



# The Society of Apothecaries of London

## Guide to the Diploma in Medical Jurisprudence (DMJ) 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 DMJ Examination will continue to change to reflect developments in medicine. While every attempt has been made to ensure that this version of the DMJ Examination Regulations and Syllabus is accurate, further changes to the DMJ examination, the Regulations and closing dates may be implemented during this time. Candidates should refer to the Society of Apothecaries website ([www.apothecaries.org](http://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.

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## INTRODUCTION

The Examination for the Diploma in Medical Jurisprudence is divided into two parts:

**Part I: The Primary Examination**, in basic matters related to all branches of medico-legal practice, which does not carry a Diploma.

**Part II: The Final Examination**, which may be taken in either or both of these disciplines:

- a. Clinical - qualifying as DMJ (Clin)
- b. Pathology - qualifying as DMJ (Path)

The odontology option was withdrawn in 2009. Potential odontology candidates who have passed Part I should contact the Registrar.

The Examinations are open to registered medical and dental practitioners who have had experience of medico-legal practice.

Courses in Forensic Medical Sciences are held in Glasgow and London. Enquiries should be addressed directly to:

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## DATE AND PLACE OF THE EXAMINATION

Each part of the examination is held annually. With the exception of the Pathology practical, which is held at a mortuary, the examination takes place at Apothecaries' Hall (for address refer to front cover).

## EXAMINATION TIMETABLE AND FEES

Please refer to the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org)).

## REGULATIONS FOR ADMISSION TO THE EXAMINATION

1. Candidates must have possessed a qualification for at least **three years** and be registered with the General Medical Council to practise Medicine, Surgery and Obstetrics & Gynaecology in the United Kingdom **OR** with the General Dental Council to practise Dental Surgery.
2. Medical graduates who have qualified outside the United Kingdom (UK) who are not registered with the General Medical Council in the UK, but who are registered with an equivalent national medical council, may be admitted to the examination with the approval of the Court of Examiners if they have complied with all the other requirements of the Regulations.

### Admission to Part I

3. Form A (for those applying to Part I for the first time) or Form R/I (for re-entrants) and the fee must be received by the closing date published in the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org)).
4. Candidates must show evidence of experience of medico-legal practice and demonstrate the potential to acquire the full experience necessary for admission to Part II.
5. **Exemption from Part I:** The scheme for exemption from Part I of the examination has been withdrawn, with effect from 1 April 2006.

### Admission to Part II

6. Form B (for those applying to Part II for the first time) or Form R/II (for re-entrants), the casebooks and the fee must be received by the closing date published in the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org)).

### Clinical

7. Candidates must produce evidence of not less than *three years'* experience in an occupation requiring the practical application of criminal and/or civil law to a degree unusual in normal medical practice. Candidates must have passed, or been exempted from, Part I within the last 3 years (5 years for candidates passing Part I prior to 31 March 2006).
8. Suitable appointments include:
  - HM Coroner or Deputy;
  - HM Prisons and similar establishments;
  - HM Constabulary;
  - Academic Centres of Forensic Medicine;
  - Medical Defence Societies;
  - Accident & Emergency Hospital Departments;
  - Forensic Psychiatrists;
  - Medical advisers to the courts or legal profession;
  - Certain medical advisers in the field of refugees, occupational medicine or insurance.

### Pathology

9. Candidates must produce evidence of not less than *three years'* experience in a recognised department of pathology or forensic medicine. During this period candidates must have performed autopsies including examples of the various forms of trauma and unnatural deaths. Candidates must have passed, or been exempted from, Part I within the last 3 years (5 years for candidates passing Part I prior to 31 March 2006).

