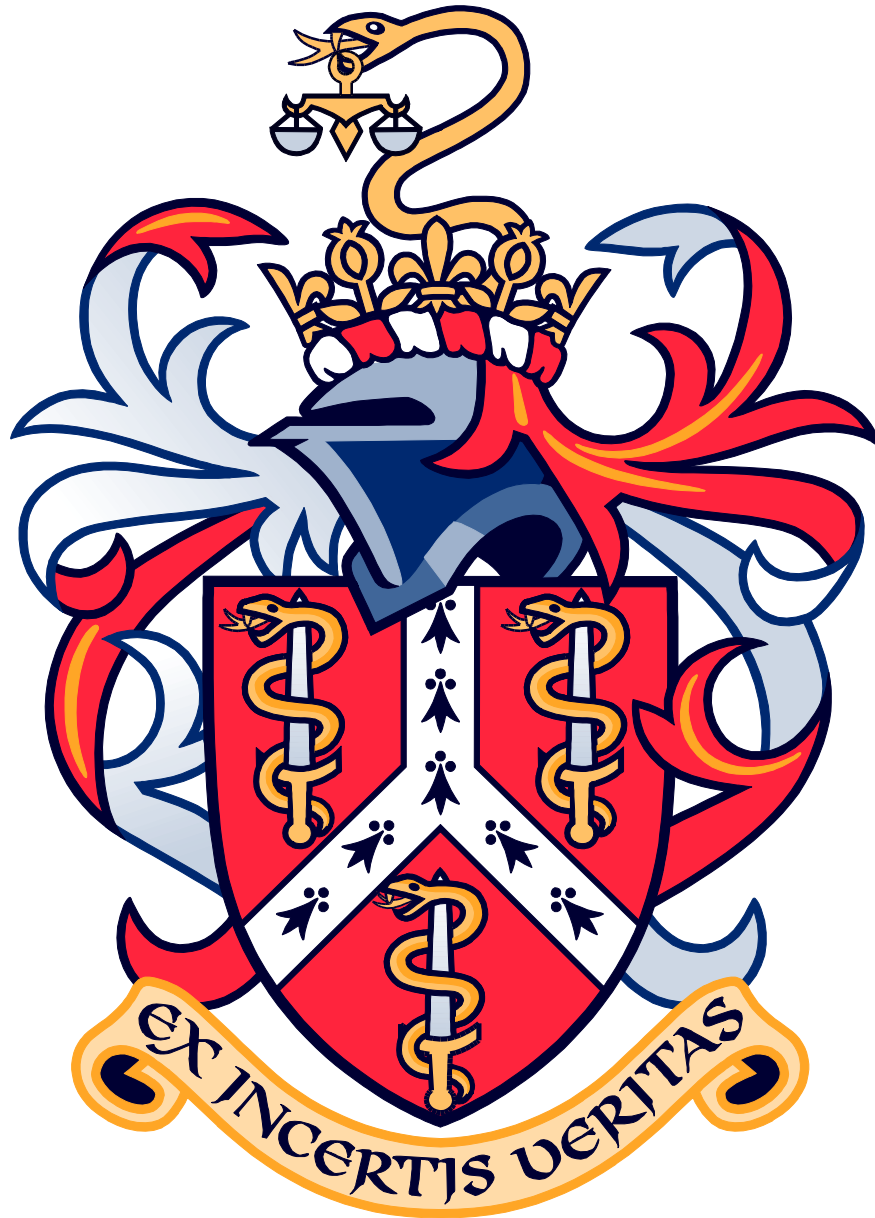
