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President's Report for The Annual General Meeting, (AGM) on Friday, 09 May 2025

1. Introduction

At our 20th anniversary conference, in a week's time, I shall demit office as President and handover to the 10th President, Dr Alex Gorton. The last two years have been very busy for me and everyone at the FFLM. Along with all the other reports, I hope this will demonstrate how much has been happening, since last year's conference and will continue to happen after this, my 2nd and final report, as President.

Last year, I mentioned I was unsure whether my red 'L' plates, might be progressing to the green 'P' plates. I am still not sure, they probably remain green, but perhaps, have become a little darker, indicating, I hope, the acquisition of more knowledge and experience. This learning has been supported by the help and advice from fellow officers, the office staff and from others, including past Presidents. I would particularly like to note the support from the late Dr Vicky Evans, RIP.

My report in 2024, borrowed from Alice's Adventures in Wonderland, and those who helped her. This year, I have been reading some of the thoughts and comments of Winnie-the Pooh, (who apparently celebrated his 100th birthday, in 2024), or those from his friends. I have noted a few of these in this report.

He may have been, "**a Bear of Very Little Brain**", (Winnie the Pooh), but he and his friends had some very wise words to share with us:

"A little consideration, a little thought for others, makes all the difference." (Eeyore).

I also rely on the website, the publications and [The Standing Orders](#) and these details about the FFLM:

- *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 the FFLM 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.*

All of this is, of course, as important now, as it was in 2005.

When I wrote my report for the AGM in 2024, I wanted to find a balance between the other reports which I write, for the Board, the senior officers' and vice presidents' (SO/VP) meetings, the contents of the weekly Bulletin and the monthly President's letter, avoiding too much repetition. I hope that, in the following account of the year, I have managed to do so.



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2. Education, Knowledge and Guidance

As always, there have been updated versions of existing documents published, as well as new documents. In preparing for a presentation at the St Mary's Conference, a few weeks' ago, I confirmed there had been 45 updated or new publications over the last year, which support all forensic clinicians, whether members or not. The FFLM addresses '*the advancement of education and knowledge*', by making our educational resources available to everyone, on the [Publications](#) page of the website.

Recommendations for the collection of forensic specimens from complainants and suspects
 Jan 2025 Review date Jul 2025 - check www.fflm.ac.uk for latest update

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

Instructions for use – PLEASE READ BEFORE REFERRING TO TABLE

- In this document the words complainant, subject, detainee, suspect, 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 Flowchart).
- Please see *The Order of Sampling* when obtaining forensic specimens from complainants and suspects which covers advice re taking samples in examinees who are pregnant.
- Reasonable steps to minimise contamination must be taken.

Non-fatal strangulation proforma
 Jul 2024 Review date Jul 2027 - check www.ifas.org.uk for latest update

This proforma focuses on the non-fatal strangulation (NFS) elements of an examination and as such should be used as an adjunct to other clinical documentation e.g. SARC proforma/ED/custody proforma etc. where issues such as consent/capacity/alleged assailant details/ general medical assessment etc. should be covered. Whilst it is acknowledged that in some circumstances the strangulation may have been consensual, for the purposes of this document the terms 'patient' and 'alleged assailant' have been used.

Date _____ Time _____

Clinician _____ Donor/stru number _____

Forensic Records
 Frequently Asked Questions for all healthcare professionals
 Nov 2024 Review date Nov 2027 - check www.fflm.ac.uk for latest update

The medico-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 medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

Introduction

Records are defined as follows:

- The International Standard Organization, (ISO), defines a record in ISO15489-1: 2016 as: '*Information created.*'

'process personal data' and whether you need to register with the Information Commissioner and comply with the DPA. See: *The Data Protection Act.*

Please also see questions 12 and 14.

Quality Standards for Clinicians undertaking Paediatric Sexual Offence Medicine (PSOM)
 Jun 2024 Review date Jun 2027 - check www.fflm.ac.uk for latest update

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1. Introduction

- The United Nations Convention on the Rights of the Child (UNCRC) defines a child as everyone under 18, '*unless under the law applicable to the child, majority is attained earlier*'. Clinicians must practice in a child-centred way, with the child being the focus. In the UK this means anyone under the age of 18 years is a child.

