Quality Standards in Forensic Medicine

General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM)

Introduction

It is essential to have competent forensic physicians[1] (FP) to provide safe care for patients whether they are detainees in police custody or complainants/complainers of assault. [2 3 4 5] There should be equivalence of healthcare and confidentiality in the custodial setting[5] as compared to that enjoyed by patients in the outside community.

These Quality Standards have been developed in response to the recommendations made in the recent *Violence Against Women and Children Taskforce Report*[6] along with the Government's interim response[7], where it was agreed that the FFLM should set those standards in conjunction with the Forensic Regulator.

The General Medical Council sets the standards for doctors working in the UK. For the individual doctor providing care, the GMC is clear that the doctor must recognise and work within the limits of his/her competence.[8]

Trainees in forensic medicine may come from a variety of diverse backgrounds and 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 forensic physician.

The Faculty of Forensic and Legal Medicine (FFLM) recommend the following standards for training based on current GMC guidance.[9]

1. Recruitment

All trainees:

1.1 It is recommended that all trainees (defined as doctors working in the field of forensic medicine for less than two years) should have at least three years training in a relevant speciality in an approved practice setting following satisfactory completion of foundation training (FY1 and FY2). There may be some high quality individual training posts where the degree of supervision is such that less experienced doctors may have the required support to train and work in the field;

1.2 Relevant specialities would include for GFM - General Practice or Emergency Medicine; for SOM – General Practice, Genitourinary Medicine, Gynaecology and Paediatrics, Sexual and Reproductive Health. Other specialties may be considered;

1.3 All applicants for training should have shadowed an experienced forensic physician (FFLM approved supervisor[10]) prior to applying for a post in clinical forensic medicine;

1.4 Precision in communication is essential. Clinicians must have demonstrable skills in listening, reading, writing and speaking English that enable effective communication in clinical practice with patients and colleagues and in legal fora. Doctors must comply with GMC[11] requirements in this respect.

2. Initial Training and Induction Support

All trainees:

2.1 Must attend an FFLM approved[12] Introductory Training Course (ITC) in GFM or SOM (adult and paediatrics) prior to commencing work;

2.2 Must have training in Immediate Life Support within the last year;

2.3 Should complete training in Safeguarding Children and Young People (Intercollegiate document minimum Level 3);[13]

2.4 Should complete training in statement writing and courtroom skills;[14]

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 work place, e.g. the SARC/Trust/Outsourced Provider/Constabulary/Police Service;

3.2 All trainees should be trained in a FFLM approved setting and be assigned a FFLM 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 practice independently;[15 16]

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 The named supervisor should use the FFLM guides as appropriate[17] as a basis for the training/supervision over two years with satisfactory completion of training leading to 'The Certificate of Achievement of a Standard of Minimal Acceptable Competence in Clinical Forensic Medicine (SOM/GFM as appropriate)'.

4. Continuing Professional Development

All doctors:

4.1 Must fulfil the GMC requirements for revalidation;

4.2 Should practice in accordance with FFLM Core Competencies for Re-licensing/ Revalidation;[18]

4.3 Must have an annual appraisal by a trained medical appraiser; for doctors working with portfolio careers it is essential that any appraisal is robust in covering the forensic aspect of their work;

4.4 Must have annual Immediate Life Support training;

4.5 Should complete an average of 50 credits (representing 50 hours of CPD activity) each year and achieve a minimum of 250 credits over each 5-year cycle.[19] For doctors working with portfolio careers the content of the 50 credits should reflect the areas of work and personal development plan;

4.6 Must have Safeguarding training as indicated in 2.3 above at least every three years;

4.7 All trainees should consider further academic qualifications in forensic medicine and those who wish to become consultants will need to pass the Memberships examination of the of the FFLM;

4.8 Persons detained under the Terrorism Act 2000 should have an initial assessment by an experienced forensic physician who should hold Membership of the FFLM by examination or equivalent as a minimum standard; such a doctor will be able to set up a management plan and can lead a multidisciplinary team to provide overall care for the suspect;

4.9 To ensure doctors maintain competence they should complete a certain number of examinations each year unless on agreed leave e.g. maternity leave when initial examination on return should be supervised – the FFLM recommendations for SOM is a minimum of 20 forensic examinations per year[16] and for GFM 100 examinations per year but it is recognised that some initial flexibility is desirable to accommodate operational requirements in certain areas.

4.10 Additionally doctors involved in sexual offence medicine:

4.10.1 Must attend a FFLM approved one-day "SARC Best Practice Day" course at least every 3 years;

4.10.2 Must attend a minimum of 4 peer review meetings[20] per year.

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, court room 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 holding their notes should be registered with the Information Commissioner.

5.3 All doctors should have access to advice (by telephone) when on duty from an experienced consultant (or equivalent) forensic physician with FFLM Membership.

5.4 The contracted workforce should have a minimum of 25% of forensic physicians with FFLM Membership.

5.5 Call handling systems should enable the police and self-referrals to be provided with immediate telephone advice in the contextual situation and also allow the forensic physician to assess call priority.

5.6 The overall workforce provided should be sufficient in numbers to provide a timely response (within 2 hours, or as agreed for a particular case) to reflect the clinical and forensic needs of patients and the contracting police authorities.

5.7 The healthcare professionals - doctors, nurses, emergency care practitioners and paramedics, must be adequately trained within the scope of their professional competency and be able to work co-operatively in multi-disciplinary teams where each professional is fully aware of the skills of the other.[21]

5.8 Ideally, complainants of alleged sexual assaults should be offered the opportunity to see a female doctor.[22]

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9. GMC. Generic standards for speciality including GP training. April, 2010 and GMC. Standards for curricula and assessment systems. April 2010. www.gmc.org.uk
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15. GMC: Generic standards for specialty including GP training. April 2010.
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18. Core competencies for Re-licensing/ Revalidation. www.fflm.ac.uk
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20. Peer review is defined as a person or persons of the same status or ability/expertise as another specified person providing an impartial evaluation of the work of the other/s.
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