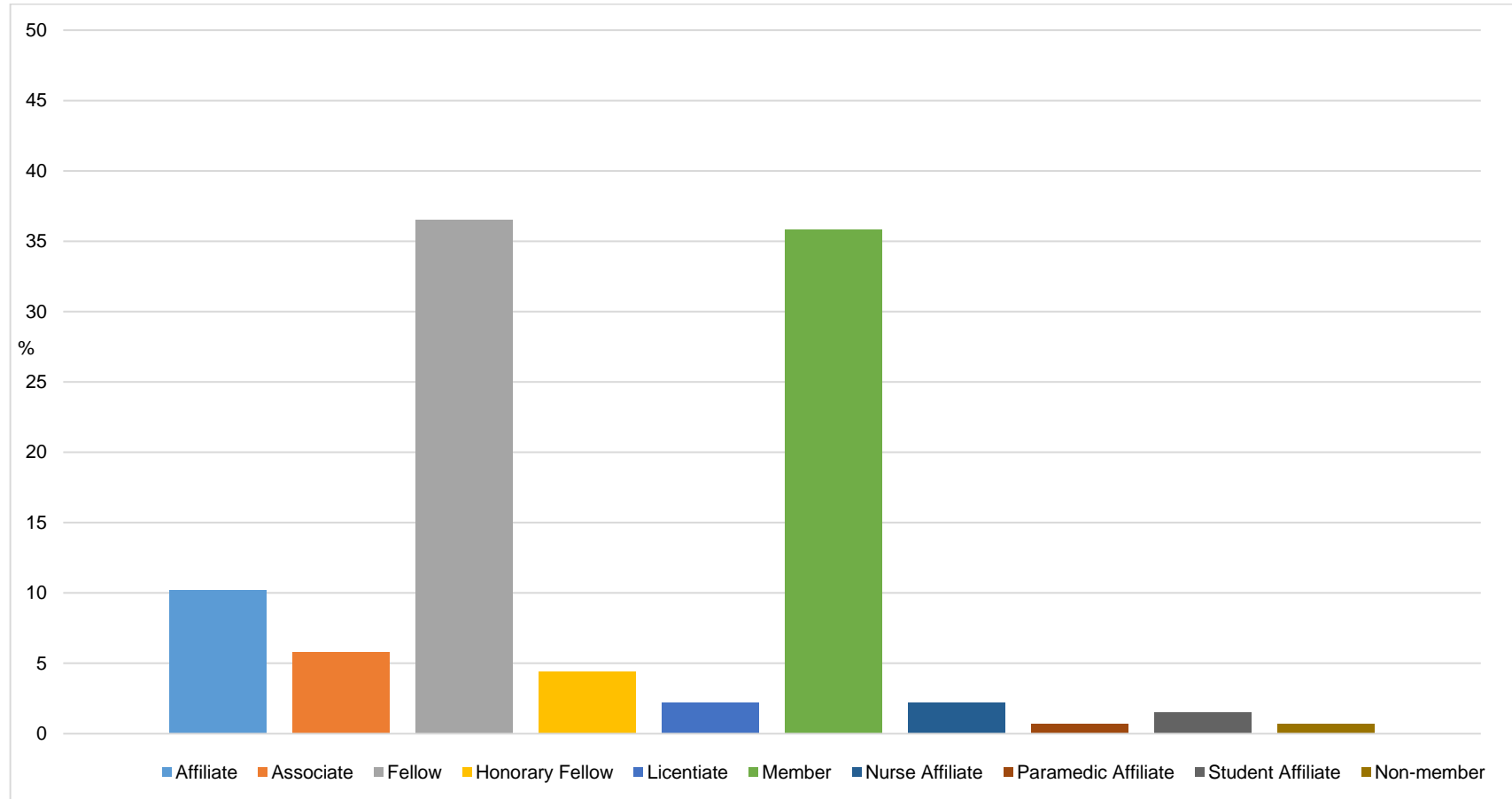