Thank you to everyone who has contributed to these, reviewing, updating and writing 'de novo' guidance. In particular, many thanks to all the office staff, including Charlotte Kirkland, who provided cover until Tessa Lewis returned. And thank you to the members of the Academic Committee, the Academic Deam, Dr Deryn Evans, the Assistant Academic Dean, Dr Marie-Elle Vooijs, who was succeeded in that role by Dr Remy Bahl.

A few examples of our documents appear above and importantly, a number are co-badged, e.g. with the Royal College of Nursing, (RCN), the Royal College of Emergency Medicine, (RCEM) and the Royal College of Paediatrics and Child Health, (RCPCH), as well as UKAFNP.

The publications from the Forensic Science Sub-Committee, (FSSC) are co-badged by a number of organisations, reflecting the multi-disciplinary input of the committee, under the leadership of Prof Margaret Stark.

Dr Libby Sevink chairs the Training, Education and Development, (TED) Committee, and over the year has delivered a series of webinars and other educational events. And, as last year Dr Elisabeth Alton and Prof Margaret Stark have supported adult safeguarding training, complementing the mandatory training we are required to undertake. These events are an important FFLM activity, supporting our continuing professional development, (CPD), and for members, most of these are free of charge. Thank you to all who have contributed.



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In addition, the Conducted Energy Device (CED) training continues along with all the supporting publications on the website in the CED Hub, here: [CEDHub](#); many thanks to Dr Alex Gorton for leading on this.

“It means Learning, it means Education, it means all the things...” (Eeyore).



As members know, we have a close association with our colleagues at the Institute for Addressing Strangulation (IFAS). The FFLM was very pleased when IFAS received confirmation, just before Christmas, they had secured funding for another year. They continue to work, developing guidelines and educating healthcare professionals, as well as the public, about the risks associated with non-fatal strangulation, (NFS). The work of Prof Cath White, OBE and Bernie Ryan, OBE and their IFAS colleagues has had a significant influence on the law and clinical practice, and I have no doubt, will continue to do so.

3. Good Practice, Raising Awareness, Collaboration and Professional Standards

This is an essential part of the FFLM’s work.

In the last year, the FFLM has responded to a number of consultations, including:

- The Independent Review of the Criminal Courts by Sir Brian Leveson.
- The Independent Review of the Physician Associate and Anaesthesia Associate Professions by Professor Gillian Leng CBE, to which Dr Alex Gorton responded.
- The consultation on healthcare standards for sexual assault assessments in Scotland, to which Dr Marie-Elle Voojjs and Dr Helen Mills responded.
- Consultation by the Sentencing Council, on the sentencing guidelines for non-fatal (intentional) strangulation or suffocation. (August 2024). The definitive sentencing guideline was published in December 2024 and came into force on 01 January 2025 [Strangulation or suffocation / Racially or religiously aggravated strangulation or suffocation](#).

Prior to the 2024 General Election, I produced an [‘FFLM Manifesto’](#)

- Below is a summary of what I noted the new Government needed to do:
 - MPs to meet the requirements of the Standards in Public Life’, (the Nolan Principles).
 - *I am not sure we have seen evidence of that, yet.*
 - Address the delays in the CJS and the overcrowding in the Prison Estate.
 - *I think there is some attempt to address this, see above, the Review of the Criminal Courts. The overcrowding of the Prison estate has been managed by an increase in ‘early release’, but the preparation for this and the ability of the Probation service to respond to the increased workload, has not been adapted to meet these changes.*
 - The care of those in state detention meeting appropriate standards.



