



## Recommendations

# A guide to practical induction training for sexual offences examiners

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### Introduction

The third edition of this Guide was formatted and updated by Dr A G Dott after consultation with the Academic Committee of the Faculty of Forensic and Legal Medicine 2007.

#### Introduction to second edition

This Guide was updated by Dr Hazel Walter and Dr Victoria Evans after consultation with the Education and Research Committee of the Association of Forensic Physicians in 2006.

#### Introduction to first edition

Dr Hazel Walter, Dr Victoria Evans, and Dr Andrew Dott have produced this training guide after consultation with the Education and Research Committee of the Association of Forensic Physicians and the STAR Group.

The STAR Group was formed in 1997 by doctors carrying out sexual offences examinations for the Metropolitan Police when it became obvious that there was a particular need for:

**S**upport for doctors conducting these complex, and sometimes harrowing, assessments;

**T**rainning to develop or enhance the necessary knowledge and skills;

**A**udit to provide best possible evidence;

**R**esearch to ensure the interpretation of findings is evidence based.

*Although male pronouns have been used in the document they should be read as representing both genders. Where the term 'Faculty' is used this is to mean the Faculty of Forensic and Legal Medicine.*

The purpose of this Guide is to:

- Advise on a core syllabus for the Trainee SOE (Sexual Offences Examiner);
- Advise on a method for recording learning experiences;
- Advice on methods of assessment that may be used to demonstrate that learning has been achieved and is ongoing.

It is hoped that the Trainee SOE will achieve some or all of the following outcome measures:

- Feels valued and supported by the Trainer;
- Is willing to acknowledge and address his strengths and weaknesses;
- Is able to think critically and discuss evidence;
- Is able to review his work, initiate change and manage change effectively;
- Develops responsibility for his own learning and meets his own needs effectively;
- Has no difficulty in meeting the requirements of Summative Assessment;
- Values both the process and outcome of Formative Assessment;
- Has successfully overcome any learning challenges that have arisen during the training period;
- Is aware and able to attempt to resolve the stresses of clinical forensic medicine (CFM) relating to sexual assault/abuse and multi-disciplinary working.

A Sexual Offences Examiner (SOE) usually offers only services concerning the forensic assessment of adults and child complainants of sexual assault. However, he may also, if trained, offer other forensic services. Occasionally, the SOE may be asked to take forensic samples from alleged assailants.



## Training Log Diary

The Trainee SOE should keep a log diary of his forensic consultations during the training period. This will include not only clinical cases, but also a record of learning. The Trainer, depending on the previous experience of the Trainee and the type of case seen, may certify that the Trainee has achieved a level of minimal acceptable competence in some types of cases before he has passed full Summative Assessment. In this situation the Trainee may then attend those consultations independently.

## The Trainer

The Trainer shall be an experienced Forensic Physician or Sexual Offences Examiner, who has an interest in training/education and who holds the Diploma of Medical Jurisprudence (DMJ) or is a member of the Faculty. He should be able to offer regular support to the Trainee in the form of tutorials, as well as allowing the Trainee to observe his own consultations and then observe the Trainee during his own consultations. He must be able to use tools for Formative Assessment and Summative Assessment and keep a record of the training period. There must be remuneration available for the Trainer to allow him to give protected time to teaching. The attributes that will make a good Trainer include:

- Coping with his own anxieties concerning the achievement of a set curriculum or even particular goals within it;
- Becoming a skilled helper;
- Creating an appropriate climate for learning in which there is mutual respect, trust, support and acceptance, and a sense of caring, openness, genuineness and pleasure;
- Demonstrating skills such as attentive listening, appropriate questioning, a willingness to expose prejudices – especially those of the teacher – and a willingness to discard and to seek alternatives.

Teachers themselves need support. If this is not already arranged in a local peer group or with a local mentor, the Faculty may be able to mediate either at local (with peer groups) or national level.

## Continuing Education

All medical practitioners, in whichever field they work, are encouraged to undertake continual professional development and education. Part of the challenge of clinical forensic medicine is that it is constantly making new demands and these can only be met by keeping abreast of developments in both medicine and the law.

The Faculty of Forensic & Legal Medicine of the Royal College of Physicians of London has now been established and within the next few years will be responsible for setting standards, and approving training and will be introducing Membership by examination to the Faculty. In this transition phase, it would be wise to consider the Faculty as a source of continuing education.