FFLM Strategy Survey



December 2020

1. What is your current FFLM Membership status?



Affiliate	Associate	Fellow	Honorary Fellow	Licentiate	Member	Nurse Affiliate	Paramedic Affiliate	Student Affiliate	Non-member	No. of Respondents
10.2%	5.8%	36.5%	4.4%	2.2%	35.8%	2.2%	0.7%	1.5%	0.7%	137
14	8	50	6	3	49	3	1	2	1	

2. Do you have any comments about the current strategy? (No. of respondents 51)

- Not sure it's the right thing to include other professions in the faculty
- More inclusion of members rather than jobs for a few senior members who keep being re-cycled into different roles
- It's excellent
- We really need a way forward for nurses to demonstrate their competence in a modular form. Firstly most are part time or flexi so are rarely entitled to funded study by employers. Equally the professional exams are for many a huge undertaking for a similar reason. But with nurses increasingly expected to attend court and increasingly being used by organisations especially in SARCs it is vital the FFLM reviews fundamentally how it engages with nurses in all aspects - currently they are poor 'second rate' members to most doctors. They very much want alternative ways to demonstrate their competence and support through mentoring and coaching. To keep the FFLM relevant and thriving it has to look at what it does to attract and retain this substantial group within the profession
- I think the Faculty is doomed specialist registration for FMP doesn't become a thing
- I didn't notice in the list of outside committees there were FFLM members on, the Standing Committee for Child Protection at the RCPCH; I presume and hope there is still a member, a post I had then Linda Teebay took. Also, I am the FFLM rep. on the NNDHP. I didn't see that on the list. The current strategy looks excellent; there is a lot to do; the projects are very important and topical
- I support it completely
- It is commendable - the work raises standards within forensic medicine
- No
- The FFLM needs to take a strong stance on the importance of doctors in Justice Health and to support members. Reducing medical input to telephone advice only diminishes exposure and therefore learning opportunities and, as more experienced doctors leave or retire, there will be no one to replace them
- No
- No
- The strategy is a good one but consideration should be given to including finance in the strategy, particularly as it was stated that the "Overwhelming objective was to reduce expenditure". The move to on-line learning was a good one
- No
- No
- Not clear when this is to be reviewed. General approach good. Don't believe staff pays should be frozen
- I am pleased with it
- Agree with it - we need to increase membership

- Ok
- Current strategy is good
- No
- I think it's great that members are the biggest asset
- Well done
- Not in particular - regular reviews are essential
- No
- None
- It is very well having a strategy. What is far more important is actively delivering it. I do not feel that the FFLM does support ALL of its members. It has chosen which members to support and which not to and as result, it has lost the vast majority of its membership which was the future of the Faculty
- No
- I am happy with the current strategy
- No
- Seems appropriate and relevant
- No
- I support it
- No
- No continue as at present
- No
- No
- No
- No
- I think FFLM is a fabulous institution, sadly I feel clinical forensic medicine is not appreciated as a specialty
- I agree with current strategy. I would support increased engagement with universities to promote forensic medicine and indeed custody medicine and integrate this more formally in teaching
- Looks good with inbuilt regular review
- As an MLA my membership fee seems poor value
- Working towards accredited status is a positive and I look forward to the updated website which I currently find nearly impossible to navigate
- Nil

