ANIL AGGRAWAL'S
Internet Journal of Forensic Medicine and Toxicology
The world's first online journal devoted entirely to forensic medicine and toxicology · Published 1 January and 1 July

VOL. 3, NO. 1
Downloaded from www.anilaggrawal.com · ISSN 0972-8074 (Online) · https://www.anilaggrawal.com/ij/vol_003_no_001/others/editorial.html

Editorial

CITE THIS ARTICLE
Payne James, Jason. Standards of Clinical Forensic Medical Practice in the United Kingdom (Editorial). *Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology, 2002*; Vol. 3, No. 1 (January - June 2002): ; Published: January 1, 2002,

EMBASE.com : **EMBASE Accession Number: 2004204919**

Standards Of Clinical Forensic Medical Practice in the United Kingdom

-Jason Payne James, UK Email:jasonpaynejames@aol.com

Jason Payne James, UK



In a recent Editorial in the Journal of Clinical Forensic Medicine[1], Robin Moffatt highlighted the scrutiny under which all medical practice exists in the UK. Undoubtedly the media highlight all medical and surgical errors within clinical settings, and rarely a day goes by without some aspect of medical practice being criticised. The General Medical Council has received much criticism - from

doctors who believe it fails to support them, to others who believe it has allowed dangerous and incompetent doctors to remain in practice.

Major changes are in process and the prospect of continual review and revalidation of all medical practitioners draws ever nearer. Few registered medical practitioners can have any real objection to this. There are however some groups of doctors in the UK for whom revalidation may be a problem - and this includes those engaged predominantly in work as forensic physicians or police surgeons. Such doctors have historically been drawn from general practitioners with an interest in clinical forensic medicine. Clinical forensic medicine (unlike forensic pathology) has no formal career structure and clinical forensic medicine is not recognised as a medical specialty. Those who develop further interests in the specialty may sit examinations such as the Diploma of Medical Jurisprudence (Clinical) examination, or the Diploma of Forensic Medicine - both of which are organised by the Society of Apothecaries in London. An increasing number are also undertaking law degrees - such as a Master of Laws, or degrees in medical ethics.

The Association of Police Surgeons - the organisation which represents the interests of police surgeons in the UK has for the last 5 years become extensively involved in Education and Research. The Education and Research Committee has recently sought to apply for 'specialist' status of its members - all of whom have substantial clinical forensic medicine and medicolegal experience. The Association has also taken the recent decision to support a proposal to establish a College of Forensic Medicine[2]. The 'Mission Statement' of the College will be 'to promote for the public benefit the advancement of knowledge in the field of clinical forensic medicine and to develop clinical forensic medicine with a view to maintaining the highest possible standards of professional competence'. A Working Party is currently exploring all potential options. The key element that such approaches emphasise is the close link between the law and medicine. Forensic physicians and forensic pathologists understand more clearly than all other medical specialties the crucial need for high standards - not only in the practice of medicine itself, but in the communication of that information to the police, lawyers, the judiciary and courts. Thus bad practice in forensic medical fields may not only affect an individual's health, but it can also impact on an individual's liberty if wrongly convicted on poor medical evidence, and on a victim should an assailant go free because of medical incompetence. Such issues may also have impact in the UK as the Human Rights Act 1988 became enacted on October 1st. This Act does two things - it imposes a statutory duty on certain individuals and bodies to act compatibly with the rights set out in the 1953 European Convention of Human Rights, and secondly it requires courts and tribunals to do the same when interpreting law. A number of Rights within the Act have specific relevance to police, courts and prison systems - Article 3 gives a right not to be subjected to inhuman or degrading treatment, Article 5 gives a right to liberty, and Article 6 a right to a fair trial. Poor medicolegal practice could infringe those rights - and of course se this argument applies to any aspect of forensic evidence including forensic science and toxicology - where expert opinion is required.



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The concerns about the need for regulation in all specialist forensic areas and concerns about past miscarriages of justice has resulted in the UK of the establishment of a new body - the Council for the Registration of Forensic Practitioners (CRFP)[3]. The CRFP is intended to act as a multidisciplinary professional regulator, with range of professional groups jointly aiming for the development and accreditation of standards that underpin the provision of accurate and reliable evidence, serving the administration of justice by enabling the court to get at the truth. CRFP will publish a register of competent forensic practitioners, ensuring through periodic revalidation that forensic practitioners keep up to date and maintain competence and deal with registered practitioners who fail to meet the necessary standards. It is intended that the register will all stages of the forensic process - from the recovery of material, through its identification, examination and analysis, to the presentation of expert evidence in court. The register was opened in October 2000 to crime scene examiners - , and laboratory-based scientists in eight specialties. Each applicant for information about themselves, their qualifications and their professional experience; for a brief portfolio of casework, professional references and a declaration that they understand and can adhere to the Code of Conduct (see Table 1). A trained assessor from the candidate's specialty will review this information and recommend registration if they judge the applicant capable of safe, competent practice. As yet it is not clear exactly how forensic physicians, forensic pathologists and forensic odontologists will come within the scope of the register but it is likely that the Committee tasked with implementing this will tie it in closely with revalidation procedures.