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- *One aspect of this is highlighted in the report on Equivalence in Police Custody Healthcare, (see below) and shows much more work is needed to achieve this.*
- Addressing inter-personal violence.
 - *Although the Government has said Violence Against Women and Girls, (VAWG) is a priority, prosecutions of high-risk domestic abuse/violence may take 2 or more years to get to Court and it can be even longer for sexual offences. This is not timely justice for complainants or defendants, so 'Justice delayed, is justice denied'.*
- Miscarriages of justice.
 - *We shall learn more about this at the Conference.*
- A requirement to make the response to a prevention of future death report from HM Coroner, a statutory requirement.
 - *More work to do here, a letter to write in my last week as President!*
- Similarly, a more robust approach to the Duty of Candour, to address the recent and current situations which have been identified.
 - *I have a background in Obstetrics and so particularly aware of this, in relation to maternity services; e.g. enquiries at Shrewsbury & Telford, Morecombe Bay, East Kent and at present, in Nottingham.*

We have liaised with NHS England (NHSE) regarding commissioning issues, the management of non-police SARC records and also, a proposed destruction of non-police forensic samples, which have been stored for longer than the recommended period in the FFLM guidance.

The FFLM, along with the RCPCH and the National Network of Designated Healthcare Professionals (NNDHP), have raised concerns about the commissioning of paediatric sexual assault services, where they do not meet the service specification. A meeting had been arranged for 15 May 2025, but it was recently postponed. The FFLM, the RCPCH and the NNDHP have co-signed a letter to NHSE for it to be reinstated.

The FFLM contributed to the revision of the Physical Signs of Child Sexual Abuse, ('The Purple Book'), which was co-ordinated by the RCPCH and was completed in early 2024. Unfortunately, there was a delay in its publication, but the 3rd edition is now available, on-line. Dr Jo Gifford was co-lead on this project at the RCPCH, she is a Licentiate of the FFLM, sits on the Academic Committee and is supporting best practice by presenting a webinar on 'Child Safeguarding 101' on 21 May 2025.

In 2024, we contributed to the Forensic Science Regulator's (FSR's), consultation on the draft of version 2 of the Statutory Code of Practice, (the Code). This has been published and is currently before Parliament for approval. Meeting the requirements of the FSR's Code by Sexual Assault Referral Centres, (SARCs) in England and Wales, has a deadline of 02 October 2025, now about five months' away. The FFLM has worked with the FSR's office, SARCs and the Forensic Capability Network (FCN). This work has been supported by Prof Cath White, the former Lead for SOM and since August 2024, the new SOM leads, Dr Marie-Elle Vooijs and Dr Helen Mills.

In addition, the Forensic Capability Network, (FCN), has provided great assistance and guidance, led by Michelle Gaskell, who also sits on the FSSC. The FSR also has a number of specialist groups, including the Medical Forensic Specialist Group (MFSG), which I chair. This is now active again, with the support the FSR and colleagues from the Home Office. This too has contributed to the work to meet the requirements of the Code. I would like to thank Michelle Gaskell and June Guinness, OBE, and their colleagues for their assistance, support and guidance. As an example of



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the ongoing work, there is an Interpretation workshop later, in May, to work on how clinicians interpret their findings for the Court and also what they and SARCs will need to do if not yet able to meet the requirement of the Code, in terms of declarations of non-compliance.

4. Recruitment, Training Pathways and Specialist Recognition

The FFLM, in its role as the standard setting body in Forensic and Legal Medicine, supports training through the development (and updating) of its Quality Standards, (QS), its examinations and the associated syllabus or curriculum, as well as the training it offers. It also assesses courses by other providers, for CPD purposes.

Our QS publications should inform the recruitment and training of staff, yet we know these are often not followed, nor acknowledged in the commissioning process. The patient group for whom we provide care are highly vulnerable and deserve a suitably trained workforce, appropriately supervised to provide that care. We are regularly reminded this is not the case, as the following examples show:

- The NNDHP position statement which the FFLM endorsed [NNDHP position on CSA medicals](#).
- HM Coroners' prevention of future death reports, (PFDs), including when those where there has been no response from the organisations to which they have been sent, which as noted in a recent Bulletin, includes a number sent to the Police, the Ministry of Justice, (MoJ) and His Majesty's Inspectorate of Constabulary, Fire and Rescue Services, (HMICFRS); and so the PFDs relate to people who are in the custody of the State.
- The recent publication, 'Equivalence in Police Custody Healthcare', see: [Findings and Recommendations | Equivalence in Police Custody Healthcare | Newcastle University](#). I commend this comment, which was included in the FFLM response, made by the Registrar, Dr Iain Brew: *"Nowhere else in the health economy are vulnerable patients asked to accept publicly funded healthcare without supervision under an accredited specialist."*

