



# Licentiate of the Faculty of Forensic & Legal Medicine

## Syllabus

### LFFLM SOM (Sexual Offence Medicine)



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## Introduction

This syllabus sets out the knowledge criteria, generic professional skills and attitudes, competencies and evidence required for the objectives in each module. It also suggests training and support that candidates may find useful.

It should be studied by candidates and educational supervisors.

The aim of the LFFLM (SOM) is to guarantee competency in examining and to provide initial care to complainants of sexual assault.

- Candidates applying for the adult certificate, LFFLM (SOM) (a), who examine complainants aged 18 years and over, will be expected to have knowledge of examining adolescent complainants, they will only be tested on adult cases (11 in total) in the OSCE.
- Candidates applying for the child option, LFFLM (SOM) (c), who examine children under the age of 18, will be expected to have knowledge of examining adolescent complainants and will be tested on this age group in the OSCE (8 adolescent and 3 child stations).
- Candidates applying for the LFFLM (SOM) (a+c), who examine both adults and children under the age of 18, will be tested on 8 adolescent, 3 child and 3 adult cases (14 in total, across the full age range).

Licentiatehip is not re-certifiable. Evidence of updating is necessary within the healthcare professional's regular appraisal or professional revalidation processes.

Candidates will be expected to have a theoretical knowledge of the essential facts and principles of all forms of medico-legal enquiry in respect of the forensic and clinical aspects of sexual assault, and the reasons for the form of that enquiry. Topics to be covered in six modules are:

Module	Objective(s)
1. Initial contact	Formulate a response to a request for a forensic medical examination
2. History	<ol style="list-style-type: none"><li>Obtain consent</li><li>To take an accurate and appropriate history of medical needs arising from the incident</li><li>To take a relevant and accurate medical history</li></ol>
3. Examination	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
4. Aftercare	Provide: <ol style="list-style-type: none"><li>Information and guidance to complainants about aftercare</li><li>Immediate care at the time of the forensic medical examination</li><li>On-going follow-up and support for a complainant, including referral to other agencies</li></ol>
5. Statement	Write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person
6. Court	Prepare and present oral evidence in court

## Medical

Candidates must be able to:

- a. Demonstrate their ability to obtain consent for:
  - i. Examination;
  - ii. Release of information;
  - iii. Photo-documentation;
  - iv. Audit of information;
  - v. Research and peer review;
  - vi. Use of anonymised data for teaching.
  
- b. Take a competent and appropriate medical history from paediatric/adolescent/adult complainants including the following:
  - i. Medical/surgical;
  - ii. Dermatological;
  - iii. Gynaecological/obstetric/sexual/contraceptive;
  - iv. Paediatric/adolescent;
  - v. Bowel;
  - vi. Mental health (including self-harm);
  - vii. Current medications, including use of 'over the counter' treatments;
  - viii. Allergies;
  - ix. Recreational drugs (including alcohol);
  - x. Child safeguarding, risk factors for child sexual exploitation and protection needs of complainant and other children where appropriate.
  - xi. History of domestic abuse/violence, non-fatal strangulation and need for vulnerable adult safeguarding referral and/or Multiagency risk assessment conference (MARAC) in relation to domestic abuse
  
- c. Recognise and assess the risk of drug interactions.
  
- d. Explain the common effect that drugs / alcohol and post-traumatic stress may have on recollection of events and medical history.
  
- e. Recognise, assess and provide initial management of life-threatening conditions. The FFLM require Immediate Life Support certification, by the UK Resuscitation Council (UKRC) or equivalent. The certificate must be valid on the date of the LFFLM OSCE.
  
- f. Demonstrate appropriate mental state examination and assessment of suicide risk.
  
- g. Discuss the issues pertinent to adolescents and how that will affect their assessment and management e.g. risk-taking behaviour, mental health problems, self-harm, eating disorders, and depression.
  
- h. Explain common signs and symptoms of intoxication or withdrawal of drugs.