## The following are highly recommended:

- Faculty-approved courses for novice forensic physicians
- Local training initiatives
- Training courses run at Royal College of Obstetricians and Gynaecologists
- Affiliation and Membership of the Faculty of Forensic & Legal Medicine of the Royal College of Physicians of London
- Membership of the Section of Clinical Forensic and Legal Medicine of the Royal Society of Medicine

The Faculty provides an academic and social forum, a bi-monthly journal (The Journal of Forensic and Legal Medicine) (web page: <http://www.elsevier.com/jfilm>) and documents promoting good practice which are available on the Faculty website ([www.fflm.ac.uk](http://www.fflm.ac.uk)).

## Other relevant organisations:

The Royal Society of Medicine: Section of Clinical Forensic and Legal Medicine  
[www.rsm.ac.uk](http://www.rsm.ac.uk)

Email: [forensic@rsm.ac.uk](mailto:forensic@rsm.ac.uk) Tel: 020 7290 3935

British Academy of Forensic Sciences  
Email: [bafs.org.uk](mailto:bafs.org.uk) Tel: 020 7837 0069

The local Medico-Legal Society

Association of Genito-Urinary Medicine  
[www.bashh.org](http://www.bashh.org)

Medical Society for the Study of Venereal Diseases (MSSVD)  
[www.bashh.org](http://www.bashh.org)

Faculty of Family Planning and Reproductive Healthcare  
Email: [journal@ffprhc.org.uk](mailto:journal@ffprhc.org.uk) Tel: 0207 724 5680

British Association for the Study and Prevention of Child Abuse and Neglect  
Email: [baspcan@baspcan.org.uk](mailto:baspcan@baspcan.org.uk) Tel: 01904 613602

The Forensic Science Society Tel: 01423 506068

## Relevant Post-Graduate Qualifications

(see Advice on Obtaining Qualifications in CFM on [www.fflm.ac.uk](http://www.fflm.ac.uk))

### The Masters and Diploma in Medical Jurisprudence

The Worshipful Society of Apothecaries  
[www.apothecaries.org.uk](http://www.apothecaries.org.uk)

Email: [registrar@apothecaries.org](mailto:registrar@apothecaries.org) Tel: 0207 236 1180

### Masters or Diploma in Clinical Forensic Medicine & Bioethics

University Central Lancashire

Email: [tfarrell@uclan.ac.uk](mailto:tfarrell@uclan.ac.uk) Tel: 01772 892792

### The Diploma in Forensic Medical Sciences

Department of Forensic Medicine & Science, Glasgow University  
Email: [I.Doherty@formed.gla.ac](mailto:I.Doherty@formed.gla.ac) Tel: 0141 330 4574

It is anticipated that in the near future, Membership of the Faculty of Forensic & Legal Medicine (by examination) will be available and at the time of writing this task is being undertaken by the Academic Committee.



## Reading List

The literature relating to clinical forensic medicine is extensive. A full list can be obtained from the Faculty website [www.fflm.ac.uk](http://www.fflm.ac.uk) and most publications are available at The Royal Society of Medicine library.

### Useful journals:

Journal of Forensic and Legal Medicine  
Medicine Science and the Law  
Journal of the Forensic Science Society  
Forensic Science International  
Journal of Family Planning and Reproductive Healthcare  
British Journal of Sexual Medicine  
British Journal of Obstetrics and Gynaecology  
The Journal of Sexual Health, STDs and HIV  
International Journal of STDs and AIDS  
Child Abuse Review  
Archives of the Diseases of Childhood  
International Journal of Child Abuse and Neglect

## Formative Assessment

Formative assessment should occur at regular intervals. Its purpose is to review the progress of the training experience and to set new educational objectives, which themselves are reviewed at a later date. Most of the training can occur around the time of seeing a new complainant which will occur without prior arrangement but as cases present erratically, some formal set periods may need to be set aside (using videos/slides and other devices for practical input).

The Trainer and Trainee SOE should mutually review what is happening during each part of the training and each give feedback to the other. From time to time the process can be made more focused by being performed in the presence of a visitor such as another experienced FP/SOE or PFP (Principal Forensic Physician). Records of these assessments should be kept and should be available on the request of the responsible body for accreditation. The problems defined at previous formative assessments should be addressed as well as the actions that were taken as a result of the assessments.

