



## President's Report for The Annual General Meeting, (AGM) 10 May 2024

### Introduction

It seems incredible that, by the time of the AGM, in 2 weeks' time, a year will have passed since I had the privilege of becoming your President. And so, this is both the first and penultimate report, I shall write as President, for the AGM.

I am uncertain whether I retain my red 'L' plates, or I might have progressed to the green 'P' plates. Fortunately, my continued learning is helped by colleagues and the website, which has lots of useful information, for example, [The Standing Orders](#) and this guide: [Formal Structure of the FFLM 2023](#).

I have also been very fortunate for the wisdom of and support from a number of past Presidents, including Professor Ian Wall, Dr J Victoria Evans, Professor Jason Payne-James, Professor Carol Seymour, Professor Margaret Stark and Professor Paul Marks.

When trying to start to write this, I wasn't sure where to begin, but in the end, I relied on advice in Lewis Carroll's 'Alice's Adventures in Wonderland', in which the King said, (very gravely), "*Begin at the beginning and go on till you come to the end: then stop.*"

The '[About](#)' page on the website, reminds us that the Faculty was founded in 2005, with the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

And will exercise its powers:

- To establish a training pathway in forensic and legal medicine and achieve specialist recognition of the specialty
- To act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning forensic and legal medicine.

In the following paragraphs, I hope to cover some of the work in the last year, but without too much duplication of what I've written in the monthly letters which go out with Bulletin and the Reports for the Board. I can also say, along with my fellow senior officers, these roles are busy. This is of course in addition to the day (and, for many, night) job, along with FFLM and other voluntary roles, which many colleagues have.



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## Education and Knowledge

There have been many recommendation and guidance documents updated over the last year, along with a number of 'day in the life of' series (available on our [Publications](#) page). Thank you to everyone who has contributed to them and to Tessa Lewis, Dr Deryn Evans and Dr Marie-Elle Vooijs for keeping track of the timetable for these to be updated.

**United Kingdom Association of Forensic Nurses & Paramedics**  
**College of Paramedics**

**Faculty of Forensic & Legal Medicine**

**The Role of the Healthcare Professionals (HCPs) in the Investigation of Death**  
General Forensic Medicine (GFM) and Sexual Offence Investigation (SOI)

Jan 2024 Review date Jan 2027 - check www.fflm.ac.uk for latest update

The medical-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medical-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

**Summary of Service**

Healthcare Professionals (HCPs) provide medical care and, when required, forensic assessment of detainees/suspects in police custody, complainants/victims of crime, police officers/police personnel injured in the course of their work. They should regard each person they care for or assess as patients. They may also attend scenes of death to establish the patient and draw an opinion on whether the patient is deceased.

The GMC in Good Medical Practice (January 2024) states that doctors in patients' first concern and meet expected including:

- Provide a good standard of practice within your professional remit
- Keep your knowledge up to date

**RCEM**  
**Royal College of Emergency Medicine**

**Faculty of Forensic & Legal Medicine**

**Management of Choking in Police Care & Custody Recommendations for Police Personnel**  
Endorsed by The Royal College of Emergency Medicine

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Police and healthcare personnel may be confronted with individuals who attempt to swallow substances or objects (also referred to as 'foreign bodies') in their presence for a variety of reasons. These objects (e.g. drug wraps) may be aspirated.

**Resuscitation Council (UK) guidelines**

The following guidance on choking is reproduced from the Resuscitation Council guidance and is applicable to an airway obstruction.

**The United Kingdom Association of Forensic Nurses & Paramedics**  
**College of Paramedics**

**Faculty of Forensic & Legal Medicine**

**Quality Standards for Nurses and Paramedics General Forensic Medicine**

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**Introduction**

It is essential to have competent multidisciplinary teams of forensic nurses, paramedics to detainees in custody.

Nurses, paramedics and other healthcare professionals in general forensic medicine may come from diverse backgrounds and so it is essential that the exact period and content of training should be tailored to meet the needs and requirements of the individual nurse, paramedic or other HCP with the overall outcome a competent clinical forensic medicine practitioner for their role.

