



The Society of Apothecaries of London

Guide to the Diploma in Forensic Medical Sciences (DipFMS) Incorporating the Regulations and Syllabus

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Notice of future amendments to the Guide (incorporating the Regulations and Syllabus) and revisions following publication of this version.

The DipFMS Examination will continue to change to reflect developments in medicine. While every attempt has been made to ensure that this version of the DipFMS Examination Regulations and Syllabus is accurate, further changes to the DipFMS examination, the Regulations and closing dates may be implemented during this time. Candidates should refer to the Society of Apothecaries website (www.apothecaries.org) for the most up-to-date information, and where any such changes will be detailed. In order that candidates are fully briefed about the status of any proposed changes, they are advised to regularly check the Society website.

CONTENTS

Introduction	1
Course contact details	1
Date and place of the examination	1
Examination timetable and fees	1
Regulations for admission to the examination	2
The examination	2
Review and appeal procedures	3
The dissertation	4
– Declaration of originality	5
– References	6
– Production of dissertations	7
– Printing and binding of dissertations	7
The written paper	8
Syllabus	9

INTRODUCTION

The Diploma in Forensic Medical Sciences was instituted by the Society of Apothecaries of London in 1998. It is intended to demonstrate knowledge of forensic medical sciences for those who are involved with or interested in medico-legal work. It is open to all who have completed a course in forensic medical sciences run by the University of Glasgow or by Cameron Forensic Medical Sciences at Barts and the London, QMUL.

COURSE CONTACT DETAILS

For details of the courses please contact:

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DATE AND PLACE OF EXAMINATION

The Diploma Examination is held annually to coincide with the end of the course.

Candidates may be examined either at the University of Glasgow or at Apothecaries' Hall.

EXAMINATION TIMETABLE AND FEES

Please refer to the **Administrative Guidance for Candidates** (available online at www.apothecaries.org).

REGULATIONS FOR ADMISSION TO THE EXAMINATION

1. Candidates must have satisfactorily completed the nine-month, part-time course of lectures in forensic medical sciences which is offered both by the University of Glasgow and Cameron Forensic Medical Sciences at Barts and the London, QMUL, and must have been issued with a Certificate of Attendance.
2. Form A (for those applying for the first time) or Form R (for re-entrants) and the fee must be received by the closing date published in the **Administrative Guidance for Candidates**. Evidence of satisfactory completion of the course will be provided to the Society by the Course organisers. For further information please refer to www.apothecaries.org.

THE EXAMINATION

3. The examination will consist of:
 - a. Dissertation on a given topic. Candidates must include a written declaration that the dissertation is their own work, and allocate joint copyright of the work to the Society:
 - b. One 3-hour written paper consisting of 10 compulsory questions covering the syllabus.
4. All parts of the examination must be taken at first entry. With effect from 1st October 2007, entry and re-entry to the examination must be made within 3 years of completing the course.
5. Candidates who are successful at the examination are entitled to use the abbreviation DipFMS after their names.
6. Candidates must pass both the written paper and the dissertation to pass the examination. Candidates who fail the dissertation must submit a new dissertation on the current topic at their next attempt. Candidates who pass the dissertation are permitted to carry the pass forward.
7. The examination fee will be determined from time to time by the Court of Assistants. Candidates who withdraw from the examination after the closing date will forfeit a proportion of the fee. For further details refer to the **Administrative Guidance for Candidates** (www.apothecaries.org).
8. Candidates will be issued with an admission document once a place on the examination has been confirmed. This must be produced on the day of examination, along with some form of photographic identification.
9. On the day of the written examination, candidates are forbidden to bring books, papers, mobile telephones, calculators or any other electronic aid into the examination rooms. It is strictly forbidden for candidates to talk to, or to attempt in any other way to communicate with each other whilst a written examination is in progress.
10. Candidates' completed examination scripts become the property of, and will be retained by, the Society. Under no circumstances will they be available for study.
11. Candidates who present themselves for written examinations after the start time stated in the admission document will be admitted if they arrive within 30 minutes of this time, but may not be admitted if they arrive thereafter. In any case, candidates will forfeit the time lost. In exceptional circumstances, where all candidates are affected by delays, the examination timings may be amended.
12. The Court of Assistants reserves the right to refuse to admit to the examination, or to proceed with the examination of, any candidate who infringes a regulation or who refuses to comply with the reasonable request of an officer of the Society.

