# APPENDIX 5 - [Compendium of Validated Evidence (COVE)](http://www.apothecaries.org/apothecaries/media/media/examinations/documents/dfcasa-cove-nov-12-v4.pdf)

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| --- | --- |
| NAME OF CANDIDATE:  Regulatory number: |  |
| START DATE: |  |
| COMPLETION DATE: |  |
| NAME(S) OF EDUCATIONAL SUPERVISOR(S):  (See also guidelines on supervision) |  |
|  |  |
|  |  |
|  |  |
| NAMES OF CLINICAL VALIDATOR(S):  (See also guidelines on supervision) | See individual sheets and Appendix |
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**Guidance**

1. **Introduction**

This guidance should be read in conjunction with the Guide to the LFFLM (SOM), including the Regulations and Syllabus.

# Clinical Validator(s)

Candidates require one or more clinical validators. The role of the clinical validator is purely to certify the candidate’s satisfactory completion of the modules set out in the Compendium of Validated Evidence (COVE). They need to have sufficient knowledge and experience to be able to judge whether the competencies being tested are appropriate to independent forensic practice. They should be senior to or more experienced than the candidate, even if they are part of the same forensic team. See requirements above.

1. Clinical Validators must declare any conflict of interest.
2. It may be necessary to have different clinical validators for different modules or parts of each module. It is the candidate’s responsibility to identify and obtain the cooperation of their own clinical validators. Normally the Clinical Validator will not be a contemporary candidate for the LFFLM (SOM) certificate; should the need arise, the prior permission of the Chief Examiner must be obtained (via the FFLM office).

# Educational Supervisor(s)

1. Candidates also require one or more educational supervisors. The role of the educational supervisor, who must have completed accredited ES training, is to certify completion of the modules by signing the appropriate sheet in the COVE. Their signature is the evidence of completion of all of the components signed off by the clinical validators.
2. For a current list of FFLM-accredited Educational Supervisors please email [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk).
3. In the event that more than one educational supervisor is necessary to assist in completing a single module, the module should be signed off by the supervisor who has had the greater involvement.
4. Educational supervisors must:
   1. Have significant experience in examining victims of sexual assault;
   2. Have experience in the field of education and training;
   3. Have some experience and appropriate training as an educational supervisor;
   4. Ensure that an appropriate Clinical Validator signs off the component;
   5. Adhere to GMC standards:
   6. <https://www.hee.nhs.uk/sites/default/files/documents/Educational%20Supervisor%20Handbook%20v2.0_draft.pdf> for further information.
   7. Declare any conflict of interest
   8. Submit a brief CV with the COVE to confirm a – c above.

# The Compendium of Validated Evidence (COVE)

# Purpose

# Training and assessment for the programme are intended to achieve professional competency. The assessment programme should emphasise the attitude, skills and knowledge required to manage a complainant of sexual assault competently. This qualification is intended for those who are preparing to become experts with further experience. The curriculum is laid out in modules for ease of completion but each module links with other modules to form an integrated whole.

# When to start

# You should become familiar with the whole content of the COVE, and that it should be commenced as soon as possible.

# Completion of the COVE to the standard required by the LFFLM (SOM) confirms an appropriate range and level of current clinical experience.

# Competencies

* + 1. You should become familiar with the whole content of the curriculum. Each module has specific competencies, as listed in the curriculum. Each must be achieved regardless of your particular discipline e.g. paediatrician, forensic clinician etc. Once you have achieved a competency your clinical validator should be asked to sign it off.
    2. The case-based discussions (CBDs) are based on randomly-selected notes and the skills demonstrated in the direct observations, but not exclusively so and can include anything within the syllabus.
    3. Validators must not to sign off a competency until they are sure that the standard required has been reached. They may find it helpful to indicate in the performance feedback section those components which they feel are requirements before a signature can be given. For those candidates who meet the requirements, validators may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated. These comments assist the examiner who validates the COVE.
    4. If a competency is not achievable because of circumstances beyond control of the candidate or validator, then a note should be made to this effect and the Chairman of the Examination Committee informed.