FFLM Strategy Survey – December 2020

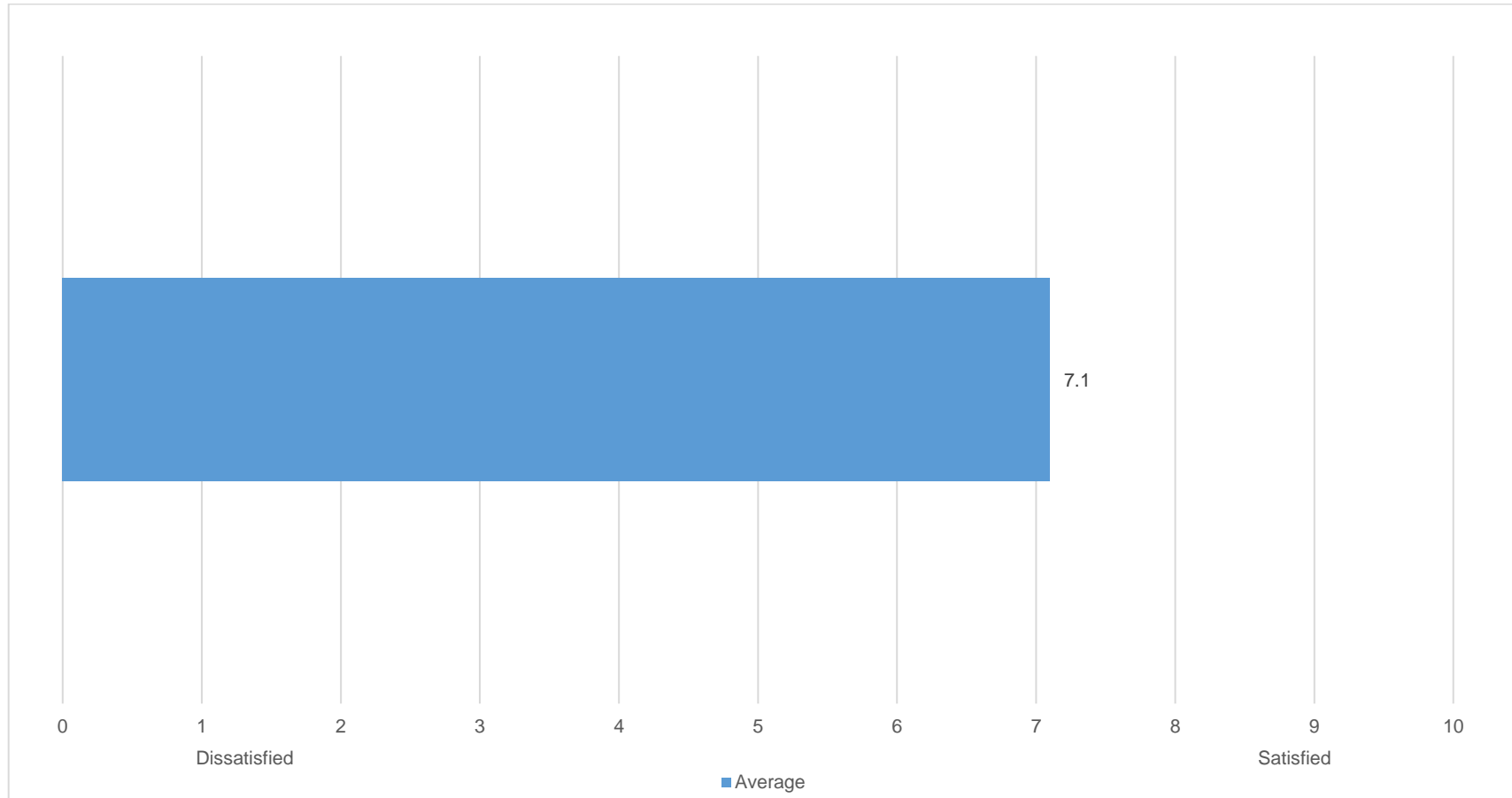
- No
- No, looks like an appropriate strategy
- I found the strategy clear and support it wholeheartedly
- Needs to be better
- To arrange international conference by the FFLM
- No

3. What else can the FFLM do for you as a member? (No. of respondents 51)

- Promote doctors as forensic physicians
- Cut membership fees or provide more free online CPD courses for learning / appraisal purposes
- It's doing fine already
- Some specific help for medically qualified coroners in revalidation would be appreciated
- Nothing I think the FFLM is absolutely wonderful
- Nothing at present
- More support groups - I have requested to join the SARC Clinical Director group - thank you
- Doing fine
- I have offered to contribute in a number of ways to the work of the FFLM. There does seem to be a certain exclusivity?
- Nil
- Nothing
- Continue with a wide ranging on-line learning programme
- Considering the present global pandemic FFLM is doing ok
- Not charge for CPD online training & lectures. This should be part of annual subscription. Be more inclusive of retired member / fellows who may have many skills to offer.
- Nothing personally but does need to explain benefits better
- Nothing at the moment
- Fighting for quality standards
- Information and support if needed
- Research based information
- Nothing, just the weekly email keeps me in touch
- Perhaps a database online for all the questions asked if the forensic science committee so we don't have to look back through newsletters. Something like the FSRH have
- More webinars. Perhaps some short courses delivered virtually
- Collation of resources to support practice and policy development. Promote the relevance of forensic medicine across the community and in client groups or agencies
- More input for medical reviewers
- Make life a bit easier regarding the whole Taser fiasco

- Exactly what it said in its strategy - supported me. I have delivered training courses with great feedback and have been turned down by the FFLM for accreditation with no support on how to address the areas that it was rejected on despite me even appealing the decision. I did not even receive an outcome of my appeal. So - I am sorry, having a strategy of fancy words is just words, unless your actions demonstrate it and unfortunately the faculty doesn't
- Can't think of anything
- Unsure
- I think we should do more to support members requesting back up in confrontations with employers such as the Met
- Keep me up to date with issues that affect the Faculty
- The Faculty already offers much for me
- I feel that the Faculty does enough for me personally
- Nothing, the organization has made many positive changes in the past several years
- Now retired from forensic work
- Improve the e learning. Break it into affordable chunks. I would still like to receive the paper journal otherwise the reading is yet another online resource
- Nothing
- Nothing. I am fully retired
- More events about inquests
- Try and survive.....
- Quite happy with service
- More detail on the progress of specialty status would be good
- Useful CPD
- Making access to guidelines and documents much easier in the website
- More webinars on mental health in custody
- Reduce fees please - other than the journal I do not really gain anything from membership/fellowship
- I think they already do a lot and are hardworking
- Feel extremely well supported by the Faculty
- Training opportunities
- Better support
- To know importance of Forensic Medicine & Legal Medicine to the people
- Nothing more especially, fine as it is

