

FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



Frequently Asked Questions

What is the Faculty of Forensic & Legal Medicine?

The FFLM is a charity set up to develop and maintain the highest possible standards of competence and professional integrity in forensic and legal medicine.

The specialty covers professionals working in three related disciplines: forensic medical practitioners (forensic physicians, forensic pathologists, sexual assault examiners, and child physical and sexual assault examiners); medico-legal advisers; and medically-qualified coroners.

Is the work of FFLM members similar to what we see on CSI and other crime dramas on TV?

The three groups of practitioners have different roles.

Forensic physicians are independent from the police, and do not investigate cases. The major part of their work is to provide health care to people in police custody or to complainants of alleged sexual assault.

They are there to safeguard the health of those detained in police custody and collect forensic evidence. They work with the living and as opposed to forensic pathologists who work with the dead. Forensic physicians are part of a wider team that may include the CID, and scenes-of-crime officers. They may for instance provide initial opinions on the likely cause of injuries to assist investigation.

Medico-legal advisers provide medico-legal support and advice to medical practitioners. They often come from a clinical background and may have had legal training.

Medical coroners are judicial appointments and investigate deaths.

With regard to police custodial healthcare, are doctors the only professionals allowed to perform forensic work?

For over a decade nurses and paramedics have worked in police custody settings as independent practitioners alongside doctors.

Who are the patients of forensic & legal medicine practitioners?

Police detainees (prisoners) are the biggest group of patients seen by forensic physicians, nurses and paramedics. The police can detain people for a limited time whilst investigating crime. The patient population has an over-representation of mental health issues, drug and

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alcohol misuse, acute drug and alcohol intoxication, and alcohol and drug withdrawal. They have poor compliance on medication and alcohol withdrawal compared with non-custodial populations. They are a vulnerable patient population who require specialist care.

In addition about 20% of detainees are children and young people, and a rising proportion are over 65 years in age. Safeguarding the well-being of all these patient groups is a key priority for healthcare practitioners.

Complainants of alleged sexual assault are the other group of patients who are seen and assessed by forensic physicians; many of these are also very vulnerable.

What type of tasks are undertaken by forensic practitioners in a police setting?

Tasks undertaken by forensic physicians include:

- Helping to meet the safeguarding needs of under-18s and vulnerable adults;
- Primary medical care (e.g. assessing and managing diabetes, asthma, epilepsy, cardiac disease);
- Mental health assessment;
- Documenting injuries;
- Taking samples for evidential purposes;
- Road Traffic Act offence assessment;
- Examining and taking samples from complainants of sexual assault;
- Examining cases of child maltreatment*;
- Examining and sample taking for suspects in cases of sexual assault;
- Prescribing medication;
- Assessing detainees' fitness to be detained in custody, fitness to be interviewed, fitness to attend court, fitness to be released;
- Examination after restraint –e.g. exposure to CS and PAVA spray, Taser, baton strikes;
- Writing statements for court;
- Identifying vulnerabilities and liaising with police, mental health teams, social workers, GPs, prison medical staff, drug workers and others to ensure that health and welfare is safeguarded;
- Attending suspicious death scenes.

*Forensic physicians (and paediatricians) are the only health professionals allowed to examine children and young people suspected of being sexually or physically abused.

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How do forensic practitioners become members of the Faculty of Forensic & Legal Medicine?

Licentiate Membership - Those who hold the DFCASA or who successfully complete the Licentiate in Sexual Offence Medicine or General Forensic Medicine and are in good standing with their regulatory body are eligible to apply for Licentiate Membership.

Membership by Examination - The FFLM Board elects Members by Examination. The MFFLM Part 1 Examination is designed to assess a candidate's knowledge and understanding of legal medicine relevant to medical practice. Candidates must hold a medical qualification recognized by the FFLM. The Part 2 examination tests candidates' competencies by written short answer questions and practical scenarios.

Membership (Equivalent Qualification Clause) - Medical Coroners, Forensic Pathologists, Forensic Odontologists and Forensic Psychiatrists can be elected to Membership under an equivalent qualification clause.

Associates - Association with the FFLM is open to those who are not working in the field but are able to demonstrate an interest in forensic or legal medicine.

Affiliates - Affiliation with the FFLM is open to those who:

1. are medically qualified and are working in forensic and legal medicine, either full-time or part-time;
2. are working in a field that the Board determines is allied to forensic and legal medicine. The individual need not be medically qualified but should be registered with an appropriate regulatory body or studying in an allied field.

Nurse Affiliate Membership with the FFLM is open to those who:

1. are qualified nurses registered with the Nursing and Midwifery Council or equivalent abroad and are working or intending to work in forensic and legal nursing, either full-time or part-time
2. are working in a field that the Board determines is allied to forensic and legal nursing. The individual should be registered with an appropriate regulatory body or studying in an allied field.

Paramedic Affiliate Membership with the FFLM is open to those who:

1. are qualified paramedics registered with the Healthcare Professions Council or equivalent abroad and are working or intending to work in forensic and legal medicine, either full-time or part-time

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2. are working in a field that the Board determines is allied to forensic and legal medicine. The individual should be registered with an appropriate regulatory body or studying in an allied field.

Student Affiliate Membership with the FFLM is open to those who:

1. are full-time students enrolled at an accredited university
2. are studying in a field and at an educational institution that the Board determines are appropriate for the purpose of Student Affiliate Membership.

Who commissions and funds police custodial healthcare?

Currently individual police services commission and fund their medical and forensic services. A transfer of healthcare and forensic services in police custody to the Health and Justice Division of NHS England (NHSE) was planned for April 2016. However, after many months of discussions between NHSE, the government, contractors and health care providers including the FFLM, UK Association of Forensic Nurses and the College of Paramedics, the Home Secretary abruptly cancelled the commissioning transfer.

The FFLM had argued for a delay in transferring both funding and commissioning to the NHS to address clinical standards and other issues but believes that the decision to cancel is irrational. It also means that opportunities have been lost for more effective diversion and liaison for the large number of police detainees with substance misuse, physical and/or mental health problems as well as for more effective clinical governance.

Are there additional problems created the Home Secretary's decision?

Inadequate levels of funding have already resulted in severe degradation of the healthcare services in police custody. The Home Office decision makes commissioning and funding the responsibility of Police and Crime Commissioners, who have no experience of healthcare provision. Further deterioration in standards and safety is inevitable.

The FFLM believes that the impact of this decision will contribute to the already increasing numbers of deaths in police custody. The FFLM is contributing to the review of deaths in police custody being undertaken by Dame Elish Angiolini, and will stress that the issue of standards and funding for custodial healthcare should be a central issue in her report.