# Meeting your Educational Supervisor

# You will need to arrange a meeting with your educational supervisor as soon as you can at the start of your programme in order to plan how you will acquire or validate the skill set necessary for each of the modules. The COVE should be taken to that initial meeting to assess your needs.

# You should also have read through the curriculum so that you will be able to agree with the educational supervisor the various clinical placements that are required to complete your programme.

# Contact during Assessment

# You should arrange regular contact with your educational supervisor during your assessment to review your progress. He/she will need to sign off each module of your portfolio.

# How to complete the COVE

1. The COVE sets out the modules and the objectives within the modules, and indicates the evidence, which must be current, required for each objective. Each element should be signed-off by the clinical validator and confirmed using the record sheets at the end. Once the requirements for each module have been fulfilled, the educational supervisor should sign off the Completion of Module table.
2. If the clinical validator has concerns about any of these core skills in a candidate, observed sessions can be repeated and the Educational Supervisor can be asked to arrange an observed examination.
3. For those candidates who meet the requirements, validators are encouraged to comment about how they met the standard and may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated. These comments assist the examiner who validates the COVE.
4. As most of the modules are to be explored with the candidate by case discussion on the basis of **6** cases selected from the previous 6 months, this may require more than one session. These sessions could be conducted by a nominated clinical validator or the educational supervisor (the latter if concerns have been raised by any clinical validator on basis of observed cases). The second session may also be delayed if there are issues to be addressed from the first review.
5. Where competency is to be demonstrated by case-based discussion, the validator’s role is to evaluate the candidate's normal practice. He or she should therefore review **a minimum of six illustrative case notes** from the last six months of the candidate’s practice, in addition to the cases prepared as part of the case portfolio. The cases selected for discussion must cover the whole range of the candidate’s experience. The case discussions are based on the sample documentation and observed skills, but the discussion can include anything in the syllabus. N.B. Case notes are required for all modules.
6. Case review is appropriate for issues demonstrated over a variety of cases, while case-based discussion may explore a single case, which illustrates the required competency. Please note that Module 6 requires the candidate to have observed a case in Court, relating to an assault or sexual offence if possible.
7. The COVE must be submitted prior to or with the application for Part 2 LFFLM (SOM).

# General notes

* 1. **For Validators and Supervisors:**

At all times the candidate must be observed to:

* + Display tact, empathy and respect for the complainant;
  + Respect confidentiality;
  + Be non-judgemental;
  + Take into account equality and diversity issues;
  + Communicate appropriately and with clarity;
  + Respect dignity;
  + Be aware of the need for a chaperone
  + Liaise appropriately and work in conjunction with other professionals and units;
  + Understand risk management.
  1. **For Candidates:**

All candidates must demonstrate an awareness of:

* + The roles and supervision requirements of other professionals in the team e.g. crisis workers, counsellors, youth workers;
  + Clinical governance issues related to specific clinical services;
  + Local and national standards, guidelines and performance indicators;
  + The role of support groups and voluntary agencies;
  + Child and adult safeguarding responsibilities and local procedures

# Courses that may be attended

# Candidates may find attendance at one or more of the following courses useful:

* + FFLM or RCPCH approved forensic course (please refer to the relevant websites: [www.fflm.ac.uk](mailto:info@fflm.ac.uk) and [www.rcpch.ac.uk](http://fflm.ac.uk/education/licentiate/) for details).
  + Court room skills course.
  + Sexually transmitted infection foundation course (STIF).
  + Compliant with Level 3 Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018). <https://www.rcn.org.uk/professional-development/publications/pub-007069>
  + Compliant with Level 3 Safeguarding children and young people: Roles and Competencies for Healthcare Staff (January 2019). <https://www.rcn.org.uk/professional-development/publications/pub-007366>

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| Module 1 Topic: Initial Contact |
| Objective 1: Formulate a response to a request for a forensic examination |