It is clear that there are now a number of processes underway in the UK that will address the performance and standards of medical practitioners working in forensic settings. Whilst registration details are being established and prior to the setting up of a College of Forensic Medicine it would seem appropriate that those producing reports or appearing in court in relation to forensic medical matters, should voluntarily express their intended adherence to stated CRFP Codes. This will give some reassurance to those who come into contact with such practitioners in

the custodial, court or judicial systems, that there is a clear awareness of the concerns of those outside that system. Such principles would appear to be appropriate on a global basis.

References

(1) Moffat R. A renaissance in forensic medicine in 2000. Journal of Clinical Forensic Medicine 2000: **7**; 121-122 (Back to the editorial)

(2) APS News. June/July 2000. Report of the 49th Annual General Meeting of the Association of Police Surgeons (Back to the editorial)

(3) Kershaw ARC. Registration of Forensic Medical Practitioners. Journal of Clinical Forensic Medicine. Journal of Clinical Forensic Medicine 2000: **4**; 179-182 (Back to the editorial)

The Council for the Registration of Forensic Practitioners can be contacted at:
Burlington House
Piccadilly
London
W1J 0BA
UK

TABLE 1 Codes for Forensic Practitioners ® Council for the Registration of Forensic Practitioners 2000

1. Recognise that your overriding duty is to the court and to the administration of justice: it is your duty to present your findings and evidence, whether written or oral, in a fair and impartial manner.

2. Act with honesty, integrity, objectivity and impartiality: you will not discriminate on grounds of race, beliefs, gender, language, sexual orientation, social status, age, lifestyle or political persuasion.

3. Comply with the code of conduct of any professional body of which you are a member.

4. Provide expert advice and evidence only within the limits of your professional competence and only when fit to do so.

5. Inform a suitable person or authority, in confidence where appropriate, if you have good grounds for believing there is a situation which may result in a miscarriage of justice.

In all aspects of your work as a provider of expert advice and evidence you must:

6. Take all reasonable steps to maintain and develop your professional competence, taking account of material research and developments within the relevant field and practicing techniques of quality assurance.

7. Declare to your client, patient, or employer if you have one, any prior involvement or personal interest which gives, or may give, rise to a conflict of interest, real or perceived; and act in such a case only with their explicit written consent.

8. Take all reasonable steps to ensure access to all available evidential materials which are relevant to the examinations requested; to establish, so far as reasonably practicable, whether any may have been compromised before coming into your possession; and to ensure their integrity and security are maintained whilst in your possession.

9. Accept responsibility for all work done under your supervision, direct or indirect.

10. Conduct all work in accordance with the established principles of your profession, using methods of proven validity and appropriate equipment and materials.

11. Make and retain full, contemporaneous, clear and accurate records of the examinations you conduct, your methods and your results, in sufficient detail for another forensic practitioner competent in the same area of work to review your work independently.

12. Report clearly, comprehensively and impartially, setting out or stating:
a. your terms of reference and the source of your instructions;
b. the material upon which you based your investigation and conclusions;
c. summaries of your and your team's work, results and conclusions;
d. any ways in which your investigations or conclusions were limited by external factors, especially if your access to relevant material was restricted; or if you believe unreasonable limitations on your time, or on the human, physical or financial resources available to you, have significantly compromised the quality of your work.
e. that you have carried out your work and prepared your report in accordance with this Code.

13. Reconsider and, if necessary, be prepared to change your conclusions, opinions or advice and to reinterpret your findings in the light of new information or new developments in the relevant field; and take the initiative in informing your client or employer promptly of any such change.

14. Preserve confidentiality unless:
a. the client or patient explicitly authorises you to disclose something;
b. a court or tribunal orders disclosure;
c. the law obliges disclosure; or
d. your overriding duty to the court and to the administration of justice demands disclosure.

15. Preserve legal professional privilege: only the client may waive this. It protects communications, oral and written, between professional legal advisers and their clients; and between those advisers and expert witnesses in connection with the giving of legal advice, or in connection with, or in contemplation of, legal proceedings and for the purposes of those proceedings.

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