



## Faculty of Forensic & Legal Medicine

# The Role of the Healthcare Professional General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM)

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## Summary of Service

Healthcare Professionals (HCPs) provide medical care and, when required, forensic assessment of detainees/suspects in police custody, complainants/complainers 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 pronounce life extinct and give an opinion on whether there are any suspicious circumstances. This work is referred to as Clinical Forensic Medicine (CFM) and embraces police custodial healthcare (General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM)). HCPs may be required to provide interpretation of their findings to the police, solicitors, courts and sometimes to social services verbally and in writing. Written statements for court and other tribunals and presentation of oral evidence in court may be required for these cases.

HCPs from the different disciplines may utilise a variety of different titles, for example:

**Doctors:** forensic physician, forensic medical examiner, forensic medical officer

**Nurses:** custody nurse practitioner, forensic nurse practitioner, forensic midwives

**Paramedics:** custody paramedic, forensic paramedic

## Healthcare Professionals (HCPs)

HCPs working in the fields of general forensic medicine (GFM) and/or sexual offence medicine (SOM) must have the required knowledge, skills, and attitudes for the role they undertake. Changes to the delivery of services in recent years has resulted in doctors, nurses, midwives and paramedics working as part of a growing multi-professional team in providing medical care and initiating care plans in forensic settings.

As in any other area of medicine or healthcare when working in isolation, it is essential that experienced HCPs are recruited to be able to function as autonomous practitioners, receive initial training and induction support, work-based supervision, and engage in continuing professional development, so that there are competent practitioners involved in the provision of safe medical care, and appropriate forensic assessment, as required.

All HCPs must work within the scope of practice as determined by their relevant professional body, e.g., General Medical Council (GMC), Nursing and Midwifery Council (NMC), and Health and Care Professions Council (HCPC) and College of Paramedics.

The GMC in *Good Medical Practice* (comes into effect 30 January 2024) states that doctors must make the care of patients their first concern and meet the standards expected including:

- Provide a good standard of practice and care, and work within your competence
- Keep your knowledge and skills up to date

The NMC Code states that nurses and midwives must recognise and work within the limits of their competence. To achieve this, they must, as appropriate:

- accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care
- make a timely referral to another practitioner when any action, care or treatment is required
- ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence
- take account of your own personal safety as well as the safety of people in your care
- complete the necessary training before carrying out a new role

The Health and Care Professions Council defines a registrant's scope of practice as:

*'Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or yourself. We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrant's often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain area or with a particular client group, or a movement into roles in management, education or research'.*

The College of Paramedics defines a Paramedic's scope of practice as:

*'A paramedic is an autonomous practitioner who has the knowledge, skills and clinical expertise to assess, treat, diagnose, supply and administer medicines, manage, discharge and refer patients in a range of urgent, emergency, critical or out of hospital settings'.*



HCPs must introduce themselves to the detainee/police officer/complainant as a doctor, nurse, midwife or paramedic, as appropriate.

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. In August 2018 the CQC published 'Clarification of CQC's regulatory methodology for sexual assault referral centres' requesting feedback. This document sets out how the CQC will tailor the approach to regulating sexual assault referral centres (SARCs).

Currently the Care Quality Commission (CQC) is not involved in police custodial work and there is no industry regulation, so standards vary from provider to provider. National Occupational Standards Skills for Health (2007) have produced guidance ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)) but with no regulation the quality and content of training itself remains set by each individual private medical provider or constabulary.

## Quality Standards in GFM and SOM for HCPs

Quality standards have been developed by the Faculty of Forensic & Legal Medicine (FFLM), the UK Association of Forensic Nurses & Paramedics (UKAFNP), and the College of Paramedics.

See: [Quality Standards in Forensic Medicine](#)

[Quality Standards for Nurses and Paramedics – General Forensic Medicine \(GFM\)](#)

[Quality Standards for Doctors Undertaking Paediatric Sexual Offence Medicine \(PSOM\)](#)

## Faculty of Forensic & Legal Medicine (FFLM) [www.fflm.ac.uk](http://www.fflm.ac.uk)

The FFLM was set up in September 2005 by the Royal College of Physicians of London 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.