5. 'Forensic self-swabs services'

In September 2024, the FFLM published a joint position statement on this; [Joint Position statement on forensic self-swab services after sexual assault or rape with FAQ](#). The FFLM was supported by a number of organisations and there continues to be a huge amount of time devoted by the FFLM and others, to this; by our SOM leads and also by Tana Adkin, KC who sits on the FSSC.

There has been significant media interest, too, the press, the BBC and recently German media. There have been campaigns to address this by NHSE, highlighting the benefits of SARCs and the holistic, 'wrap around care' they provide or can initiate. These benefits are supported by the publications arising from the MESARCH study, [Health and wellbeing of survivors of sexual violence and abuse attending sexual assault referral centres in England: the MESARCH mixed-methods evaluation](#).

6. The Specialty Advisory Committee, (SAC)

Prof Carol Seymour chairs the FFLM SAC, of the Royal College of Physicians (RCP). The SAC and its work towards gaining specialty recognition, is to be covered in a session at the conference. Prof Seymour regrets she is unable to present, but Prof Jason Payne-James, who sits on the SAC and is a recognised by the GMC as a specialist in forensic and legal medicine has kindly agreed to



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present on her behalf. I am sure he will address the work he undertook to develop: *A Credential in The Medical Implications of Use of Force and Less Lethal Restraint & Control*.

This is not to suggest the FFLM believes credentials are the answer; it does not. Moreover, when Prof Ian Wall led on a GMC credential pilot project, several years ago, the GMC's final report in 2012, included this comment, **'forensic and legal medicine (which we concluded had a strong case to be recognised as a specialty),...'** See: [Final-Report-of-the-Credentialing-Working-Group](#).

Members may know, the British Medical Association, (BMA) does not support credentials and the GMC seems less keen on them, than they were a few years ago.

Nevertheless, the SAC was asked by Workforce, Training and Education, (WTE, formerly Health Education England, HEE), within NHSE, to provide some credentials. In my view, that which Jason produced, although excellent, is further evidence to support 'what we do' cannot be achieved through (far too many) credentials; it requires recognition as a specialty and thereafter a specialty training programme.

Jason, through his role as President of the European Council of Legal & Forensic Medicine, along with others specialists, had a letter published in the International Journal of Legal Medicine, in January 2025, entitled 'European specialty and specialist practice in legal and forensic medicine'; [International Journal of Legal Medicine](#) DOI:[10.1007/s00414-025-03420-6](#). How specialty recognition is achieved requires the support of other specialties, but also those who depend upon our work, including, amongst others, the police, the judiciary and the Government.

"It's your fault, Eeyore. You've never been to see any of us. You just stay here in this one corner of the Forest, waiting for others to come to you. Why don't you go to them, sometimes?" (Rabbit).

Although Rabbit is correct, I wish to make it clear that we do engage or try to do so, with others. Clearly in the time immediately before and after a General Election, due to 'purdah' and appointments to various roles, this is difficult, but my attempts have not always been successful. Letters to some members of the judiciary and to members of the House of Lords have not been answered. I have not managed to meet the Presidents of some other colleges or the Women's Health Ambassador, despite several requests to do so. However, we have had good support from and engagement with the RCPCH and Dr Janet Barter from the Faculty of Sexual and Reproductive Healthcare, (FSRH).

The FFLM must continue 'lobbying' and as representatives in different organisations change, (as they do here at the FFLM), it needs to keep introducing and re-introducing the FFLM, its members and work to these organisations. Alex and I have already written to the new leadership team at the RCP, to go back to present to Council, as Prof Stark did, during her Presidency.

