



## Faculty of Forensic & Legal Medicine

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

Nov 2017 Review date Nov 2020 – check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

## 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',<sup>1</sup> 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, its 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.<sup>1</sup>

The role of a 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 Clinical Director or equivalent for the service.'<sup>2</sup>

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.'<sup>2</sup> 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'.<sup>2</sup> Staff roles are described in both documents.<sup>1,2</sup>

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.'<sup>3</sup>

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 & his or her role in the SARC and continues to recommend & support such appointments.<sup>1,2</sup>

A note on terminology: the role may have various titles, including Clinical Director and Clinical Lead.

## The role of the Clinical Director (CD)

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.

### 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 4 years' experience in sexual offences medicine (SOM) or paediatric sexual offences 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 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<sup>4</sup> 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 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<sup>4</sup>.
- g) Must have knowledge and be able to demonstrate experience of audit, as well as knowledge and experience of recruitment, training, supervision & management of clinical staff, as well as leadership skills. Experience in mentorship or appraisal is desirable.
- h) It is desirable that the CD has training in and experience of the role of a clinical supervisor, and/or educational supervisor, including managing the trainee in difficulty. The CD has an essential role in liaising & working with the clinical lead for 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).
- i) It is desirable that the CD has knowledge & experience of research.

**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 is for children and young people.

## The role & 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 management, infection control, forensic
- anti-contamination processes, (including environmental monitoring), 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 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 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. 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, nurse 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 and some variation is to be expected.

## Other considerations

The time required will vary depending on the workload of the SARC, but it is likely to be a minimum of 8 hours per week (i.e. 2 programmed activities (PAs)). There will be a need for flexibility, as attendance at meetings, (e.g. Board, Contract management) will not necessarily be on a fixed day.

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.

## References

1. Department of Health Working Group  
*Recommendations for regional sexual assault centres*  
London: Department of Health; 2008
2. RCPCH & FFLM  
*Service specification for the clinical evaluation of children and young people who may have been sexually abused*  
London: RCPCH; September 2015
3. Darzi A  
*High Quality Care For All. NHS Next Stage Review Final Report*  
London: Department of Health; June 2008
4. FFLM  
*Quality Standards for doctors undertaking Paediatric Sexual Offence Medicine (PSOM)*  
April 2017.