REVIEW AND APPEAL PROCEDURES

13. The stages of the review and appeal procedures are as follows:
- a. Feedback – first, compulsory stage;
 - b. Re-view – second, optional stage;
 - c. Appeal – third, optional stage
14. **Feedback (compulsory)** - Feedback on examination performance will be available to unsuccessful candidates at their request. Requests must be made in writing and be received by the Registrar within 28 days of the receipt of results.
15. **Re-view (optional)** - A request by a candidate for a re-view of a paper must be received in writing within 28 days of the receipt of feedback. A request for a re-view cannot be made without first going through the feedback stage. There is a fee of £150 for a re-mark.
16. **Appeal (optional)** - An appeal to the Society's Examinations Board is open to a candidate who is not satisfied with the decision of the Examination Panel, feedback or the Re-mark Panel. In accordance with the Society's Examination Review and Appeal Procedures, the detailed grounds on which the appeal is made must be stated (and see paragraph 18 below). The appeal must be received in writing within 28 days of the candidate being notified of the feedback or re-marking report. It is not necessary to seek a re-mark before appealing. There is a fee of £150 for an appeal.
17. If the appellant is dissatisfied with the report of the Examinations Board Appeal Tribunal and wishes to make an appeal to the Court of Assistants, this should be communicated to the Registrar within 28 days of the receipt of the decision of the Appeal Tribunal.
18. The processes outlined in paragraphs 13-17 will be dealt with according to the Review and Appeal Procedures agreed by the Court of Assistants, which is available to candidates on request. In no circumstances should a candidate make representations directly to an examiner.

MRS J M E MACLEAN
Registrar

THE DISSERTATION

19. The dissertation topic is published in the **Administrative Guidance for Candidates** (www.apothecaries.org). Candidates are encouraged to carry out literature searches, to reference the work and to include original comment, diagrams and photographs. It is not to be a paraphrase of standard textbooks.
20. Dissertations should demonstrate evidence of review of the relevant literature with a demonstration of understanding and appropriate critical interpretation in the discussion. There should be use of theory to support arguments, and evidence of the development of student's own thoughts based on critical evaluation of the information gathered.
21. If you quote another person's work, you must acknowledge this fully by means of a reference in the text (source to be given in the reference list) and putting the quotation in quotation marks, i.e. "...".
22. This also applies if you use verbatim short sections from a source. Paraphrasing statements/text of factual knowledge or ideas from published works, lectures or Web sources is not plagiarism if you reference the original source and the paraphrasing is not extensive.
23. Any diagrams, tables, graphs etc which have been taken directly from a source or modified from a source must include appropriate details of the author and source, as well as being acknowledged e.g. from Bloggs *et al* 1998 or adapted from Bloggs *et al* 1998. Simple reproduction of complete articles in appendices is not permitted. **Any candidate who is found to have plagiarised material in the dissertation will be referred to the Examinations Board.**
24. Dissertations benefit from having a clearly identifiable structure, which assists readers and examiners alike. The following sections are suggested.

- | | |
|---|---|
| – Title page: | indicating title of dissertation, author, course title and date (Month and Year). |
| – Declaration of originality form: | see required layout below |
| – Acknowledgements: | if relevant |
| – Table of contents: | indicating section and sub-section titles and page numbers |
| – Abstract: | approximately ½-1 page, summarising the content of the dissertation and stating word count (excluding references, tables and appendices). |
| – List of figures: | if relevant |
| – List of tables: | if relevant |
| – List of abbreviations: | if relevant |
| – Introduction: | indicating scope of the dissertation and aims & objectives if relevant |
| – Main text: | subdivided into sections dealing with separate topics |
| – Conclusions | |
| – References: | see below for required format |
| – Appendices: | if relevant |