The precise format of these assessments may vary from region to region, according to the needs and inclinations of Trainers and Trainees. Responsible bodies, such as the Faculty may suggest developments from time to time. In order to demonstrate good practice, assessment should:

- Be undertaken at regular intervals throughout the period of training at an interval not greater than every three months;
- Be planned and structured, using some of the variety of tools available (for example, multiple choice questions, personal statements, rating scales, checklists, consultation analysis, personality rating scales);

## ASSESSMENT DURING THE TRAINING PERIOD

Two types of assessment are explicit aspects of the training period:

### 1. Formative

### 2. Summative

Formative assessment relates to any methods employed at regular intervals throughout the training period to assess progress against explicit objectives and to evaluate the training experiences being provided, which together aim to improve and enhance the learning process

Summative assessment relates to any methods employed, usually at the end of training, to measure the sum total of the learning achieved.

- Be recorded;
- Concentrate on identifying strengths and weaknesses with the purpose of planning to meet the educational and developmental needs of the Trainee.

Trainers are strongly recommended to involve a second Trainer at least once and preferably twice during the period. This has the advantage of:

- Ensuring that the exercise happens;
- Gaining a 'second opinion' on the Trainee's progress;
- Getting structured feedback from a peer on the Trainer's contribution;
- Avoiding the possibility of collusion between the Trainee and the Trainer.



## Initial Formative Assessment

The object of this assessment is:

1. To discover:
  - a. The Trainee's baseline medical knowledge;
  - b. The Trainee's attitudes;
  - c. The Trainee's present forensic knowledge.
2. To formulate and record a learning plan.
3. To set dates for future meetings with the Trainer.

The Trainer may use many resources to assist his assessment, including computer programmes available for measuring medical knowledge and confidence, Myers Briggs Type indicators, Eysenck personality questionnaires, and Attitude statements – to which the Trainee responds ('strongly agree' to 'strongly disagree'), and which are scored. A list of examples follows:

1. There is no such thing as 'date rape';
2. If a girl dresses and looks like a girl who is over 15 then she should be treated as over 15 in the eyes of the law;
3. An 18-year-old woman who has had over 20 previous sexual partners is less likely to have been raped;
4. Paedophile suspects should begin their punishment in the custody suite;
5. Most victims and perpetrators of male rape are homosexuals;
6. False allegations of rape are common;
7. Women can never rape others;
8. Practising anal sex is a method of family planning.

The core syllabus in which the trainee should be competent is:

### Stage one – GENERAL

1. Equipment, transport, personal safety issues, liability and insurance cover plus fee claims.
2. Notes – format, content and storage.
3. Initial liaison, organisation concerning the complainant including medical care and collection including early collection of forensic samples (and suspect).
4. Consent/confidentiality/disclosure e.g.
  - Assessing capacity
  - Gillick competence
  - Determining the patient's best interests
5. Special issues with respect to working with interpreters, accompanying adults, social workers, police officers and chaperones.
6. Human Rights Act as it relates to this speciality.
7. The law in relation to different types of sexual assault.

### Stage two – ADULTS

#### Anatomy & Physiology

1. The normal adult male and female anatomy, and its variants
2. The normal genital and anal physiology

#### Medical

The management of the immediate medical needs of an adult e.g.:

3. Injuries;
4. Intoxication;
5. Prophylaxis of sexually transmitted infections;
6. Post-coital contraception.

The identification and management of the ongoing medical and psychological needs of an adult e.g.:

7. Screening for sexually transmitted infections (STI);
8. Psychological support.

#### Forensic

9. Relevant past medical and sexual history
10. Bodily injuries seen in association with sexual assault
11. Signs associated with:
  - oral penetration
  - vaginal penetration
  - anal penetration
12. Specialist techniques to facilitate an examination
13. Healing and ageing of injuries
14. Symptoms and signs related to substance use
15. The differential diagnosis of any physical signs
16. Choice and collection of forensic samples
17. Labelling, packaging and handling of forensic samples
18. Contamination and chain of evidence
19. Collecting products of conception

#### Communication

20. Other professionals e.g. Crown Prosecution Service, Family Planning Clinics, STI clinics
21. Statement writing including body diagrams, photographs/slides/video-recordings/DVDs, glossaries and other explanatory items
22. Safe storage of notes, photographs, sensitive images and records



## Stage three – ADOLESCENTS

### Anatomy & Physiology

1. The normal peri-pubertal and post-pubertal male and female anatomy and its variants
2. The normal genital and anal physiology

### Medical

3. The Paediatric Forensic Examination
4. The management of the immediate medical needs of an adolescent e.g.:
  - Injuries;
  - Intoxication;
  - Prophylaxis of sexually transmitted infections;
  - Post-coital contraception;
  - Pregnancy.
5. The identification and management of the ongoing medical and psychological needs of the adolescent e.g.:
  - Screening for sexually transmitted infections (STI);
  - Psychological support;
  - Obstetric & Gynaecological referral.