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| --- | --- | --- | --- | --- | --- |
| **Label** | **Skills** | **Evidence required See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **Signature**  **NB see Note 1 below** | **Competence attained**  **Date** |
| Mod1:1 | Accurate documentation | Case review 6 randomly- selected, anonymised cases by validator over 6 months |  |  |  |
| Candidates are reminded that case-based discussions are based on 6 randomly-selected case notes, specific observations and/ or cases in the case portfolio. | | | | | |
| Mod1:2 | Assess including history relating to: | Direct Observation |  |  |  |
| Mod1:2.1 | – Acute injuries | Direct Observation |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Mod1:2.2 | – Intoxication | Direct Observation |  |  |  |
| Mod1:2.3 | – PEPSE | Direct Observation |  |  |  |
| Mod1:2.4 | – Emergency contraception | Direct Observation |  |  |  |
| Mod1:2.5 | – Mental health e.g. suicide risk | Direct Observation |  |  |  |
| Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio. | | | | | |
| Mod1:3 | Take into account age and stage of development of the complainant | Case-based discussion |  |  |  |
| Mod1:4 | Take into account use of early evidence kit | Case-based discussion |  |  |  |
| Mod1:5 | Take into account nature of the assault (inc. assailant type/ number involved) | Case-based discussion |  |  |  |
| Mod1:6 | Take into account persistence of evidence | Case-based discussion |  |  |  |
| Mod1:7 | Take into account suitability of premises available for examination | Case-based discussion |  |  |  |

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| Mod1:8 | Take into account preservation of evidence | Case-based discussion |  |  |  |
| Mod1:9 | Take account of other potential constraints when formulating management plan | Case-based discussion |  |  |  |

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix and the Comments boxes completed to allow examiners to assess the COVE.

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| Completion of Module 1: Initial Contact – To be completed by the Educational Supervisor | |
| I confirm that all components of the module have been satisfactorily completed | |
| Name (please print) |  |
| Hospital/Site name and address |  |
| GMC/NMC/HCPC number |  |
| Email address |  |
| Signature |  |
| Date |  |

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| Module 2 Topic: History |
| Objective 1: Obtain consent |

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| **Label** | **Skills** | **Evidence required**  **See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **signature**  **NB See Note 1 below** | **Competence attained**  **Date** |
| Mod2:Ob1:1 | Accurate documentation | Sample of 6 cases |  |  |  |
| Mod 2:Ob 1:2 | Obtain consent for examination | Direct Observation |  |  |  |
| Mod 2:Ob 1:3 | Obtain consent for release of information | Direct Observation |  |  |  |
| Mod 2:Ob 1:4 | Obtain consent for photo documentation | Direct Observation |  |  |  |
| Mod 2:Ob 1:5 | Obtain consent for audit of information | Direct Observation |  |  |  |

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| Mod 2:Ob 1:6 | – Research and peer review | Direct Observation |  |  |  |
| Mod 2:Ob 1:7 | Obtain consent for use of anonymised data for teaching | Direct Observation |  |  |  |
| Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio. | | | | | |
| Mod2:Ob1:8 | Assess capacity to consent (including ‘Gillick’ competency) | Case-based discussion |  |  |  |
| Mod2:Ob1:9 | Formulate an appropriate management plan if consent unobtainable. | Case-based discussion |  |  |  |
| Mod2:Ob1:10 | Understand the limits of and maintain confidentiality as appropriate and discuss this with complainant. | Case-based discussion |  |  |  |

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Objective 2: To take an accurate and appropriate history of the incident

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| **Label** | **Skills** | **Evidence required**  **See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **Signature**  **NB See Note 1 below** | **Date competence achieved** |
| Mod2:Ob2:1 | Take and document a relevant history of event from police including: | Direct observation |  |  |  |
| Mod2:Ob2:1:1 | – Use of proforma | Direct Observation |  |  |  |
| Mod2:Ob2:2 | Take and document a relevant history of event from complainant/ parent with regard to other factors e.g. age and capacity including: | Direct observation |  |  |  |
| Mod2:Ob2:2:1 | – Use of proforma | Direct Observation |  |  |  |
| Mod2:Ob2:2:2 | – Avoiding leading questions | Direct Observation |  |  |  |