Each section should be identified by an appropriate heading, using a numbering system if desired. This could also apply to sub-sections, for example:

1. Introduction
- 1.1 Topic 1
- 1.2 Topic 2

The following check list may assist final proof reading. Consider:

- Clarity of objectives
- Relevant literature review undertaken
- Evaluation of evidence with development of original thoughts
- Conclusions relevant and sound with a summary of any recommendations
- Acceptable standard of grammar and spelling
- Report is coherent and arguments are sequenced logically
- References are included where needed and distinction between author's opinion and published evidence/opinion is clear
- The dissertation is in the correct format including the numbered endnote referencing style.

25. The casebook should include a title page with the following:

<p style="text-align: center;">Diploma in Forensic Medical Sciences</p> <p style="text-align: center;">Dissertation title</p> <p style="text-align: center;">Candidate name</p> <p style="text-align: center;">Date (e.g. 26 June 2009)</p> <p style="text-align: center;">Word count (e.g. 6,796)</p>

26. Candidates should make and sign a declaration such as the one given below. It should be incorporated into the Dissertation.

<p>Declaration of Originality</p> <p>Name:</p> <p>I certify that this dissertation is entirely my own work and I allocate joint copyright to the Society of Apothecaries.</p> <p>Signed Date</p>
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REFERENCES

27. The text of the dissertation should be supported by references taken from the relevant published literature. Usually these will be from books or refereed journals.
28. References to Internet sources should include all the information required for a full and complete reference plus full details of the website (the URL of the site) and the date on which it was accessed, as the content of sites may change with time.
29. References to newspaper articles containing details of fact, such as case reports, may exceptionally be made, but candidates should recognise that these are not considered authoritative and are not subject to peer review before publication.
30. Additional footnotes should **not** be used unless they are absolutely essential.
31. References should be numbered consecutively in the order that they are first mentioned in the text and placed in superscript each time the author is cited. The full list of references should be arranged at the end of the dissertation in numerical order.

e.g. references may be made to journals or to books or to both.

32. Format of references should follow the Vancouver style, i.e.:

For Journals:

Authors' Names & Initials, The Title of the Article, *The full Title of the Journal*, the Year, the Volume, the first and last Page Numbers referred to.

e.g. Jude E, Boulton A J M. End stage complications of diabetic neuropathy. *Diabetes Rev* 1999;7:395-410.

For Books:

Authors' Names & Initials, The Title of the Book, The place of Publication, the Publisher, the Year.

e.g. Corbetta, P. *Social research: theory, methods and techniques*. London. Sage. 2003.

[if there are more than six authors list the first three followed by *et al*]

33. **Legal references** should be cited in the form used in reports issued by the Incorporated Council of Law Reporting:

e.g. DPP v Smith [1990] 2 AC 783

Guidance on legal references can be found in Raistrick, D. *Index to Legal Citations and abbreviations*. London. Sweet & Maxwell. 2008.

34. Full details of the styles of referencing, which should be followed meticulously, can be found at:

http://www.bma.org.uk/library_medline/electronic_resources/factsheets/LIBReferenceStyles.jsp

PRODUCTION OF DISSERTATIONS

35. Dissertations should be produced in accordance with the guidelines set out in this Guide and it is important that they are strictly adhered to. Dissertations not in this format may be rejected.
36. A single topic for the Dissertation is set each year by the Examination Committee.
37. The Dissertation should not be a paraphrase of standard textbooks but requires reference to original papers and/or printed sources, as stated in the Guidance for Candidates.
38. Dissertations should be 6,000-10,000 words in length and should include references. Diagrams and photographs can be included as appropriate.
39. **Two hard copies and one electronic copy** of the dissertation should be submitted to the Registrar of the Society of Apothecaries by the specified closing date. One copy will be retained by the Registrar at the Hall and the other copy will be returned to the candidate after it has been assessed and a final mark awarded.

