

**FACULTY OF FORENSIC & LEGAL MEDICINE**  
of the Royal College of Physicians of London



Registered Charity No 1119599

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# 6<sup>th</sup> Annual General Meeting

## Minutes

Friday 11 May 2012 at 15:00hrs  
Royal College of Physicians of Edinburgh

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**1. Apologies for absence**

Two apologies were received.

**2. Minutes of the last meeting**

The minutes from the 2011 meeting were proposed by Dr Janet Young and seconded by Dr Peter Green.

**3. Award of diplomas to newly elected Honorary Fellows and Fellows**

Three honorary fellowships were awarded this year:

Sir Robin Auld

Baroness Molly Meacher

Professor Hamid Ghodse

**4. Award of MFFLM examination diplomas**

Diplomas were presented to Dr Sarah Redvers and Dr Alain Vella for being awarded membership following their success at this year's General Forensic Medicine examination.

**5. Inauguration of new Treasurer**

Dr Mike Devlin was inaugurated as FFLM Treasurer. Questions were received from the AGM as follows.

Dr Jenny Holmes (JH) asked about a lower membership fee for nurses as cost has been identified as a barrier to membership. MD advised that FFLM will be reviewing rates closely over the next year to consider categories and differentials. He also noted that the Royal College of Physicians London have recently extended membership to students at a significant discount which will also be considered.

Dr Jason Payne-James queried the reasons for members not renewing. One third of non-renewers responded to the survey; 62% had retired, though this needs to be looked at in closer detail to clarify whether retirement from all clinical work or moving away from forensic medicine.

A query was received about an exam for nurses – what the time scale is, and how they would sit alongside other qualifications, specifically the UKAFN course. PS advised that the aim is to make Licentiate the standard as a baseline; any nurse or doctor should hold this to function independently as a forensic practitioner. VE added that possible routes to Licentiate will need to be reviewed and that some work has been done to look at alternative qualifications. The timescale is as soon as possible, but it is a big piece of work and we want to get it right. It's also important to remember that Licentiate is a measure of basic competency whereas Membership recognises expertise in the field and it's vital that Licentiate does not affect the standing of the MFFLM.

Maureen Dalton noted that nurses can currently sit DFCASA which is a minimum standard to achieve before moving on to a Masters. JH felt that UKAFN has lost its way due to a focus on SOE where most nurses work in custody. JH felt that FFLM could take up these nurses for the FFLM exams. GF agreed and added that FFLM has an acknowledged role in setting standards in clinical forensic medicine.

Sandy Fielding raised the issue of sexual offences examiners who might do 2-3 sessions a week who won't join - they don't see FFLM as relevant and it's an additional cost on top of other memberships. SF suggested looking at separating FP membership to GFM and SOM. GF responded that the content of the conference does include SOM but we will look at holding parallel sessions to capture all groups. He noted however that we would not want to be seen as competing against, for example, St Mary's; it's a matter of getting the balance right and furthermore we would wish to avoid making a loss on events.

Professor Bob Peckitt offered his assistance with a course in forensic studies.

A question was received about professional indemnity. All medically-qualified people are covered by trusts or professional indemnity organisations, but nurses would not necessarily be covered. Would FFLM consider becoming a professional indemnity body? PS responded that this is not viable and that MDOs accept nurses.

Professor Ian Wall had no issue with broadening the membership base, but raised the issue of forensic odontologists where the FFLM Board had previously considered their inclusion but decided against it at the time. IW felt that now might be the right time to reconsider this position, noting the allegiance with the craft of forensic medicine, perhaps more so than other groups. PS responded that this is indeed something that FFLM will look at again and it would also include dental legal advisers.

Dr Alain Vella queried whether FFLM has had any contact with the outsource providers to encourage both membership and affiliates. GF reported that there have been some meetings and there is a plan to invite reps to a FFLM meeting with senior officers.

Dr Frank Voeten felt that FFLM should be proactive in offering training, especially for those vulnerable doctors working on their own. VE said that one of the criticisms from the RCN was that the quality standards document insisted that training needs to be FFLM-provided – this is not the case. The planned training courses set at a competency level should start to address this concern.

## **6. Registrar's Report**

### ***Board Meetings***

*The Board met throughout the Faculty's sixth year on*

- 1. 3 October 2011.*
- 2. 30 January 2012.*
- 3. 16<sup>th</sup> April 2012.*

The Minutes of these meetings are available on the website to give an indication of the discussion that took place. The Minutes are both full and accurate with only limited redaction on sensitive issues. This reflects the Board's wish to be open and transparent, thereby partly fulfilling its obligation to the public as a registered charity.

The amendment to the Standing Orders at the last AGM were:

The Board may elect as Members persons from the following categories:

2.2.1 (by examination)

2.2.2 Medically qualified coroners who are judged by the Fellowship Committee to hold a relevant postgraduate qualification and who have made a notable contribution to Forensic and Legal Medicine through practice, research or training.

2.2.3 Forensic pathologists who are judged by the Fellowship Committee to hold a relevant postgraduate qualification and who have made a notable contribution to Forensic and Legal Medicine through practice, research or training.

Two coroners and 14 forensic pathologists have thus far been accepted as Members via these equivalent qualification clauses.

Further amendments to the Standing Orders are proposed at this AGM to widen the membership base to include forensic psychiatrist and tribunal doctors.