4. To what extent are you satisfied or dissatisfied with your FFLM membership? (No. of respondents 54)



5. What would you say are the main issues facing FFLM members in their workplace at present? (No. of respondents 51)

- Nursing staff trying to fill the jobs FMEs used to do
- Lack of potential work for FMEs or alternative work following MPS new measures to sack Drs in favour of employing nurses
- De-skilling of forensic work – e.g. getting nurses rather than doctors to deal with detainees
- FFLM desperately needs to move into 21st century so that IT can be harnessed to complete SARC documentation via eforms. It is ludicrous that we cannot use tablet based systems to record our work when the emergency services do so such as the police or ambulance. There is such a lot of overlap and duplication in what has to be documented
- Police authorities assuming that paramedics and nurses have a skill set equivalent to RMPs
- To keep the Quality Standards at the forefront and not enable anyone to do the work that does not meet them. There is a very worrying push to replace doctors with nurses across all aspects of forensic medicine, whereas team working should be the way forward. If doctors stop doing the work, within 2 years there will be no experts to help in court and the whole service will be downgraded. hugely worrying is that children will not have the service they deserve, the knock on effects are they will not have a chance to recover, a high proportion, as we know will turn to substance misuse, acquisitive crime and the violence connected with alcohol; lives will be ruined; prisons will be full
- The probably disappearance of the specialty of Forensic Physicians and the implication this has for the continuation and existence of the Faculty
- Concerning to hear the Met have ceased employing Doctors. Concerns also about the variability in standards of care across the country and in care providers
- Those of the judicial system
- In the case of custody and sexual offence examiners, extinction seems quite likely
- Isolation
- No idea
- Overwhelming reduction of doctors and increasing numbers of nurses undertaking FLM. Lack of specialty status
- Developing attitudes to face the new normal
- Understaffing, lack of professional development support
- Different issues for various groups
- COVID 19
- Being replaced with nurses
- Replacement by nurses
- Coordination from the legal authorities
- Keeping going through the pandemic

- Many different providers of forensic work in variety of settings
- The lack of jobs. The lack of recognition in many states in Australia that specialists in forensic medicine are essential
- Quality control and audit - workload management
- Overwork and Isolation
- The issues are not general. There is going to be a steady decline in the number of doctors who are going to be required for this work as time goes on. Specialist roles will still be needed for very niche parts of what we currently do but as more non-medical HCPs become more experienced and qualified in this field these roles will shrink as well
- Simple - there is no work for forensic physicians. The nurse led models have resulted in an end to an era. The faculty was so pre-occupied with supporting the members that were nearing retirement that it forgot all about the future of the faculty and supporting the future of the faculty, It was not dynamic in meeting the needs of a new age of healthcare service delivery and practitioners and now there are none
- Isolation, risk management
- Diminishing role of doctors in custody medicine
- Failure of employers to set and follow up on standards
- Contract uncertainty
- COVID
- I work in a University, so I would say a lack of awareness of the Faculty and its resources
- Can't comment as I am in the US
- Isolation. Employment. Dependence on companies as employers
- Funding pressures, being asked to take on supervisor roles for allied health professionals
- Convincing government, police and others of the value of specialty forensic medics
- Exposure to COVID
- Lack of appreciation from police, they think nurses can do the job...
- 1. Lack of consistency in service provision across the country 2. Lack of uptake of the MFFLM, doctors working in service with no gold standard qualification... results in inconsistency of medical standards
- Commercial pressures which make recognition of expertise and training needs a secondary concern
- Unsure
- Loss of roles for Doctors and increasing use of Nurses and Paramedics with potentially reduced support for them
- COVID-19
- COVID (hopefully temporary). I am not qualified to give a view on main issues for forensic practitioners although I am aware of a number of these affecting our FM colleagues