Requirements for the Printed Version

39. **Printing** - Dissertations should be printed in 12 point black type, double-spaced on single sides of A4 paper. The left hand margin should be wide enough to accommodate the binding without obscuring text. Books should not normally exceed 30 pages in length including references, diagrams and photographs.
40. **Binding** - Dissertations must be bound in an efficient, but not necessarily formal, manner. Inexpensive binding techniques include comb binding, perfect binding, velobinding and wire-O binding. Two copies must be supplied.
41. **Headers and footers** – Your name and the dissertation title should appear in the document header from page 2 onwards. The page and total number of pages, given as “Page x of y”, should appear in the footer.

Requirements for the Electronic Version

42. A machine-readable, electronic version of your dissertation must be submitted via e-mail to examoffice@apothecaries.org, no later than the deadline published in the **Administrative Guidance for Candidates**.
43. **File name** – Each dissertation should be presented as a single file. Files names must be created as: Your name DFMS Dissertation title Date (YYMMDD). For example:

Bob Smith DFMS Trace Evidence 090626.doc

THE WRITTEN PAPER

44. The written examination consists of one 3-hour paper of 10 compulsory questions.

45. Scripts must be legible. If two examiners cannot decipher the handwriting, the script will be dismissed.

SYLLABUS

46. Candidates will be expected to have a *theoretical* knowledge of the basic facts and principles of all forms of medico-legal enquiry and the reasons for the form of that enquiry. Topics to be covered include:

Section A

Principles of medicine and the medico-legal autopsy

1. Human anatomy and physiology

Knowledge of the structure and workings of the human body sufficient to understand medical evidence:

- Medical terminology, medico-legal reports
- Nature of cells, tissues, organs
- Body structure – skeleton, tissue layers, body cavities
- Body systems – component parts and functions
- detailed structure and function of cardiovascular, respiratory, haemopoetic, nervous and gastro-intestinal systems

2. Medical aspects of death

Understanding the nature and definition of death:

- cellular and somatic death
- concept of brain death; persistent vegetative state
- transplantation procedures

3. Physical changes after death

What happens to the body physically after death and what use can be made of this:

- general principles, relevance in determining time of death, and factors affecting
- temperature drop
- lividity
- rigor mortis
- decomposition and variants

4. Natural disease as a cause of death

Natural disease relevant to forensic practice – causes of sudden death:

- ischaemic heart disease – atheroma, myocardial infarction; relevance in assault deaths
- cardiomyopathy and inherited cardiac conditions
- hypertension, aneurysms
- pulmonary thromboembolism and deep venous thrombosis
- pneumonia, asthma, asbestos related disease
- cerebrovascular disease, subarachnoid haemorrhage, meningitis
- gastro-intestinal haemorrhage, peritonitis, pancreatitis
- septicaemia, MRSA, *C. difficile*

Section B

Legal procedures relating to deaths and their investigation

5. Legal aspects of death

Knowledge of the necessary legal procedures after someone's death:

- legal responsibilities of the medical practitioner
- death certificates and procedure
- cremation certificates and procedure
- referring deaths to the Procurator Fiscal or Coroner
- weaknesses in the system and proposed reforms
- Human Tissue Act / Human Tissue (Scotland) Act and tissue retention

6. Procurator Fiscal and sudden deaths

Role of the Procurator Fiscal in the investigation of deaths in Scotland

- position of the Procurator Fiscal in the Scottish legal system and comparison with rest of UK
- legal responsibility in the investigation of deaths
- deaths reportable to Procurator Fiscal and process of investigation; involvement of police
- post mortem examinations; additional investigations and enquiries
- subsequent decisions and disposal
- Fatal Accident Inquiries; criminal proceedings

7. HM Coroner and sudden deaths

Role of the Coroner in the investigation of deaths in England, Wales and Northern Ireland

- position of the Coroner in England, Wales and Northern Ireland, and comparison with Scotland
- legal responsibility in the investigation of deaths
- deaths reportable to the Coroner and process of investigation; involvement of police
- post mortem examinations; additional investigations and enquiries
- subsequent decisions and disposal
- Inquests; referral for criminal proceedings