The FFLM is the standard setting body for forensic and legal medicine. In 2009 the Home Secretary stated in the House of Commons, in response to a Written Question that the:

*'level of professional and clinical qualification required for doctors or nurses is issued by the Faculty of Forensic and Legal Medicine (FFLM), which is part of the Royal College of Physicians.'*  
Hansard; March 18th 2009

The FFLM, in partnership with its clinical colleagues from the UK Association of Forensic Nurses & Paramedics and the College of Paramedics has developed and published clear standards.

## UK Association of Forensic Nurses & Paramedics (UKAFNP) [ukafn.org](http://ukafn.org)

The UKAFNP was established in 2004 with the aim of laying foundations for best practice countrywide and to enable the delivery of quality care to individuals, also to provide accessible resources, including a knowledge base in forensic nursing.

UKAFNP is committed to raising the awareness and profile of forensic practitioners; working together to develop improve and maintain a high standard of forensic evidence collection; providing high-quality practitioner care for all individuals in a holistic manner; working in partnership with relevant government bodies and all forensic collection specialists, including physicians and the police.

## College of Paramedics [www.collegeofparamedics.co.uk](http://www.collegeofparamedics.co.uk)

The College of Paramedics is the recognised professional body for paramedics and the ambulance profession in the UK. The College represents its members in all matters affecting their clinical practice and supports them to achieve the highest standards of patient care.

## Recruitment

### Doctors

It is recommended that doctors should have at least three years training in a relevant speciality in an approved practice setting following satisfactory completion of Foundation training (FY1 and FY2).

Increasingly doctors, forensic physicians (FPs), are specialists in the field of GFM and SOM, and the FFLM have made an application to the Department of Health to formalise the specialist status of forensic and legal medicine (to include the medico-legal advisors). FPs usually have a background in other disciplines of medicine, predominantly general practice but also specialities such as emergency medicine, psychiatry, sexual health, paediatrics and gynaecology.

### Nurses, Midwives & Paramedics

It is recommended that nurses, midwives and paramedics working within the field of GFM and/or SOM must have a minimum of 3 years post registration experience in a patient facing role within a relevant field (General Practice, Emergency Medicine, Midwifery practice, Sexual Health Medicine, Obstetrics and Gynaecology, Paediatric & Child Health, Walk in Centres, Substance Misuse Services, Prison Healthcare, Mental Health, or Ambulance Service). Nurses should be registered general nurses.

Many of the requisite skills HCPs possess for their normal duties transfer well, in most cases, however they may not be aware of the medico-legal implications of their assessment and diagnosis, forensic protocol, or legal process. Additional training is needed to complement clinical skills with knowledge of the relevant legal processes and the Police and Criminal Evidence Act 1984 (PACE) and other relevant legislation. It is essential that nurses, midwives and paramedics have previously worked autonomously and ideally are independent prescribers.



## Healthcare models

In the United Kingdom, currently, there are different models by which Healthcare Professionals are utilised. Traditionally the constabulary employs or contracts with the Healthcare Professional directly, or the constabulary contracts with a private medical provider to provide forensic healthcare services. Many services are now being jointly commissioned by Police and Crime Commissioners and NHS commissioners.

HCPs may work under a variety of employment models, for example employed by the NHS or commercial companies, or self-employed, independent and individually appointed (usually contracted) to provide services to the relevant police authorities, or appointed agencies, responsible for such services.

Whatever the employment status, those providing the services and those commissioning them must be fully aware of the following

*'Local protocols, procedures and individual contracts of employment should ensure the independence of Healthcare Professionals, whatever their employment relationship to the police force in whose custody environment they work. All Healthcare Professionals are bound by the standards of professional conduct laid down by their professional bodies, but local protocols must define their relationship to the police custody officers in order to ensure that their professional independence is not circumscribed or compromised by local procedures within the custody suite'*

Home Office Circular, 020/2003

## Police Custody

Authorised Professional Practice (APP) is an online resource published by the College of Policing and provides guidance to all police forces with regards to commissioning healthcare: [www.app.college.police.uk](http://www.app.college.police.uk).

