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

The DMJ (Pathology) examination will continue to change to reflect developments in medicine. While every attempt has been made to ensure that this version of the DMJ (Pathology) Guide to the Diploma including the Regulations and Syllabus is accurate, further changes to the DMJ (Pathology) examination, the Regulations and closing dates may be implemented. 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 check the Society website regularly.
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INTRODUCTION

The Examination for the Diploma in Medical Jurisprudence (Pathology) consists of a:

a. Casebook of 10 autopsy cases;
   b. Written examination paper; and
   c. Practical autopsy examination and viva (oral).

The Examination is open to registered medical practitioners who have had experience of forensic pathology practice.

DATE AND PLACE OF THE EXAMINATION

The examination is held annually at one of the examination centres approved by the Society. There are currently three centres:

1. Belfast;
2. Glasgow; and
3. Liverpool.

EXAMINATION TIMETABLE AND FEES

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

EXAMINATION DURATION

The overall examination (written, practical and viva) will take place at an examination centre over 2 consecutive days.
REGULATIONS FOR ADMISSION TO THE EXAMINATION

1. Candidates must have possessed a medical qualification for at least 4 years at the time of application and be fully registered with the General Medical Council (GMC). Candidates should also have been issued with a Licence to Practise by the GMC.

2. Medical graduates who have qualified outside the United Kingdom (UK) and who are not registered with the GMC in the UK, but who are registered with an equivalent national medical council or board, may be admitted to the examination with the approval of the Examinations Board if they have complied with all the other requirements of the Regulations. Proof of current registration in English, or an English translation certified by an appropriate authority (not the applicant), must be submitted with the application form.

Application

3. Applicants should complete Form A (for those applying for the first time) or Form R (for re-entrants). The casebook and the fee must have been received by the closing date published in the Administrative Guidance for Candidates (available online at www.apothecaries.org).

N.B. Potential applicants should note the requirement to submit for approval in advance of the application date the details of the proposed cases; see the section on “Casebooks” and in the Administrative Guidance for Candidates for more detail.

4. If applicable, Form Q (Application for Special Examination Arrangements) must have been received by no later than 4 weeks before the application deadline for the examination, published in the Administrative Guidance for Candidates.

Requirements for Admission

5. Candidates must produce evidence of not less than 3 years’ experience in a recognised department of pathology, forensic pathology, forensic medicine or legal medicine. During this period candidates must have personally performed autopsies, including examples of the various forms of trauma and unnatural deaths. A section on the application form for counter signature by e.g. medical employer/director of institute/consultant in administrative charge is provided for this purpose.

6. Precision in communication is essential. The examination is conducted in English. Candidates must have demonstrable skills in listening, reading, writing and speaking in English that enable effective communication in clinical practice with patients and colleagues, as set out in Domain 3 of the GMC’s Good Medical Practice (2013). Precision in communication and legibility of handwriting are therefore essential.

THE EXAMINATION

7. The examination will consist of a:

   a. Casebook of 10 autopsy cases;
   b. Written examination paper; and
   c. Practical autopsy examination and viva (oral) in a mortuary.

See the relevant sections for details of the casebook and written paper.
8. Scripts must be legible. If 2 examiners cannot decipher the handwriting, the script will be dismissed.

9. Casebooks will be marked within the 4 weeks following the application deadline using the guidelines at Appendix 1. Three outcomes are possible:
   a. Acceptable;
   b. Acceptable subject to modification; and
   c. Unacceptable.

10. Those candidates whose casebook is assessed as requiring amendment will be given feedback to enable them to make the amendments. The amended casebook must be re-submitted and received by 16 weeks before the practical examination. Candidates failing to meet this deadline will not be permitted to take the written and the practical examination on that occasion.

11. Those candidates whose casebook fails to reach a minimum standard will not be permitted to take the written and practical components of the examination on that occasion. Part of the fee will be refunded in this case. They will be required to submit a revised casebook comprising 10 different cases for a subsequent examination.

12. A example case to provide guidance on content is available on application to the Registrar; it must be used only for the purpose for which is it supplied and only by the candidate to whom it has been sent, and must be stored appropriately.

13. The written examination, practical and oral will be taken together. Candidates must pass all components of the examination listed above to achieve an overall pass.

14. Candidates who are successful at the examination are entitled to use the abbreviation DMJ (Path) after their names.

15. The examination fee will be determined from time to time by the Examinations Board and published in the Administrative Guidance for Candidates (www.apothecaries.org). Candidates who withdraw from the examination after the closing date will forfeit a proportion of the fee.

