Royal College of Paediatrics and Child Health
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Faculty of Forensic & Legal Medicine

The Role of the Clinical Director in the Sexual Assault Referral Centre (SARC)

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1. Introduction

A number of publications have identified the need for a clinical director (CD) in sexual assault referral centres (SARCs), whether the SARC service is for adults, children or both.

In the 2008 document, 'Recommendations for regional sexual assault centres'[1] the Department of Health Working Group described the importance of the CD, who *'will hold responsibility for ensuring the provision and maintenance of a high quality, appropriate medical service to Centre clients…'* and '*…will play a key role in the development of the Centre, and make a significant contribution to the Centre's strategic planning, policy formulation and to achievement of the Centre's objectives*.' In the same document, appendix C included an example of a job description, consisting of a minimum time commitment of two (2) programmed activities (PAs), i.e. 8 hours per week.[1]

The role of the CD will support the SARC's approach to clinical governance, that is, the structures and processes through which it, and its staff, will develop and foster the culture needed to provide good quality care and to seek ways to improve it.

Most recently, in 2015, the Royal College of Paediatrics and Child Health (RCPCH) and the Faculty of Forensic & Legal Medicine (FFLM), published the 'Service specification for the clinical evaluation of children and young people who may have been sexually abused'. In this document, it is noted that the staff of such a service '*would ideally include a Clinical Director or equivalent for the service*.'[2]

In particular, it was noted that the CD '*will provide professional leadership and the Administrator will facilitate and coordinate the provision of a high quality, equitable service,*'[2] and '*Any health organisation, hosting either a SARC or local community paediatric service, must ensure the service has a robust clinical governance plan which is reviewed on an annual basis. The Clinical Director or equivalent will be responsible for the development of protocols, training programmes, clinical supervision and clinical governance with the support of the service administrator*'.[2]

Staff roles are described in both documents.[1,2]

Lord Darzi described high quality care in his 2008 review:

'…should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.'[3]

This guiding principle should apply to those who attend SARCs, just as it would to those attending any other healthcare service.

The FFLM has contributed to publications which identify the importance of the CD & their role in the SARC and continues to recommend & support such appointments.[1,2]

A note on terminology: the role may have various titles, including Clinical Director and Clinical Lead. Please also see paragraph 3, below.

2. The Role of the Clinical Director

The post of the CD can be viewed in terms of the individual, sometimes described as a 'person specification' and their role and responsibilities. Whilst these may vary somewhat, there should be certain core elements which are essential to the appointment.

2.1 The individual

a) Must be registered and in good standing with the General Medical Council (GMC), with a license to practice.

b) Must have a minimum of four years' experience in sexual offence medicine (SOM) or paediatric sexual offence medicine (PSOM).

c) Should be in active clinical forensic practice in SOM, or paediatrics (for a paediatric SARC), or have been in practice within the last 12 months. It is recognised there may be exceptional circumstances, where an appointee is no longer in active clinical practice, in which case the FFLM/RCPCH advises that the appointment is limited to a maximum of two years' tenure.

d) Must hold a qualification in clinical forensic & legal medicine (FLM); ideally this would be the membership of the FFLM (MFFLM), but as a minimum would be the licentiate of the FFLM (LFFLM SOM, or the qualification which preceded it, the Diploma in the Forensic & Clinical Aspects of Sexual Assault, DFCASA), unless in post via 'grandparent' rights, that is, the individual has demonstrated the necessary knowledge, skills and attitudes.

e) If the appointment is to a SARC where children and young people are seen, then the CD must have appropriate paediatric knowledge, skills and experience. They must meet the training requirements identified in *Quality Standards for Doctors Undertaking PSOM 2017*[4] either through:

- 'grandparent' rights, that is, the individual is in post and has already demonstrated the necessary knowledge skills and attitudes, to hold this role, and/or
- holds a qualification in clinical forensic & legal medicine (FLM); ideally this would be the membership of the FFLM (MFFLM), but as a minimum would be the licentiate of the FFLM, (LFFLM, or the qualification, which preceded this, the Diploma in the Forensic & Clinical Aspects of Sexual Assault, DFCASA).