## Attendance

Board Meetings			
	03/10/2011	30/01/2012	16/04/2012
Dr George Fernie	1	1	1
Dr Peter Schutte	1	1	1
Dr J Victoria Evans	1	1	1
Dr Michael Devlin	0	1	1
Dr Nicholas Clements	1	1	1
Dr Catherine White	1	1	1
Dr Andrew Reid	1	0	0
Dr Anthea Martin	1	0	1
Professor Richard Shepherd	1	1	1
Professor John Farnan	0	1	1
Professor Peter Vanezis	0	1	0
Professor Ian Wall	1	1	1
Dr Will Anderson	n/a	1	0
Dr Michael Robertson	1	1	1
Mr Phil Willan	1	1	1
Mr Clive Constable	1	0	1
Dr Patrick Cadigan	0	0	0

(co-opted in Jan 2012)

<i>Revalidation Committee</i>		
	<i>30Sep11</i>	<i>16Dec11</i>
<i>Dr Nicholas Clements (Chair)</i>	<i>1</i>	<i>1</i>
<i>Dr George Fernie</i>	<i>1</i>	<i>0</i>
<i>Dr Matthew Lee</i>	<i>1</i>	<i>1</i>
<i>Dr Catherine White</i>	<i>1</i>	<i>1</i>
<i>Dr J Victoria Evans</i>	<i>1</i>	<i>1</i>
<i>Professor Dick Shepherd</i>	<i>1</i>	<i>1</i>
<i>Dr Andrew Reid</i>	<i>1</i>	<i>0</i>
<i>Dr Peter Schutte</i>	<i>1</i>	<i>0</i>
<i>Dr Neil Margerison</i>	<i>0</i>	<i>0</i>
<i>Dr Sandy Fielding</i>	<i>0</i>	<i>0</i>

<i>Fellowship Committee</i>	
	<i>Nov-11</i>
<i>Dr George Fernie</i>	
<i>Dr Peter Schutte</i>	<i>1</i>
<i>Dr Julia Neild</i>	<i>1</i>
<i>Dr Nick Clements</i>	<i>1</i>
<i>Dr Roy Palmer</i>	<i>1</i>
<i>Dr Vicky Evans</i>	<i>1</i>
<i>Dr Cath White</i>	<i>1</i>
<i>Dr Andrew Reid</i>	<i>0</i>
<i>Dr Jeremy Smart</i>	<i>1</i>

<i>Academic Committee</i>			
	<i>Sep-11</i>	<i>Jan-12</i>	<i>Apr-12</i>
<i>Dr Vicky Evans</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Dr Deborah Hodes</i>		<i>1</i>	<i>0</i>
<i>Dr Nick Clements</i>	<i>1</i>	<i>1</i>	<i>0</i>
<i>Jo Delaforce</i>	<i>0</i>	<i>1</i>	<i>0</i>
<i>Dr Michael Devlin</i>	<i>1</i>	<i>0</i>	<i>0</i>
<i>Dr George Fernie</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Dr Andy Dott</i>	<i>0</i>	<i>0</i>	
<i>Dr Jason Payne-James</i>	<i>0</i>	<i>1</i>	<i>1</i>
<i>Dr Andrew Reid</i>	<i>1</i>	<i>1</i>	<i>0</i>
<i>Dr Bernadette Butler</i>	<i>0</i>	<i>1</i>	<i>0</i>
<i>Dr Peter Schütte</i>	<i>1</i>	<i>1</i>	<i>0</i>
<i>Prof Paul Marks</i>		<i>1</i>	<i>0</i>
<i>Prof Ian Wall</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Dr Will Anderson</i>	<i>1</i>	<i>0</i>	<i>1</i>
<i>Dr Cath White</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Mr Jerry Randle</i>	<i>0</i>	<i>1</i>	<i>n/a</i>
<i>Margaret Stark</i>	<i>0</i>	<i>0</i>	<i>1</i>

<i>Fellowship Committee</i>	
<i>Dr George Fernie</i>	<i>Nov-11</i>
<i>Dr Peter Schutte</i>	<i>1</i>
<i>Dr Julia Neild</i>	<i>1</i>
<i>Dr Nick Clements</i>	<i>1</i>
<i>Dr Roy Palmer</i>	<i>1</i>
<i>Dr Vicky Evans</i>	<i>1</i>
<i>Dr Cath White</i>	<i>1</i>
<i>Dr Andrew Reid</i>	<i>0</i>
<i>Dr Jeremy Smart</i>	<i>1</i>

*1 = present*

*0 = apologies*

*blank = no contact*

### **Board Elections**

*Prof Peter Vanezis came to the end of his term as an ordinary member of the Board. He has given excellent service to the FFLM and was instrumental in setting up the Diploma in Human Forensic Identification.*

*Five candidates stood for election to the vacancy. The first round count of votes was remarkably evenly spread amongst the candidates. The count had to go to the final round of counting, and Dr Sarah Redvers won by a small margin.*

*Dr Will Anderson was co-opted to the Board as Conference Organiser.*

### **Promotion of forensic and legal medicine**

*The FFLM will:*

- Continue to work with Government to raise the profile of forensic and legal medicine and to contribute to and develop new policy*
- Seek opportunities to promote the specialty to medical undergraduates*
- Seek opportunities for sharing educational and good practice work with colleagues overseas*
- Seek to publish articles to promote forensic and legal medicine awareness*
- Seek to improve communications and press coverage*
- Develop marketing and promotional literature*

### **Education and training**

- Implement Faculty specialist examinations successfully and continue to refined these*
- Maintain good communication links with the GMC and Academy of Medical Royal Colleges (AOMRC)*
- Maintain Introductory Training Course for Forensic Physicians & Healthcare Professionals*
- Maintain Development Training Courses*
- Maintain e-learning course with Ulster University for membership examination*
- Maintain and review faculty educational documents*
- Maintain and support Forensic Science Committee*
- Update Forensic Sampling guidance every 6 months*
- Maintain a Research sub-committee*
- Run an Annual Conference*
- Produce new or updated guidance as appropriate*