- i. Describe normal genital and anal anatomy and recognise abnormalities and their aetiologies including congenital, pathological, infection, surgical, female genital mutilation/cutting (FGM) and male circumcision, and other injuries (including healed injuries).
- j. Explain factors which may affect normal child development and changes at different ages. Understand the impact of hormonal status on development especially of the genitalia including:
  - i. Normal anogenital anatomy;
  - ii. Normal variations and common congenital abnormalities;
  - iii. Tanner staging.
- k. Document findings in relation to relevant anatomical reference points.
- l. Discuss the management of unintended pregnancy, the use of pregnancy tests (including the need for repeat), the disclosure of pregnancy, and the possible outcomes including termination of pregnancy and miscarriage. Explain the complainant's options according to gestation. Describe local services and referral pathways for on-going management of unintended pregnancy.
- m. Discuss the risk of unplanned, unwanted pregnancy. Discuss the types of post coital contraception, their efficacy, side effects, risks, contraindications and interactions with other medication. Discuss the guidance governing the use of contraception with respect to LMP, other unprotected sex or previous use of hormonal emergency contraception in same menstrual cycle. Describe possible local services and referral pathways for contraception.
- n. Accurately discuss the risks of acquisition of sexually transmitted infection (STI) according to the nature of assault, and the incubation periods, natural history and in particular the management of chlamydia, gonorrhoea and trichomonas. Explain the use of antibiotic prophylaxis following sexual assault (including side effects, contraindications and interaction with other medication). Describe local services and referral pathways for on-going care relating to STIs.
- o. Discuss the risks of acquisition of blood-borne viruses (HIV and hepatitis B and C) according to nature of assault and risk status of assailant. Describe local services, protocols and referral pathways for immediate and on-going care relating to blood-borne viruses.
- p. Explain the use of post-exposure prophylaxis after sexual exposure (PEPSE) for HIV including the level of risk at which it should be offered, when the commencement of medication should be organised, efficacy, side effects, drug interactions and the risks of PEPSE.
- q. Explain the use of hepatitis B vaccination to reduce acquisition, the timing of commencement, accelerated courses for vaccination and to whom it should be offered.
- r. Discuss the risk of psychological morbidity, the range of psychological responses to

experience of sexual assault, the importance of optimal early management and long-term outcomes. Describe local services and referral pathways for on-going care including mental health services, GP and voluntary agencies.

## Forensic

Candidates must be able to:

- a. Describe the use of early evidence kits and other early evidence.
- b. Discuss accurately the logistics for the forensic medical examination, including the nature of the assault, assailant (type / number involved), persistence of evidence, suitability of premises for examination and preservation of evidence.
- c. Define and identify different types of injury by undertaking a full examination. Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault.
- d. Discuss current persistence data and recovery methods for trace evidence.
- e. Demonstrate the collection of forensic samples, including how to ensure minimal cross contamination and appropriate labelling and packaging of forensic and / or STI samples with the regard to the chain of evidence and admissibility of evidence.
- f. Be aware of the differential diagnosis of findings e.g. dermatological conditions that may mimic injury.
- g. Discuss the potential use of highly sensitive images: the necessary consent, confidentiality and disclosure requirements; the limitations of digital images; aspects of how and when they are taken and their storage.
- h. Explain the forensic requirements for collection, storage and use of products of conception as evidence following termination of pregnancy.

## Legal

Candidates must be able to:

- a. Explain the principles of current legislation e.g.
  - i. The legal definitions of consent including awareness of the consequences of assessing 'Gillick' competency, parental responsibility and GMC guidance such as "0 -18 years: Guidance for all Doctors" (2007) and "Acting as an Expert Witness" (2008), and any relevant legislation for the jurisdictions in the UK.
  - ii. Offences Against the Person Act [1861] Family Reform Act [1969]
  - iii. Mental Health Act [1983, 2007 & 2017] Police and Criminal Evidence Act [1984]
  - iv. Criminal Procedure and Investigations Act 1996 Access to Medical Reports Act [1988]

