



# Quality Standards for doctors undertaking Paediatric Sexual Offence Medicine (PSOM)

Apr 2017 Review date Apr 2020 – check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

## Introduction

It is essential to have competent doctors in terms of knowledge, skills and attitude to provide safe care for child complainants of alleged sexual abuse/assault.

The General Medical Council (GMC) sets the standards for doctors working in the United Kingdom. For the individual doctor providing care, the GMC is clear that the doctor must recognise and work within the limits of his/her competence.

Trainees in PSOM may come from different backgrounds so it is essential that the exact period and content of training should be tailored to meet the needs and requirements of the individual doctor with the overall outcome: a competent paediatric forensic physician.

Experienced forensic physicians and paediatricians who currently undertake this work would be regarded as meeting these requirements by virtue of 'grandparent' rights but they would be expected to be able to justify this on the basis of having as a minimum Membership of the Faculty of Forensic and Legal Medicine (MFFLM) or Membership of the Royal College of Paediatrics and Child Health (MRCPC) plus significant relevant experience and supporting evidence of knowledge, skills and attributes.

## 1. Recruitment

- 1.1** It is recommended that all trainees (defined as doctors working in PSOM for less than two years) should have at least three years training in a relevant specialty in an approved practice setting following satisfactory completion of foundation training (FY1 and FY2).
- 1.2** Relevant specialties for PSOM would include:
  - Paediatrics
  - General Practice
  - Emergency Medicine
  - Paediatric Gynaecology
  - Contraceptive and Sexual Health Services.
- 1.3** Precision in communication is essential. Doctors must have demonstrable skills in listening, reading, writing and speaking English that enable effective communication in clinical practice with patients, their families, colleagues, and in legal fora. Doctors must comply with GMC requirements in this respect.

## 2. Initial training

All trainees:

- 2.1** Must attend an FFLM-approved Introductory Training Course (ITC) in PSOM prior to commencing any work that is not directly supervised.
- 2.2** Must have successfully completed Immediate Life Support training within the last year.
- 2.3** Should complete training in Safeguarding Children and Young People (Intercollegiate Document minimum Level 3).
- 2.4** Should complete training in statement writing and courtroom skills.
- 2.5** Should have training in equality and diversity issues.

## 3. Workplace-based supervision

All trainees:

- 3.1** Should receive induction training to cover the policies and procedures of the workplace, e.g. SARC/ Trust/ outsourced provider.
- 3.2** All trainees should be trained in a FFLM/RCPCH approved setting (for PSOM) and be assigned a FFLM/RCPCH educational/clinical supervisor who will be a subject knowledge expert with explicit training in effective supervision, responsible for supervising the trainee and establishing when the doctor is safe to practise independently.
- 3.3** The named educational/clinical supervisor should perform an initial assessment of the individual doctor's training needs so that appropriate training and continued maintenance of competence can be achieved.
- 3.4** All trainees should complete the Licentiate of the Faculty of Forensic and Legal Medicine in Sexual Offences Medicine (formerly known as the DFCASA) either as LFFLM or LFFLM (Children) or MFFLM(SOM) and must have this as evidence of competency in order to be able to work unsupervised.



## 4. Continuing Professional Development

All doctors:

- 4.1 Must fulfil the GMC requirements for revalidation. It is essential that any appraisal is robust in covering the forensic aspect of their work.
- 4.2 Must have annual Immediate Life Support training.
- 4.3 Must have Safeguarding training as indicated in 2.3 above at least every three years.
- 4.4 All those doctors who wish to practise independently in Paediatric SOM will need to pass the MFFLM (SOM) Membership examination or MRCPCH plus LFFLM(SOM).
- 4.5 To ensure doctors maintain competence, they should complete a certain number of examinations each year unless on agreed leave (e.g. maternity leave when a period of supervision of examinations should take place on return). The FFLM/RCPCH recommendation for PSOM is at least 20 paediatric forensic examinations per year. It is recognised that some initial flexibility is desirable to accommodate operational requirements in certain areas. The FFLM & RCPCH have produced interim guidance in relation to this.<sup>1</sup>
- 4.6 Must attend a minimum of 4 peer review meetings per year.
- 4.7 Must attend a FFLM/ RCPCH approved one-day 'SARC Best Practice' course at least every three years.

## 5. Service level standard

- 5.1 It is essential to recruit a highly-trained workforce to ensure patient safety, high quality care and aftercare, integrity of forensic sampling, statement writing, courtroom skills etc. As stated above, all doctors in training should have appropriate supervision.
- 5.2 All doctors must keep detailed contemporaneous notes and ensure effective communication between colleagues and other professionals including safety netting of vulnerable patients. There must be clear procedures in place for sharing confidential information, and individual doctors who are responsible for control of notes should register with the Information Commissioner.<sup>2</sup>
- 5.3 All doctors should be able to access advice (by telephone) when on duty from an experienced consultant (or equivalent) forensic physician with MFFLM (SOM) or Consultant Paediatrician with at least LFFLM(SOM).
- 5.4 The contracted workforce should have a minimum of 25% of forensic physicians with MFFLM (SOM) or MRCPCH with LFFLM(SOM).
- 5.5 Where a two-doctor examination is taking place (as per

FFLM RCPCH guidelines<sup>3</sup>) then it must be clear which doctor is taking responsibility for which aspect of the examination. The doctor who is responsible for the forensic aspect must have at least LFFLM(SOM) as a forensic qualification and the doctor responsible for the holistic paediatric aspect must be suitably qualified to do so.

- 5.6 All doctors undertaking this work must have sufficient protected time for the preparation of statements and reports for child protection requirements, criminal and family courts and for attendance at Court reflected in their job plans.

## Notes

The report by Lord Laming following the Victoria Climbié Inquiry<sup>4</sup> gave a number of healthcare recommendations. There is much emphasis placed on senior doctors being involved when child abuse is suspected. Although not all children undergoing a forensic medical examination for sexual abuse will be admitted and seen in a hospital setting, the FFLM believe that it is within the spirit of the report that the relevant recommendations should apply.

For example **Recommendation 75**:

*'In a case of possible deliberate harm to a child in hospital, when permission is required from the child's carer for the investigation of such possible deliberate harm, or for the treatment of a child's injuries, the permission must be sought by a doctor above the grade of senior house officer.'*

The FFLM is of the view that sexual violence against children should have equivalence with physical abuse in terms of the robustness and quality of the healthcare response. Moreover it should be acknowledged that different types of child abuse often co-exist.

With this in mind, it is the view of the RCPCH and FFLM<sup>5</sup> that all children and young people, that is those up to the age of 18 years, should always be seen by a doctor with the requisite seniority, knowledge, skills and experience.

In accordance with the FFLM and RCPCH guidelines, it may be that if a joint examination is to take place, then this could be between a paediatrician and a paediatrically-qualified nurse, providing between them they still have the skills, knowledge and experience necessary for the individual needs of each child.

In addition, Recommendations 65 to 74 and 76 to 80 are also relevant in this context.



## References

1. RCPCH and FFLM  
FFLM and RCPCH Child sexual abuse (CSA) forensic medical examinations: interim guidance regarding number of examinations and the maintenance of competence  
January 2017
2. FFLM  
Forensic Records - Frequently Asked Questions for all Healthcare Professionals
3. FFLM  
Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual abuse
4. The Victoria Climbié Inquiry. Report of an inquiry by Lord Laming  
ISBN 0-10-157302-2 2003
5. RCPCH and FFLM  
Service specification for the clinical evaluation of children and young people who may have been sexually abused  
September 2015