### Forensic

6. Relevant past medical (and sexual) history
7. Bodily injuries seen in association with sexual assault
8. Signs associated with:
  - physical abuse
  - emotional abuse
  - neglect
  - oral penetration
  - vaginal penetration
  - anal penetration
9. Specialist techniques to facilitate an examination e.g. water, colposcope, catheter balloons
10. Healing and ageing of injuries
11. Symptoms and signs related to chronic sexual abuse
12. Symptoms and signs related to substance use
13. The differential diagnosis of any physical signs
14. Choice and collection of forensic samples
15. Labelling, packaging and handling of forensic samples
16. Contamination and chain of evidence
17. Collecting products of conception

### Communication

18. Other professionals e.g. Paediatricians, Parents/Carers, Police, Genitourinary Medicine Physicians, Social Services, the General Practitioner, Adolescent Mental Health Services and/or other counselling or support agencies

19. Statement writing including body diagrams, photographs/slides/video-recordings, glossaries and other explanatory items
20. Safe storage of notes, photographs, sensitive images and records

## Stage four – CHILDREN (optional)

It may be that some doctors initially prefer only to offer services to adults and adolescents. However, there is so much overlap in the work for all children and a need for skilled medical examiners that with some encouragement those doctors may consider completing the full range of practical training. It is important to recognise that children have special issues to be addressed. Equally those with paediatric training will need to be familiar with the examination of the adolescent but may choose not to offer services to adults.

### Anatomy & Physiology

1. The normal pre-pubertal male and female anatomy, and its variants
2. The normal genital and anal physiology

### Medical

3. The Paediatric Forensic Examination
4. The management of the immediate medical needs of the child e.g.:
  - Psychological trauma;
  - Injuries;
  - Intoxication;
  - Prophylaxis of sexually transmitted infections.
5. The identification and management of the ongoing medical and psychological needs of the child e.g.:
  - Screening for sexually transmitted infections (STI);
  - Psychological support.

### Forensic

6. Relevant past medical and developmental history
7. Bodily injuries seen in association with sexual assault
8. Signs associated with:
  - physical abuse
  - emotional abuse
  - neglect
  - oral penetration
  - vaginal penetration
  - anal penetration
9. Specialist techniques to facilitate an examination e.g. knee-chest position, water, colposcope
10. Healing and ageing of injuries
11. Symptoms and signs related to chronic sexual abuse
12. The differential diagnosis of any physical signs



13. Choice and collection of forensic samples
14. Labelling, packaging and handling of forensic samples
15. Contamination and chain of evidence

## Communication

16. Other professionals e.g. Paediatricians, Parents/Carers, Police, Genitourinary Medicine Physicians, Social Services, the General Practitioner, Child Mental Health Services and/or other counselling or support agencies
17. Statement writing including body diagrams, photographs/slides/video-recordings, glossaries and other explanatory items
18. Reports and attending for case conferences
19. Safe storage of notes, photographs, sensitive images and records

## Stage five – COURT APPEARANCE

1. Practical knowledge of the Magistrates' Court (Youth Court) County, Crown and High Court (including Family Division) processes and the relevant court personnel
2. Appearance in Court - practical details including disclosure of personal notes, photographs, slides, video-recordings or DVDs

To achieve competence in the above, the Trainer and Trainee should establish a learning plan that involves, initially, joint consented consultations with the complainant where observation by trainee and then observation by trainer takes place. It is suggested that reading material is discussed along with article appraisal, tutorials and, preferably, peer group meetings and meetings with others of the forensic healthcare team.

## Subsequent Formative Assessment

It is recommended that at least one of these involve a second trainer.

The objectives of these assessments are:

1. To establish whether the learning objectives in the Initial Formative Assessment have been addressed;
2. To discover where the present learning needs of the Trainee are;
3. To write down/record a learning plan (probably a modified/updated version of the Initial Formal Assessment learning plan);
4. To set future dates for meetings: tutorials, joint visits or further Formative Assessments.