16. Candidates will be issued with an admission document once admission to the examination (written paper and practical/viva) has been confirmed. This must be produced on the day of the examination, along with some form of official photographic identification.

17. 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 the examination is in progress.

18. 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.
19. 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 Examiner or an officer of the Society.

20. 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

21. The processes outlined in the paragraphs below will be dealt with according to the Examination Review and Appeal Procedures, which are available to download. In no circumstances should a candidate make representations directly to an examiner.

22. The stages of the review and appeal procedures are as follows:
   a. Feedback – first, compulsory stage;
   b. Review – second, optional stage;
   c. Appeal – third, optional stage.

23. 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.

24. Review (optional). A request by a candidate for a review of a paper must be received in writing within 28 days of the receipt of feedback. A request for a review cannot be made without first going through the feedback stage. There is a fee of £150 for a review.

25. 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 Review 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 20 below). The appeal must be received in writing within 28 days of the candidate being notified of the feedback or review report. It is not necessary to seek a review before appealing. There is a fee of £150 for an appeal.

26. 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.

CASEBOOKS

27. Candidates are required to present a casebook for entry to the examination. The casebook must demonstrate substantial personal involvement in 10 cases, each of which is pertinent to the syllabus. As wide a spectrum of cases as possible will be expected, demonstrating a range of natural and unnatural deaths. This must include at least one example each of accident, suicide, homicide and natural death. It is not necessary to include the complete post mortem report; the information provided should be confined to that which is strictly relevant. It is essential to produce a detailed discussion of each case critically analysing the findings where relevant in the light of contemporary, published literature. Case reports need not be of the same length; the important point is that all the information is included.
28. In order that candidates proceed along appropriate lines, the proposed cases should be submitted for approval using the template at Appendix 2. This step must be taken in advance of applying for the examination; for details of the deadlines applicable, see the Administrative Guide for Candidates, available to download.

29. The anonymity of cases MUST be preserved wherever possible e.g. by removing personal details of the deceased and/or obliterating any part of a photograph that might identify the deceased. The casebook must be authenticated by the candidate’s Head of Department or Dean of the Medical School. Advice on authentication can be given by the Registrar of the Society if necessary.

30. Time limits for when a case has been performed are not specified. If an older case is used, the candidate must ensure that it is referenced to current/relevant literature as appropriate. However, the casebook must contain one or more recent cases to demonstrate to the examiners that the candidate is still engaged in conducting autopsies and is working in an appropriate and recognised department or facility.

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

Diploma in Medical Jurisprudence
(Pathology)
Candidate name
Date (e.g. 26 June 2014)
Word count: e.g. 19,053

DECLARATION OF ORIGINALITY

32. Candidates must make and sign a declaration such as the one given below. It must be incorporated into the casebook.

Declaration of Originality

Name: ............................

I certify that this casebook is entirely my own work and free from plagiarism.

Signed ............................ Date .....................
PLAGIARISM

33. Plagiarism is the presentation of another person’s thoughts or words as if they were the writer’s own. If another person’s work is quoted, it must be acknowledged 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. “...”.

34. This also applies to 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 the original source is referenced and the paraphrasing is not extensive.

35. 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.

NB. The work of any candidate who is found to have plagiarised material in the casebook will be rejected.

DESPATCH

36. The casebooks must be submitted by recorded delivery or courier (to maintain confidentiality) to arrive no later than the deadline published in the Administrative Guidance for Candidates (www.apothecaries.org). Candidates are required to submit 3 printed (informal) versions (see the section “Production of Casebooks for more detailed information).

ASSESSMENT

37. The casebook will be scrutinised by the examiners with particular reference to diversity of material, logical presentation, description and appropriate illustration (including photographs) of cases, and reasoned and relevant discussion in the form of a commentary/opinion section, quality of references and presentation (spelling, grammar and punctuation).

38. All casebooks will become the property of, and will be retained by, the Society.

39. Where the candidate subsequently fails the practical/viva examination, and if the examiners consider that the casebook is of sufficient merit, the pass may be retained for one re-examination only. Under all other circumstances the candidate must produce a revised casebook for re-examination, taking account of feedback from the examiners.

REFERENCES

40. 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.
41. Biomedical references should use the Vancouver style:

[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]

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

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

42. 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’s ‘Index to Legal Citations and Abbreviations’).

PRODUCTION OF CASEBOOKS

43. In order that a useful library of casebooks in a standard format may be developed, casebooks should be produced in accordance with the information set out in this Guide and it is important that this information is strictly adhered to. Casebooks not in this format may be rejected by the Examinations Board.