## THE EXAMINATIONS

10. **Part I – Primary:** The examination will consist of:
  - 2 hour essay paper
  - 2½ hour short answer paper
  - 30-minute oral examinationSee para 29 for a detailed breakdown of the papers.
11. **Part II - Final - Clinical:** The examination will consist of:
  - Case book containing details of 10 cases;
  - 2 hour essay paper;
  - 2½ hour short answer paper;
  - 30-minute oral examination, during which the casebook may be discussed.See paras 30-51 for a detailed breakdown of the papers and casebook
12. **Part II - Final – Pathology:** The examination will consist of:
  - Case book containing details of 10 cases;
  - 2 hour essay paper;
  - 2½ hour short answer paper;
  - Practical and oral examination in a mortuary, during which the casebook may be discussed.See paras 30-51 for a detailed breakdown of the papers and casebook
13. Scripts must be legible. If two examiners cannot decipher the handwriting, the script will be dismissed.
14. For Part II candidates, case books will be marked in the eight weeks prior to the examination and those candidates whose work fails to reach a minimum standard will not be permitted to sit the final examination. Part of the fee will be refunded in this case.
15. Candidates must attempt all sections of the relevant Part at each entry.
16. Candidates who are successful at the Part II examination are entitled to use the abbreviation DMJ (Clin) or (Path), as appropriate, after their names.
17. Candidates who have passed Part I but who are not successful at, or do not attempt, Part II within 3 years (5 years for those passing Part I prior to 31 March 2006) must retake and pass Part I before admission to Part II. Those candidates who fail 4 attempts at Part II will be required to retake Part I before further admission to Part II.
18. The examination fee will be determined from time to time by the Court of Assistants and published in the **Administrative Guidance for Candidates** ([www.apothecaries.org](http://www.apothecaries.org)). Candidates who withdraw from the examination after the closing date will forfeit a proportion of the fee.
19. Candidates will be issued with an admission document once a place for the examination has been confirmed. This must be produced on the day of examination, along with some form of photographic identification.
20. On the day of the written examination, candidates are forbidden to bring books, papers, calculators, mobile phones 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.
21. 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.
22. 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.

23. Candidates' completed examination scripts become the property of, and will be retained by, the Society. Under no circumstances will they be available for study.

## REVIEW AND APPEAL PROCEDURES

24. The stages of the review and appeal procedures are as follows:

- Feedback – first, compulsory stage;
- Re-mark – second, optional stage;
- Appeal – third, optional stage.

25. **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.

26. **Re-mark (optional).** A request by a candidate for a re-mark of a paper must be received in writing within 28 days of the receipt of feedback. A request for a re-mark cannot be made without first going through the feedback stage. There is a fee of £150 for a re-mark.

27. **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 28 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.

28. 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.

29. The processes outlined in paragraphs 23-27 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

## WRITTEN PAPERS

30. **Part 1:** The Part I written papers are set as follows:

**Paper 1: essay** (2 hours)                      4 questions (1 clinical, 1 pathology, 2 general)  
2 questions to be answered

**Paper 2: short answers** (2½ hours)        15 questions (5 clinical, 5 pathology, 1 odontology, 4 general)  
10 questions to be answered

31. **Part II:** The Part II written papers are set as follows:

**Paper 1: essay\*** (2 hours)                      3 questions  
2 to be answered

**Paper 2: short answers** (2½ hours)        6 questions  
4 to be answered

\*In Paper 1 for the Part II examination, questions may take the form of a structured scenario rather than a traditional essay

## CASEBOOKS (Part II only)

32. Candidates are required to present a casebook for entry to Part II. The casebook must demonstrate personal involvement in **10 cases**, each of which is pertinent to the syllabus. As wide a spectrum of cases as possible will be expected.
33. Where candidates work in very specialised fields and a number of similar cases have been used to illustrate different parts of the syllabus, **at least 3 cases** must be out of the specialist area (If necessary such experience can be gained by shadowing a police surgeon.)
34. The anonymity of cases **MUST** be preserved wherever possible. **Clinical candidates:** the case book must be authenticated by an appropriate senior professional; The examiners are interested in current practice and candidates should consider including two reports that they have written for a court, where this is relevant to the case. If the report is long, then extracts from the report will be acceptable. **Pathology candidates:** the case book must be authenticated by court reference or Head of Department or Dean of the medical school
35. Those candidates taking multi disciplines at Part II are required to submit a casebook for each subject.
36. The casebook should include a title page with the following:

<p style="text-align: center;"><b>Diploma in Medical Jurisprudence</b></p> <p style="text-align: center;">Clin/Path</p> <p style="text-align: center;">Candidate name</p> <p style="text-align: center;">Date (e.g. 26 June 2009)</p>
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37. The casebooks must be submitted no later than the deadline published in the **Administrative Guidance to Candidates** ([www.apothecaries.org](http://www.apothecaries.org)). Candidates are required to submit **two** printed (informal) version and one electronic copy (see regulations 41 – 47 for further details).
38. The book will be scrutinised by the examiners with particular reference to diversity of material, logical presentation and description of cases, together with relevant discussion.
39. All casebooks will become the property of, and will be retained by, the Society.
40. Where the candidate has failed overall, if the examiners consider that the casebook is of sufficient merit it may be re-submitted for one re-examination only. Under all other circumstances the candidate must produce a casebook of fresh cases for re-examination.

## REFERENCES

41. 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 list of references should be arranged at the end of each case in numerical order.
42. Biomedical references should use the Vancouver style:
43. **[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.

**[for Books]**



## THE MARKING SYSTEM

53. A close marking system is used for both parts of the Diploma examination using the gradings shown below. The examination is divided into sections as follows:

- Part I** Paper 1; Paper 2; Oral  
**Part II** Paper 1; Paper 2; Casebook; Oral (and practical for Pathology)

54. A mark of 40 in any section is an outright fail. The pass mark is 150 (50 x 3) in Part I and 200 (50 x 4) in Part II, and one compensatable fail is allowed provided the pass mark is attained.

60 Excellent Pass	Very few errors of omission or commission. First class knowledge of the subject. Clear thinking about interpretation and procedure. Well read and alert to developments in law and medical practice. Well presented and lucid case book with an excellent selection of cases, which are discussed concisely.
55 Good Pass	Sound knowledge of medico-legal practice. More often correct than incorrect in discussing procedures and techniques. Occasional errors in interpretation of findings but none serious. A good case book with an appropriate spread of cases containing reasoned discussion and good references.
50 Pass	Reasonable knowledge of medico-legal practice with errors of interpretation but a general understanding of the subject. Case book containing some similar cases with a weak commentary or significant errors in discussion; of average presentation.
45 Compensatable Fail	An adequate factual knowledge but an overall lack of understanding. Significant amounts of irrelevant material included. Muddled thinking and requires prompting. Case book of average presentation, with inappropriate or repetitive cases, poor or incorrect discussion and inadequate references.
40 Fail	Many serious gaps in medico-legal knowledge, some crucially flawed in both legal and medical concepts. Little evidence of logical thought. Disorganised and unable to communicate ideas or knowledge. An incorrectly bound or scruffy case book with inappropriate or repetitive cases and inadequate comment or discussion.

