



The Society of Apothecaries of London

Guide to The Diploma in Medical Jurisprudence (Pathology) (DMJ (Path)) 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 (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. Two written examination papers; and
- c. Practical autopsy examination and associated 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 5 centres:

1. Belfast;
2. Edinburgh;
3. Liverpool;
4. London; and
5. Newcastle.

EXAMINATION TIMETABLE AND FEES

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

EXAMINATION DURATION

The overall examination (written and practical) 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 dates 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 by the deadline published in the Administrative Guidance for Candidates the details of the proposed cases; see the section on “Casebooks” in this Guide and 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 conducted full, invasive 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. Two, written examination papers; and
 - c. A practical autopsy examination and associated oral in a mortuary.

See the relevant sections for details of the casebook and written papers.

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 modification will be given feedback to enable them to make the amendments. The modified 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 examinations 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 and practical examinations 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 papers and practical/oral) 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 Examinations Board 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 below will be dealt with according to the Examination Review and Appeal Procedure, which is available on the website. In no circumstances should a candidate make representations directly to an examiner.
22. The stages of the review and appeal procedures (which are on the examination area of the website) are as follows:
 - a. Feedback – first, compulsory stage;
 - b. Review – second, optional stage;
 - c. Appeal – third, optional stage.
23. **Feedback (compulsory).** The feedback process operates through the Registrar. Feedback on examination performance may 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 date of the result letter.
24. The Registrar has authority to pass to the candidate a breakdown of the results of each section of the examination where this is not provided with the result letter. This information should be read in conjunction with the explanation of the marking scheme and the standard that is required to achieve a pass in the examination contained in the relevant Guide to the Diploma.
25. The Registrar can also relay a transcript of additional general advice directly to the candidate, if such advice is available. This is advice generated by the Examination Panel, which had been agreed at the time of the examination. The Registrar's role is to distribute the prepared information but not to interpret it.
26. There is no charge to the candidate for this service.
27. **Review (optional).** A request by a candidate for a review of a paper must be received in writing within 28 days of the date of the notification informing the candidate of the feedback. A request for a review cannot be made without first going through the feedback stage. There is a fee of £175 for a review.
28. **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, available to download, the detailed grounds on which the appeal is made must be stated. The appeal must be received in writing within 28 days of the date of the notification informing the candidate of the examination result or the review. It is not necessary to seek a review before appealing. There is a fee of £250 for an appeal.

29. 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 date of the notification informing the candidate of the decision of the Appeal Tribunal.

CASEBOOKS

30. 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.
31. In order that candidates proceed along appropriate lines, the proposed cases should be submitted for approval *using the template at Appendix 2*. For details of the deadlines applicable, see the Administrative Guide for Candidates, available to download.
32. 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.
33. 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.
34. The casebook should include a title page with the following:

<p style="text-align: center;">Diploma in Medical Jurisprudence</p> <p style="text-align: center;">(Pathology)</p> <p style="text-align: center;">Candidate name</p> <p style="text-align: center;">Date (e.g. 26 June 2015)</p> <p style="text-align: center;">Word count: e.g. 19,053</p>

DECLARATION OF ORIGINALITY

35. 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

36. 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. "...".
37. 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.
38. 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

39. 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

40. 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).
41. All casebooks will become the property of, and will be retained by, the Society.
42. Where the candidate subsequently fails any of the written or practical examinations, the pass may be retained for one re-examination only. Re-examination is required by 2 years from the original examination.

43. In the event that the second examination is also failed, a replacement casebook containing new cases will be required.

REFERENCES

44. 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.

45. 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*]

46. 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

47. 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

48. **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.
49. **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.

- 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.
 - iv. Formulation of Office of National Statistics cause of death.

THE MARKING SYSTEM

- 58. Candidates **must** achieve a pass standard in **all** component parts of the examination to obtain an overall pass.
- 59. 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

- 60. 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.
- 61. The casebook will be assessed as falling into one of 3 categories:
 - a. Acceptable;
 - b. Acceptable subject to modification; and
 - c. Unacceptable.

See paragraphs 9 and 10 for information on casebooks assessed as b. or c.

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

AUTOPSY

- 63. The autopsy will be assessed using the following criteria at Appendix 3.