Offering to work together with others is also beneficial as shown with the work with RCEM and RCPCH. This week I had an encouraging reply from the RCPsych regarding the FFLM offer to work on an update to the 'Blue Guidelines' [Detainees with substance use disorders in police custody: Guidelines for clinical management \(5th edition\)](#). And the work on this will start as soon as practicable.



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As you know, our application to rejoin the Academy of Medical Royal Colleges, (AoMRC) was declined, but Prof Seymour and I have been trying to arrange a meeting with them, this will now probably be for Alex Gorton to do. I have also offered the FFLM's help to review and update this publication: [Acting as an expert or professional witness Guidance for healthcare professionals](#).

7. Examinations

The FFLM's examinations, leading to various post-graduate qualifications are growing, for example, our colleagues working in Secure and Detained Settings, (SDS) will have a paper for their Part 1 examination ready for the 2025/26 diet, in Autumn 2025

The examinations are an important aspect of the FFLM's work, but we need more volunteers to be trained as examiners, for both Licentiate and Membership qualifications. This is especially so, since in the 2024/25 diet, we had a significant increase in applicants, which is most welcome. However, we need to meet their needs by ensuring we have sufficient examiners to support the work: blueprinting, writing questions, 'testing/trying' them out, preparing the paper and standard setting it. Once set and 'sat', the examinations have to be assessed/marked, including SAQ double-marking. The cycle ends with a review of the questions and how they performed, so the next (cycle), diet, may begin before the last has finished.

As you will see from the section on the RCP, our parent college, below, the quality assurance of post-graduate examinations, indeed any, is essential. The FFLM has numerous ways to address this, including:

- Its examiners, their recruitment and training along with feedback on their activities, which, of course, must be discussed at appraisal which covers, as the GMC requires, the totality of one's scope of practice. Examiners regulated by other bodies, e.g. the NMC or HCPC will also be able to discuss this work in their annual appraisal.
- The regular review of the examination regulations and the relevant syllabus/curriculum
- The examination process as outlined above
- The educational advisor
- The external examiner

In addition, to quote, or paraphrase, the Registrar, Dr Iain Brew, "*they/you said, we did*", the OSCEs are now offered close together, and not as two sets, in March and June. This is a return to the pre-pandemic arrangements, although some OSCEs are still held 'on-line'. All of this has been possible due to a huge amount of work by Dr Sandy Fielding and Dr Deryn Evans, supported by Kim Feltham our amazing Examinations Manager.

And so, as you will have read in the Bulletin, the FFLM needs more members to volunteer as examiners. Please do consider doing so, it is a very rewarding way to support the FFLM and 'the next generation' of forensic clinicians. You can read more here: [Duties of an Examiner](#) document and/or contact the [FFLM Office](#).

8. The Membership and Fellowship Committee, (MFC)

Following the examinations, successful candidates may then apply to be a Licentiate or Member and indeed, I shall have the privilege of signing more certificates, marking these achievements, which will then be presented at the Conference. The MFC meets every two months, and the calibre



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of the applicants is impressive. The MFC is a highly effective and efficient committee due to the comprehensive work by Charlene Campbell beforehand, Dr Elaine Cook's chairing and the pre-meeting preparation by the MFC's members, who carefully review each and every application.

9. Finance

Dr Amy Hamm as Treasurer and Charlene Campbell have done, as always, an amazing job, with additional support from Jordan Bailey. Over the last two years the work associated with the preparation of information for the auditors has increased. However, the auditors, although making some recommendations, have mostly found the FFLM finances are very well-managed, and I wish to commend and thank the team for their diligence in this work and the timely delivery of the additional requirements for the auditors.

10. Our parent College, the RCP

As President, I am invited to RCP Council meetings; we have noted in the Bulletin, the RCP has had a challenging year, in part due to the controversy about the role of Physician Associates, (PAs) and their regulation by the GMC, which began in December 2024. This included the resignation of the then President in 2024 and subsequently a review by the King's Fund: [Royal College of Physicians Independent Learning Review](#) which I would encourage all to read. Its contents include general learning points, for the leadership of an organisation, but also its members.

The new RCP President, Dr Mumtaz Patel was appointed recently, and she has been 'acting as President' for several months. I believe she has excellent leadership qualities and will take the RCP forward into a more settled period.