## SYLLABUS: Part I (GENERAL)

55. 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:
- a. **The history and development of medical or dental jurisprudence.** A survey of current legal practice in other countries. Contemporary legal practice in the United Kingdom and the regional differences including the types and functions of the Courts and those officiating. Legal terms and definitions, case law; law reform. The ethical standards and legal requirements governing medical or dental practice. The medical or dental practitioner as a legal witness. Preparation of statements and medico-legal reports.
  - b. **Medical or dental aspects of the law** with special reference to the Acts dealing with offences against the person; infanticide and child destruction; poisons and drugs; medical or dental practice; National Health Service; the General Medical Council or General Dental Council; mental health; road traffic; factories; coroners; registration of births and deaths; cremation procedure; health and safety at work; protection of children and young persons; sexual offences; removal and transplantation of human tissues; crimes of violence; fatal accidents and homicide.
  - c. **General medico-legal investigation (pathological and clinical or dental).** Methods to establish the post-mortem interval. Duties at the scene of crime, preservation of evidence and medico-legal and scientific reports. Relation with, and function of, the Coroner and Police in crimes against the person. Methods of identification. Medico-legal aspects of pregnancy and sexually oriented crimes and death. Interpretation of wounds and injuries. Recognition of poisoning and intoxication. The sources of common poisons and the general principles of their pathological action.
  - d. **Specimen handling.** The general principles of collection, packaging, transmission and evidential value of medico-legal specimens.

## **SYLLABUS: Part II (CLINICAL)**

56. Candidates will be expected to demonstrate knowledge of the practical application of all forms of medico-legal expertise as follows:
- a. Practical considerations in liaising with court officials, advocates, solicitors, police officers, prison officers, forensic scientists, social workers, forensic pathologists, forensic odontologists, forensic psychologists and other medical colleagues.
  - b. The examination of police personnel in relation to the special physical and mental requirements of the service.
  - c. Practical considerations in the examination of persons with particular reference to: consent; the unconscious patient; the intoxicated patient; negligence; professional secrecy; documentation; photography and other forms of recording; disposal; and liaison with the Social Services. Treatment and safeguards of those detained in custody.
  - d. The role of the clinical forensic physician at the scene of a medico-legal incident, especially suspected homicide.
  - e. The examination of injured persons with particular reference to the examination, documentation and interpretation of those injuries. The special conditions necessary in cases of mass civil disobedience/disorder.
  - f. The interpretation of injuries caused by firearms, explosives and fire.
  - g. The particular considerations in the examination of all parties in cases of alleged sexual assault.
  - h. The practical considerations in the examination of suspected non-accidental injury and sexual abuse in children, including the means of preventing further injury.
  - i. The particular considerations in the diagnosis, management and disposal of those suspected of drug and substance abuse.
  - j. The clinical findings, management and differential diagnosis in cases of alcohol intoxication, including the special requirements in cases of impairment of driving due to drink and/or drugs.
  - k. The clinical features, management and disposal in cases of mental illness.
  - l. The features, treatment and management of acute and chronic poisoning.
  - m. The practical considerations of all aspects in the collection of specimens, type of container, identification, storage, disposal of samples, interpretation of results.
  - n. Medico-legal aspects of death, estimation of time of death.
  - o. The compilation of reports and statements. Behaviour in Court.

## **SYLLABUS: Part II (PATHOLOGY)**

57. Candidates will be expected to demonstrate knowledge of the practical application of all forms of medico-legal expertise as follows:
- a. The medico-legal examination at the scene of a possible crime; collection of trace and other evidence; preservation of material; the medico-legal autopsy and preparation and presentation of autopsy and laboratory reports.
  - b. The medico-legal aspects of blunt and sharp injuries, gunshots, asphyxiation, physical agents, sudden natural death in adults and children, common industrial diseases, poisoning (acute and chronic), iatrogenic diseases (including surgical and anaesthetic mishaps) and miscellaneous specialties such as:
    - i. Paediatrics
    - ii. Obstetrics
    - iii. Orthopaedics
    - iv. Neurology and Psychiatry
    - v. Radiology and Radiotherapy
    - vi. Anthropology
  - c. Exhumation and identification of human remains, including methods of reconstruction.
  - d. The pathologist's role in major incidents involving multiple deaths.
  - e. Use of photography and radiographs in medico-legal investigation and an understanding of modern analytical methods and serological techniques (including disputed paternity); microscopical techniques; forensic odontology; and other special techniques.
58. The practical examination will consist of an autopsy with report, conclusions and proposed further investigation. Candidates may also be examined on microscopy, gross specimens and X-rays.