Faculty of Forensic & Legal Medicine

# Quality Standards in Forensic Medicine

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

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## Introduction

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

These *Quality Standards* have been developed in response to the recognition by the Home Office[6] as the Faculty of Forensic & Legal Medicine (FFLM) being responsible for the standards to be expected from all healthcare professionals involved in custody healthcare and forensic examination and in response to the Violence Against Women and Children Taskforce Report[7] along with the Government's interim response,[8] where it was agreed that the FFLM should set those standards in conjunction with the Forensic Regulator.

The General Medical Council sets the standards for doctors working in the UK. For the individual doctor providing care, the GMC is clear that the doctor must recognise and work within the limits of his/her competence.[9,10]

Trainees in forensic medicine may come from a variety of diverse backgrounds and so it is essential that the exact period and content of training should be tailored to meet the needs and requirements of the individual doctor with the overall outcome: a competent forensic physician.

The FFLM recommends the following standards for training based on current GMC guidance.[11]

## 1. Recruitment

All trainees:

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

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

**1.3** All applicants for training should have shadowed an experienced forensic physician (FFLM approved supervisor[12]) prior to applying for a post in clinical forensic medicine;

**1.4** Precision in communication is essential. Clinicians must have demonstrable skills in listening, reading, writing and speaking English that enable effective communication in clinical practice with patients and colleagues and in legal fora. Doctors must comply with GMC[13] requirements in this respect.

## 2. Initial training and induction support

All trainees:

**2.1** Must attend an initial accredited training course,[14] such as the FFLM/Teesside University one-week course in GFM and/or SOM (adult and paediatrics), before commencing unsupervised clinical work. Recommended syllabuses are available for courses in GFM and SOM. See*: Recommendations for Introductory Training Courses in General Forensic Medicine (GFM)* & *Sexual Office Medicine (SOM)*;

**2.2** Must have training in Immediate Life Support (UKRC) within the UK;

**2.3** Must complete and maintain in date training in Safeguarding Children and Young People (Intercollegiate document minimum Level 3[15]) and in Adult Safeguarding;[16]

**2.4** Should complete training in statement writing and courtroom skills;[17]

**2.5** Should have training in equality and diversity issues.

## 3. Workplace-based supervision

All trainees:

**3.1** Should receive induction training to cover the policies and procedures of the work place, e.g. the SARC/Trust/Private Provider/Constabulary/Police Service;

**3.2** All trainees should be assigned a FFLM educational/clinical supervisor who will be a subject knowledge expert with explicit training in effective supervision responsible for supervising the trainee and establishing when the doctor is safe to practice independently;[18,19]

**3.3** The named educational/clinical supervisor should perform an initial assessment of the individual doctor's training needs so that appropriate training and continued maintenance of competence can be achieved;

**3.4** The named educational supervisor should use FFLM guides in the Compendium of Validated Evidence in the FFLM Licentiate regulations for GFM and SOM[20] as a basis for the training/supervision.

## 4. Continuing professional development

All doctors:

**4.1** Must fulfil the GMC requirements for revalidation;

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

**4.3** Must have annual Immediate Life Support training (UKRC) within the UK;

**4.4** Need to provide supporting information in line with the GMC requirements[21] in relation to continuing professional development, quality improvement activity, significant events or serious incidents, feedback from patients or those you provide medical services to, feedback from colleagues, compliments and complaints. For doctors working with portfolio careers the content of supporting information should reflect the full scope of practice;

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

**4.6** All trainees should consider further academic qualifications in forensic medicine and should obtain the FFLM Licentiate qualification within three years or the FFLM Membership qualification within five years of commencing work in this field;

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

**4.8** Doctors need to ensure that they remain competent in their field of practice - GFM and/or SOM;

**4.9** All doctors should attended a FFLM approved one day Best Practice SARC/GFM day as applicable at least every 3 years;

**4.10** Doctors involved in SOM must attend a minimum of 4 peer review meetings per year.[22] Doctors involved in GFM should consider peer group review meetings.

## 5. Service level standard

**5.1** It is essential to recruit a highly trained workforce to ensure patient safety, high quality care and aftercare, integrity of forensic sampling, statement writing, court room skills etc.[23,24,25] As stated above all doctors in training should have appropriate supervision.

**5.2** All doctors must make detailed contemporaneous notes and ensure effective communication between colleagues and other professionals including safety netting of vulnerable patients. There must be clear procedures in place for sharing confidential information and individual doctors who are responsible for holding their notes should be registered with the Information Commissioner.

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

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

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

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

**5.7** The healthcare professionals: doctors, nurses, emergency care practitioners and paramedics, must be adequately trained within the scope of their professional competency and be able to work co-operatively in multi-professional teams where each professional is fully aware of the skills of the other.[26]

**5.8** Where possible complainants/complainers should be offered a choice of gender of physician/nurse.[27]

## References

1. FFLM
*The Role of the Healthcare Professional: GFM and SOM*
January 2021

2. See Darzi, Lord. High Quality Care for All
*NHS Next Stage review* Final Report. DH. 2008

3. Department of Health
*NHS Next Stage Review. A High Quality Workforce*
June 2008

4. Department of Health
*Improving Health, Supporting Justice.*
*The National Delivery Plan of the Health and Criminal Justice Programme Board*
November 2009

5. European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT)
*www.cpt.coe.int* December 2009

6. *Hansard, March 18th 2009, Column 1164W*

7. The Report of the Taskforce on the Health Aspects of Violence Against Women and Children
*Responding to violence against women and children - the role of the NHS*
March 2010

8. *Interim Government Response to the Report of the Taskforce on the Health Aspects of Violence Against Women and Children*
March 2010

9. General Medical Council
*Good Medical Practice* 29 April 2019

10. General Medical Council
*Promoting excellence: standards for medical education and training*

11. General Medical Council
*Excellence by design: standards for postgraduate curricula*
*Designing and maintaining postgraduate assessment programmes*

12. Supervision has three functions - educative, supportive and managerial or administrative; the roles of clinical and educational supervisor may be merged.

13. General Medical Council
*English language requirements*

14. FFLM accredited in relation to content, teaching methods, and with on-going assessment for quality assurance.
*www.fflm.ac.uk*

15. Intercollegiate Document
*Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*
2019

16. Intercollegiate Document
*Adult Safeguarding: Roles and Competencies for Health Care Staff*
August 2018

17. Statement writing and courtroom skills training are included in the FFLM courses.

18. General Medical Council
*Promoting excellence: standards for medical education and training*

19. Report of a Department of Health Working Group
*Recommendations for Regional Sexual Assault Referral Centre*
August 2008

20. FFLM
*FFLM guide the Compendium of Validated Evidence GFM*
*FFLM guide the Compendium of Validated Evidence SOM*

21. GMC
*Supporting information for appraisal and revalidation*

22. Peer review is defined as a person or persons of the same status or ability/expertise as another specified person providing an impartial evaluation of the work of the other/s.

23. Guidance on the standards required are found within:
NHS England
*Public health functions to be exercised by NHS England Service Specification No. 30 Sexual Assault Referral Centres*
February 2016

24. Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
*Expectations for Police Custody*
June 2022

25. College of Policing Authorised Professional Practice
*Custody management and planning/healthcare models*

26. Home Office
Healthcare professionals in custody suites
*Guidance to supplement revisions to the Codes of Practice under the Police and Criminal Evidence Act*
020/2003 Policing & Crime Reduction Group

27. NHS England
*Public health functions to be exercised by NHS England Service Specification No. 30 Sexual Assault Referral Centres*
February 2016

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