Section C

Injury interpretation

8. Injury classification and causes

The nature of injuries and how they are produced, described and interpreted:

- occurrence of injuries in clinical and post mortem practice; limits of interpretation
- concept of blunt and sharp force trauma
- abrasions, bruises, lacerations
- incised wounds, stab wounds
- internal damage, issues of survivability
- injury patterns – accident, suicide or homicide

9. Major trauma

Clinical and pathological aspects of major trauma:

- transportation accidents and injury patterns
- accidents at work
- injury scores; Glasgow Coma Scale
- resuscitation techniques, transfusion, ventilation

10. Firearms and firearm injuries

Knowledge of the common types of guns, how they work, and the injuries they produce:

- classification of weapons and ammunition, circumstances of use, legal controls
- principles of how firearms produce injuries
- air weapons
- shotguns
- rifled weapons – revolvers, pistols, rifles
- automatic weapons, military small arms
- post mortem examination in firearms cases and injury interpretation
- role of radiology; recovery of evidence
- work of firearms units, test firing, matching of weapons

11. Head injuries

Understanding the mechanisms of head injuries, their clinical effects and the pathological findings:

- circumstances of head injuries – road traffic accidents, falls, assaults
- clinical presentation and outcome – concussion, coma, long term disabilities
- rationale for treatment – raised intracranial pressure, cerebral oedema, surgical intervention
- external injuries and interpretation
- skull fractures – linear, comminuted, depressed
- intracranial bleeding – extradural, subdural, subarachnoid and intracerebral haemorrhage
- brain injury – focal and diffuse

Section D

Other mechanisms of injury and death

12. Asphyxia

Nature of asphyxia and its causes:

- definition of asphyxia and physiological mechanisms involved
- signs of asphyxia – petechial haemorrhages, cyanosis, congestion
- specific causes and relevance in forensic practice
- crush asphyxia
- suffocation – accidental, suicidal, homicidal; relevance in infant deaths
- compression of the neck – manual and ligature strangulation; reflex cardiac arrest; time-scale
- hanging

13. Drowning

Circumstances of drowning and the findings at post mortem:

- issues of 'bodies in water' and circumstances of drowning – accident, suicide, homicide
- physiological mechanisms involved
- aim of post mortem examination and typical findings – immersion v drowning
- problem cases – decomposition, injuries
- additional investigations – identification procedures, diatom studies

14. Hypothermia

Nature of hypothermia and its causes:

- definition and physiological mechanisms
- common circumstances – role of exposure, alcohol, injuries, natural disease, mental illness
- post mortem findings and diagnostic difficulties
- suspicious presentations

15. Fires, burns and carbon monoxide poisoning

Understanding the physics and circumstances of fires, and how they cause death:

- fire triangle, classification of types of fire
- incidence and common circumstances; role of alcohol
- fire investigation – establishing seat of fire, nature of damage caused, use of accelerants
- cause of death in fires – smoke inhalation, burning, trauma
- aim of post mortem examination and typical findings; establishing cause of death
- toxicology investigations – carbon monoxide, cyanide, alcohol
- issues over ‘bodies in fire’ – identification, concealed homicide
- burns - causes, methods of classification and principles of treatment
- carbon monoxide poisoning – toxic effects and sources other than house fires

16. Explosions

Understanding the nature of explosions and explosive devices, and their effects:

- causes of explosions – mechanical, gaseous, chemical
- gas explosions – gases involved, required conditions, effects
- explosive devices – nature and variety, use, fragmentation v blast
- lethal effects – blast injury, injuries from fragments, crushing, fires
- investigation of explosions

17. Child deaths and abuse

Causes of unexpected death in children, natural and otherwise

- sudden unexpected death in infancy – natural, SIDS, accidental, homicidal
- the paediatric post mortem examination
- SIDS – typical features, possible causes
- asphyxial deaths – overlaying, imposed airways obstruction; post mortem evidence
- child abuse – physical, sexual, neglect, emotional; parental characteristics and behaviour
- physical abuse – typical injuries – external, fractures, internal
- ‘shaken infant syndrome’
- neonaticide

