Forensic physicians

Forensic physicians (FPs) are independent. They continue to be known variously as police surgeons, forensic medical examiners and forensic medical officers.

Summary of service

Forensic physicians offer medical care and, when required, forensic assessment of prisoners and suspects in police custody, complainants (alleged victims) of crime, police officers injured while on duty, and attend scenes of death to pronounce life extinct. They provide interpretation of their findings to the police, solicitors, courts and sometimes to social services verbally and in writing. Statements for court and presentation of evidence in court is required in a proportion of these cases.

Status

Forensic physicians are self-employed, independent and individually appointed (usually contracted) to provide their services to relevant police authorities or appointed agencies responsible for the provision of clinical forensic medical services to police authorities. They may hold further contracts of service with private security companies, acting as custodians of prisoners in courts, to provide medical care to these detainees.

Many forensic physicians are general practitioners who provide a part-time service in clinical forensic medicine; some are engaged in other medical specialities such as paediatrics and gynaecology but also provide clinical forensic medical assessment to complainants when required. A few doctors, mainly in busy metropolitan areas, work exclusively as forensic physicians.

Groups

Most of these doctors work in groups who join together on a rota to provide medical services within a particular area, around the clock and 365 days a year. Some are partners in general practice but often there is no partnership agreement between the doctors in each group. Increasingly FPs work in multidisciplinary teams with nurses or other health care professionals. The hours worked and the number of cases seen within those hours varies throughout the country and from day to day.

Training

Forensic physicians should undergo an initial training course on commencement of this work and have the opportunity to attend further courses throughout their careers. Practical and theoretical instruction is given by an experienced member of the group to which they have been assigned before they attend calls alone.

There is ‘A Guide to Practical Induction Training for Physicians in Clinical Forensic Medicine’. Details of the content of a basic training course can be obtained from the Faculty. Ideally, FPs should work towards acquiring a Certificate of Achievement of a Standard of Minimal Competence in Clinical Forensic Medicine. Specific training is given for examination of complainants of serious sexual assault, for examination of alleged victims of child sexual assault and for mental health assessments.

Higher qualifications

There are several qualifications in Clinical Forensic Medicine. The Society of Apothecaries awards the Diploma in Medical Jurisprudence (DMJ Clinical) and the higher qualification of the Mastership in Medical Jurisprudence (MMJ), both of which are open to registered medical practitioners, and the Diploma in Forensic Medical Sciences which is available for those with experience of forensic medical sciences. The Postgraduate Diploma in Forensic Medicine and Bioethics is run under the auspices of the University of Central Lancashire, with the option of taking an MSc in Forensic Medicine and Bioethics. The Faculty of Forensic and Legal Medicine will have details on courses which are available to assist doctors studying for these examinations.

Associations and societies

The Faculty of Forensic and Legal Medicine has been established by the Royal College of Physicians of London and aims to set standards, promote research, establish career pathways and develop programmes of continuing professional development. FPs with the appropriate qualifications are encouraged to apply for Membership. Those without postgraduate qualifications can Affiliate with the Faculty.

Other societies and associations support the interface between medicine and the law (Section of Clinical Forensic and Legal Medicine of the Royal Society of Medicine, Medico-Legal Society, The British Academy of Forensic Sciences, The Forensic Science Society, the Forensic Medicine Committee of the British Medical Association etc.).
Facilities
Police stations provide medical examination rooms equipped to various standards. Specific examination suites, which may be within a hospital setting or community based, are available for examination of complainants of adult and child sexual assault. Colposcopes (providing a bright light source and magnification) attached to a video recording facility are now provided in some of these suites. Doctors may be requested to attend home addresses, examination suites, hospitals or their own surgery premises to conduct examinations 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.

Forensic physicians are expected to provide their own medical bag containing the necessary equipment for examinations and essential medication. Specific medication may be prescribed by private (not NHS) prescription which is paid for and collected by the police.

An independent means of transport is an essential requirement as are facilities for easy and rapid contact (mobile telephone, pager). Medical reports and statements should be typed and checked. Storage facilities for medical records, which must be retained and retrievable, must be provided by the forensic physician.

Specific functions
Prisoner examinations:
The custodians of prisoners are obliged to call an appropriately trained health care professional when they suspect, or are aware of, any physical illness, mental health problem or injury of the detainee. Following an initial assessment by the healthcare professional the FP may be called, or in many areas the request passes directly to the duty FP. The forensic physician in attendance is responsible for the clinical needs of a detainee and should also consider their well-being (food, drink, rest, warmth etc.).

The doctor is usually requested to provide an opinion on one or more of the following:
- Fitness to be detained in police custody e.g. requirement for medication, referral to hospital.
- Fitness to be released e.g. sobered up sufficiently to release safely.
- 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 alcohol and drug intoxication and withdrawal.
- Comprehensive examination to assess a person’s ability to drive a motor vehicle.
- Undertake intimate body searches for drugs (not on police premises)

Prisoner and alleged victim examinations:
The doctor is expected to:
- Make precise documentation and interpretation of injuries.
- Take forensic samples.
- Deal with police officers injured while on duty, including needle stick injuries.
- Pronounce life extinct at a scene and give an opinion on whether there are any suspicious circumstances.
- Give advice to the police when requested.
- Undertake mental state examinations.
- Examine those detained under Terrorism legislation

In addition, doctors with sufficient training and experience may be requested to:
- Examine adult complainants of serious sexual assault and the alleged perpetrators
- Examine alleged child victims of neglect, physical or sexual abuse with a paediatrician in accordance with the joint guidance issued by the AFP and the Royal College of Paediatrics and Child Health.
- Undertake mental health assessments and become Section 12 (MHA 1983 England and Wales) approved forensic physicians.

Liaison with other agencies
The forensic physician 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.

Subsequent to these examinations:
Statements may be requested by the police and, later, attendance at court may be required. Other reports may be requested e.g. by solicitors, social services, Criminal Injuries Compensation Authority (CICA). The more experienced forensic physician may be requested, by the prosecution or by the defence, to provide expert opinion on particular cases.

Consent and confidentiality
Forensic examinations are performed to obtain information which may ultimately be used in evidence in court proceedings. In obtaining consent, the doctor must make this clear to the examinee. 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.