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Objective 3: To take a relevant and accurate medical history including, where appropriate:

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| **Label** | **Skills** | **Evidence required See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **signature**  **NB See Note 1 below** | **Date Competence achieved** |
| Mod2:Ob3:1 | Medical/surgical | Direct observation |  |  |  |
| Mod2:Ob3:2 | Dermatological | Direct Observation |  |  |  |
| Mod2:Ob3:3 | Gynaecological/ sexual/contraceptive | Direct Observation |  |  |  |
| Mod2:Ob3:4 | Paediatric / adolescent | Direct Observation |  |  |  |
| Mod2:Ob3:5 | Bowel | Direct Observation |  |  |  |
| Mod2:Ob3:6 | Mental health, including self-harm, assessment of intellectual disability | Direct Observation |  |  |  |

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| Mod2:Ob3:7 | Current medications including use of over the counter | Direct Observation |  |  |  |
| Mod2:Ob3:8 | Allergies | Direct Observation |  |  |  |
| Mod2:Ob3:9 | Recreational drugs (including alcohol) | Direct observation |  |  |  |
| Mod2:Ob3:10 | Address child safeguarding and protection needs of complainant and other children where appropriate | Direct observation |  |  |  |

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| Completion of Module 2: History – To be completed by the Educational Supervisor | |
| I confirm that all components of the module have been satisfactorily completed | |
| Name (please print) |  |
| Hospital/Site name and address |  |
| GMC/NMC/HCPC number |  |
| Email address |  |
| Signature |  |
| Date |  |

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| Module 3 Topic: Examination | | | | | |
| Objective 1: Carry out a thorough sensitive examination with regards to the therapeutic and forensic needs of a person complaining of or suspected of being a victim of a sexual assault. | | | | | |
| **Label** | **Skills** | **Evidence required See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **signature**  **NB See Note 1 below** | **Date Competence achieved** |
| Mod3:1 | Prepare the necessary equipment paperwork and other materials e.g. swabs prior to commencing physical examination | Direct observation |  |  |  |
| Mod3:2 | Accurately identify and document injuries in order to aid in the determination of their possible causation and age. | Direct observation |  |  |  |
| Mod3:3 | Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault. | Direct observation |  |  |  |

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| Mod3:4 | Risk identification including basic assessment of mental state. | Direct observation |  |  |  |
| Mod3:5 | Carry out a full physical examination that takes account of possible ongoing medical problems and takes account of injuries which may be due to assault | Direct observation |  |  |  |
| Mod3:6 | Be able to take accurately labelled forensic samples and ensure minimal cross contamination | Direct observation |  |  |  |
| Mod3:7 | Assess child development and relevant contributing factors including effects of age and pubertal status particularly with regard to external genitalia | Direct observation |  |  |  |
| Mod3:8 | Communicate findings to the police | Direct observation |  |  |  |

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| Completion of Module 3: Examination – To be completed by the Educational Supervisor | |
| I confirm that all components of the module have been satisfactorily completed | |
| Name (please print) |  |
| Hospital/Site name and address |  |
| GMC/NMC/HCPC number |  |
| Email address |  |
| Signature |  |
| Date |  |

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| Module 4 Topic: Aftercare |
| Objective 1: Provide:   * Information and guidance to complainants about aftercare * Immediate care at the time of the forensic medical examination * Ongoing follow-up and support for a complainant, including referral to other agencies |

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| **Label** | **Skills** | **Evidence required See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **signature**  **NB See Note 1 below** | **Date Competence achieved** |
| Mod4:1 | Discuss with the complainant where appropriate the risks of unintended pregnancy | Direct observation |  |  |  |
| Mod4:2 | Discuss with the complainant risks of acquisition of sexually transmitted infection and blood-borne viruses | Direct observation |  |  |  |
| Mod4:3 | Risk-assess need for, and provide as necessary, emergency hormonal contraception | Direct observation |  |  |  |