## **Professional development and standards**

- Respond to GMC consultation documents
- Contribute to associated work of other bodies such as the National Institute for Health and Clinical Excellence (NICE)
- Maintain Faculty CPD scheme including manual process for accreditation of courses relevant to Faculty members
- Promote guidance for Faculty members on CPD
- Promote participation in Continuing Professional Development
- Encourage members to recognise that CPD participation is becoming mandatory
- Review effectiveness of CPD scheme with feedback from Faculty members
- Maintain appraiser training courses
- Maintain Faculty appraisal service
- Monitor developments in relation to revalidation
- Continue to build on work to develop curriculum
- Participate in GMC credentialing pilot with hope of achieving specialist status through this mechanism - see appended report
- Promote Fellowship nomination procedure
- Continue to revise the Faculty examination
- Maintain Faculty CPD web-based on-line scheme
- Evolve guidance for Faculty members on CPD based on GMC requirements

## **Governance, Resources and Internal Matters**

- Present audited accounts to Board and AGM
- Present budget forecast
- Review standard of service provided by current auditors
- Review standard of service provided by C Hoare & Co
- Review the Standing Orders and Governance Regulations to ensure they are fit for purpose
- Review staffing and resources
- Develop in house policies and procedures
- Review faculty document management system
- Continue development of Faculty website

## **Revalidation**

*The Revalidation committee has met twice since the last AGM and communicated by email. The three main MDOs have applied to become designated bodies, and this will allow the majority of MLAs to relate to their Responsible Officer within the organisation which employs them. Discussions about the FFLM becoming a designated body are still underway.*

*Dr Matthew Lee chairs the CPD sub-committee. The other members are: Dr Peter Dean, Dr Bill Dolman, Dr Angela Bramley, Dr Anthea Martin, Dr Tim Palmer, Dr Tom O’Gorman and Dr Jenny Holmes.*

*The Faculty is submitting a bid to the AOMRC via the RCP for funding for the training of specialty advisers who will be an integral part of the revalidation process. Specialty advice will be offered to the FFLM membership, and outside the membership, to Appraisers and Responsible Officers. This service is being co-ordinated by the AOMRC and all medical Royal Colleges and Faculties are taking part.*

*The following are being appointed as FFLM specialty advisers:*

Forensic Physicians:

*Dr Jenny Holmes  
Dr Tom O’Gorman*

Medico-legal Advisers:

*Dr Bryony Hooper  
Dr Udvitha Nandasoma*

Sexual Offences Examiners:

*Dr Linda Teebay  
Dr Winnie Maguire*

Medical Coroners:

*Dr Bill Dolman  
Dr Andrew Harris*

### **Membership trends**

*Forensic physicians (a category which includes Sexual Offence Examiners) make up the bulk of the membership, so much so, that even if we were to significantly broaden the membership base, I am confident that the overwhelming majority will remain forensic physicians.*

*Forensic Pathologists are now the second most numerous group. I suspect that market has now been saturated, and we will see the number of forensic pathologists plateau from here on.*

*The bulk of our membership is, of course, in the UK, with Australia second and the Republic of Ireland third.*

*Looking at numbers since 2007, we have seen very pleasing, strong growth. This growth peaked in 2010, just after the so-called “grandfather clause” route to membership closed for FMEs and MLAs. Since then the graph has flattened. There has been good growth in the number of Affiliates, but the number of new Members by examination and by way of the equivalent qualification clause for Forensic Pathologists and Medical Coroners, has not kept up with the number of Members and Fellows leaving.*

*Indeed, in July and September 2011, 100 of our membership failed to renew. At the time this came a shock to the Board as the total membership was in the order of 700.*

*We made every effort to find out why we had lost so many Fellows, Members & Affiliates. Of those who gave a reason for leaving:*

- *62% had retired from forensic work*
- *19% said FFLM too expensive*
- *12% had died*
- *6% said due to illness*

*Remarkably, we have made up almost all the lost 100 in the months since July 2011. Most of the new people in membership are Affiliates, but we have also had a surprising number of new Members via the equivalent qualification clauses, many of whom are overseas forensic pathologists. However, it would not be wise to count on that pattern repeating itself, in part because, as already mentioned, our forensic pathologist market is probably now saturated.*

*The low number of people passing the MFFLM exam is a matter of concern. The number is likely to remain about the same as in the first 3 years, which is about half a dozen. We cannot predict how many Members will join via the equivalent qualification clauses, but it’s not impossible that we will get as few as 10 new Members next year. If that pattern persisted, and the 10 stayed in membership for an average of 20 years, we would eventually have a stable number of Members and Fellows of less than 200, and that is not sufficient for a viable Faculty.*

*At present we have over 450 Fellows and Members. A growth in Affiliate numbers to compensate for a gradual drop to 200 Members and Fellows would not be a solution, because the FFLM Board would become significantly less representative than that of any other Medical Royal College or faculty in the UK.*

*We seem to be at a critical point in our natural evolution and we need to change. There is a lot we can do to ensure we grow and have a vibrant, long term future.*

*The first thing we could do is improve the benefits of membership. When GMC revalidation comes in, the benefit of FFLM support will become more apparent to the membership, and that will add to what we already do regarding CPD and credentialing. FFLM specialty advisers will be advising appraisers and Responsible Officers, but I suggest not individual doctors working in forensic and legal medicine who are not in benefit of membership of the FFLM.*

*Last year Will Anderson and I sent out an email questionnaire to gain feedback on member satisfaction with our various activities such as Development Training Courses – and overall value for money. As a consequence of the survey, we have substantially increased the number of courses.*