f) If the appointment is to a Paediatric SARC or one where, in addition to adults, children and young people are seen, ideally the post holder will have MRCPCH (or FRCPCH), or other appropriate membership-level qualification, along with, meeting the training requirements identified in *Quality Standards for Doctors Undertaking PSOM 2017*.[4]

g) Must have knowledge and be able to demonstrate experience of audit; experience of research is desirable.

h) Should have or be supported in developing knowledge and experience in recruitment, training, supervision and management of clinical staff. Similarly, develop skills as a mentor, an appraiser, and a leader.

i) It is desirable that the CD has training in and experience of the role of an educational supervisor, including managing the trainee in difficulty. The CD has an essential role in liaising & working with the clinical lead of the forensic medical service provider, if it is a private/outsourced organisation, in terms of recruitment, induction, training of staff as well as contributing to their on-going CPD, including peer review meetings (PRMs).

It is accepted that some appointees will have the necessary knowledge, skills and attitudes through their existing roles and experience, via a 'grandparent' right.

The panel at the appointments committee:

- should include a representative from the FFLM;
- should include a representative from the RCPCH, when the SARC provides services for children and young people.

2.2 The role and responsibilities

These should serve to underpin a safe, well led and high-quality service in all aspects of the care provided to those who attend the SARC, as well as working co-operatively and addressing the evidential needs of the Criminal Justice System (CJS).

At each SARC, it must be clear to whom the CD is accountable and what his/her responsibilities are.

The role & responsibilities will include:

a) Ensuring, with the help and support of the SARC's multi-disciplinary staff, a safe, high quality forensic, medical, and psycho-social service to those who attend the SARC. This will be supported by robust clinical and forensic governance, including: health and safety, medicines management, risk identification and management, infection control, forensic anti-contamination processes, (including environmental monitoring), information governance, investigation of incidents and complaints, education, audit & research. Furthermore, such activities should then result in the implementation of any action plans or recommendations.

b) Operational & strategic leadership, to develop the SARC services in response to changes in or maintenance of national quality standards, as well as local needs, Commissioners' and national requirements or targets.

c) Liaison and partnership work with other relevant agencies and individuals, e.g. health, the CJS, the Forensic Science Regulator (FSR), social care, and the voluntary (3rd) sector. Such work will increase awareness of the SARC and its role within the local community and facilitate the provision of ongoing or follow up care of, and support to patients/clients.

In SARCs for children and young people, parents and carers should be involved. This on-going care will relate to physical, sexual and mental health, as well as addressing safeguarding concerns for adults and children.

d) Ensuring the recruitment and training of staff, and their supervision is robust and enables them to undertake their role to provide appropriate care in a safe and secure environment. As noted above, where relevant, this will involve significant partnership working with a private provider's lead clinician; in particular, ensuring, as far as is possible, the clinicians meet FFLM Quality Standards in relation to training. There needs to be a clear route by which staff can seek senior advice. This will include supporting the clinicians' professional development. This may be supported in a number of ways, including organising or facilitating educational and PRMs, and case note review or audit. It is the FFLM's and RCPCH's view that review and audit of forensic and other records made within the SARC is an essential component of this, therefore commissioning processes must ensure that this is included. In relation to a clinician's annual appraisal or review, the CD will undertake or contribute to it, as appropriate. In relation to the clinician's personal development plan (PDP), consideration should be given to encouragement and support to obtain professional qualifications in SOM.

e) With other colleagues, e.g. the SARC manager, nurses and other staff, the SARC Board and other relevant agencies (stakeholders), ensure appropriate use of resources and implementation of local or national guidance and standards. This will include guidance from, but not be limited to the GMC, the Nursing and Midwifery Council (NMC), FFLM, the United Kingdom Association of Forensic Nurses and Paramedics, (UKAFN), FSR, RCPCH, British Association of Sexual Health and HIV (BASHH), Faculty of Sexual and Reproductive Healthcare, (FSRH) and the NHS.

f) Contribute to or lead on audit and research, whether locally or nationally.

g) Contribute to the required local or national data collection and reports (e.g. annual, quarterly, risk and governance).

h) Consider and develop appropriate changes, innovation or quality improvement projects which will better serve the needs or enhance the experience of clients/patients using the SARC.

