



A Day in the Life of Associate Head of Healthcare & Forensic Nurse Examiner

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I came into nursing later in life after an already established career in education. Choosing nursing was an easy decision as I knew that I wanted to help people and to make a difference in someone's life. I undertook my nursing study to work within sexual offences which I know is unique as most of the nurses I speak to have never even heard of Sexual

Assault Referral Centres (SARCs). I had previous knowledge of SARCs from working within rape crisis settings and knew of the amazing work that was happening within SARCs in my local area.

When I qualified as a nurse 10 years ago, I would have never imagined that my career would grow from forensic nurse examiner to Clinical Lead for a region with seven sites! In 2018, I undertook the FFLM Licentiate in Sexual Offence Medicine, which is my most proud career achievement to date. You can take a look at my experience of studying towards this [here](#).

During my 10 years within the field of forensic sexual offences, I have seen and supported over 2500 patients. Some of these via direct contact and a forensic medical examination and some through support with referrals to ongoing agencies.

No two days are ever the same, my usual routine would be starting my shift at 09:00 and catching up with any referrals and admin from the day before. As the training and clinical lead in our region, my main role is to help new nurses on their own learning journey, giving them a period of supernumerary practice to shadow cases and learn the role (this was vital to me when I first began, so I encourage new staff to actively participate in all teaching sessions offered during the training period and beyond). This may include delivering 1-2-1 teaching sessions, shadowing cases with new staff and leading safeguarding supervision sessions. Training also covers statement writing, courtroom scenarios and refresher sessions for all our experienced staff team.

Within a usual day we would see at least one patient at the SARC. If this is with a new member of the team leading, we would de-brief after the appointment once the patient has gone and allow time for reflection and discuss actions for the next case, a solid learning plan for each new member of our team gives goals and points to work towards. As well as training, I take the lead in our external training delivery to police forces and other agencies. This might include a session with our local Emergency Department on how to refer a patient to SARC, GP surgeries and most recently the military at Catterick Garrison.

We are going through an exciting time within the world of forensics now with upcoming accreditation of all SARC settings. With this in mind, keeping my own learning up to date is essential for me to be able to deliver the best training to our staff teams. I have kept a case log since I started this work, and this allows me to grow and advance in my own

practice and also gives me the opportunity to see how far I have come in this unique field of nursing. Looking back on some of my early cases shows me not only the changes in forensics but the changes in practice during the last 10 years.

My daughter has just started university and is studying to become an adult nurse. She is already showing an interest in the world of forensic nursing, so I know she sees just how much pride I have in my role.

I would encourage anyone thinking of this work to go for it - if you can work autonomously and empathically this is the role for you.