APP states:

*'Forces must develop an appropriate healthcare model in consultation with health commissioners and other key stakeholders that best meets the needs of detainees based on a regular needs assessment. The agencies and individuals providing this service must have the legal authority, qualifications, experience, capability and capacity to deliver a continuous quality service within set timeframes.*

*Forces should monitor their healthcare provision to ensure quality of service and effectiveness.*

*Forces should have appropriate partnership arrangements to monitor response times for adult social services/mental health trusts to complete mental health assessments in custody to ensure vulnerable detainees are detained no longer than is necessary.'*

## Sexual Assault Referral Centres (SARC)

In April 2013, NHS England took on the lead commissioning role for sexual assault referral centres (SARCs), together with Police and Crime Commissioners. See: [Sexual assault and abuse](#).

A supporting service specification has been developed to inform the standard of service provision and ensure high clinical standards for those adults, children and young people using SARCs.

The delivery aim of SARCs is to provide clients with:

- acute healthcare and support in age-appropriate settings
- comprehensive forensic medical examinations
- follow up services which address their medical, psychological, social and ongoing needs
- direct access or referral to Independent Sexual Violence Advisors.

## Training

All HCPs must undergo an initial accredited training course, such as the FFLM/Teesside University one-week course, before commencing unsupervised clinical work. A recommended syllabus is available for courses in GFM and SOM.

See: [Recommendations for Introductory Training Courses in General Forensic Medicine \(GFM\) and](#)

[Recommendations for Introductory Training Courses in Sexual Offence Medicine \(SOM\)](#)

[Accreditation of courses](#) should be based on sound educational principles. The learning objectives must be relevant and specifically defined and the teaching methods used should achieve the stated learning objectives. The teachers should have the expertise to deliver the learning objectives using the methods chosen and there must be a procedure in place for evaluation of the event.

Trainees in GFM and SOM may come from a variety of 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 HCP with the overall learning outcome: a competent HCP.

All HCPs practicing in GFM and SOM must also:

- have training in Immediate Life Support (ILS)
- complete training in Safeguarding of Children and Young People to at least Level 3
- complete training in Safeguarding of Vulnerable Adults to at least Level 3
- have training in Equality and Diversity
- have shadowed and been supervised by an experienced forensic clinician prior to sign off as competent to work unsupervised





- complete a competency-based framework of skills during their induction period.

Doctors must fulfil the GMC requirements for *revalidation*, including an annual appraisal. For doctors working with portfolio careers it is essential that any appraisal is robust in covering the forensic aspect of their work.

Nurses and midwives must fulfil the NMC requirements for *revalidation* and paramedics must meet the CPD standards set by the HCPC to remain registered: [www.hpc-uk.org/cpd](http://www.hpc-uk.org/cpd).

Specific training is given for examination of complainants/complainers of serious sexual assault, for examination of alleged victims of child sexual assault, for mental health assessments under the Mental Health Act 1983, to ensure competencies to work with substance use detainees in police custody, and the management of alleged terrorist detainees.

All HCPs working in GFM and SOM should complete the mandatory training required by the organisations they are employed by or contract with. This may include, for example:

- Information Governance
- Conflict Resolution & Breakaway Training
- Fire Safety
- Moving & Handling
- Health, Safety & Welfare
- Infection Prevention & Control

A number of organisations, including the FFLM and UKAFNP, run development training courses to enable HCPs to fulfil their continuing professional development (CPD) requirements. Societies and associations exist that support the interface between medicine and the law (Section of Clinical Forensic and Legal Medicine of the Royal Society of Medicine, The Medico-Legal Society and other local Medico-Legal Societies, The British Academy of Forensic Sciences, The Forensic Science Society, the Forensic and Secure Environments Committee of the British Medical Association, etc.).

## Higher qualifications

See: [Advice on obtaining qualifications in clinical forensic medicine](#).

The first full Membership exam (MFFLM) was completed in April 2010. Starting in October 2009 the exam was set up for Forensic Physicians of both disciplines – General Forensic Medicine and Sexual Offence Medicine, and Medico-Legal Medicine.

It is essential that the exam will become compulsory for those who wish to pursue a career in forensic and legal medicine in the United Kingdom at consultant level. Doctors who pass the exam will have the professional knowledge, skills and attitudes to practise as independent practitioners within the specialty of forensic and legal medicine.

