



Quality Standards for Nurses Sexual Offence Medicine (SOM)

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Introduction

Within the network of Sexual Assault Referral Centres (SARCs) it is essential to be able to provide a 24/7 timely response to complainants (aged 16 plus) of sexual assault. This care is provided by forensic physicians and forensic nurses as part of the SARC's workforce. This will also help ensure local services will always be able to offer the choice of a female or male examiner to complainants¹.

Nurses may be trained to provide examinations for suitable sexual offence complainants and/or support forensic physicians in these examinations. They may also be involved in providing the comprehensive follow up services required in SARCS². These standards are designed to assist those commissioning and providing SARC practitioners.

SARC clients should receive care of a high quality and equivalence to that offered within the National Health Service (NHS) which will be ensured by the anticipated transfer of these services to NHS commissioning by 2015.

Examinations of child complainants (younger than 16 and on case-by-case basis under 19 with disabilities³) of sexual assault may be provided in Children's SARCs and other settings. The specific recommendations on the role of nurses in these examinations are contained in a later section of this document.

The framework for this document is:

- A Call to End Violence against Women and Girls – Action Plan 2013⁴.
- Responding to violence against women and children – the role of the NHS⁵.

This document for nurses has been produced in consultation with representatives of the UK Association of Forensic Nurses (UKAFN) and the Royal College of Paediatrics and Child Health.

The Nursing and Midwifery Council (NMC) sets the general professional standards for nurses working in the UK. For the individual nurse providing care, the NMC is clear that the nurse must recognise and work within her/his competence⁶.

Nurses whose role is merely supportive of such examinations or to provide follow up services will require a different tailored initial training programme.

1. Recruitment

For all nurses:

- 1.1 It is recommended that all staff have suitable background experience which should be at least 3-4 years post registration (with the NMC) and have clinical experience in a relevant specialty.
- 1.2 Relevant experience for nurses would include: Sexual Health and Family Planning, General Practice (where the role has included smear taking/family planning etc.), Gynaecology and Genitourinary Medicine. Other experience can be considered on a case-by-case basis.
- 1.3 Nurses dealing with children (under 16 or under 19 with disabilities) should be qualified as paediatric nurses. All nurses who provide care to children and young people should have a specific qualification in the nursing care of children and young people. Any nurse working with children without specific training, is working outside their registration status⁷. Non-registered children's nurses must work alongside/under the supervision of a registered children's nurse/paediatrician or doctor with paediatric experience when providing care to a child or young person⁷. (See also paragraphs 6.1 to 6.4 below).

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. The NMC requirement for overseas-trained applicants to the register is that they achieve an overall score of 7.0 in the British Council's International Language Testing Scheme (IELTS⁹). This may require additional support from employers to ensure effective communication for legal fora.

2. Initial Training and Induction Support

Nurses may come from different backgrounds and so it is essential that the exact period and content of training should be tailored to meet the needs and requirements of that nurse with the overall outcome: a competent nurse who can provide/support examinations of sexual offence complainants. The exact role and training programme will vary depending on the practice area and provider and be open to scrutiny if required.

All newly appointed staff should attend an FFLM-approved Introductory Training Course in SOM and have an appropriate workplace-based period of training and shadowing with a senior forensic physician/nurse as part of their induction and prior to commencing any work that is not directly supervised. A record of activities and learning undertaken must be kept, and newly trained staff:

- 2.1 Must be trained in Immediate Life Support at induction, which is updated annually.
- 2.2 Should complete training in Safeguarding for Children and Young People (Intercollegiate document minimum Level 3)¹⁰, which is updated annually. Staff should also have specific training in the Safeguarding of Vulnerable Adults and be aware of referral pathways for Vulnerable Adults in the locality in which they are working.
- 2.3 Should complete training in statement writing and courtroom skills.
- 2.4 Must have training in assessment of mental health and risk assessment for self-harm.
- 2.5 Must have training in sexual health and contraception relevant to the SARC role.

- 2.5 Should have training in equality and diversity issues.
- 2.6 Should receive induction in the policies and procedures of the workplace (e.g. police/outsourced provider/ NHS provider).

3. Ongoing Mentoring and Supervision

- 3.1 All staff will have a named mentor (with expert knowledge of forensic practice and with explicit training in effective mentoring). Initially this mentor should establish when the nurse is competent to practise independently in the role. This initial role is likely to be best performed by the lead forensic physician for the SARC. If at all possible, the new nurse should also have access to a nurse mentor as well, who can guide the lead forensic physician in effective nursing mentoring.
- 3.2 The named mentor should perform an initial assessment of the individual nurse's training needs so that appropriate training and continued maintenance of competence can be achieved.
- 3.3 The named mentor could use locally developed materials, the *'Guide to practical induction training for Sexual offence examiners (FFLM 2007)* and the *DFCASA syllabus*¹¹ as appropriate, as a basis for the training /supervision.
- 3.4 Clinical supervision should also take place as often as necessary in the initial stages, and afterwards, as often as agreed in the local service. Written records should be maintained.
- 3.5 Nurses whose role is to include forensic medical examination of complainants of sexual assault must also meet the requirements of the Diploma in Clinical and

Forensic Aspects of Sexual Assault (DFCASA) below.

