See para 18	Performance feedback and comments essential, as COVE likely to be rejected without these (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 d. police authorisation e. age of detainee and need for parental consent where necessary	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	a. penile swabs/other genital swabs b. pubic hair c. skin 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.	Direct observation /case discussion			

	Able to correctly identify those who require an appropriate adult				
Mod 3:10	Able to conduct assessment under the RTA	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			
Mod 3:14	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)

Employer/Custody Suite name
and address

GMC/NMC/HCPC 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 and comments essential, as COVE likely to be rejected without these (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod 4:1	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 clinical review e. Signs of deterioration	Direct observation			
Mod 4:2	Able to correctly identify those who require transfer to hospital and the type of transfer that is required.	Direct observation			
Mod 4:3	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	Direct observation			

	medication is left in accordance with best practice				
Mod 4:5	Mental Health Act assessment is requested where appropriate	Direct observation and/or case review			
Mod 4:6	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			
Mod 4:7	Provide appropriate treatment and aftercare to the “acutely disturbed” detainee	Direct observation			
Mod 4:8	Formulate and implement plan for follow-up including referral to other services	Direct observation			
Mod 4:9	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 and/or case review			
Mod 4:12	Understanding of the types of medications that must be taken on time and those that	Direct observation			

	can be omitted/delayed without ill consequence. Clear understanding of medicines that are used as recreational drugs.	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)

Employer/Custody Suite name
and address

GMC/NMC/HCPC 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 and comments essential, as COVE likely to be rejected without these (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod 5:1	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.					
Mod 5:2	Write a statement that is appropriate for the purpose for which it has been requested	Case-based discussion			
Mod 5:3	Give technically accurate information in terms understandable to a lay person	Case-based discussion			
Mod 5:4	Include appropriate body diagrams as part of the witness statement	Case-based discussion			
Mod 5:5	Indicate in the statement when disclosure of information held has not been complete.	Case-based discussion			
Mod 5:6	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)

Employer/Custody Suite name
and address

GMC/NMC/HCPC 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 and comments essential, as COVE likely to be rejected without these (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)					
Mod 6:1	Identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.	Case-based discussion			
Mod 6:2	Explain in lay terms the content of a witness statement	Case-based discussion			
Mod 6:3	Understand the court system and the role of the forensic clinician within it including:	Case-based discussion			
Mod 6:3:1	- Pre-trial conferences	Case-based discussion			

Mod 6:3:2	- Responding to additional material including expert evidence presented to you pre-trial or during the trial	Case-based discussion			
Mod 6:4	Explain the structure of the courts in the UK	Case-based discussion			
Mod 6:5	Explain the burden of proof in different legal proceedings	Case-based discussion			
Mod 6:6	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)

Employer/Custody Suite name
and address

GMC/NMC/HCPC 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/HCPC 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/HCPC 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/HCPC 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/HCPC 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/HCPC 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/HCPC 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/HCPC number of clinical validator
Mod6:1				
Mod6:2				
Mod6:3				
Mod6:3:1				
Mod6:3:2				
Mod6:4				
Mod6:5				
Mod6:6				