*We face more than one challenge unique to the FFLM with regard to membership numbers. It is not just small numbers sitting the entry exam. Another challenge is the replacement of some doctors with forensic nurses. Our aim is to have a consultant-led NHS service, and we need to persuade our nursing and paramedic colleagues that this is the preferred option. I therefore advocate that we do all we can to welcome them into the FFLM fold.*

*We will increase the number of qualifications and diplomas we offer.*

*The FFLM currently offers two qualifications, the MFFLM and the Diploma in Forensic Human Identification. The Diploma in Forensic and Clinical Aspects of Sexual Assault (DFCASA) is currently offered by the Society of Apothecaries, but we have reached broad agreement in principle that the FFLM will take over this diploma in the fullness of time.*

*We plan to introduce a Licentiate qualification, the LFFLM. To my mind the MFFLM is sacrosanct. It must remain equivalent to MRCP and be a route to GMC specialist registration and NHS consultant status. In other words, I believe we must resist the temptation to boost the number of Members by lowering standards.*

*The LFFLM will cater for those FPs who cannot justify the onerous commitment required for the MFFLM exam. The LFFLM will be a more accessible, entry-level qualification. Nurses and paramedics will be eligible to take this qualification. In other words, the LFFLM will recognize the demographics of those who work in clinical forensic medicine. In due course we may wish to reserve a number of seats on the FFLM Board for Licentiates.*

*The Board has decided in principle to introduce two new diplomas apart from the LFFLM: the Diploma in General Forensic Medicine, and the Diploma in Legal Medicine. All qualifications with the exception of the flagship MFFLM will be open to non-doctors.*

### **Specialist Status**

*Contained in your delegate pack is a copy of Prof Ian Wall's excellent report on the credentialing pilot for the GMC. Ian will be running workshops on this important topic tomorrow.*

*This report goes to the very heart of what the FFLM is all about, and I will say no more - but leave it to Ian.*

### **Fellowship Committee**

*This Committee has once again met physically and corresponded by email. One outstanding application for Foundation Membership went to the President on appeal, and was successful.*

Current FFLM membership at the time of writing is:

	<b>2012</b>	2011	2010
Fellows	134	(135)	(143)
Members	369	(389)	(305)
Affiliates	229	(219)	(231)
<b>Total</b>	<b>732</b>	<b>(743)</b>	<b>(679)</b>

The previous two years' figures are also shown for the purposes of comparison.

To make the policy of the FFLM as transparent as possible, certain features of the application process and the appeal policy are being added to the FFLM website. The additions are:

For all applications:

If you are a qualified healthcare professional, the FFLM needs to verify that you are registered with a professional regulatory body and that you are in good standing. Please provide the web address of your regulatory body to enable the FFLM to verify your status on-line. If you know it is not possible to verify your status on-line with your particular regulatory body, then please provide the full name and postal address of the body.

The Board may exercise its discretion on a case by case basis and may allow you, if you do allied work, or if you are in training, to join as an Affiliate member even if you are not registered with a regulatory body.

Please note: If you are a healthcare professional and the FFLM cannot verify that you are in good standing with a professional regulatory body, then with the above proviso, your application for membership will not be successful.

The application process and appeals:

Applications are first screened to make sure the applicant is registered with a professional regulatory body and is in good standing. The applications are then passed to two senior members of the Board, usually the Registrar and the Vice-President in the same category as the applicant (i.e. either (i) Forensic Practitioner, (ii) Medical Coroner or (iii) Medico-legal Adviser). Not infrequently, these two senior officers will ask the staff to seek clarification from the applicant before completing the application process. They will either accept or reject the application, or they may suggest a different type of membership, e.g. Affiliate membership rather than full Membership, or the other way around.

If there is a split vote, the application is referred to the Fellowship Committee. The Fellowship Committee will consider the matter and the President, if present, will recuse himself/herself and will not consider any documentation relating to the application.

There is also an automatic right of appeal to the Fellowship Committee open to applicants who are turned down by the two senior officers.

Appeals are heard by the Fellowship Committee which meets bi-annually in February and November, and it provides recommendations to the Board, which makes the decision. The decision is by a simple majority vote of Board members, and the count excludes abstentions and absences.

A second line of appeal is possible after that, to the FFLM President in person. The President's decision is final.

If the President faces a conflict because he or she had in a previous FFLM office been party to a decision regarding the application in question, then the President will invite a past FFLM President or past FFLM Vice President to determine the final appeal. For the purposes of indemnity for the appeal, the past President or past Vice President will be temporarily co-opted onto the Board.

*The criteria published for the acceptance of applications are normally applied in a straightforward manner. Some flexibility is applied in unusual cases. The FFLM has accumulated a bank of unusual cases which set precedents, and in the interests of fairness these precedents are followed, whenever possible.*

*Applications are treated with strict confidentiality. Reasons for an adverse decision will be given to an applicant on request. Information about applications, both successful and unsuccessful, will not normally be divulged to any third party, in order to comply with the provisions of the Data Protection Act 1998.*

*MFFLM via the equivalent qualification clause for coroners and forensic pathologists: The list of equivalent qualifications which are accepted by the FFLM, may change without notice. Qualifications which are new to the FFLM may have to be considered by the Fellowship Committee which will make recommendations to the Board for a final decision. The Board's decision is by a simple majority vote of members, and the count excludes abstentions and absences, and is final. There is no second stage appeal to the President for the recognition of equivalent qualifications.*

### **Premises**

*We moved into splendid new premises early in the New Year. It is easy to access the new premises from Euston or Kings Cross stations. It is more spacious than our old offices and that enables the whole Board and the major committees to meet, and we can also conduct some of our exams there – and this will save us money. There is also space for expansion of the staff which I think will be necessary in the coming year. It is light and airy and last but not least, it's on the ground floor!*