- COVID related and lack of specialty status mainly
- The challenging route to CESR. Majority of SOEs being employed by the private sector. Organisations and Trusts that run SARCs not always remembering to consult the faculty when appointing CDs / other senior examiners
- Training
- Employment
- International role in women violence & Rape
- High workload, with attempts to regulate practice potentially hampering performance

6. What else can the FFLM do to raise the profile of forensic and legal medicine? (No. of respondents 48)

- It might be too late....
- More free courses
- Not sure you can do more except perhaps create more publicity around the important issues – e.g. getting journalists to write about it or writing to MP
- Speak out loud and clear after deaths in custody where there has been a failure to provide care equivalent to that available outwith custody. And that. Is currently a pretty low hurdle
- Use the media. Use the Government. Use the people with lived experience
- Encourage MEs and "Coroners' Pathologists" to join
- Continue to promote good practice, educational up-dates and webinars are excellent, encourage all those working within the field to take relevant exams
- I am not sure that we should raise the profile. There is much to be said for quiet wisdom and steering from behind. We should not fall into the trap of the rest of the world which feels that the struggle to get one's voice heard is more important than doing a quiet efficient job
- Much of the same, I guess. Lobbying for an end to private company contracts in favour of NHS led care and pushing as hard as possible for speciality status
- Hard to say in COVID
- No idea I am retired
- It is likely the FFLM may need to publicly raise their profile in response to the reduction of doctors undertaking FLM
- International memberships to increase
- Re-join the Academy
- Nothing at the moment
- Continue to campaign
- Not known
- Updates on legal and ethical issues
- Keep going, these are tough times
- Speak at events such as conferences of other related organisations e.g. IPM FSRH. Encourage current members to speak at local events
- Keep working toward specialty status
- Specific public relations strategy focused on the community rather than clients alone

- More focus on legal medicine for those of us who are not FMEs
- The profile is already there. The issue that the FFLM has and the question that you are really asking is "how can we raise the profile of doctors in FLM again to recover the ground that has been lost". This is a lost cause in most areas, Custody, SARC, CSA, etc...
- I am not sure exactly it can do much. I somehow feel that the horse is bolted. However, let's think positively here. The only way that I can see the FFLM re-defining itself is by recreating/re-designing the role of the forensic physician. If it was me, I would be in discussions with HEE. Create a role that works in custody, substance misuse, prison and detention centres. Maybe this is a role that does "ward rounds" in these centres when on shift to deal with the most complex, most vulnerable and most challenging. People that fall outside the nurse role of embedded, run of the mill FFD, but maybe section 12 approved as well. The faculty needs new blood, it needs to be open to fresh ideas and new ways of thinking
- Put info in more mainstream medical, dental and appropriate legal journals
- Go public when there are quality failures
- Continue to lobby politicians
- Nothing
- Engage more with Universities
- Perhaps take a stronger and more visible stance on prominent social issues that involve FM (i.e. police custody deaths)
- More acceptance by the Courts. Stress neutrality. Remind colleagues they are helping Court, not appearing on behalf of one side or other i.e. Police
- Not sure
- Keep plugging away at people of influence; letters to the press; write to MPs
- Hold a conference about inquests
- We need specialist accreditation now. This has taken far too long
- 1. Engage with undergraduate training. 2. Formal CPD training offered in various country locations... not just in Manchester and London 3. Better engagement with nursing training schemes, improving team working across the country
- More high profile publicity strategy both within the broader medical and associated professions and out with it
- Unsure
- Getting accredited as a specialty
- Not sure
- Sorry, no good ideas at present
- They do a lot already and can be trusted to set priorities
- I have found the Faculty is very responsive when made aware of issues. The Faculty is small and cannot be everywhere and do everything

- Access to members
- Advertise
- FFLM can give guidance to WHO for proper application of Forensic Medicine & Legal Medicine
- Nothing, it is high profile enough

7. If you have colleagues who are NOT FFLM members, what could the FFLM do to encourage them to join?

(No. of respondents 46)

