



# Clinical Forensic Medicine

## TRAINEE HANDBOOK 2025

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It is essential to read this Handbook in conjunction with the ***Trainee Handbook – Administrative Requirements*** which is relevant to all trainees. This has information about the College's structure and policies, together with details of requirements for registration, training and examination applications.

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## Abbreviations

ANZFSS	Australian and New Zealand Forensic Science Society
BEA	Board of Education and Assessment
CbD	Case-based Discussion
CWS	Clinical Work Sampling
CFM	Clinical Forensic Medicine
CFMU	Clinical Forensic Medicine Unit
CPDP	Continuing Professional Development Program
DOPS	Directly Observed Procedural skill
ED	Emergency Department
EPA	Entrustable Professional Activity
FTE	Full Time Equivalent
FP	Forensic Pathologist
GP	General Practitioner
KC	Key Competency
MDI	Medicolegal Death Investigation
Mini CEX	Mini Clinical Evaluation Examination
MSF	Multi-Source Feedback
PFM	Paediatric Forensic Medicine
RCPA	Royal College of Pathologists of Australasia
SAS	Sexual Assault Service
SC	Sub-competency
SOM	Sexual Offence Medicine
TM	Traffic Medicine
WBA	Workplace-based Assessment

## SECTION 1

### INTRODUCTION

Clinical Forensic Medicine (CFM) is concerned with provision of forensic medical services primarily to the living and the collection and interpretation of information for the purposes of civil and criminal law, the judiciary and the police. It is that branch of clinical medicine that deals with both the medical and legal aspects of patient care.

A broad scope of clinical experience in particular emergency medicine and primary care, will be of value, as trainees must be competent to manage acutely ill and injured patients. Clinical experience in other areas including paediatrics, gynaecology, psychiatry, addiction medicine and sexual health care will also be relevant.

Clinical forensic physicians work closely with police, lawyers, coroners, forensic pathologists and forensic scientists; the scope of their work involves clinical examination of living persons, the provision of written reports and oral testimony in court. Their clinical work encompasses both forensic and health care roles; the forensic examination of complainants and alleged perpetrators to assist the legal process and the provision of health care to patients in contact with the legal system. While the clinical forensic physician's responsibility to the courts demands independence and impartiality, his/her contact with vulnerable patient groups also requires health care advocacy and public health roles.

### PERSONAL CHARACTERISTICS NEEDED

A clinical forensic physician needs to have:

- Broad general medical experience ideally including emergency medicine, primary care, paediatrics, gynaecology, psychiatry, addiction medicine and sexual health care
- Good oral and written communication skills and interpersonal skills
- Sound knowledge of pathophysiology of disease and trauma
- Sound knowledge of surface and internal anatomy
- Sound knowledge of pharmacology of common drug classes
- Sound knowledge in the natural and forensic sciences
- Sound knowledge of the law and relevant legislation
- Competence in clinical reasoning
- A methodical and analytical approach
- Ability to practice as part of a team as well as autonomously
- Sense of responsibility balanced with ability to discern limitations and seek help when appropriate
- A high level of self-motivation, conscientiousness and reliability
- Ability to formulate and articulate well-balanced views
- Patience and attention to detail
- Emotional stability
- Commitment to collegial and inter-professional communication and collaboration
- An understanding of aspects of bereavement
- The ability and willingness to offer guidance and teaching to trainees in clinical forensic medicine
- Habits of ongoing self-evaluation, reflection and development
- An inquiring mind, to initiate ethical research
- Personal honesty and integrity

## GENERAL AIMS OF THE TRAINING PROGRAM

The Clinical Forensic Medicine (CFM) training program is a competency-based program with mid-program and end of program examinations and a range of *Workplace-based Assessments* (WBA) linking the competency framework to actual practice using the concept of *Entrustable Professional Activities* (EPAs).

Full entrustment in the following thirteen (13) EPAs and subsequent achievement of end of program examinations for the Fellowship in Clinical Forensic Medicine recognises the ability to practice all EPAs unsupervised and certifies professional expertise in clinical forensic medicine at a level equivalent to fellowship in other disciplines.

All EPAs address skills required to achieve competence across the diverse areas of practice of a clinical forensic physician. The term 'forensic setting' refers to the full range of circumstances at the interface of clinical medicine and the legal system, in which a clinical forensic physician may be required to work.

### Clinical EPAs

- 1 Forensic Medical Examination of Sexual Offence Complainant  
(child/adolescent/adult)
- 2 Forensic Medical Examination of Non-Sexual Offence Complainant  
(child/adolescent/adult)
- 3 Forensic Medical Examination of Alleged Perpetrator  
(sexual and non-sexual offences; child/adolescent/adult)
- 4 Assessment of Suspected Abuse / Neglect in Forensic Settings
- 5 Fitness for Interview  
Assessment  
(adult/adolescent/child)
- 6 Health Care Assessment and Provision in Forensic Settings
- 7 Assessment of Fitness to Drive and Medically-related Impairment
- 8 Injury Assessment and Interpretation
- 9 Clinical Toxicological Assessments
- 10 Provision of Medicolegal Opinions  
(excluding coronial opinions)
- 11 Medico-legal Death Investigation  
(including coronial opinions)
- 12 Oral Testimony  
(criminal/civil/coronial)

### Professional practice and quality (non-clinical) EPA

13. Management and Leadership of a CFM Service

## ADMINISTRATIVE REQUIREMENTS

This handbook should be read in conjunction with the *Trainee Handbook - Administrative Requirements* on the College website.