**Throughout** all these core subjects, the emphasis for each should be on:

- Independent role of the forensic examiner;
- Thorough detailed history and examination;
- Good contemporaneous signed medical notes;
- Clear protocol/instructions for the administration of prescribed medication;
- Application of basic forensic principles;
- Absolute objectivity and probity of the examining doctor;
- Assessment of risk/vulnerabilities of complainant;
- Early liaison with key workers where appropriate, e.g. GP, Mental Health Teams, Paediatricians, Sexual Health Departments, Social Services;
- Practical differences between the criminal system and the civil system dealing with childcare proceedings.



## Summative Assessment

It may become mandatory to pass Summative Assessment before the Trainee can practise independently as an SOE. Such an assessment is intended to be a test of minimal acceptable competence and it is expected that the large majority of Trainees would have no difficulty in achieving it. Trainers would be required to give all necessary support in this respect.

Summative Assessment will test whether the Trainee can demonstrate an adequate level of:

- Knowledge;
- Problem-solving skills;
- Clinical competence and adequate note keeping;
- Communication skills in the consultation;
- Appropriate and sensitive methods of forensic sample collection;
- Skills in producing a written report/statement for the court;

- Skills in Court;
- A wide variety of other important skills, attitudes and knowledge in practice, as confirmed by a report from the Trainer.

The components of Summative Assessment are:

1. An assessment of clinical competence;
2. An assessment of consultations by analysis of all relevant documents and recordings relating to them;
3. A demonstration of awareness regarding the interface between the judiciary and clinical forensic medicine (CFM);
4. The Trainer's report.

All parts must be passed.

## Summative Assessment Guidelines

These guidelines are for the Trainee SOE to refer to during the training period, as well as forming a framework for the Trainer to 'mark' the Trainee at the end.

This final assessment should involve looking at all four areas in which the Trainee will be expected to be competent when practising as an independent SOE, and should involve the following:

### 1. An assessment of clinical competence

This is important, as the SOE will have clinical responsibility for the whole range of medical problems that may be seen in connection with sexual offences work. If it is some time since the doctor has been involved in general medicine, there may be gaps in his knowledge of relatively common conditions such as diabetes epilepsy and asthma, common gynaecological disorders and problems relating to addictive disorders and learning disabilities. It requires knowledge of not only prescribed medication, and over-the-counter drugs including health store products but also alcohol products and street drugs. It is suggested that the following procedure is adopted:

- A multiple choice question paper (MCQ) broadly based on the clinical questions that arise in the MRCP – this may be waived for candidates who are GP principals and have been assessed during their Registrar year (which includes a multiple choice paper on medical knowledge) or have demonstrated in their other jobs (e.g. MRCP, MRCOG DCH and so on), a level of clinical competence. The Trainer will have to assess specific forensic medical knowledge in addition.
- It is also recommended that the Trainee SOE attends and becomes certified in Basic Life Support procedures with regular updates.



## Summative Assessment Guidelines

### 2. An assessment of medical and forensic skills by analysis of all relevant recordings.

The SOE must be able to record detailed good contemporaneous notes that clearly demonstrate good practice as, not uncommonly, these notes need to be scrutinised by other doctors or members of the legal profession.

It is suggested that there should be evidence of competent practice in the following areas with these minimal criteria being met:

#### Type of case: Sexual Offence Complainant – Adult

##### Objective

Demonstrate an understanding of:

- The independent role of the SOE;
- Consent and confidentiality;
- The need for comprehensive, contemporaneous medical notes;
- What constitutes relevant past medical and sexual history;
- The methods of recording the medical findings;
- The use of a colposcope and photo documentation;
- The interpretation of the medical findings (positive and negative);
- How to obtain, seal and exhibit forensic specimens;
- How to prescribe/issue medication;
- The assessment of mental state/intoxication/substance use or abuse;
- Immediate and ongoing medical care issues:
  - first aid
  - pregnancy risks and provision of post coital contraception
  - risk of STIs and provision of prophylaxis or specialist referral
  - needs for psychological help
- Treatment as vulnerable witness;
- Knowledge of (and appropriate interaction with):
  - The role of the accompanying Police Officer/Crisis Worker
  - The role of the Investigating Officer (IO)
  - The sensitive but difficult issues of translation when working with interpreters
  - The role of the Accompanying Adult (AA)
  - The role of an Approved Social Worker (ASW)
  - Criminal Injuries Compensation (CICA).