18. Deaths in custody

Deaths occurring in police and prison custody and how they are investigated:

- definitions of custody, numbers of deaths and how categorised
- in police custody - alcohol/drug related, suicide, injury, natural, restraint
- others – RTA, shooting, other contact
- how investigated; role of IPCC in England and Wales
- prison deaths
- legal investigations – Fatal Accident Inquiry, Coroner’s Inquest, criminal prosecution

19. Alcohol abuse

Alcohol related deaths and their frequency in forensic practice

- scale of alcohol abuse, social issues, morbidity and mortality
- deaths from acute intoxication – interpretation of alcohol levels
- trauma while intoxicated – falls, road traffic, fires, drowning, homicide etc.
- deaths and illness from chronic alcohol abuse – liver disease, pneumonia, epilepsy

20. Drug related deaths

Deaths from opiates, stimulants and other abused substances

- post mortem examination in drug related deaths, typical findings, health and safety issues
- sample collection, further investigations, interpretation of toxicology results
- cause of death – general principles, specific effects of individual drugs, contributing factors
- causes of death other than intoxication

Section E

Clinical forensic medicine

21. Confidentiality of medical information, consent and negligence

Appreciation of the legal and ethical aspects of medical practice and how they are regulated

- confidentiality of medical information – principles, circumstances of disclosure, public interest
- consent to medical treatment – nature of consent, when required, who can give, competency
- medical negligence – definition and legal requirements, duty of care, legal process
- General Medical Council – composition, structure and functions; Good Medical Practice
- responsibility for registration, medical education, medical advice and fitness to practice
- medical defence organisations

22. Sexual offences

Nature of sexual offences and their medical and scientific investigation

- legal definition of rape and differences between jurisdictions in UK
- circumstances and typical characteristics of sexual assaults and the victims
- role of the forensic physician / specialist teams in examination of victims; consent issues
- clinical examination procedure; evidential samples taken; further roles
- drug facilitated offences
- conclusions from examination; prosecution of cases through courts
- other sexual offences

23. Examination of detained persons

Duties of the forensic physician in examining and caring for those in police custody

- clinical and legal responsibilities; consent and disclosure issues
- reasons for examination – assessing fitness for custody, fitness for interview
- examination of injuries, obtaining evidential samples
- drug dependent detainees – examining and prescribing
- forensic examinations – procedures, intimate searches
- preparation of reports, presentation of evidence

24. Forensic psychiatry

Forensic aspects of mental illness and the role of the forensic psychiatrist

- classification of mental disorders relevant to criminal legal system
- psychoses – schizophrenia, affective disorders
- neuroses – anxiety, phobias, post traumatic stress
- personality disorder – psychopathic behaviour
- organic disorders, learning disabilities, drug misuse
- compulsory treatment orders and regulations
- psychiatric assessment – fitness to plead, insanity, diminished responsibility; subsequent disposal

Section F

Forensic science and toxicology

25. Forensic science in crime investigation

The contribution of forensic science in the investigation of crime:

- the development of forensic science and current expertise
- crime scene investigation and the role of the Crime Scene Manager
- Locard's principle, trace evidence recovery, interpretation of findings
- main divisions in scientific work – biology, chemistry, toxicology
- hairs and fibres, glass and paint analysis, marks and impressions, documents
- firearms, fire investigation, blood pattern analysis, DNA profiling

26. DNA technology

Understanding DNA technology and its contribution to the investigation of crime

- basis of DNA profiling and its historical development; DNA database
- cell structure – chromosomes, DNA sequences, genetic code
- polymerase chain reaction (PCR), short tandem repeats (STR), mitochondrial DNA
- samples analysed, methodology, analytical issues
- presentation of DNA evidence in court

