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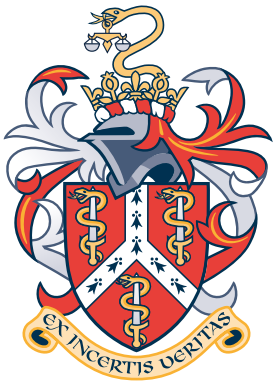

Faculty of Forensic & Legal Medicine

Child sexual abuse (CSA) forensic medical examinations: INTERIM GUIDANCE REGARDING NUMBERS OF EXAMINATIONS AND THE MAINTENANCE OF COMPETENCE

Jan 2017 Review date Jan 2020 – check www.fflm.ac.uk for latest update

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It is essential to have competent doctors, primarily paediatricians and forensic physicians, working within paediatric sexual offences medicine (PSOM) and to ensure they have the necessary knowledge, skills and attitudes to undertake the role of examining and caring for children who have or may have experienced sexual abuse.

It is important to appreciate that the forensic medical examination of a child, in the context of actual or suspected CSA, may or may not involve taking samples for DNA or toxicological analysis. The forensic approach to CSA includes the history from the child, the clinical findings on examination, as well as other appropriate investigations, e.g. tests for sexually transmitted infections. In 1988, the Association of Police Surgeons (APS) and the British Paediatric Association (BPA), whose roles and functions are now part of the remit of, respectively, the Faculty of Forensic & Legal Medicine (FFLM) and the Royal College of Paediatrics & Child Health (RCPCH) wrote a 'Joint Statement on Child Sexual Abuse' which described good practice for those members of the two bodies who conducted assessments of children who may have been sexually abused.[1]

This essential collaboration furthering knowledge and expertise has continued for over 28 years. The FFLM and the RCPCH regularly update their guidance and standards to support doctors working in this area and to develop and maintain quality in PSOM.

These include:

a) FFLM & RCPCH. Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse. October 2012.[1]

b) FFLM. Quality Standards in Forensic Medicine: GFM and SOM. February 2016.[2]

c) FFLM. Quality Standards for Doctors Undertaking Paediatric Sexual Offences Medicine (PSOM). February 2014.[3]

d) RCPCH & FFLM. Service specification for the clinical evaluation of children and young people who may have been sexually abused. September 2015.[4]

In this last document it is noted:

'All services commissioned to provide a paediatric and forensic service must employ those who have high level skills in identification, assessment, and both multi-disciplinary and multi-agency management of all forms of child maltreatment. This may be done directly or through clear arrangements with related paediatric provider services. The recommendation to continue the development of clinical network arrangements for child protection will contribute to this process, especially for this highly specialised, low volume work. Quality standards around service delivery have been jointly agreed between the RCPCH and Faculty of Forensic and Legal Medicine (FFLM).'[4]

The above series of documents has included the recommendation that doctors should undertake a minimum of 20 examinations per year.

It is recognised that the nature of the work is broad, and within this, will include acute and non-acute examinations, assessment of pre-and post-pubertal children, provision of follow up care, with an overarching principle that the wellbeing of the child is paramount and that any safeguarding concerns are addressed.

The RCPCH and the FFLM have been made aware that in some regions of England & Wales, the number of children referred to services is such that it may not be possible for doctors to undertake the recommended number of examinations. It is already recognised in the current service specification this is 'highly specialised, low volume' work.[4] In some regions, the low case numbers do not necessarily reflect the incidence of abuse rates or population size, but may reflect inadequate referral mechanisms. This requires further scrutiny, analysis and data collection, and the RCPCH and the FFLM have begun working with and advising NHSE to further explore this.

The RCPCH and the FFLM are working with NHSE in order to develop 'a framework' which will better enable services to manage their workload and ensure the doctors undertaking such work maintain the breadth and depth of their knowledge, skills and experience.

In the meantime, the RCPCH and FFLM advise:

- Some flexibility in relation to numbers of examination is recognised already in the published quality standards.[3]

  'The FFLM/RCPCH recommendation for PSOM is a minimum of 20 forensic examinations per year. It is recognised that some initial flexibility is desirable to accommodate operational requirements in certain areas.'[3]

- Doctors should obtain relevant qualifications as described in the publication on quality standards in PSOM, i.e. MRCPCH + LFFLM (SOM c), formerly the DFCASA, or MFFLM (SOM).[3]
- Every doctor working in PSOM must, as part of their supervision by the clinical lead, the clinical director, or supervising consultant, review their case load and identify any areas where their skills may need support or updating. This should not be left until the annual appraisal to be discussed & addressed, but it would then be included in that doctor's personal development plan (PDP).
- There is robust clinical governance to ensure the service meets the needs of the children.
- Where the breadth or depth of practice is identified as limited in some aspect(s), a plan should be developed to address this as part of the doctor's PDP.
- When a single doctor does not have all the necessary skills, a joint examination should be conducted where the two doctors between them, possess all the skills required. Every doctor has a personal responsibility to identify whether or not he/she has all the necessary skills. If not, he/she must ensure the service is made aware, such that the necessary arrangements are made.
- Other measures which might be considered are: cross site working, clinical attachments for training, peer review and the use of simulation training.

Should any doctor undertaking PSOM require further clarification please contact:

1. The Chair of the Standing Committee on Child Protection at the RCPCH: g.debelle@nhs.net
2. The Academic Dean at the FFLM: academicdean@fflm.ac.uk

References

1. FFLM & RCPCH
   Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse October 2012
2. FFLM
   Quality Standards in Forensic Medicine: GFM and SOM February 2016
3. FFLM
   Quality Standards for Doctors Undertaking Paediatric Sexual Offences Medicine (PSOM) February 2014
4. RCPCH & FFLM
   Service specification for the clinical evaluation of children and young people who may have been sexually abused September 2015

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