#### Type of Case: Sexual Offence Complainant – ADOLESCENT

##### Objective

Demonstrate an understanding of:

- The independent role of the SOE;
- The role of the Paediatrician, Guardian, Child Protection Team (Vulnerable Person's Unit, Community Safety Unit or local equivalent) and safeguarding Boards;
- Timing of examination/local arrangements and strategies in relation to pooling of knowledge before the examination and loss of forensic evidence;
- Best Evidence;
- New terminology;
- Issues around interviews with children and vulnerable persons;
- The special issues around consent and confidentiality including Gillick competence and parental rights;
- Practical issues arising from a Police Protection Order, and The Children Act 1989;
- The need for comprehensive, contemporaneous medical notes;
- Consultation skills relating to adolescents;
- Methods of examination of the peri-pubertal and post-pubertal hymen;
- Issues relating to the relevance of past medical and sexual history;
- The methods of recording the medical findings;
- The use of a colposcope and photo documentation;
- The interpretation of the medical findings (positive and negative);
- How to obtain, seal and exhibit forensic specimens;
- How to prescribe/issue medication;
- The assessment of mental state/intoxication/substance use or abuse;
- Immediate and ongoing medical care issues:
  - first aid
  - self harm
  - substance use
  - pregnancy risks and provision of post coital contraception
  - risk of STIs and provision of prophylaxis or specialist referral
  - need for psychological help
- Knowledge of (and appropriate interaction with):
  - The local adolescent services
  - Social Services
  - Safeguarding Board
- Communication and consultation with colleagues (e.g. Police, Social Services, Paediatrician – if not joint examination, Sexual Health Physician) pre- and post-examination if not done jointly
- Likelihood of others at risk.



## Summative Assessment Guidelines

### Type of Case: Sexual Offence Complainant – CHILD

#### Objective

Demonstrate an understanding of:

- The independent role of the SOE;
- The role of the Paediatrician, Guardian, Child Protection Team (Vulnerable Person's Unit, Community Safety Unit or local equivalent) and Safeguarding Board;
- Timing of examination/local arrangements and strategies in relation to pooling of knowledge before the examination and loss of forensic evidence;
- Memorandum interviews;
- The special issues around consent and confidentiality including parental rights;
- Practical issues arising from a Police Protection Order, and The Children Act 1989;
- The need for comprehensive, contemporaneous medical notes;
- Consultation skills relating to children;
- Methods of examination of the pre-pubertal hymen;
- Past medical, development and social history;
- The methods of recording the medical findings;
- The use of a colposcope and photo documentation;
- The interpretation of the medical findings (positive and negative);
- How to obtain, seal and exhibit forensic specimens;
- How to prescribe/issue medication;
- The assessment of the child's development and intellectual level;
- Immediate and ongoing medical care issues:
  - first aid
  - risk of STIs and provision of prophylaxis or specialist referral
  - need for psychological help
- Knowledge of (and appropriate interaction with):
  - The local Paediatric services
  - Social Services
  - Safeguarding Boards
- Communication and consultation with colleagues (e.g. Police, Social Services, Paediatrician – if not joint examination, Sexual Health Physician) pre- and post-examination if not done jointly
- Likelihood of others at risk.

### Type of Case: Sexual Assault Suspect

#### Objectives

- Awareness of law with respect to the different types of sexual assault
- Police and Criminal Evidence Act 1984 (PACE) as applied in this case
- Independent role of the SOE
- Consent, confidentiality, authorisation and for what processes- especially in children
- Presence of Interpreter/appropriate Adult/Solicitor/Chaperone
- Recording and interpretation of injuries
- Definition of intimate samples
- Taking, sealing and exhibiting samples and handing over samples
- Contemporaneous signed medical notes
- Assessment of mental state/intoxication/substance use or abuse
- Addressing physical and medical needs of suspect
- Advice to the Custody Officer
- Liaison with other healthcare colleagues with consent



## Summative Assessment Guidelines

### 3. A demonstration of awareness regarding the interface between the judiciary and clinical forensic medicine (CFM);

**The Trainee** SOE should provide proof of his awareness of the interface between the judiciary and the SOE. It is suggested that this be in two ways:

- Statements (aided by those produced for court by the Trainer as models) either on a given mock scenario or relating to cases he has recorded for the Trainer to view;
- Evidence of attendance at various court cases (a case study in at least one of the courts listed below).

As there is usually some delay in the time between a complainant being seen and a case coming to Court in the area of sexual assault it is considered useful for the Trainee to sit in a Trainer's court case initially-frequently difficult to achieve because of the time taken for a Trial of this type.

The following is a suggested plan from which the Trainer can firstly tutor the Trainee and then assess him in the two aforementioned categories.