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| Mod4:4 | Risk-assess need for prophylactic interventions (e.g. antibiotics / antivirals and vaccines) and provide as necessary according to local/national guidelines with discussion of side effects efficacy and risks | Direct observation |  |  |  |
| Mod4:5 | Discuss the importance of on-going medical care and important triggers to access services | Direct observation |  |  |  |
| Mod4:6 | Formulate and implement plan for follow-up including referral to other services | Direct observation |  |  |  |
| Mod4:7 | Assess emotional well- being and suicide risk; assess DV risk | Direct observation |  |  |  |

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| Completion of Module 4: Aftercare – To be completed by the Educational Supervisor | |
| I confirm that all components of the module have been satisfactorily completed | |
| Name (please print) |  |
| Hospital/Site name and address |  |
| GMC/NMC/HCPC number |  |
| Email address |  |
| Signature |  |
| Date |  |

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| Module 5 Topic: Statement | | | | | |
| Objective 1: Write a comprehensive and technically accurate statement in the prescribed form that can be understood by a lay person | | | | | |
| **Label** | **Skills** | **Evidence required See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **signature**  **NB See Note 1 below** | **Date Competence achieved** |
| Mod5:1 | Use of contemporaneous notes as the basis for the report and clearly indicate all sources of information | Direct observation |  |  |  |
| Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio. | | | | | |
| Mod5:2 | Write a statement that is appropriate for the purpose for which it has been requested | Case- based discussion |  |  |  |
| Mod5:3 | Give technically accurate information in terms understandable to a lay person | Case- based discussion |  |  |  |
| Mod5:4 | Include appropriate body diagrams as part of the witness statement | Case- based discussion |  |  |  |

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| Mod5:5 | Indicate in the statement when disclosure of information held has not been complete. | Case- based discussion |  |  |  |
| Mod5:6 | Where an opinion has been requested and it is appropriate to give that opinion be able clearly to separate fact and opinion and be able to express an opinion within the limits of expertise | Case- based discussion |  |  |  |

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| Completion of Module 5: Statement – To be completed by the Educational Supervisor | |
| I confirm that all components of the module have been satisfactorily completed | |
| Name (please print) |  |
| Hospital/Site name and address |  |
| GMC/NMC/HCPC number |  |
| Email address |  |
| Signature |  |
| Date |  |

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| Module 6 Topic: Court | | | | | |
| Objective 1: Prepare and present oral evidence in court | | | | | |
| **Label** | **Skills** | **Evidence required See para 18** | **Performance feedback and comments essential, as COVE likely to be rejected without these**  **(If competence not yet achieved list tasks to be completed)** | **Competence attained**  **signature**  **NB See Note 1 below** | **Date Competence achieved** |
| Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio. | | | | | |
| Mod6:1 | Identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure. | Case- based discussion |  |  |  |
| Mod6:2 | Explain in lay terms the content of a witness statement | Case- based discussion |  |  |  |
| Mod6:3 | Understand the court system and the role of the forensic clinician within it including: | Case- based discussion |  |  |  |

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| Mod6:3:1 | - Pre-trial conferences | Case- based discussion |  |  |  |
| Mod6:3:2 | - Responding to additional material including expert evidence presented to you pre-trial or during the trial | Case- based discussion |  |  |  |
| Mod6:4 | Explain the structure of the courts in the UK | Case- based discussion |  |  |  |
| Mod6:5 | Explain the burden of proof in different legal proceedings | Case- based discussion |  |  |  |
| Mod6:6 | Explain the core principles of the Criminal Procedure Rules and the Civil Procedure Rules | Case- based discussion |  |  |  |

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| Completion of Module 6: Court – To be completed by the Educational Supervisor | |
| I confirm that all components of the module have been satisfactorily completed | |
| Name (please print) |  |
| Hospital/Site name and address |  |
| GMC/NMC/HCPC number |  |
| Email address |  |
| Signature |  |
| Date |  |