**Faculty of Forensic & Legal Medicine**

**Recommended equipment for samples from complainants**

Jan 2024 Review date Jul 2024 - check www.fflm.ac.uk for latest update

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**Faculty of Forensic & Legal Medicine**

**Recommendations for the collection of forensic specimens from complainants and suspects**

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**Instructions for use – PLEASE READ BEFORE REFERRING TO TABLE**

- In this document the words complainant, suspect, detainee, subject, and patient will be referred to as examinee, unless a distinction between detainee and complainant needs to be made.
- Forensic specimens should be taken as soon as practicable (for complainants see Relevant Forensic Science (RFS) (Police and the Forensic Science Regulator) (2023) and for suspects see the maximum scene to published persistence data to date. There must be a discussion with the examining clinician/person in order to make a decision on a case by case basis, an exception may be made if the examinee has been held/awaited or has not touched since the incident. Information from other sources will inform the decision regarding which samples are relevant. Officers submitting samples may have further information regarding the relevance and submission of items for forensic analysis.
- Double, non-sterile gloves must be worn throughout the sampling process and when handling specimens (including exhibit bags) in order to minimise DNA transfer and contamination. Change outer gloves when sampling different body areas. Gloves specified below, retain and exhibit gloves only if there is obvious material on them. Everyone involved in the process (i.e. preparing the sampling kit prior to use, the specimens when taken and exhibit bags) should wear double gloves.
- Best practice would always be for a clinician to take intimate samples but if the complainant/complainant will only consent to taking self-samples, they must wear double gloves if be advised how the sample should be taken, the forensic practitioner should witness the sample being taken if the examinee agrees. It must be made clear on the RME/ISP forms what was done and by whom. These samples remain the practitioner's exhibits.
- Retention of water swabs or moist control swabs is not necessary, but in their absence, the consumable bath numbers, expiry date and expiry should be included if available.
- Swabs should be held by the 'trigger' and not the shaft of the swab; where a moistened swab is required, dip 3 or 4 drops of water on to a swab. Care must be taken not to cover the entire shaft of the swab; the water should be absorbed by the swab head, rather than the swab head so wet that it will drip.
- Chilling should be taken as per local policy.
- Several commercial lubricants are available, specify the brand of lubricant used and the bath number on the RME form. The lubricant MDS1 conforms with the requirements of ISO 18385/ANSI 377

**Faculty of Forensic & Legal Medicine**

**Forensic Science Sub-Committee NEWSLETTER January**

**Faculty of Forensic & Legal Medicine**

**Recommendations for forensic specimens from and suspects – the evidence**

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**Toxicology samples (blood, urine and hair)**

**Double swab**  
Sweet, D., 2022

**Faculty of Forensic & Legal Medicine**

**Clinical procedures and equipment for clinical examination rooms in police stations**

Jan 2025 - check www.fflm.ac.uk for latest update

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**Faculty of Forensic & Legal Medicine**

**Clinical procedures and equipment for clinical examination rooms in Sexual Referral Centres (SARCs)**

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**rooms used in SARCs**

rooms used in SARCs may vary

Use disposable white paper towels for cleaning surfaces with the disinfectant. Surfaces that could potentially collect dust etc. e.g. exposed storage shelves, should be cleaned

The Conducted Energy Device (CED) training continues and we are very grateful to Dr Alex Gorton for his continuing to support this.

In addition, there have been a number of webinars, development and training days, including the highly successful Adult Safeguarding Day on 16 April 2024, with thanks to Professor Margaret Stark, Dr Elisabeth Alton and Tessa, for their organisation, excellent choice of speakers and this year, without any financial support from NHS England. Unfortunately, I was not able to join for the whole day, but when I did there were well over 200 delegates in attendance.



Under Professor Cath White's leadership, the Institute for Addressing Strangulation (IFAS) has undertaken a huge amount of work, including webinars, their conference on 30 April 2024, as well as the publication of [Guidelines for clinical management of non-fatal strangulation in acute and emergency care services](#).



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These have been very well received and the multi-disciplinary involvement has prompted the Royal College of Emergency Medicine, (RCEM) to contact us, with a view to working together on updating some of their guidance.

And, as you know, we are fortunate to have Cath speaking to us at the Conference, as the David Jenkins Professor, on 'Child Strangulation'. There will also be a session at the conference from IFAS on Domestic Homicide Reviews.

## Good Practice and Highest Professional Standards

This is, along with everything else the Faculty does, a major objective. To support this, we have taken part in a number of consultations, or requests for our feedback, again highlighted in the Bulletin and reports to the Board, and to mention but a few:

- To HM Government's proposals for mandatory Reporting of Child Sexual Abuse, (twice). As you know, this was one of the recommendations from the final report of the Independent Inquiry into Child Sexual Abuse, (IICSA).
- The 3<sup>rd</sup> edition of the Physical Signs of Child Sexual Abuse, ('The Purple Book'): which we understand is due for publication soon.
- To the Royal College of Nursing, (RCN) who host the Intercollegiate publication: Adult Safeguarding: Roles and Competencies for Health Care Staff.
- To the updated National Police Custodial Healthcare Service Specification Framework.

In addition to this, we have contributed to the Forensic Science Regulator's (FSR's), consultation on the draft for version 2 of the Statutory Code of Practice, (the Code).