*The move was not without its problems, but the staff managed it very well.*

### **Staff**

*Clare Pillinger as Faculty Manager, Sarah Llewellyn as Information and Learning Coordinator, and Toni Nichols as Accounts and Subscriptions Administrator all continue to provide an excellent service. Toni is having a baby this year and we have appointed a full time maternity locum, Anna Dare, to cover her absence.*

### **Website**

*This continues to be accessible at <http://fflm.ac.uk> and has further evolved under the supervision of the IT Steering Group. The committee consists of:*

*Dr George Fernie (President)  
Dr Peter Schütte (Registrar)  
Dr Jo Molony (Website editor)  
Ms Clare Pillinger (Faculty Manager)  
Ms Sarah Llewellyn (I & L Coordinator)  
Mr Mark Eagling (Webmaster)*

*I remind members that electronic committee papers are the preferred medium. Members will continue to be aware of the use of electronic 'mail shots' from the Faculty on a variety of subjects of interest to them.*

### **Journal**

*The Journal of Forensic and Legal Medicine goes from strength to strength as our flagship publication and there are an increasing number of articles relating to legal issues, reflecting the breadth of our membership. The Editor will provide additional detail in his report.*

## **David Jenkins Chair in Forensic and Legal Medicine**

*The FFLM's first Academic Dean, Prof Margaret Stark, now based in Australia, is this year's illustrious incumbent.*

*Dr Miranda Horvath, an eminent academic and forensic psychologist at Middlesex University, has graciously accepted the Chair for 2012 – 2013.*

## **W G Johnston Memorial Fund**

*The Trustees (Dr A Irvine, Dr R Roberts & Professor A Busuttill) continue as before to administer this Fund and also the David Jenkins Memorial Fund, reporting to the Treasurer.*

## **Faculty consultations 2011-2012**

*College of Emergency Medicine: Management of patients who attend A&E after sexual assault or rape  
May 2011*

*The draft charter for the current coroner service September 2011*

*GMC: Protecting children & young people October 2011*

*NICE: Preventing and reducing domestic violence November 2011*

*Revision to PACE codes January 2012*

*GMC: License to practise and revalidation regulations January 2012*

*GMC: The review of CPD January 2012*

*GMC: Good Medical Practice March 2012*

## **Conclusion**

*It has been another very busy year for the FFLM. We have continued to evolve and develop to an extent which has exceeded the expectations of most. We cannot be complacent. Much work still needs to be done to make us the vibrant and growing organisation which I'm confident we will continue to be.*

*Dr Peter Schütte FRCP FFFLM  
Registrar*

*5<sup>th</sup> May 2012*

## **7. Treasurer's Report**

*The year 2011 has been our third full year of accounts since the Faculty's independent charitable status was confirmed by the Charity Commission on 11<sup>th</sup> June 2007.*

*Despite the difficult economic climate of 2011 we have met our financial objectives. The year ended with a surplus of £71,250 from all activities. However, a net loss on investments resulted in a net movement in funds of 61,348.*

*Subscription income increased from £198,734 in 2010 to £232,335 in 2011, broadly in line with the budget forecast. Overall income was significantly higher than 2010, increasing from £299,614 to £440,112, but this increase was largely due to grant income from the Department of Health for the Faculty's e-learning course and other educational projects.*

*Income from unrestricted educational activities, totalling £127,877, exceeded budget forecasts by over £30,000 due to higher demand than anticipated for the examinations, educational and e-learning courses. Given the higher income, resources expended on educational activities was also higher than budget forecast by almost £20,000 with the costs of running the examination and development training accounting for the substantial portion of this variance. Although the net contribution to funds from unrestricted educational activities was £51,071, part of this will be required to meet future costs to the tune of about £20,000.*

As in previous years, the largest expenditure in 2011 was staff costs, although this was a little lower in 2011 at £123,734 compared to £125,335 in 2010. This would have been significantly higher had we not made the decision to employ our staff directly part way through the year. Staff had previously been employed by and seconded from the Royal College of Physicians.

Conference income was much reduced in 2011 compared to 2010, offset to a degree by savings on conference costs, resulting in a small contribution to funds of £801. However, income from publications and the Journal increased from £12,467 in 2010 to £14,380.

Resources expended in 2011 were broadly in line with our budget. The move to our new office premises, provision for which began in late 2011, accounted for an unbudgeted expenditure of £2,225. Expenditure generally within the Membership General Fund was well in line with budgetary expectations, with total resources expended of £225,087 compared to £246,293 in 2010.

Investment of the Faculty's funds in 2011 followed the same conservative strategy adopted by my predecessor. In order to maximise investment returns more surplus cash was invested in stocks and shares, consequently the market value of the investments increased at year-end to £353,499 from £231,570 whilst cash held for investments fell from £137,699 to £8,333 at the year-end.

Total net assets at the end of 2011 increased to £451,865 from £390,517 in 2010.

In order for the Faculty to continue to grow and serve its charitable functions, subscription income will need to keep pace with anticipated increases in costs. I therefore propose that the subscriptions of fellows, members and affiliates increase by CPI, which is a rise of 3.6%. However, I propose to freeze the subscription paid by retired members and fellows as well as those who have relinquished their licence to practise. I also propose that registration fees are frozen for 2012. The table sets out the proposed subscriptions, below:

	<b>2011</b>	<b>2012</b>
Honorary Fellows	-	-
UK Fellows	£450.00	£466.00
Retired Fellows	£220.00	£220.00
Overseas Fellows	£225.00	£233.00
UK Members	£450.00	£466.00
Retired Members	£220.00	£220.00
Overseas Members	£225.00	£233.00
UK Affiliates	£205.40	£213.00
Overseas Affiliates	£102.70	£106.50
Retired Fellows/Members relinquished LTP	£100.00	£100.00

Comparable rates include:

FRCP	£495.00
FRCGP	£485.00
FFOM	£561.00
FRCPath	£420.00

The Faculty remains in a strong financial position and we need to maintain financial stability to meet our long term objectives. Continued growth will depend on the success of our MFFLM diploma as the benchmark for those pursuing a career in forensic and legal medicine and the continued support and enthusiasm of existing Fellows, Members and Associates.