# COVE APPENDIX

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| RECORD OF CLINICAL VALIDATORS’ SIGNATURES | | | | |
| Clinical validators should sign off each module or objective, as appropriate, against the individual labels in the left hand column. | | | | |
| Module & Objective Label | Hospital/ Site/ Venue | Name of clinical validator (please print) | Signature of clinical validator | GMC/NMC  number of clinical validator |
| Mod1:1 |  |  |  |  |
| Mod1:2 |  |  |  |  |
| Mod1:2:1 |  |  |  |  |
| Mod1:2;2 |  |  |  |  |
| Mod1:2:3 |  |  |  |  |
| Mod1:2:4 |  |  |  |  |
| Mod1:2:5 |  |  |  |  |
| Mod1:3 |  |  |  |  |
| Mod1:4 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Mod1:5 |  |  |  |  |
| Mod1:6 |  |  |  |  |
| Mod1:7 |  |  |  |  |
| Mod1:8 |  |  |  |  |
| Mod1:9 |  |  |  |  |
|  |  |  |  |  |
| Mod2;Ob1:1 |  |  |  |  |
| Mod2;Ob1:2 |  |  |  |  |
| Mod2;Ob1:2 |  |  |  |  |
| Mod2;Ob1:3 |  |  |  |  |
| Mod2;Ob1:4 |  |  |  |  |
| Mod2;Ob1:5 |  |  |  |  |
| Mod2;Ob1:6 |  |  |  |  |

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| Mod2;Ob1:7 |  |  |  |  |
| Mod2;Ob1:8 |  |  |  |  |
| Mod2;Ob1:9 |  |  |  |  |
| Mod2;Ob1:10 |  |  |  |  |
|  |  |  |  |  |
| Mod2;Ob2:1 |  |  |  |  |
| Mod2;Ob2:1:1 |  |  |  |  |
| Mod2;Ob2:2: |  |  |  |  |
| Mod2;Ob2:2:1 |  |  |  |  |
| Mod2;Ob2:2:2 |  |  |  |  |
|  |  |  |  |  |
| Mod2;Ob3:1 |  |  |  |  |
| Mod2;Ob3:2 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Mod2;Ob3:3 |  |  |  |  |
| Mod2;Ob3:4 |  |  |  |  |
| Mod2;Ob3:5 |  |  |  |  |
| Mod2;Ob3:6 |  |  |  |  |
| Mod2;Ob3:7 |  |  |  |  |
| Mod2;Ob3:8 |  |  |  |  |
| Mod2;Ob3:9 |  |  |  |  |
| Mod2;Ob3:10 |  |  |  |  |
|  |  |  |  |  |
| Mod3:1 |  |  |  |  |
| Mod3:2 |  |  |  |  |
| Mod3:3 |  |  |  |  |
| Mod3:4 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Mod3:5 |  |  |  |  |
| Mod3:6 |  |  |  |  |
| Mod3:7 |  |  |  |  |
| Mod3:8 |  |  |  |  |
|  |  |  |  |  |
| Mod4:1 |  |  |  |  |
| Mod4:2 |  |  |  |  |
| Mod4:3 |  |  |  |  |
| Mod4:4 |  |  |  |  |
| Mod4:5 |  |  |  |  |
| Mod4:6 |  |  |  |  |
| Mod4:7 |  |  |  |  |
|  |  |  |  |  |
| Mod5:1 |  |  |  |  |
| Mod5:2 |  |  |  |  |
| Mod5:3 |  |  |  |  |
| Mod5:4 |  |  |  |  |
| Mod5:5 |  |  |  |  |
| Mod5:6 |  |  |  |  |
|  |  |  |  |  |
| Mod6:1 |  |  |  |  |
| Mod6:2 |  |  |  |  |
| Mod6:3 |  |  |  |  |
| Mod6:3:1 |  |  |  |  |
| Mod6:3:2 |  |  |  |  |
| Mod6:4 |  |  |  |  |
| Mod6:5 |  |  |  |  |
| Mod6:6 |  |  |  |  |