The FSR's Code is the basis of the work being undertaken in Sexual Assault Referral Centres, (SARCs) in England and Wales, to meet the forensic science activity, (FSA), requirements listed therein, which is now only 18 months away. The Forensic Capability Network (FCN) is supporting this work.

And I think, linked to this work, the FSR is in the process of 're-commencing' the Medical Forensics Specialist Group (MFSG).

## Training Pathways and Specialist Recognition

The Faculty, in its role as the standard setting body in Forensic and Legal Medicine, supports Training Pathways through the development (and updating) of its Quality Standards, its examinations and the associated syllabus or curriculum. For example:

- The Quality Standards can be found here: [FFLM Quality Standards](#)
- The Recommendations on Introductory Training Courses [here](#):
  - General Forensic Medicine (GFM)
  - Sexual Offence Medicine (SOM)
  - Paediatric Sexual Offence Medicine (PSOM)



## FFLM Quality Standards

The FFLM has published a wide variety of quality standards documents which can be accessed below:

Quality Standards for Clinicians Undertaking Paediatric Sexual Offence Medicine March 2021	Quality Standards in Forensic Medicine: General Forensic Medicine and Sexual Offence Medicine September 2022	Quality Standards for Nurses and Paramedics: General Forensic Medicine January 2024
Quality Standards for Healthcare Professionals working with victims of torture in detention May 2019		

Such documents should inform the recruitment of staff and the training pathways which are then provided to new staff. In preparing a talk recently, I was shocked to see a recruitment advertisement, in which it stated the clinician would attend three paid shadowing sessions: “where you will become an expert forensic medical examiner”. I have written to the company about this, advising them of our Quality Standards and Recommendations for Introductory Training Courses.

Professor Carol Seymour chairs our Specialty Advisory Committee, (SAC) at the Royal College of Physicians (RCP). She has kindly agreed to provide two webinars on the topic of Specialty Recognition and the process. In particular, so that members are clear the decision is that of the UK Medical Education Reference Group, (UKMERG) and not the General Medical Council (GMC). The GMC’s role comes later, in approving the curriculum. Of note, the GMC CESR application process changed in November 2023, and we hope to have a webinar covering this, in due course.

My own view is that we need to engage the Judiciary, so they, and the Courts, can appreciate and benefit from evidence of competent and capable forensic clinicians.

Happily, discussing specialty status, provides an opportunity to note and congratulate the fifth FFLM member, who has been recognised as a Specialist in Forensic and Legal Medicine, Professor Margaret Stark. She joins an elite group of only four other specialists:

- Professor Jason Payne-James
- Dr Peter Green
- Professor Ian Wall
- Dr Linda Teebay.

### Examinations

The Faculty offers a number of different examinations, leading to various post-graduate qualifications. Others are in development, for example, since the closure of the ‘Grandfather’ route to membership, that for colleagues working in Secure and Detained Settings, (SDS).

Unfortunately, the examination for Dento-Legal Advisors has not been able to proceed as had been planned.



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Along with the work of blueprinting, writing questions, 'testing/trying' them out, preparing the paper and standard setting it; it has to be marked and reviewed. Indeed, one year's cycle, (died) now runs into the next, because the last face-to-face OSCEs are held in June. This is under review in the hope that, they may be able to take place relatively soon after the OSCEs which are run on-line, usually in March.

There has been a huge amount of work undertaken by Dr Sandy Fielding and Dr Deryn Evans, ably supported by Abi Bartlett, over the summer and autumn months to modernise our examinations management system with TestReach.

Our former Examinations Manager, Jay Costa, left us at the end of the summer and this report provides an opportunity to thank him for his years in that role, as well as re-iterate our best wishes for the future.

In addition, some of regulations have been updated and our new Examinations Manager, Kim Feltham has been amazing in her first 6 months, garnering an understanding of what we do and how we do it, and how we can do so in a more efficient and effective way.

Volunteers to support our examinations are welcome: the work is busy yet very rewarding, writing questions, standard setting, marking them. If you are interested in finding out more about becoming an examiner, please read our [Duties of an Examiner](#) document and/or contact the [FFLM Office](#).

## Membership

I have learned a huge amount whilst sitting on the Membership and Fellowship Committee (MFC) and been fortunate to read some of the impressive CVs of those seeking to join us. This committee is effectively and efficiently managed by Dr Elaine Cook, as Chair and Charlene Campbell.

In addition, it is wonderful to see those colleagues who have successfully completed an FFLM examination, who then apply to become a member. It has been especially pleasing to see a number of paediatricians, who have successfully obtained their Licentiate in Sexual Offence Medicine (SOM). Once the results are confirmed, and ratified by the Board, as President, I receive the Certificates, already signed by the President of the RCP, for me to co-sign, then to be sent on to the successful candidate.