#### Type of Assessment: Statement

##### Objectives

- Structure of a statement including relevant introduction of writer's expertise
- Need for accuracy, clarity and comprehensive notes
- Legal requirements and knowledge of hearsay considerations and verbatim first accounts
- Need for distinction between fact and opinion – need for caution in the latter
- Need for the examination of all explanations and the extent to which the examination findings should be articulated in any particular statement
- The need for objectivity
- Consent and Confidentiality
- Disclosure of notes

#### Type of Assessment: Court Cases

Attend whole of case, where possible:

- At Crown Court
- At Magistrates Youth Court
- At County Court/High Court-Family Division

##### Objectives

- Identify participants in Court
- Awareness of their roles, and access to them
- Lines of communication with Court liaison, CPS, police officer in charge of the case etc
- Fees
- Principles of good v. bad witness
- Professional v. Expert witness
- Issues around Consent, Confidentiality and Disclosure of notes/photographs/slides/video-recordings in Court

### 4. The Trainer's Report

This is arguably the most important part of the assessment and should give an honest opinion of the Trainee's strengths and weaknesses. It must include an overview of the following:

1. Patient care (divided into general skills, patient management skills and clinical judgement);
2. Communication skills including aptitude;
3. Personal and professional growth;
4. Organisational skills;
5. Professional values;
6. Specific clinical skills important in clinical forensic medicine (CFM).

There should be advice on the future personal development of the Trainee in the field of CFM. CME in terms of hours per year on appropriate proved topics is to be decided on locally. Attending peer group meetings may be part of this. Reappraisal/revalidation will be considered in another document.

If Summative Assessment is not passed, for whatever reason, the Trainer will recommend that the period be extended as necessary. This period may be with the same or an alternative Trainer and this decision should be made in consultation with the Trainee, the Trainer and another Trainer.

Clearly, a further period of training must incorporate the same principles of Formative Assessments as already outlined.

When training has been satisfactorily completed, the Trainer will normally provide a report to the Senior Force Forensic Physician or his equivalent. The Police Force or contracting body initiating training has the definitive right to accept or refuse the appointment of any Doctor so trained.



## Training Period

It is understood that to pass Summative Assessment (thereby demonstrating a standard of minimal acceptable competence), the length of training required will vary.

There will be those Trainees that have attended introductory or other courses in clinical forensic medicine covering many of the forensic topics in the core syllabus. The Trainer can, subsequently, assess the Trainee's ability in these areas, thereby reducing the time taken to achieve the minimum standard.

The clinical exposure that the Trainee enjoys during the training period will also vary. (Trainees in busy urban areas will have more clinical contact than those in less busy rural practice areas.) This means that the opportunity to develop skills may be greater for some Trainees, thus reducing the length of time required to pass Summative Assessment.

Trainers will be expected to assess the ability in the clinical scenarios described in the Summative Assessment Guidelines consultations (pp 10-17). It is suggested that each clinical scenario is assessed separately, and that once a level of minimal acceptable competence has been achieved in that scenario, it is duly certified. The length of time needed to achieve this level will vary between Trainees, and also from one scenario to another.

It is the Trainer's responsibility to assess each Trainee in the light of his/her learning experiences and to establish a learning plan within a suitable training period. It is expected that most Trainees will have completed their training by the end of a six-month period. Delay in cases coming to court may delay certification, so it is felt that the certificate could be signed in two stages in order that the Trainee may start seeing complainants as soon as possible when the practical training is still fresh in the mind.

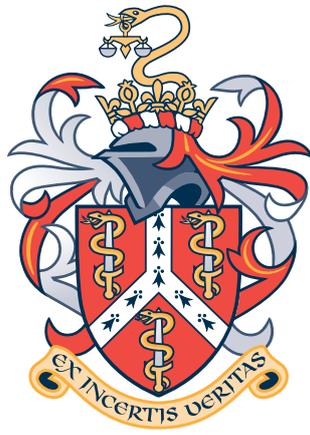
## Record of Training Period and 'Log Diary'

It is recommended that a record of all cases seen in the training period be kept, preferably in a loose-leaf format. This should be the basis of a 'Training Log Diary'. The suggested format for this is as follows (notwithstanding local adaptation):