Questions/comments were received as follows:

Dr Frank Voeten thanked MD for his report and was glad to learn that FFLM is in a strong financial position. He felt that it is not a good idea to raise fees when income is not guided by CPI, especially in light of 20% of non-renewers leaving membership for financial reasons. MD acknowledged FV's point as valid and reported that there is likely to be significant further work required which will necessitate additional staff time, and we don't want to eat into reserves. If we are going to increase FFLM's work then we would be concerned at not having a modest increase for those reasons. The aim would be for the minimum amount possible (CPI).

IW asked whether there is a balance sheet of income and expenditure – there will be one available on the website.

A vote was taken to freeze fees on retired members and fellows, to freeze registration fees and for other fees to increase by CPI. The AGM was overwhelmingly in favour of the proposal and it was carried.

## **8. Report from the Academic Dean**

The full report can be downloaded at <http://fflm.ac.uk/faculty/aqmnewsletter/>

### **1. Introduction**

*1.1 The Academic Committee (AC) has met on three occasions over the past year, including a meeting over two days in autumn 2011. As a result the number of meetings has been increased from three to four annually with an additional meeting in July to ensure all of the work of the AC can be dealt with in a timely manner.*

*1.2 The composition of the Committee is given in Appendix A and my thanks go to the members for their work over the past year.*

*1.3 The Academic Dean is also responsible for coordinating Faculty representation on external committees (see Appendix B) and I am very grateful to all those members who give their time and service on the various committees and provide feedback.*

### **2. The Membership Examination**

*2.1 The examination is a priority for the Faculty and therefore for the AC and Chief Examiner's (CE) Committee. Huge thanks are due to Dr Andy Dott, Chief Examiner, ably assisted by his Deputies, the Leads, and the Examiners.*

*2.2 This was the first examination diet led by Dr Dott who took office in June this year. He has overseen the delivery of a successful Membership Examination as well as the integration of the Diploma of Forensic and Human Identification into the Faculty examination portfolio.*

*2.3 The Chief Examiner's Committee has met formally on four occasions over the last year, in addition to a number of teleconferences and much email traffic.*

*2.4 Part I of the Membership examination was held in October at the Park Crescent Conference Centre and Part II in March 2012 at St George's, London. There were 20 candidates for Part I, of whom 14 passed and six failed. There were 13 candidates for part II: six for general forensic medicine (GFM) of*

*whom two passed; six for sexual offences medicine (SOM), four of whom passed; and one medico-legal adviser who passed.*

*2.5 Of the new examiners selected for training in 2011, including one examiner who had previously deferred for family reasons, all have successfully completed their training and their appointment has been ratified by the Board.*

*2.6 Applications are to be invited for new candidates to train as examiners.*

*2.7 Professor Sean Hilton has been involved in overseeing the examination as External Examiner. He is pleased with the progress that had been made, and feels that we have developed a robust examination process. Professor Hilton is retiring this year and has indicated that he would like to step down as External Examiner so a successor will have to be sought.*

*2.8 The OSCEs and OSPEs have taken a great deal of work and all of the examiners continue to gain experience in writing, trialing, revising and rehearsing these with actors.*

*2.9 Angela Hall and the team at St George's, including the actors, have as ever been invaluable in ensuring the examinations, in particular the OSCEs and OSPEs, ran without a hitch. Special thanks are due to Ms Hall for her enduring patience in guiding us through the intellectual process, ensuring that the examination content was appropriate and that nothing was forgotten on the day, and, to Keira Anderson, the Assistant Registrar.*

*2.10 The post for GFM Deputy Chief Examiner was filled by Dr Jeanne Herring this year.*

*2.11 All examiners have given up a large amount of time and effort to making the examination a success, especially so in the run up to Part II of the examination.*

*2.12 Sarah Llewellyn has been helpful, efficient and hardworking in supporting the examination and over the OSCE/OSPEs, attending on both days along with Toni Nichols.*

*2.13 In keeping with suggestions made by the external examiner, Professor Sean Hilton, the Faculty Board has decided that, in future, outstanding candidates in each of GFM, SOM and MLA may be awarded a Merit or Distinction depending on their level of attainment in the Membership examination. However, no merits were awarded in this examination diet.*

*2.14 The challenge for the new academic year is to continue to build our bank of questions and stations for each part of the examination and to consolidate the skills of examiners for the Membership examination in doing so. We also need to consider how quickly we should change to the new method of global marking for the OSPE/OSCEs and have arranged some extra training before the summer break to accommodate this.*

### **3. New examinations**

*3.1 The AC has proposed and the Faculty Board has accepted the need to establish a new Diploma in General Forensic Medicine [DGFM] as a demonstration of basic competency for all healthcare professionals in this area and as an equivalent to the Diploma in Forensic and Clinical Aspects of Sexual Assault. Each will underpin the new Licentiate Membership of the Faculty.*

*3.2 Dr Nigel Callaghan has agreed to Chair a Working Party to set up the DGFM in liaison with the Academic Dean and Chief Examiner.*

*3.3 A proposal for a new Diploma in Legal Medicine has also been accepted and this work around this will be led by the Medico-legal Advisers. A Chair for a Working Party has yet to be appointed. This*