27. Forensic toxicology

Role of the forensic toxicologist

- clinical and post mortem toxicology
- nature of drugs and poisons; medicines legislation – Poisons Act, Medicines Act
- overdose of prescribed medication; adverse drug reactions
- samples analysed and equipment used – blood, urine, hair, saliva
- problems in interpretation; presentation of evidence

28. Alcohol and alcohol related offences

Chemistry and physiological effects of alcohol and the basis of road traffic legislation

- chemistry of alcohol and nature of alcoholic drinks
- absorption, breakdown and excretion of alcohol in the body, and factors affecting:
 - measurement of alcohol levels – blood, urine, breath
 - road traffic offences

29. Drugs of abuse

Categories and effects of abused drugs and the legislation controlling them

- definition of an abused drug; abuse statistics
- drug legislation and penalties – Misuse of Drugs Act
- opiates – heroin, methadone; benzodiazepines
- stimulants – cocaine, amphetamines, ecstasy
- hallucinogens; volatile substances
- 'new' drugs
- drugs and driving; drugs in sport

Section G

Other forensic specialities

30. Forensic odontology

Role of dentistry in forensic work

- use in identification and in examination of bite marks
- identification – single body / mass fatalities; ante mortem and post mortem data; role of radiology
- systems of dental charting; age estimation; DNA analysis
- bite marks – recognition, recording, interpreting, comparison with suspect
- possible conclusions, presentation of evidence in court

31. Forensic archaeology, anthropology, botany and entomology

Other scientific specialities that may be involved in crime investigation

- forensic archaeology – location of buried bodies; techniques used, soil analysis
- forensic anthropology – examination of the skeleton – identification, disease, trauma
- forensic botany – examination of vegetation, pollen, stomach contents
- forensic entomology – flies, maggots

32. Forensic expertise in an international setting

Appreciating the contribution of forensic specialists in major disasters and war crimes investigations

- using forensic expertise in victim identification and documentation of injuries
- concept of war crimes, development of international law and forensic involvement
- specific applications of forensic archaeology, anthropology and pathology
- presentation of evidence; international courts

Section H

The law as it relates to forensic practice

33. Legal systems of the United Kingdom

Understanding the sources and structures of the law of the UK, the differences between jurisdictions, the personnel involved, and the structure of the courts

- civil versus criminal; adversarial versus inquisitorial
- different legal systems in UK
- legal personnel – solicitors, magistrates, advocates/barristers, sheriffs, judges

34. Prosecution of crime in Scotland

How crime in Scotland is investigated and prosecuted through the courts

- structure and responsibilities of the Crown Office and Procurator Fiscal Service; the Law Officers
- criminal court structure in Scotland – district, sheriff and high courts; jurisdiction and powers
- role of the Procurator Fiscal in a criminal investigation; relationship with the Police
- initial procedures, court appearance, committal, time limits
- decisions on trial – summary or solemn; level of court; indictment; citation of witnesses
- preparation of case for trial – reports, witness statements, precognition
- conduct of trial – type of witnesses, presentation of evidence, cross examination

35. Prosecution of crime in the rest of the United Kingdom

How crime is investigated and prosecuted in England, Wales and Northern Ireland

- Crown Prosecution Service; relationship with the police
- criminal court structure in England and Wales – magistrate and crown courts
- Police and Criminal Evidence Act
- initial procedures, court appearance, time limits
- preparation of case for prosecution
- conduct of trial – opening speech, witness evidence

36. Role of the defence in criminal prosecutions

The role of an accused person's defence team in a criminal prosecution

- rights of the accused person and access to legal assistance
- role of defence primarily to test the prosecution case and the evidence submitted
- defences of diminished responsibility, provocation, alibi, self-defence, incrimination, insanity
- disclosure of prosecution reports and statements
- commissioning of own investigations and experts; limitations of examinations

37. Expert witnesses and the presentation of scientific evidence

The role and responsibilities of the expert witness

- distinction from other witnesses; opinion evidence; who decides
- qualifications – registration; Frye and Daubert tests
- responsibilities – independent, unbiased, expertise, clarity, disclosure
- position in other countries