

So you want a career in forensic and legal medicine?

Forensic and legal medicine is a wide area of medical practice which may be frequently misunderstood. In broad terms, practitioners of forensic and legal medicine work at the interface between medicine and the law and usually have qualifications in both professional disciplines. Currently in the UK, forensic and legal medicine comprises three groups of doctors:

1. Doctors practising in general forensic medicine and sexual offence medicine
2. Doctors practising medicolegal medicine (provision of advice to medical defence organizations)
3. Medically qualified coroners.

Forensic and legal medicine is not yet recognized as a defined medical specialty in the UK, although specialist recognition for this status through a specialty advisory committee of the Joint Royal College of Physicians Training Board is currently being applied for. Forensic and legal medicine

has clear characteristics that identify it as a unique area of specialized medicine: it has an established faculty – the Faculty of Forensic and Legal Medicine of the Royal Colleges of Physicians of London, with subject-specific training and standards of practice, and an accredited membership examination.

The Faculty of Forensic and Legal Medicine

The Faculty of Forensic and Legal Medicine is a member of the Academy of Medical Royal Colleges and has its own specialty advisory committee, as do all other recognized medical specialties within the Joint Royal Colleges of Physicians Training Board. Three UK-trained practitioners are already specialists in forensic and legal medicine via the Certificate of Eligibility for Specialist Registration, the route to establish individual specialist status pending recognition as a defined medical specialty. The Faculty of Forensic and Legal Medicine was established in 2005 with three groups of registered medical practitioners:

1. General forensic medicine doctors (divided into those working in either or both clinical general forensic medicine and sexual offence medicine)
2. Medicolegal medicine doctors working with the medical defence organizations advising and supporting their members (which comprise all doctors in clinical practice)
3. Medical coroners (those who, before the Coroners and Justice Act 2009, were appointed to the coronial service by virtue of being registered medical practitioners for at least 5 years).

The Faculty of Forensic and Legal Medicine has developed and validated a membership (Membership of the Faculty of Forensic and Legal Medicine) by examination to the same standard as membership of all established medical Royal colleges or other faculties. Success in the membership of the Faculty of Forensic and Legal Medicine demonstrates attainment of the minimum level of knowledge expected of forensic and legal medicine doctors in training and the ability

to apply this knowledge to problem-solving in the candidate's subspecialty of medicolegal medicine, general forensic medicine and/or sexual offence medicine. Other diploma and licentiate examinations in forensic and legal medicine include Licentiates of the Faculty of Forensic and Legal Medicine in general forensic medicine and sexual offences medicine (Faculty of Forensic and Legal Medicine, 2018a,b).

The Faculty of Forensic and Legal Medicine was founded to achieve the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

The Faculty of Forensic and Legal Medicine will exercise its powers:

- To develop the training pathway in forensic and legal medicine and achieve specialist recognition
- To act as an authoritative body for the purpose of consultation in all matters of educational or public interest concerning forensic and legal medicine.

The Faculty of Forensic and Legal Medicine summarizes its function as 'Raising standards in forensic and legal medicine; protecting vulnerable people' and is intended to ensure that those patients who come into contact with the police, legal or judicial processes receive high quality and safe care, including appropriate treatment and/or safeguarding. The Faculty of Forensic and Legal Medicine via its medicolegal medicine doctors ensure that doctors of all specialties including those who may be rendered vulnerable by being the subject of, or involved in a complaint, disciplinary or regulatory process, receive appropriate legal advice and support to ensure they can best deal with the complaints and the investigatory processes of employers, lawyers and regulatory and judicial systems.

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Nature of the work in forensic and legal medicine

There is an enticingly wide variety of choice for those who wish to work in this very specialized area of medicine.

Forensic medicine doctors

Forensic medicine doctors work in two main areas – police custodial settings where they are responsible for the health, welfare and forensic assessment of detainees (prisoners) – this is referred to as general forensic medicine; and sexual assault referral centres which is referred to as sexual offence medicine where complainants of sexual assault can be assessed, undergo forensic examination, and undergo treatment or be referred to other specialist teams as appropriate. Often these roles overlap and all practitioners may see and assess a range of patients who may be suspects of crime or complainants (complainers in Scotland) of crime and sometimes both (Faculty of Forensic and Legal Medicine, 2014).

These clinical roles can extend into many other areas of work (*Table 1*). Examples of such extended roles include the assessment of claims of torture or cruel, degrading and inhuman treatment, both recent and non-recent (historic), the investigation and review of deaths and serious harm in custody, and the determination of the fitness to plead, to serve a prison sentence or to participate in a trial. The nature of these patients is one where, compared with the population as a whole, there is over-representation of drug, alcohol and mental health problems and other vulnerabilities (Payne-James et al, 2010; Rekrut-Lapa and Lapa, 2014), which raise the risk of death and serious harm.