FEEDBACK

CASEBOOK:

64. 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 PAPERS

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

AUTOPSY

66. 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

67. 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.
 - b. Collection of trace and other evidence, and preservation of material.
 - c. The medico-legal autopsy, including health and safety issues.
 - d. Preparation and presentation of autopsy and laboratory reports, including preparing opinions and autopsy findings.
 - e. Blunt force injuries.
 - f. Sharp injuries.
 - g. Gunshot wounds.
 - h. Head injuries.
 - i. Asphyxiation.
 - j. Physical agents.
 - k. Sudden death in adults and children (including sudden unexpected death in infancy and non-accidental injury).

- l. Common industrial diseases.
- m. Poisoning (acute and chronic).
- n. Iatrogenic diseases (including surgical and anaesthetic mishaps).
- o. Effects of the heat and cold.
- p. Deaths associated with immersion.
- q. Exhumation.
- r. Methods of identification of human remains, including determination of sex.
- s. The pathologist's role in major incidents involving multiple deaths, including terrorist incidents and mass shootings.
- t. The use of photography.
- u. The use of radiological imaging techniques in medico-legal investigation.
- v. The use and value of histology and other laboratory investigations such as microbiology, biochemistry, genetics, etc.
- w. Forensic odontology.
- x. Determination of post-mortem interval and the limitations of methods used.
- y. Medico-legal issues:

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

This includes an understanding of the United Kingdom medico-legal systems in so far as they cover instructions to pathologists, and the role of the General Medical Council.

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 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.

Casebook Marking Criteria

The casebook is marked against the following criteria:

	Acceptable	Acceptable subject to modification	Unacceptable
Type of cases	A good mix illustrating different problems	Some cases illustrating the same problems	Cases do not show broad experience across the specialty
Construction	Good division into cases, well laid out with brief introduction and summary	Poor layout making it difficult to follow, but essentials of cases are clear	Cases merged or inadequately separated
Use of English	Clear, appropriate use of English, properly spell-checked. Occasional typo acceptable.	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).	Too many typos, meaning obscured by poor use of English
Description of findings	Clearly described findings, with emphasis on those which are important	Main findings present but not always clearly laid out, described or highlighted	Poorly described findings, with perhaps poor listing, undue rigidity of style, or unnecessary negative detail
Understanding of pathological processes	Clear understanding of the pathology being presented and of its significance in the case	Some errors in interpretation of pathology, leading to possible questionable conclusions	Serious errors in appreciation of basic pathological processes, leading to poor or wrong interpretation of findings
Discussion	Discussion places cases in the context of literature	Excessive or patchy discussion of cases. Insufficient reference to literature, but essentially shows has understood underlying pathology and impact on clinical management	Inadequate discussion with no reference to literature or missing important work in the area. Conclusions stated which cannot be drawn from case history.
References	Standard style, adequate coverage of literature	Standard style, but insufficient references to reality over the literature, although main work referenced.	Non-standard style, missing or incorrect references
Illustrations	Clear, well-labelled illustrations pertinent to the text	Poor labelling of illustrations or poor use of appropriate illustrations	Illustrations that are irrelevant to the case or do not add to the case history

Proposed Cases for Casebook

“30. 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 2015

Case	Type of case / Discussion	Date of autopsy
1	Accident.	
2	Suicide.	
3	Natural death.	
4	Unnatural death.	
5		
6		
7		
8		
9		
10		

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.

CONFIDENTIAL when completed

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SOCIETY OF APOTHECARIES OF LONDON

Diploma in Medical Jurisprudence (Pathology)

Practical Examination (Autopsy) Assessment

Date		Candidate no.	
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Please indicate in the boxes provided: √ (Satisfactory) or X (Insufficient)

Where an assessment of “insufficient” is made, **examiners must jointly agree and record** reasons in the form of feedback that can be passed verbatim to the candidate with the results letter.

External Examination and Evisceration

- Description of external features (rigor, hypostasis, etc.)
- Description of external marks, injuries, scars, etc.
- Technical competence overall (including ability to eviscerate)

Internal Examination and Dissection

- Ability to dissect internal organs
- Demonstration of pathology
- Taking of appropriate samples

Presentation and Interpretation of Findings and Formulation of Cause of Death

- General presentation of case
- Interpretation of findings and understanding of their significance
- Clinico-pathological correlation if appropriate
- Formulation of ONS cause of death

Notes (continue overleaf if necessary)

AUTOPSY ASSESSMENT (Options: Good / Adequate / Not adequate)

Independent standard		Agreed standard	
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Signed	PRINT
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