- There are no more FME jobs, so this is unlikely to have an effect
- Make it worth their while by offering more teaching, CPD benefits, social events, career structure and progression, paid posts. Increase profile and of faculty
- For coroners, really nothing as new coroner appointments since 2013 have been "lawyers only" and there is a dwindling pool of medical coroners
- Cut the cost of fees, practical help with revalidation. Make access to FFLM documents unavailable except to Members
- I can't think of little more, there is so much that the FFLM offer. Perhaps the journal needs to be shorter and fewer papers that are more pertinent to the war, sometimes they are a little obscure
- Yes
- Not sure - I urge my colleagues to take exams, we are contractually obliged to become affiliates
- Word of mouth works wonders. A professional body "encouraging" people to join it is undignified and cheapens its value, a bit little like the drop in value of university education and of degrees in the "bums on seats to finance the system" approach of the Blair government
- Be more affordable and perhaps more inclusive. We are a small speciality. It would be nice to see more new faces
- No
- My colleagues have retired
- Promote the on-line learning and perhaps offer introductory discounts for webinars and joining fees
- Yes
- Would like to see further reduced fees for overseas fellows / members as benefits are mainly UK based
- Lower subscriptions for those starting out
- By inviting them more than once
- I really don't know -I encourage all my colleagues
- See some real benefit from joining
- Send them information
- Yes however I work in Australia
- Nursing colleagues find exams expensive and some private providers do not give time off for study
- Email them directly with an invitation and details - I would be happy to supply some email addresses

- Dynamic support, peer review and quality reviews Audit and operational policy resources. Clinical resources and professional support
- Targeted learning opportunities
- This is hard as the fees are now expensive and if you are looking at it with hard financial scrutiny it is questionable. The Journal is not a selling point for me at all
- This sounds like the faculty is only worried about membership and numbers - this is the wrong strategy as you are going to lose more people. You need to solidify the current membership before anything else, securing them work before anything else
- Not sure
- Support individual members when they have problems
- Not sure
- Cancelling Brexit
- More international outreach, more clear path for international membership
- Negotiate a good insurance Policy for use in Court etc. Remind colleagues if they are not members they can expect no mercy in the Courts
- Not sure
- More in the Journal about m/l matters
- Mail shot to all coroners
- Specialist accreditation
- Discussion with employers to stipulate working towards MFFLM with time frame fit this mandated
- Always comes down to their perception of value for money - specialty status and the need to demonstrate expertise via examination would help enormously
- More relevance
- The difficulty with FFLM membership is that you don't have to be a member to do your job and the resources are available via Google. The courses are great but not really promoted outside our small community but then I'm not sure who else would want to attend? I think prison healthcare is an area where we could find more members and I see this is already being looked into
- Decrease price and provide some services that might be useful to those on the "legal medicine" side
- Not sure
- Reminders in the weekly bulletin that they may be entitled to a reduced fee with either the Faculty or their main college. I have a discounted rate from the RCGP because of my Membership of the Faculty
- Offer training opportunities, free lecturers for members, etc.
- Benefits and better support
- Try to do easy DLM for overseas students

8. Do you think there are additional groups that the FFLM should be targeting for membership? If yes who?

(No. of respondents 50)

- No
- Unfortunately no, as benefits of being a member are not currently reflected in job status, seniority, recognition as experts or work availability. Membership confers little benefit in most work environments. Cost of membership becomes less worthwhile as result
- Forensic anthropologists and botanists, perhaps
- Veterinary forensic practitioners, Scottish medical reviewers. Medical examiners are a lost cause. RCPATH has them in its clammy embrace
- Safeguarding, nurses, social workers. Mental health services. Substance misuse services. Probation
- MEs. Coroners. Pathologists
- Unsure
- No. Exclusivity has value
- No
- No
- No
- Continue to market the DLM to a range of disciplines
- The suggested groups seems to cover the majority already
- No
- Medical examiners
- No
- Maybe some barristers would be interested?
- Forensic nurses?
- Medicolegal officers
- No
- Not at moment
- Can't think of any
- Paediatrics and neurology related disciplines
- Medical Reviewers
- I think that you need to cooperate more with UKAFN as they will be representing the largest chunk of the FLM workforce

- As per my comment in 8.....this is the wrong strategy
- May want to encourage young dentists and doctors
- Only as per strategy document
- No
- None that I can think of
- No
- No
- American Academy of Forensic Sciences perhaps
- We should consider if employment as FME should be conditional on having a professional qualification in Forensic Medicine. (a physician or even GP would not be appointed)
- Don't know
- Don't try to do too much - dangers of biting off more than you can chew/offer
- No
- Barrister and solicitors involved in inquests
- Absolutely not, we are a faculty of a MEDICAL royal college
- None else
- Not at the moment
- No
- Please see above question
- Not sure
- No
- Can't think of any
- No
- Physicians at all stages of training
- No
- Medical students & Lawyer