We now have both legally and medically qualified Coroners as members. We believe it is as a result of this liaison with HM Coroners, the Faculty has been notified in relation to Reports to Prevent Future Deaths, (PFDs); see [Reports to Prevent Future Deaths](#) which have been highlighted in the Bulletin.

One PFD, in particular, addressed the importance of adequate Introductory Training, both the theory and then supervised clinical training. These reports can have significant impact on public health, and, in particular, for the vulnerable population for whom we care.

## Finance

Dr Amy Hamm as Treasurer and Charlene Campbell have done an amazing job, with additional support from Jordan Bailey, who joined us last summer, as our Finance Administrator. They have dealt with significant additional work, as our improved financial state required a formal Audit for the



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2023 accounts. This was achieved within a very short time frame, due to their existing robust management processes and their prompt response to the Auditors' questions and requirements. Amy will cover this in her report.

## Other work

I am fortunate to be invited to attend the RCP Council meetings – and should I ever think I am busy, their President, Dr Sarah Clarke, is much busier.

As you will know from the media, the RCP has hosted the Faculty of Physician Associates, (PAs), since 2015. It was announced in 2018, PAs would be regulated by the GMC and this is due to commence later this year. There was a Public Consultation by the Government, in the spring of 2023. A number of concerns have been raised, including the public's understanding of the role and possible confusion which might arise, due to a patient not understanding the professional role of the clinician. Other concerns relate to specialty trainees feeling that the need for PA supervision by Consultants has had or may have a negative impact on their supervision.

A number of FFLM members raised concerns regarding the assessment of a child, in relation to possible abuse, and the provision of reports for Court purposes, by a PA. They wrote to me, and the Presidents of the RCP and Royal College of Paediatrics and Child Health (RCPCH). I have liaised with the RCP and RCPCH but, as yet, no meeting has taken place, which might lead to the production of a joint 'position statement'.

The relevant guidance is the RCPCH [Child protection service delivery standards](#) and in particular Standards 4, 5 and 8:

- *Child protection medical assessments are carried out by paediatric clinicians working at ST4 level or equivalent and above with relevant Level 3 child protection competencies.*
- *Child protection medical assessments are carried out by clinicians with appropriate supervision.*
- *The assessment, professional opinion and outcome resulting from a child protection medical assessment is clearly recorded and is communicated to the requesting professional as well as to the family and child as appropriate.*

The Faculty will be publishing a position statement on this, prior to the Conference.

I have, also suggested to the Academy of Medical Royal Colleges, (AoMRC) that an update to this document, [Acting as an expert or professional witness: Guidance for healthcare professionals](#), may help clarify some of the concerns raised.

The Board has also approved the Faculty making an application to re-join AoMRC. It is hoped that AoMRC may provide further support for our specialty application.

I have also liaised with a number of other Royal Colleges/Faculties, for example:

- The RCPCH and the Royal College of Obstetricians & Gynaecologists, (RCOG) about 'virginity testing', (now illegal throughout the UK, via Part 5 of the Health and Social Care Act, 2022).
- The RCOG and the Faculty of Reproductive and Sexual Healthcare, about Female Genital Mutilation/Cutting.



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## Faculty Staff and Specialist Leads

I have mentioned a number of colleagues already. I could not do what I am supposed to do without the help, advice and support of the Faculty Managers, and I am pretty sure, neither could any of my fellow Senior Officers. Therefore, may I say a particular thank you to: Charlene Campbell, Kim Feltham, Tessa Lewis and Jordan Bailey.

To return to Alice: she had lots of support in her many and varied adventures in Wonderland, as I have had, in my first year as President. There are so many people whom I should thank, but I know I cannot name all of them here.

However, as you will be aware, some colleagues are leaving their roles, and we have, through the Bulletin, sought new applicants. I wish to say thank you on behalf of the Faculty and its members to:

Professor Keith Rix	Expert Witness Lead (as well as his former role as Mental Health and Intellectual Disability Lead)
Dr Marie-Elle Vooijs	Assistant Academic Dean
Professor Catherine White	Lead for Sexual Offence Medicine

And thank you to my fellow senior officers, for their kindness, patience and support:

The Registrar: Dr Iain Brew  
The Academic Dean: Dr Deryn Evans  
The Assistant Registrar: Dr Anton van Dellen  
The Treasurer: Dr Amy Hamm  
The Vice-President Forensic Medicine: Dr Libby Sevink  
The Vice-President Allied Healthcare Professionals: Ms Stacey Shelley  
The Vice-President Legal Medicine: Dr Elaine Cook  
The Immediate Past-President: Professor Paul Marks

And lastly, thank you to you, our members, as without you, there would be no Faculty.

**Dr Bernadette Butler, President**

30 April 2024