- v. Children Act [1989, 2004 & 2014] Access to Health Records Act [1990]
  - vi. Data Protection Act [1998 & 2018] & GDPR Human Rights Act [1998] Equality Act 2010
  - vii. Protection of Freedoms Act 2012
  - viii. Sexual Offences Act [2003] and [1956] and equivalent in the other UK Jurisdictions Mental Capacity Act [2005] and equivalent in the other UK Jurisdictions
  - ix. Safeguarding Vulnerable Groups Act [2006] and the equivalent legislation in the other UK Jurisdictions
- b. Discuss police processes, the awareness and consequences of the use of closed and open questions and how the Police and Criminal Evidence Act [1984] might impact on the process of forensic medical examination.
  - c. Explain the requirements for documentation, labelling, storage of forensic samples and a chain of evidence.
  - d. Discuss the significance of and response to additional information given during the examination, either spontaneously or as a result of additional history taking in the light of examination findings, and the need to revalidate the consent as the examination progresses.
  - e. Explain the structure of the courts in all parts of the UK, the burden of proof in different legal proceedings, the core principles of the Criminal Procedure Rules and the Civil Procedure Rules.
  - f. Discuss the roles of Expert Witnesses e.g. the Expert Witness of Fact and the other types of Expert Witness, the purpose of a witness statement and the rules of hearsay evidence. FFLM document – Forensic clinicians (physicians, nurses and paramedics) as witnesses in criminal proceedings.
  - g. Demonstrate how to write a statement which is an accurate account based on contemporaneous medical notes (identifying the sources of any information) of the history of the allegations, the medical history, an account of the examination and findings (including negative and positive findings) and relevant body diagrams.
  - h. Explain any medical or technical terms used in a manner that can be understood by a lay person.
  - i. Explain how to indicate in a statement when the disclosure of information has not been complete. In instances where an opinion has been requested and it is appropriate to give that opinion, show how fact and opinion are separated.
  - j. Discuss the problems and consequences of the disclosure of highly sensitive images, as currently possession of such images could be illegal in the UK.
  - k. Discuss laws governing termination of pregnancy, including storage and use of

products of conception.

## **Practitioner**

Candidates must be able to:

- a. Discuss factors essential for forensic examination, including level of expertise, resources, the practitioner, GMC and NMC guidance on confidentiality and consent and on health and safety.
  
- b. Demonstrate an awareness of the risk of vicarious trauma to self and others; the role of a chaperone, personal safety, infection control and time management.
  
- c. Provide accurate and relevant curriculum vitae.

Candidates must have seen sufficient cases (normally in the last 12 months) to enable them to achieve all of the competencies and the requirements for the Part II assessment.

## **Supervision - Educational Supervisor(s)**

The educational supervisor should where possible:

- a. Have experience of being a clinical supervisor
  
- b. Have some understanding of educational theory and practical education techniques
  
- c. GMC requirements state that Educational Supervisor training is mandatory for doctors



## Person Specification for Educational Supervisor

Attributes	Essential	Desirable
<b>Qualifications</b>	<p>GMC or NMC or HCPC full registration</p> <p>Specialist or General Practitioner registration for medically qualified Educational Supervisor or MFFLM or LFFLM or Postgraduate Certificate – Advanced Forensic Practice (Sexual Assault and/or Custody)</p>	<p>Postgraduate qualification in education</p>
<b>Knowledge and Skills</b>	<p>Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.</p> <p>Assessment methods (see the Educator Hub on E-learning for Healthcare (e-LfH) <a href="https://www.e-lfh.org.uk/programmes/educator-hub">https://www.e-lfh.org.uk/programmes/educator-hub</a>)</p> <p>Follow GMC standards: <a href="https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes">https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes</a> for further information.</p> <p>Training and experience and as an educational supervisor.</p> <p>Enthusiasm for delivering training.</p> <p>Effective communications skills, motivating and developing others, approachability, good interpersonal skills.</p> <p>Significant experience in sexual offence medicine and/or general forensic medicine as applicable</p> <p>Trained in Equality and Diversity (updated every 3 years)</p>	