To be eligible to sit the exam, candidates must have been working in the specialty for three years (within the past 5 years). The part I is a knowledge-based test covering medical law and ethics. The part II written exam will test the application of knowledge to problems in modified short answers and more practical skills in the OSCE/OSPEs. A detailed syllabus has been published outlining the areas of knowledge and understanding required for both parts of the exam; the part II syllabus is different for each of the three disciplines.

A Licentiate examination (LFFLM) in General Forensic Medicine and Sexual Offence Medicine is available to doctors, nurses, midwives and paramedics.

UKAFNP has developed advanced standards for education and training in forensic practice (ASET) and is now able to offer education providers the opportunity to develop and deliver courses that meet the ASET standards under licence – Postgraduate Certificate in Advanced Forensic Practice in either Custody or Sexual Assault with a progression to a Postgraduate Diploma and Master's Degree.

## Consent and Confidentiality

Forensic examinations are performed to obtain information which may ultimately be used in evidence in court proceedings.

In obtaining consent, the HCP must make this clear to the examinee in accordance with:

- Good Medical Practice and General Medical Council (GMC) guidelines in relation to consent and confidentiality for doctors
- The Nursing and Midwifery Council (NMC) The Code outlining the professional standards that registered nurses and registered midwives must uphold
- The College of Paramedics Paramedic - Scope of Practice Policy.

The purpose of the examination must be understood and consent freely given and the examinee must be aware that there is no obligation to give this consent. Consent may be withdrawn at any time during an examination.

## Facilities

Police stations provide clinical examination rooms equipped to varying standards. See: [Operational procedures and equipment for clinical and forensic examination rooms in police stations](#).

Specific examination suites, sexual assault referral centres (SARCs), which may be within a hospital setting or community based, are available for examination of complainants/complainers of adult and child sexual assault. Colposcopes (providing a bright light source and magnification) attached to a video recording facility are now provided in these suites. See: [Operational procedures and equipment for forensic medical examination rooms in Sexual Assault Referral Centres \(SARCs\)](#).



The Forensic Science Regulator has published a Code of Practice which came into force on 02 October 2023 in England and Wales and covers the forensic examination of sexual offence complainants/complainers in a dedicated facility. However, the forensic examination of complainants/complainers offsite and the forensic examination of detainees held in police custody are not currently covered.

For more information see:

<https://www.gov.uk/government/publications/statutory-code-of-practice-for-forensic-science-activities>.

HCPs may be requested to attend home addresses with police officers in attendance, examination suites, prisons, care homes and hospitals, to conduct examinations, including taking forensic samples, and to attend scenes of crime or death, usually to pronounce life extinct.

Forensic sampling kits are provided by the police in accordance with national guidelines.

The necessary equipment to conduct an examination should be available in the medical room at the police station and within a SARC.

There also should be an agreed formulary, depending on local requirements, for HCPs to use to dispense medication to detainees in police custody or treat complainants/complainers of assault.

Generally dispensing by HCPs takes place via three methods:

- HCPs may dispense medication under the authority of a Patient Group Direction
- After consultation and authorisation by a FP over the telephone and recorded and/or confirmed in writing.
- Independent Non-Medical Nurse/Midwife/Paramedic Prescriber

Medications may be prescribed by nurses, midwives and paramedics who are qualified and registered as independent non-medical prescribers, specific medication may be prescribed by private (not NHS) prescription which is paid for and collected by the police. Those HCPs working within NHS services will be able to use NHS prescriptions.

Transport is an essential requirement, as are facilities for easy and rapid contact via mobile telephone. Medical reports and statements must be typed and checked. Storage facilities for medical records, which must be retained and retrievable, must be provided by the HCP or in conjunction with the overall service provision. If HCPs handle personal data they will need to register with the Information Commissioner.

## Specific functions

Since the development of multi-professional teams working in custody and SARCs it is essential that all HCPs work within their scope of practice, as in other branches of medicine and healthcare, and when necessary be able to obtain support from appropriately trained and experienced senior practitioners (with the FFLM Membership Examination or equivalent).