*Diploma will be open to those from an appropriate background from out with as well as within the Faculty.*

#### **4. The Diploma in Forensic Human Identification [DipFHID]**

*4.1 Professor Peter Vanezis has worked with the Chief Examiner as Deputy Chief Examiner for this examination to ensure this examination is run in accordance with Faculty guidelines.*

*4.2. All examiners for this examination have now completed diversity and equality training.*

*4.3 The first examination diet under the umbrella of the Faculty was in October 2011. There were nine candidates of whom 7 passed the exam.*

*4.4. The examiners have also been asked to look at the format of the examination and consider how it might be updated in line with the other Faculty examinations.*

*4.5 The next examination will be held in October 2012.*

#### **5. Curriculum Subcommittee**

*5.1 The Board have approved a new Subcommittee to develop a Curriculum for MLAs and FPs. This is a challenging task. Expressions of interest have been received following an invitation to the membership but this work has not yet commenced.*

*5.3 The Subcommittee will be chaired by the Academic Dean.*

*5.2 This important work is to be commenced shortly.*

#### **6. Work Place Based Assessment [WPBA]**

*6.1 The Board approved the appointment of Dr Jenny Holmes as the Work Place Based Assessment (WBPA) Lead.*

*6.2 A huge amount of work led by Professor Ian Wall and Dr Jenny Holmes has gone into the development of WBPA and this has informed the Credentialing Pilot led by Professor Ian Wall. The work is urgent on the Pilot has now been completed and a Report has been sent to the GMC. A response is awaited.*

#### **7. Conference Subcommittee**

*7.1 Dr Michael Devlin demitted office as Chair of the conference subcommittee in May 2011 and has been ably succeeded by Dr Will Anderson. The subcommittee has met regularly by teleconference over the last year. They are to be congratulated along with Clare Pillinger for their organisation of a successful conference in Edinburgh this year.*

*7.2 The venue and dates for next year's Annual Conference in May 2013 are still under review but it will be held in London.*

*7.3 If you have any topics for Faculty Conference please do let the Academic Dean or Chair of the Conference Sub-Committee know.*

#### **8. Training and Education Subcommittee**

8.1 The joint initial training course with the NPIA has been held on two occasions over the past academic year and further courses are planned for 2012/13. There have been some concerns raised as to the future cost of this when the university fee structure changes in autumn this year, but the latest information is that this will remain an affordable option. It is also hoped to run an initial training course in the next academic year in Scotland with the emphasis on the requirements of Scottish law. If successful it is hoped that this will become a regular event.

8.2 Two very successful development training courses (DTCs) have been held in London in the last academic year ably organized by Dr Will Anderson, Dr Julia Shefras and Dr Caroline Fryar.

8.3 A proposal to set up development training for medico-legal advisers has been accepted by the Faculty Board and Dr Caroline Fryar has been appointed to run this.

8.3 Dr Peter Green has taken the lead in organising a further training course to contribute to the portfolio for Level 3 Safeguarding in September 2012. Such training has now become a requirement for forensic physicians and it is hoped that this will be repeated on a regular basis.

8.4. In response to a decision taken at AC, the Academic Dean and Dr Will Anderson are arranging a series of regular training courses addressing training needs to underpin basic competencies in clinical forensic medicine, particularly general forensic medicine, and open to all healthcare professionals working in the forensic setting, with a course each month except in August. It is anticipated that the first of these will be in September 2012.

8.5 Some Masterclasses are planned to complement the development training courses.

8.6 Dr Meng Aw-Yong has developed an Intermediate Life Support Course to address issues arising in a forensic setting. This course has now run successfully on several occasions and it is anticipated that this will continue in the next academic year.

8.7 The committee continues to review and revise Faculty documents as required and welcomes feedback. All documents - guidelines, recommendations, pro forma, fact sheets, and, policy statements are available on the website with a few that can be accessed in the members' only area (open to Fellows, Members and Affiliates).

8.8 Over the past year many documents have been reviewed and revised as appropriate and published on the website. Of particular note is the updated Recommendations for the Safe and Secure Administration of Medication in Police Custody and the new Recommendations: Management of Diabetes Mellitus in Custody and the Interim Quality Standards in Forensic Medicine for Healthcare Professionals (other than doctors).

8.9 The 4<sup>th</sup> edition of Substance Misuse Detainees in Police Custody: Guidelines for Clinical Management has also now been published. The AC would like to extend their thanks to those who contributed on behalf of the AC, especially Professor Margaret Stark.

## **9. Forensic Science Subcommittee (FSSC)**

9.1 The Subcommittee has met on two occasions in the last year.

9.2 Dr Bernadette Butler as Chair has ably steered the Subcommittee through an ever increasing workload.

9.3 In July 2011 and January 2012 the updated Guidelines for the collection of specimens from complainants and suspects were published on the website and these will be reviewed again at the next meeting of the FSSC this month.

9.4 *At the request of the AC, the FSSC has contributed hugely to a rewrite of the ACPO Crime at Sea Manual, although this has not yet been republished.*

## **10. Research Subcommittee**

10.1 *The committee has met once in the last academic year with Professor Paul marks as the Chair.*

10.2 *It is hoped that further research workshops modeled on the successful one run at Conference in 2011 will be run in the future.*

## **11. Sexual Offences Forum**

11.1 *This is led by Dr Sandy Fielding and continues to attract lively debate and an opportunity for information sharing between clinical directors and lead forensic physicians mostly by e-mail.*

11.2 *The Forum has met face to face on a two occasions in the last academic year.*

11.3 *It is anticipated that the Forum will shortly have its own secure area on the Faculty website.*

### **Dr J Victoria Evans Academic Dean**

VE thanked everyone on the AC and the subcommittees – without them, FFLM would not work as well as it does. VE also thanked the FFLM office staff for their support.