Medicolegal medicine doctors

Medicolegal medicine doctors (previously known as medicolegal advisers) are involved in providing advice, representation and support in a number of different medical and legal fora (Faculty of Forensic and Legal Medicine, 2012), coordinating the defence of doctors facing a wide range of medicolegal difficulties such as registration body investigations (General Medical Council, General Dental Council, Healthcare Professions Council), inquests, fatal accident inquiries, trust and medical school disciplinary processes, criminal investigations, defending clinical negligence

claims, and providing specific forensic and legal medicine advice to doctors working in all other specialties on the phone, in writing or in person in relation to medicolegal and ethical issues arising from their practice. This may involve advocacy (both written and oral), including supporting and representing members at local disciplinary hearings (involving issues such as clinical errors or performance concerns) or at inquests and fatal accident inquiries, advising on clinical risk management, writing articles or other guidance on subjects related to medical law and ethics, and involvement in educational and training activities in forensic and legal medicine.

The Coroners and Justice Act 2009 precluded the appointment of any new coroner who only held a medical qualification; all new coroners must be a qualified barrister, solicitor or a Fellow of the Chartered Institute of Legal Executives, with at least 5 years' qualified experience. Those in place by virtue of their medical qualifications alone before the 2009 Act retain their full coronial role to confirm and certify the death of an individual within a jurisdiction. A coroner may also conduct or order an inquest or fatal accident inquiry into the manner or cause of death, and investigate or confirm the identity of an unknown person who has been found dead within the relevant coroner's jurisdiction.

Table 1. Potential roles of a forensic physician

Determination of fitness to be detained in custody
Determination of fitness to be charged: competent to understand charge
Determination of fitness to be interviewed by the police or detaining body
Monitoring the conditions of detention for detainees
Advise that an independent person is required to ensure rights for the vulnerable or those with mental health issues
Assessment of alcohol and drug intoxication and withdrawal
Comprehensive examination to assess a person's ability to drive a motor vehicle, in general medical terms and related to alcohol and drug misuse
Undertake intimate body searches for drugs
Documentation and interpretation of injuries
Take and advise on appropriate forensic samples
Assess and treat personnel injured while on duty (e.g. police personnel) including needle-stick injuries
Pronounce life extinct at a scene of death and undertake preliminary advisory role
Undertake mental state examinations
Examine adult complainants of serious sexual assault and the alleged perpetrators
Examine alleged child complainants of neglect, physical or sexual abuse
Examine complainants and assailants in alleged police assaults
Give expert opinion in courts and tribunals (in written and oral form)
Investigation of deaths in custody
Pressure group and independent investigators in ethical and moral issues: victims of torture, war crimes, female genital mutilation
Refugee medicine (medical and forensic issues)
Asylum-seeker medicine (medical and forensic issues)
Implement principles of immediate management in biological or chemical incident
Assess severity of injury for court, tribunal or insurance purposes
<i>adapted from Payne-James (2016)</i>

“ Full-time practice in forensic and legal medicine embraces an extensive range of clinical, legal and ethical roles. ”

Although the numbers of medically qualified coroners is thus decreasing, the new medical examiner system (likely to be in force by 2019) will retain the Faculty of Forensic and Legal Medicine's involvement in death investigation as many of the new medical examiners from clinical backgrounds will be eligible to be members and fellows of the Faculty of Forensic and Legal Medicine. Medical reviewers (the equivalent role already in place in Scotland) are already eligible for membership of the Faculty of Forensic and Legal Medicine.

Benefits of forensic and legal medicine

There are many exciting and challenging aspects of forensic and legal medicine practice. Full-time practice in forensic and legal medicine embraces an extensive range of clinical, legal and ethical roles as previously described. For those who cannot or do not wish to work full time in forensic and legal medicine, it is an area of medicine that is particularly suited to those with a portfolio career, or as sub-specialty interest for others working in a wide range of medical specialties such as general practice, forensic psychiatry, paediatrics, sexual health, emergency medicine, and obstetrics and gynaecology. Many practitioners work part-time and shift work is common, as is an out-of-hours commitment at night and weekends. This will depend on the particular area of work within forensic and legal medicine, for example this might be as a peripatetic general forensic medicine doctor covering a number of geographically different police custody suites, or as a sexual offence medicine doctor working predominantly in one sexual assault referral centre.