Page 1	Name of Trainer Address Contact No's
Page 2	Diagram of Structure and Designation of Senior Force Personnel including Support Managers (medical and nursing)
Page 3	Outline map of Force Area with Divisions, Examination Suites for complainants, Custody Suites and Hospitals (Paediatric Units, A&E and Mental Health Units marked)
Page 4	Useful telephone numbers
Page 5	Local force personnel to include custody staff, cell diversion personnel and nurses and accounts unit
Page 6	Initial Formative Assessment – record and agreed objectives
Page 7	3rd Month Formative Assessment – record of achievement of training objectives at the Initial Formative Assessment and an agreed learning plan for the following three months
Page 8	Results of Summative Assessment/Certificate of Achievement

*Subsequent pages to be the record of consultations held in the training period, with the following appendices to appear at the end of the record:*

Appendix 1	Consent Form/s – adult/child and person with parental responsibility
Appendix 2	Body diagrams, appropriate addenda (e.g. anatomical sketches of anal canal, and mouth, glossary of terms, picture of a vaginal speculum and proctoscope, clock face applied to hymenal opening etc) to aid understanding of the non-medical onlooker
Appendix 3	Body sketches – the AFP has endorsed some, but other locally produced ones should be included
Appendix 4	Initial Formative Assessment – record of learning objectives
Appendix 5	Subsequent Formative Assessment(s) – record of learning objectives
Appendix 6	Summative Assessment – results and recommendations (via Trainer's Report) for further development to be set out in the 'Certificate of Achievement', in the format that follows.



Faculty of Forensic and Legal Medicine

*Certificate of achievement*  
of a standard of minimal acceptable competence in  
**Clinical Forensic Medicine relating to  
sexual assault offences**

*one*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
GMC Number \_\_\_\_\_ Qualifications \_\_\_\_\_

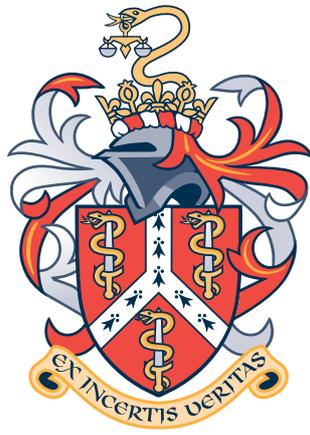
The above Doctor has passed Summative Assessment in the following areas:

Subject	Date Passed
Clinical Knowledge	
Basic life support training	
Consultations in:	
Sexual assault complainant (adult)	
Sexual assault complainant (adolescent)	
Sexual assault assailant (adult/child)	
Other practical training:	
Colposcope use +/- recording device	

Trainer's Report (attached)

**Signed**

Trainer's Name



Faculty of Forensic and Legal Medicine

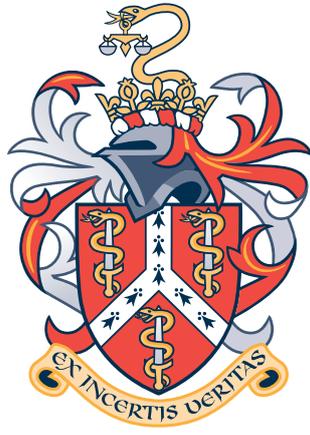
*Certificate of achievement*  
of a standard of minimal acceptable competence in  
**Clinical Forensic Medicine relating to  
sexual assault offences**

*two*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
GMC Number \_\_\_\_\_ Qualifications \_\_\_\_\_

The above Doctor has passed Summative Assessment in the following areas:

Subject	Date Passed	Subject	Date Passed
Clinical Knowledge		Legal Knowledge in:	
Basic life support training		Courts	
		Statements/Reports	
Consultations in:		Trainer's Report (attached)	
Sexual assault complainant (adult)		<b>Signed</b>	
Sexual assault complainant (adolescent)			
Sexual assault assailant (adult/child)			
Other practical training:		Trainer's Name	
Colposcope use +/- recording device			



Faculty of Forensic and Legal Medicine

*Certificate of achievement*  
of a standard of minimal acceptable competence in  
**Clinical Forensic Medicine relating to  
sexual assault offences**

*three*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
GMC Number \_\_\_\_\_ Qualifications \_\_\_\_\_

The above Doctor has passed Summative Assessment in the following areas:

Subject	Date Passed	Subject	Date Passed
Clinical Knowledge		Legal Knowledge in:	
Basic life support training		Courts	
		Statements/Reports	
Consultations in:			
Sexual assault complainant (adult)		Trainer's Report (attached)	
Sexual assault complainant (adolescent)			
Sexual assault complainant (child)		<b>Signed</b>	
Sexual assault assailant (adult/child)			
Other practical training:			
Colposcope use +/- recording device		Trainer's Name	