## Detainee examinations:

The custodians of detainees are obliged to call an appropriately trained HCP when they suspect, or are aware of, any physical illness, mental health problem or injury of the detainee. The HCP in attendance is responsible for the clinical needs of detainees and should also consider their well-being (e.g., have they been fed, are they thirsty, are they too warm, too cool, have they had enough sleep/rest?)

The HCP may be requested by the custody team to provide an opinion on one or more of the following:

- Fitness to be detained in police custody, e.g., requirement for medication, including schedule 2 & 3 controlled drugs, referral to hospital, assessment on return from hospital
- Fitness to be released, e.g., sobered up sufficiently to release safely, consideration of any risk to public safety, or the personal well-being of the detainee where there are suicidal thoughts (pre-release risk assessment)
- Fitness to be charged: competent to comprehend charge
- Fitness to transfer, e.g., when wanted on warrant elsewhere, possibly necessitating a long journey
- Fitness to be interviewed by the police. A detainee may be at risk in an interview if it is considered that:
  - a. conducting the interview could significantly harm the detainee's physical or mental state;
  - b. anything the detainee says in the interview about their involvement in the offence about which they are being interviewed might be considered unreliable in subsequent court proceedings because of their physical or mental state.
- Requirement of an appropriate adult, e.g., vulnerable, mentally disordered
- Assessment of substance use disorder (SUD) including alcohol and drug dependence, intoxication and withdrawal
- Attendance at the hospital to take samples under the Road Traffic Act or where patients may have been seriously assaulted
- To assess whether there is a 'condition that might be due to a drug under 'Road Traffic Act Legislation
- Undertake intimate body searches for weapons and drugs (drugs – not on police premises)
- Assessment of individuals subjected to restraint, including irritant sprays, batons, handcuffs, etc.
- Assessment of individuals Post CED after completing the appropriate training



### Detainee and complainant examinations:

The HCP is expected to:

- Ensure the safeguarding of vulnerable adults and children
- Arrange appropriate treatment/referral, including for emergency contraception, post-exposure prophylaxis and screening for sexual transmitted infections
- Make precise documentation and interpretation of injuries See: [Recommendations for the documentation of injuries](#)
- Take forensic samples as appropriate after discussion with investigating officer
- Deal with police officers/police personnel injured in the course of their work, including needle stick injuries, and at risk exposure
- Pronounce life extinct at a scene and give an opinion on whether there are any suspicious circumstances
- Give an opinion at certain scenes in relation to bony remains
- Give advice to the police when requested
- Undertake mental state examinations
- Examine adult complainants of serious sexual assault
- Examine child victims of alleged neglect, physical or sexual abuse.

### Currently only an appropriately trained FP can:

- Conduct formal mental health assessments under the Mental Health Act
- Assessment of officers' post shooting incidents.

### Those detained under Terrorism legislation

- See: [Recommendations – Medical care of persons detained under the Terrorism Act 2000](#).
- The FFLM recommend that the initial assessment and care plan of a TACT detainee is only undertaken by a forensic physician who holds the Membership (MFFLM) or Fellowship (FFFLM) of the Faculty. Thereafter, follow-up/review may be undertaken by suitably trained and experienced forensic clinicians, under the supervision of a senior forensic physician.
- Intimate samples must be taken by a registered medical practitioner.

### Liaison with other agencies

The HCP is expected to liaise with other custody user groups such as drug arrest referral schemes and those projects that encourage appropriate diversion from custody of the mentally ill, mental health liaison teams, social services.

### Subsequent to these examinations

All HCPs are required to give evidence of fact<sup>1</sup> in court when requested to do so. The evidence of a forensic physician, nurse, midwife or paramedic may be admitted as expert evidence if the HCP has sufficient skill (as defined by their training, their practice and their experience<sup>2</sup>) to assist the court as to a fact in issue.

Forensic nurses, midwives and paramedics should be familiar, and act in accordance, with any guidance of the Nursing and Midwifery Council or the Healthcare Professions Council regarding witness evidence in criminal proceedings.

### Further Reading

- 1 [Forensic clinicians \(physicians, nurses and paramedics\) as witnesses in criminal proceedings](#) FFLM, October 2020
- 2 [Expert Evidence – Frequently Asked Questions](#) Rix K Journal of Forensic & Legal Medicine Volume 77, January 2021, 102106