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

(No. of respondents 45)

- Myself and many colleagues are likely to give up membership as FME jobs are dwindling
- Considering not renewing membership if no work available
- It's doing a great job. The weekly e-mailed newsletters are most excellent and helpful
- Far more could be offered via video training clips etc. on techniques and updates
- It really doesn't do much for medically qualified coroners
- The FFLM is first rate; without it I would be unable to do my work properly; the weekly newsletters; the publications; the conferences; the webinars; the camaraderie
- No
- Keen for it to be recognised as a speciality - I would like my training to be acknowledged as consultant level
- It is tough enough to do the job and keep ones nose clean (as several, if not many, senior and well-respected practitioners have found out) without worrying about encouraging bandwagon thinking
- Only that I really hope there is a future for forensic doctors
- I am a medicolegal advisor in private practice in NZ, so have very little opportunity to meet others except at conferences
- No I am retired
- The FFLM will need to be clear about its financial position
- No
- No because any constructive comments typically receive a defensive response that is often critical when that is definitely not the intention
- Being replaced by nurses
- No
- I have just become a member and happy to get more involved in future
- In Australia, much of forensic medicine is run by non-medical people which limits the growth of the industry. I suspect the same is now applicable in the UK? Specialty is very important as it means there is a College that dictates standards
- Development of operational and commercial partnerships with forensic scientist and forensic pathologists
- No
- The FFLM need to become more commercially aware of what is going on in the contract tendering world and the expectations of PCCs against that budget. It is no use living in an academic ivory tower

- I think that it is sad that we have been so badly let down. I think that the Faculty needs to take a long hard look at what they were trying to achieve, why and for whom. More importantly, if the Faculty is to survive it needs more dynamic, fresh leadership...."NOT the OLD GUARD". I am by no means being disrespectful to previous leaders that have been awesome in their own right but even in the NHS, leaders are of a different breed, with new age thinking - technology, delivering cost effective healthcare, remote medicine, artificial intelligence, etc, etc. If they faculty is to have any hope (in my opinion) it needs an entire revamp. It is a gamble, but a gamble worth taking as if it doesn't it is just going to prolong the inevitable and make it very painful for some of us that hold a glimmer of hope
- I am mainly retired from forensic medicine at present but am interested in remaining a member
- I think the Faculty should accept that expert witnesses are a valuable part of the criminal justice system, and support them more firmly
- Faculty is doing a good job
- The webinars are really important for me as an overseas member
- No - I am happy with my membership
- It would be nice to see broader and perhaps more unusual FM and legal medicine topics in FFLM content
- Should consider training role in giving evidence i.e. like Bond Salon, EWI etc. Consider getting involved in Court Training
- No
- Doubtful - coroners have their own website and societies
- No
- No
- Truthfully had enough, I respect our elderly workers, particularly the late Silvain, but I think I will stop soon. No reflection on fabulous faculty/staff. Just feel undervalued
- I'm a very proud female member. I'd love a wee bit of acknowledgment for your female members. In recent emails you've put forward the cuff links and ties for sale. Fabulous if you're a male. I'm sure your female members would equally enjoy wearing a pin with the FFLM insignia on it and if you make this generic the gents may consider it a lapel pin
- Impressive strategy document and work over the last couple of years. Apparent lack of progress on specialty status is the most disappointing
- No
- I have found all of the senior members of the FFLM very approachable and helpful when interacting with members. They are a resource of vast knowledge and experience and I wanted to pass on my thanks
- No
- No thank you

- Thank you for all that you do at the Faculty- those in administration and those in various roles. You all help enormously and are much appreciated. You give our specialty a focus and constantly strive to improve standards and the quality of care we deliver. We know much hard work goes on behind the scenes (often unpaid and despite competing workloads). Thank you for ensuring the voice of members and their patients is heard at a national level
- Thank you for being here
- No
- I am, Associate Professor & Head of Forensic Medicine. I need another postgraduate degree like DLM. Thank you



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