More recently the RCP has been dealing with the announcement that 283 candidates who sat the MRCP Part 2 examination in September 2023 were given incorrect results. Whilst 61 had been told they had failed, when they had passed, a significantly larger number, 222 were told they had passed when they had, in fact, failed. One can only imagine the distress of all concerned and for some candidates there will be a significant impact on their career progression, through specialty training, financial consequences for re-sits, as well as the trauma of receiving such a notification 18 months after the examination.

As noted above, (section 7), the quality assurance of our examinations is a priority and is essential for both for the candidates and also for the reputation of the FFLM.

11. Other work

Position Statements

These can be found here [Position Statements](#) and include:

- The FFLM endorsement of the NNDHP position statement on CSA medicals, (see above, section 3)
- The FFLM endorsement of the RCPE's further position statement on Physician Associates
- The FFLM position statement on Physician Associates
- The Joint position statement on forensic self-swabs, (see above, section 5)



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- The FFLM position statement on the management of non-police (self-) referral forensic records (forensic notes, samples and photographs)

The RCOG

As noted last year, the Board agreed the FFLM could endorse the position statement of the RCOG and others to support reform in abortion law. It took some time, but the FFLM are now listed here: [Reforming Abortion Law](#). And within the last week or so, the RCOG have written, regarding support for an amendment to the Abortion Act, which is to be considered by the Board.

Faculty Staff and Specialist Leads

I would not have managed the last two years without the support, knowledge and advice, of so many people, the Faculty Managers, and I am pretty sure, neither could any of my fellow Senior Officers. Therefore, may I say a huge thank you to: Charlene Campbell, Tessa Lewis, Kim Feltham, and Jordan Bailey for your advice, patience and kindness.

There are so many people whom I should thank, but I know I cannot name all of them here, and so I wish to say thank you on my behalf and that of the FFLM and its members to:

Dr Marie-Elle Vooijs	Assistant Academic Dean, now Lead, Sexual Offence Medicine (SOM)
Dr Helen Mills	and her deputy
Prof Catherine White	Former Lead for SOM and Medical Director of IFAS
Mrs Bernie Ryan	CEO of IFAS
Prof Margaret Stark	Chairman of the FSSC
Ms Tana Adkin, KC	Member of the FSSC and much more

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: Mrs Stacey Day

The Vice-President Legal Medicine: Dr Elaine Cook

The President-Elect: Dr Alex Gorton

- Alex will become President at the AGM, and I am sure he will have your support, as I have had, and I wish him and the FFLM every success in the future.

The Expert Witness Lead: Dr John AM Gall

The Adult Safeguarding lead: Dr Elisabeth Alton

Thank you to all FFLM volunteers, the examiners and the members of the Board.

And a very warm welcome to Mrs Halita Obineche, our new CEO.

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



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I think I mentioned this when I demitted office as Academic Dean, in 2019, but please consider Lord Kitchener, paraphrased, here, ***"Your Faculty Needs You!"***



Finally, some thoughts on reflective practice, from a Bear of Very Little Brain.
AA Milne. Winnie the Pooh, Chapter 7.

***On Monday, when the sun is hot
I wonder to myself a lot:
"Now is it true, or is it not,
"That what is which and which is what?"***

***On Tuesday, when it hails and snows,
The feeling on me grows and grows
That hardly anybody knows
If those are these or these are those.***

***On Wednesday, when the sky is blue,
And I have nothing else to do,
I sometimes wonder if it's true
That who is what and what is who.***

***On Thursday, when it starts to freeze
And hoar-frost twinkles on the trees,
How very readily one sees
That these are whose - but whose are these?***

On Friday- ... We are able to decide on what we wish to reflect, on Friday.

Thank you to all my children, my friends and colleagues at the Havens, King's College Hospital, London and friends and colleagues working in forensic & legal medicine in the UK and beyond. Thank you for the privilege and honour of being your President for the last two years and trusting me to serve you in this role.

With very best wishes

Dr Bernadette Butler, President, 2023 – 2025
02 May 2025