DFCASA (LFFLM)

By 2015 the Diploma in Forensic Aspects of Clinical and Sexual Assault (DFCASA) is expected to be a minimum level qualification for forensic physicians and nurses offering examinations to complainants of sexual assault¹².

Initial training should be focused around the core competencies for DFCASA and the log book should be completed as the nurse is trained in forensic medical examinations of sexual assault complainants. It is anticipated that this qualification should be achieved within the first 1-2 years of appointment. Until that time services should provide close mentoring and support to the newly appointed nurse.

Services may wish to provide a mix of external and internal training as the nurse works towards DFCASA. Arranging shadowing sessions in other relevant services such as Sexual Health and Genitourinary Medicine may also be of assistance in supporting the nurse to achieve the DFCASA competencies.

Holders of the DFCASA will be entitled to apply for Licentiate of the Faculty of Forensic and Legal Medicine (LFFLM).

4. Continuing Professional Development

All nurses:

- 4.1 Must fulfil the NMC¹³ requirements for re-registration and continuing professional development.
- 4.2 Should practise in accordance with the NMC Code of Conduct.

- 4.3 Must have an annual appraisal covering the full range of the nurse's duties by a trained clinical appraiser and maintain a portfolio of CPD as set out by the NMC. CPD should be a mixture of workplace-based and other external events.
- 4.4 Should complete sufficient hours of registered practice in the forensic setting each year to maintain competence and agree a personal development plan with their mentor, appraiser or line manager. Nurses should comply with the CPD recommendations set out by the NMC¹⁴. External providers could include the FFLM, UKAFN, NHS and events provided by other relevant bodies.
- 4.5 Should participate in peer review, including that of the colposcopy examinations conducted within their service, at a frequency to be agreed by the local service. This peer review can provide opportunities for review of cases seen and also learning from review of other practitioners' cases^{15, 16}.
- 5.3 Nurses must comply with the information governance arrangements in their workplace, which must be compatible with professional ethics.
- 5.4 Nurses must comply with the NMC guidance on medications management and local governance arrangements around the issue of emergency contraception, PEPSE and Hepatitis B immunisation as required^{18, 19}.
- 5.5 All nurses who are working autonomously should have access to advice (by telephone as a minimum) when on duty from an experienced forensic physician (ideally with FFLM Membership).
- 5.6 Senior nurses should be supported in gaining additional qualifications to provide the expert level of senior mentoring and support needed.
- 5.7 The overall workforce should be sufficient in numbers to provide a timely response to reflect the clinical and forensic needs of patients and the contracting police force or commissioning body.

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 forensic nurses, should have access to ongoing CPD, supervision and annual appraisal.
- 5.2 All nurses must keep detailed contemporaneous clinical notes and ensure effective communication between colleagues and other professionals, including safeguarding of vulnerable patients. There must be clear procedures in place for sharing confidential information¹⁷ as appropriate.
- 5.8 The SARC workforce must be adequately trained within the scope of their professional competency and be able to work co-operatively in multi-disciplinary teams to ensure all complainants see an appropriately experienced and trained practitioner.
- 5.9 There must be a strong clinical governance structure within every service. All staff should contribute to this via the maintenance of high standards in their own practice but also by reporting adverse incidents or any concerns they might have²⁰.

6. Services which include children and young people under 16 (or young people with learning disabilities up to aged 19)

- 6.1 In accordance with the joint Guidelines on Paediatric Forensic Examination²¹, it is recommended that children be examined by a suitably qualified doctor either jointly with another doctor or singly if in possession of all the requisite skills. (See notes.)
- 6.2 All children should see a suitably trained and experienced practitioner. To ensure equivalence with NHS Services, nurses who deal with children must be qualified Paediatric nurses. (See Para 1.3.)
- 6.3 It is acknowledged that some adult trained nurses may have extensive experience in dealing with under 16s in sexual health/family planning services. Services must ensure that any nurse who is involved with the examination of a child has the requisite skills and supervision to ensure the complainant sees a practitioner(s) with the necessary competencies.
- 6.4 In due course nurses may be able to extend their skills in forensic examinations of children. However the lead clinician in the examination of a child should always be a doctor and responsibility for ongoing case management should be via a consultant paediatrician.

Notes

The report by Lord Laming following the Victoria Climbié Inquiry²² 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 FFLM that all children and young people 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, Laming Recommendations 65 to 74 and 76 to 80 are also relevant in this context.

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