For many, these are the attractions of forensic and legal medicine practice – the opportunity to apply medical and legal knowledge across the clinical, ethical and legal spectrum. For medicolegal medicine doctors using their medical and legal experience and training, there is the opportunity to assist and support other doctors in clinical, regulatory, disciplinary or legal difficulties, to advise about ethical dilemmas and to address the risks of clinical practice in any

clinical setting and thus contribute to safe care of the patient and the doctor. For clinical forensic practitioners, there is the challenging opportunity to apply pre-hospital primary and emergency medicine in unusual settings, to contribute to the care of complainants of physical and sexual assault, and to assist the criminal justice and family court processes. Failure of appropriate, high standard application of clinical and advisory skills may, at worst, result in deaths and serious harm to vulnerable people or in miscarriages of justice.

The only potential drawbacks in these days of emphasis on specialty training and standards for those considering a career in forensic and legal medicine is not currently being a recognized medical specialty and that the clinical work in police custodial settings is not within the clinical governance systems of the NHS Commissioners. Providers of such services are currently under no obligation to adhere to minimum standards of training, skills or competence, and, for financial reasons, may employ unsupervised practitioners working outside their capabilities (often without the practitioner being aware of this), inappropriately qualified and without the training and experience recommended. This may lead in some cases to unsafe working practice in custodial or other legal settings with consequent risk to some of the most vulnerable patients in society. With appropriate training, forensic and legal medicine practitioners are in a position to raise concerns robustly and independently to address such issues of safety and risk, as they are required to do under *Good Medical Practice* guidelines (General Medical Council, 2013).

Career pathway

At present, until accepted as a recognized medical specialty, there is no accepted defined forensic and legal medicine career pathway in the UK within the meaning of section 34D of the Medical Act 1983 and Schedule 1 of the Postgraduate Medical Education and Training Order of Council 2010. The majority of practitioners work as general forensic medicine doctors (sometimes referred to as forensic medical examiners or

forensic medical officers) in general forensic medicine for police services across the UK, and as sexual offence doctors in sexual assault referral centres.

There are currently no minimum standards for previous experience, skills or competence, although the Faculty of Forensic and Legal Medicine has issued quality standards which practitioners are advised to be aware of and adhere to, should they wish to work in these areas (Faculty of Forensic and Legal Medicine, 2016, 2017) and as would be expected in circumstances where a doctor's practice was being challenged in a court, or in regulatory or disciplinary processes. Doctors interested in applying for some or all of these roles should approach their local constabulary, the local sexual assault referral centre and the medical defence organizations. Full- and part-time posts are available, and these may also be advertised in medical journals. Should any applicant have concerns about an advertised post, they can seek further advice from the Faculty of Forensic and Legal Medicine.

All new forensic and legal medicine practitioners are advised to undertake accredited introductory courses, ensure they have appropriate recognized educational supervision, aim to take relevant (e.g. Licentiate of the Faculty of Forensic and Legal Medicine, Membership of the Faculty of Forensic and Legal Medicine) examinations at an appropriate stage and ensure they are not working in settings beyond their competence. As previously noted, doctors working in this field come from a wide range of clinical backgrounds and training. For example the three current General Medical Council recognized specialists in forensic and legal medicine were originally working in forensic practice, surgery/gastroenterology, and general practice respectively.

Conclusions

All aspects of forensic and legal medicine are fascinating and challenging. This may be why many practising within the wider field of forensic and legal medicine have come from other speciality backgrounds, at various stages of medical training and clinical experience. The development of forensic and legal medicine over the last two decades has been rapid, driven first by a recognition that the nature of the work is unique and very different from other medical specialties, and second a recognition of the unique

requirement for specific standards and guidelines in this complex area of medical and legal practice.

The role of the forensic and legal medicine doctor is intricately involved in understanding how the clinical or advisory aspects of the work interface with legal, police, judicial, court and regulatory or disciplinary systems in the NHS and medicine as a whole. The differing nature of these settings is not one that the majority of medical practitioners are currently trained to understand. Many practitioners (for example those working in emergency medicine, general practice, paediatrics, genitourinary medicine, gynaecology and surgical specialties) may choose to exclude themselves from direct involvement in court or legal proceedings in order to focus on the clinical aspects of their work. What is paramount is that those who choose to develop a career in forensic and legal medicine at any stage can be assured they will have a career full of intellectual and cross-boundary challenges likely to ensure that lack of interest or challenges and burnout will rarely be a feature. **BJHM**

Conflict of interest: none.

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KEY POINTS

- Forensic and legal medicine embraces a number of areas of medical practice.
- Those practicing in forensic and legal medicine work at the interface between medicine and the law.
- The Faculty of Forensic and Legal Medicine of the Royal College of Physicians provides guidance as to the standards of practice.
- The three main groups of doctors working in forensic and legal medicine practice in general forensic medicine and sexual offence medicine; in medicolegal medicine (provision of advice to medical defence organizations), or as medically qualified coroners.

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