REQUIREMENTS FOR THE PRINTED VERSIONS

44. **Printing** - Casebooks 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. Casebooks should not exceed 22,000 words including references and diagrams, and the word count should be stated on the title page, as indicated in the example illustrated above.

45. **Headers and footers** – The candidate’s name 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.

46. **Binding of informal copies** – 3 informal copies of the casebook must be submitted by the deadline published in the *Administrative Guidance for Candidates* (www.apothecaries.org). Candidates should have all 3 copies bound by a printer using a soft (e.g. spiral) binding. This is an inexpensive way of ensuring that pages are not mislaid during the marking process.

47. **Binding of final copy** – On successful completion of the examination, candidates must have one copy of their casebook bound in a hard case cover with a buckram-type cloth. Covers should be black with gold lettering on the spine only. The wording should be as follows:
DMJ (Pathology)  
Month [and] Year [Of the examination]  
Name [Vertically on the spine if necessary]

48. This bound copy will be retained by and become the property of the Society. Candidates will not be awarded their Diploma until this copy is received.

WRITTEN PAPER

49. The written paper will usually be held on the afternoon of Day 1 of the examination.

50. The written paper will consist of 5-10 compulsory questions and will last 3 hours. The paper is designed to demonstrate the candidate’s knowledge of forensic pathology including current and controversial forensic pathology subjects. Candidates will also be expected to demonstrate an ability to deal with complex scene/death examination, controversial deaths and management of mass fatalities.

THE AUTOPSY (POST-MORTEM EXAMINATION) COMPONENT

51. Candidates will be expected to conduct a full autopsy including evisceration on Day 2 of the examination. Candidates will also be required to prepare a short, written review of the case incorporating:

a. The principal autopsy findings;
b. The appropriate investigations to be carried out;
c. A short commentary on the significance of the findings; and
d. A provisional cause of death.

Candidates will also be required to present the autopsy findings orally to the examiners.

The time allowed is 3 hours for the autopsy and written review, and a further 30 minutes for the presentation of findings and discussion with the examiners.

52. Examiners will consider the following criteria:

a. External examination and evisceration.
   i. Description of external features (rigor, hypostasis, etc.)
   ii. Description of external marks, injuries, scars, etc.
   iii. Technical competence overall (including ability to eviscerate)

b. Internal examination and dissection.
   i. Ability to dissect internal organs.
   ii. Demonstration of pathology.
   iii. Taking of appropriate samples.
c. Presentation and interpretation of findings and formulation of cause of death, both orally and in the short, written review.

i. General presentation of case.
ii. Interpretation of findings and understanding of their significance.
iii. Clinico-pathological correlation if appropriate.

THE MARKING SYSTEM

53. Candidates must achieve a pass standard in all component parts of the examination to obtain an overall pass.

54. The standard required is criterion referenced by the Examination Committee. The Committee then determines the overall standard for the examination by the standard that must be gained with reference to a global score using a standard procedure.

CASEBOOK

55. The casebook will be assessed by 2 examiners, using the following criteria (see Appendix 1):

a. Construction of case;
b. Presentation of case (including illustrations / photographs)
c. Assembly of ideas;
d. Reflective analysis (contained within a commentary/opinion);
e. References.

56. The casebook will be assessed as falling into one of 3 categories:

a. Acceptable;
b. Acceptable subject to modification; and
c. Unacceptable.

See paragraphs 8 and 9 for information on casebooks assessed as b. or c.

57. David Gee Prize. Casebooks of exceptional merit will be considered for the award of the British Association in Forensic Medicine’s David Gee Prize.

FEEDBACK

CASEBOOK:

58. Feedback for casebooks that are assessed as other than acceptable will include:

a. Construction of case;
b. Presentation of case;
c. Assembly of ideas;
d. Any other recommendations for improvement that the examiners feel might be helpful.
WRITTEN PAPER

59. Feedback for the written paper will cover areas that were not answered to a sufficient standard, and if appropriate may include omissions and/or errors of fact.

AUTOPSY

60. Feedback for the autopsy will indicate areas that were carried out to a less than satisfactory standard, with the aim of enabling candidates to identify areas for improvement.