VE noted in particular the new examinations in the pipeline where FFLM will be looking for volunteers to support their development where the requests will be sent via bulletin. VE also highlighted the enormous amount of work done by the Forensic Science Subcommittee and in particular Bernadette Butler whose work is largely hidden, though we do get the six-monthly update of the *Recommendations for the collection of forensic specimens from complainants and suspects*.

IW asked whether FFLM might publish the names of those who have passed exams where it was agreed this was a good idea.

Andrew Power asked about the proportion of failure expected. FFLM takes the view that we are not a training provider (with the exception of e-learning which can go toward preparation for P1 and SOM P2). There is a spread in terms of preparation from candidates; at this level it is down to individual candidates to ensure they are adequately prepared. The exam is fair; FFLM strives to ensure that the exam, standard-setting, pass mark and so on are appropriate, taking consultation from an external examiner and consultants based at St George's Hospital. VE anticipates that the pass rate will continue until people are better trained and prepared and it's hoped that some of the new courses will contribute to this.

GF has examined for both the forensic and the medico-legal examinations and noted that the older candidates tend to have not had experience with OSCEs and OSPEs and hopes that FFLM will be able to run a course in future to address this.

Dr Jeremy Smart noted that for the DMJ candidates were actively encouraged to have a tutor/mentor – could this be offered? VE responded that this would have to be on an informal basis – if it were to be made formal then a framework would need to be proposed via Academic Committee.

Dr John Holden queried whether the DLM would be led by medico-legal advisors and expressed concern that it might fall to already oversubscribed examiners. The plan is to take advantage of economies of scale by piggybacking the DLM onto the Part 1 Exam. An MLA has been identified to lead a working party to get it started and there is no further work envisioned for current examiners.

IW queried the number of MLAs sitting the exam and PS responded that it's hoped that numbers increase substantially but that depends on the culture of the three MDOs. GF added that a number of MLAs have not been in post long enough to sit the Part 2 so that is likely the reason for the low turnout.

## **9. Editor's Report – Journal of Forensic & Legal Medicine**

*The full report can be downloaded at <http://fflm.ac.uk/faculty/aqmnewsletter/>*

Dr Jason Payne-James gave a summary of the report noting that 250-260 papers had been received for assessment in the last year and the first impact factor is due mid-2012 which will make a big difference to those submitting. There has been difficulty with the speed of reviews and not enough papers submitted by FFLM members.

Questions were received as follows:

Dr Remy Bahl noted the good work on the impact factor and asked for the time scale and the result; JPJ advised that this will happen on 6 June and the impact will be huge for the JFLM.

Dr Richard Shepherd commented that as a reviewer there is currently a poor standard of English in the papers submitted, though those papers may be excellent and worth publishing. He asked whether there was a mechanism to allow reviewers to state that a paper should be published but that the language needs to be addressed. JPJ confirmed that reviewers can indeed recommend that a paper goes to an English L1 before resubmitting.

Nicola Prys-Jones requested that the JFLM is distributed with a newsletter where people can submit papers on what they're doing, similar to APS newsletter. JPJ agreed that it's a great idea for FFLM members but it's not suitable for a scientific journal. It does also represent another work stream so this would need to be dealt with.

Dr Ranu added his support of the impact factor and wondered if it was a matter of time before the journal is produced in glorious Technicolor. JPJ advised that the online version is in colour and in terms of the print copy the issue is the production cost.

Dr McLay noted Elsevier is under political pressure. Elsevier has been boycotted by authors – this relates to how information is shared. JPJ stated that the pressure is now off but will ask the team.

## **10. Proposal to amend Standing Orders**

The proposed amendments can be viewed at <http://fflm.ac.uk/upload/documents/1328631239.pdf>

The following comments and queries were received:

Dr Greenshaw asked for a definition of a tribunal doctor. The Mental Health Review Tribunal decides on the release of those detained under the Mental Health Act. The tribunal doctor is part of a panel with a judge. Dr Shepherd raised a concern around whether the definition of tribunal doctor is clear enough.

Professor Cusack asked that the intention be clarified so that the AGM understand what is being voted on. PS confirmed that it is a quasi-judicial appointment; e.g. mental health tribunal, fitness to practise; you must demonstrate that you hold a substantive appointment. PS also added that historically we have been generous with affiliates for those who don't quite fit. There are probably 200-300 people who might fall into the category and they are unlikely to flood in – it will really only apply to practitioners who are not working in another capacity, i.e. orphan doctors.

A vote on the changes to the standing orders was taken and the proposal was carried. The changes will be updated in due course.

**11. Award of David Jenkins Chair in Forensic & Legal Medicine**

The 2012-2013 Chair has been awarded to Miranda Horvath, senior lecturer at the University of Middlesex. Dr Horvath has written extensively on sexual violence. It was felt that this was an enlightened choice, and a departure from previous incumbents and Dr Horvath will enhance the functioning of FFLM and in particular the Academic Committee for the year ahead.

**12. Any Other Business**

- a. Child Safeguarding: Dr Peter Green advised the AGM that a 2-day course will be held in September, and to look out for information to follow.
- b. FFLM bow ties: Dr Eddie Josse made the annual plea for bow ties. This has in fact been researched extensively where the cost would be £506.28 to produce where it was suggested the costs could be split between Drs Josse and Green.
- c. FFLM Fellows' gown: another request from Dr Josse which was noted.
- d. Finally, the President thanked the officers and staff.

**13. Date and time of next meeting**

The next AGM will be held at 15:00 on Friday 10 May 2013.