The list above is not exhaustive therefore some variation is to be expected.

3. Other Considerations

3.1 Job plan and the workload of the CD

The CD should have a job plan with sufficient time allocated for the role, with an annual review to check whether more time is required. Ideally, some flexibility will exist, for projects and other unanticipated work which may arise; in 2020, a clear example was the need to review and adapt the service during the COVID-19 pandemic. The time required will vary depending on the workload of the SARC. However, with the work now started on the accreditation of SARCs by the UK Accreditation Service (UKAS), (see: *https://www.ukas.com/services/technical-services/development-of-new-areas-of-accreditation/current-pilot-projects/sexual-assault-referral-centres-sarcs/*), it is now likely to be a minimum of 16 hours per week (i.e. 4 programmed activities, PAs). As noted above, there will be a need for flexibility, as attendance at meetings, (e.g. Board, Contract management) will not necessarily be on a fixed day.

3.2 Clinical Supervision, Appraisal and Revalidation

Within the clinical governance structure, there must be an identified route by which the CD can consult with and seek advice from senior forensic physicians and/or paediatricians on forensic and other clinical aspects of the service.

All organisations providing services must be aware of and ensure there are clear arrangements for the CD's annual appraisal and, every five years, revalidation with the General Medical Council (GMC). The CD must be connected to a Designated Body (e.g. within an NHS Trust) or through the FFLM Suitable Person.

3.3 Employing Organisations and identifying and Declaring Interests and/or Conflicts

The commissioning of sexual assault and abuse services (SAAS), including SARCs is a complex process, often with many provider organisations involved, as a result of which it may be necessary to discuss, identify and declare different interests, which may give rise to a conflict.

In some SARCs, the CD will be employed by the organisation providing the service and may also be one of the clinicians delivering the service. In others, the CD will be employed by the 'host' (often an NHS) organisation and a separate provider will provide the forensic medical service. It will be necessary to consider whether it is appropriate for the CD to be employed by the provider organisation. This will need to be determined locally.

It is essential that complainants and their parents and/or carers can benefit from collaborative working between agencies and organisations to ensure they experience high quality and seamless care. Therefore, within the often highly complex commissioning arrangements in contract development and award, where a number of different inter-connected contracts may exist for medical, counselling, buildings, equipment, medicines and consumable services, the commissioners must ensure it is clear who has responsibility for what and that there are clear lines of accountability.

3.4 Support and resources for the CD

Opportunities to share knowledge and experience are essential, since it is likely CDs will experience the same challenges as each other. Therefore, CDs are encouraged to liaise with each other, as this will support the development of good practice and help promote equitable services.

The FFLM supports the development of a CDs' group/forum and new colleagues are encouraged to join via the FFLM. A request to be added to this group/forum should be sent to *forensic.medicine@fflm.ac.uk*. The FFLM then shares the details with the FFLM fellow or member who co-ordinates the group/forum who will contact the new CD and with consent, share their contact details with others in the group/forum

The GMC has commissioned research into how doctors develop and maintain a positive patient-centred culture.[5]

The new and established CD may find the *Faculty of Medical Leadership and Management* has useful information and resources.

References

1. Department of Health Working Group
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London: Department of Health; June 2008

4. FFLM
Quality Standards for doctors undertaking Paediatric Sexual Offence Medicine (PSOM)
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5. Shale S
How doctors in senior leadership roles establish and maintain a positive patient-centred culture
Research Report for the General Medical Council
March 2019

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Send any feedback and comments to forensic.medicine@fflm.ac.uk