SYLLABUS

61. 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 suspicious death; collection of trace and other evidence; preservation of material; the medico-legal autopsy and preparation and presentation of autopsy and laboratory reports, including preparing opinions on autopsy findings.

b. The medico-legal aspects of blunt and sharp injuries, gunshot wounds, asphyxiation, physical agents, sudden death in adults and children (including sudden infant death syndrome and non-accidental injury), common industrial disease, poisoning (acute and chronic), iatrogenic diseases (including surgical and anaesthetic mishaps), head injuries, effects of heat, cold and deaths associated with immersion.

c. Exhumation and methods of identification of human remains, including methods of reconstruction.

d. The pathologist’s role in major incidents involving multiple deaths including terrorist incidents.

e. Use of photography; other methods of imaging in medico-legal investigation; microscopy techniques; forensic odontology; and other special techniques.

f. Determination of the postmortem interval and the limitations of methods used.

g. Medico-Legal Issues:

Candidates will be expected to have a theoretical knowledge of the legal principles applicable to pathologists working in the United Kingdom.

This includes an understanding of the UK medico-legal systems in so far as they cover instructions to pathologists.

Candidates will also be expected to have some understanding of the Code of Practice and Performance Standards for Forensic Pathologists, published by the Home Office and Royal College of Pathologists.
Candidates will be expected to have an understanding of Health and Safety procedures and their impact on work in mortuaries and on other personnel attending autopsies.

Candidates will be expected to have an understanding of the legal principles applicable to pathologists in the United Kingdom, including the principles relating to the retention of tissue at autopsy.

MRS J M E MACLEAN
Registrar
## Casebook Marking Criteria

The casebook is marked against the following criteria:

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<tr>
<th></th>
<th>Acceptable</th>
<th>Acceptable subject to modification</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of cases</strong></td>
<td>A good mix illustrating different problems</td>
<td>Some cases illustrating the same problems</td>
<td>Cases do not show broad experience across the specialty</td>
</tr>
<tr>
<td><strong>Construction</strong></td>
<td>Good division into cases, well laid out with brief introduction and summary</td>
<td>Poor layout making it difficult to follow, but essentials of cases are clear</td>
<td>Cases merged or inadequately separated</td>
</tr>
<tr>
<td><strong>Use of English</strong></td>
<td>Clear, appropriate use of English, properly spell-checked. Occasional typo acceptable.</td>
<td>Obvious typos but not too many. Poor English grammar (though bear in mind candidates for whom English is not first language – meaning must be clear).</td>
<td>Too many typos, meaning obscured by poor use of English</td>
</tr>
<tr>
<td><strong>Description of findings</strong></td>
<td>Clearly described findings, with emphasis on those which are important</td>
<td>Main findings present but not always clearly laid out, described or highlighted</td>
<td>Poorly described findings, with perhaps poor listing, undue rigidity of style, or unnecessary negative detail</td>
</tr>
<tr>
<td><strong>Understanding of pathological processes</strong></td>
<td>Clear understanding of the pathology being presented and of its significance in the case</td>
<td>Some errors in interpretation of pathology, leading to possible questionable conclusions</td>
<td>Serious errors in appreciation of basic pathological processes, leading to poor or wrong interpretation of findings</td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td>Discussion places cases in the context of literature</td>
<td>Excessive or patchy discussion of cases. Insufficient reference to literature, but essentially shows has understood underlying pathology and impact on clinical management</td>
<td>Inadequate discussion with no reference to literature or missing important work in the area. Conclusions stated which cannot be drawn from case history.</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>Standard style, adequate coverage of literature</td>
<td>Standard style, but insufficient references to reality over the literature, although main work referenced.</td>
<td>Non-standard style, missing or incorrect references</td>
</tr>
<tr>
<td><strong>Illustrations</strong></td>
<td>Clear, well-labelled illustrations pertinent to the text</td>
<td>Poor labelling of illustrations or poor use of appropriate illustrations</td>
<td>Illustrations that are irrelevant to the case or do not add to the case history</td>
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</table>
“27. Candidates are required to present a casebook for entry to the examination. The casebook must demonstrate substantial personal involvement in 10 cases, each of which is pertinent to the syllabus. As wide a spectrum of cases as possible will be expected, demonstrating a range of natural and unnatural deaths. This must include at least one example each of accident, suicide, homicide and natural death. It is not necessary to include the complete post mortem report; the information provided should be confined to that which is strictly relevant. It is essential to produce a detailed discussion of each case critically analysing the findings where relevant in the light of contemporary, published literature. Case reports need not be of the same length; the important point is that all the information is included.”

Example:
Type of case – Gunshot wound to the head
Discussion – to centre on whether suicide or homicide
Date – 20 September 2014

<table>
<thead>
<tr>
<th>Case</th>
<th>Type of case / Discussion</th>
<th>Date of autopsy</th>
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</table>

Please send the completed document to:

Asstreg@apothecaries.org

or by post to the address at the beginning of this Guide, marked for the attention of the Assistant to the Registrar.