### **Entry requirements**

Trainees must be registered as medical practitioners with the Medical Board of Australia, or of Singapore or Malaysia; or the Medical Council of New Zealand, or of Hong Kong, and must be entitled to practise medicine in his or her country of domicile. Trainees must have a minimum of three (3) years postgraduate clinical experience before applying.

Experience in emergency medicine is particularly recommended, as trainees must be competent to manage acutely ill and injured patients with other relevant areas of practice being primary care, paediatrics, psychiatry, gynaecology, addiction medicine and sexual health care.

There will be recognition of coursework completed prior to and during training. The Master of Forensic Medicine offered by Monash University is recommended, in particular the core units, and may lead to exemptions from some assessments.

See Admissions to College Training Programs policy: <https://www.rcpa.edu.au/Library/College-Policies>

### **Training requirements**

Training requirements for the Clinical Forensic Medicine training program are defined in Full Time Equivalents (FTE) rather than calendar years. To gain the Fellowship in Clinical Forensic Medicine, a trainee requires a minimum of five (5) FTE years of certified training in sites or positions approved or accredited by the Board of Education and Assessment (BEA), and satisfactory completion of the assessment program detailed in this Handbook. There is no time limitation for completion of training, the standard being full entrustment in all EPAs and successful completion of the end of program examination. However, the end-of-program exit examination should be completed within five (5) calendar years of passing the mid-program examinations.

Throughout their training period, trainees should ordinarily maintain a 0.5 FTE (minimum 0.3 FTE) position in sites accredited for clinical forensic medicine training by the RCPA Board of Education and Assessment.

Please note that ordinarily, a maximum of four (4) calendar years is to be spent in any one accredited location over the course of the training program. However full entrustment in all EPAs may require additional rotations of 3-6 months depending on primary training site (see Appendix 1 - EPA-Training site Matrix).

Qualifications or previous experience working in Clinical Forensic Medicine may be recognised by the College for training in this discipline; if you wish to seek such recognition, you must apply on the Retrospective Accreditation page of the Training Application form and submit supporting documentation, including supervisory evidence (where relevant). The Chief Examiner will consider the application and supporting documentation, in the context of the required Entrustable Professional Activity (EPA) competencies of the Clinical Forensic Medicine training program. Retrospective accreditation for this fellowship program can only be applied with respect to qualifications\*, if considered to be equivalent to the Master of Forensic Medicine degree, Monash University. Normally, trainees should be enrolled in or have completed the Monash University postgraduate Master of Forensic Medicine. If trainees are completing Monash University studies during their training, evidence of completion should be submitted for consideration by the Chief Examiner.

Please note that all trainees including those who have completed or are currently undertaking academic programs in clinical forensic medicine MUST undertake training in RCPA accredited sites as detailed in the appendix and fulfil the necessary casework and assessment requirements.

The FFCFM program structure on the next page outlines the entry, training and assessment requirements.

*\* Approved programs include the Monash University postgraduate Master of Forensic Medicine program or Graduate Diploma in Forensic Medicine, or other postgraduate programs by local or overseas universities with a substantive clinical forensic medicine component as approved by the College.*

FFCFM program structure				
Entry level requirements				
<p>Medical qualification</p> <p>Current registration Australia, Hong Kong, Singapore, Malaysia or NZ</p> <p>Post-graduate medical practice of at least three (3) years; experience in emergency medicine and primary care preferred; paediatrics, psychiatry, gynaecology, addiction medicine and sexual health also relevant.</p> <p>Satisfactory current practice history</p> <p>Current employment in approved CFM position (at least 0.3FTE)</p> <p>Enrolment in Monash University MForensMed (or equivalent)</p>				
Training program				
<p>Minimum five (5) FTE years addressing all of the following areas of clinical practice as represented in 13 defined <i>Entrustable Professional Activities (EPAs)</i>:</p> <ul style="list-style-type: none"><li>• General Clinical Forensic Medicine</li><li>• Paediatric Forensic Medicine</li><li>• Custodial Medicine</li><li>• Sexual Offence Medicine</li><li>• Traffic Medicine</li><li>• Medicolegal Death Investigation (Coronial)</li></ul>				
Assessments				
<p>A) Portfolio consisting of:</p> <p>i. Continuous workplace-based assessments (WBA) addressing <i>Core CFM</i> and <i>Transition to Fellowship</i> milestones for all EPAs:</p> <ul style="list-style-type: none"><li>• Direct Observation of Procedural Skills (DOPS)</li><li>• Case-based discussions (CbD)</li><li>• Mini-Clinical Evaluation Exercise (mini-CEX)</li><li>• Peer-reviewed statements/reports</li><li>• Assessment of Management and Leadership</li><li>• Assessment of Oral Testimony</li></ul> <p>ii. Activity log (clinical activities, court evidence, attending workshops/conferences)</p> <p>iii. Audit activities</p> <p>B) Annual/per rotation Supervisor reports re EPA progress and milestone/performance measures</p> <p>C) Research projects and activities</p> <p>D) Teaching activities – recorded in activity log</p> <p>E) Formal Confirmation of Entrustment, in all EPAs</p> <p>F) <i>Mid-program written examination</i> addressing theoretical knowledge basis of clinical forensic medicine (satisfactory completion of MForensMed, Monash University or equivalent may lead to exemption)</p> <p>G) <i>End-of-program standardised oral examination</i> covering all components of curriculum</p>	<p>Confirmation of Entrustment</p> <p>EPAs requiring early L4 entrustment suggested by end of Year 2 full time equivalent (depending on training site and caseload)</p>			L5 entrustment of all EPAs required to sit end-of-program exit examination
	1	FME sexual offence complainant		
	2	FME non-sexual offence complainant		
	3	FME alleged perpetrator		
	4	Assessment of suspected abuse/neglect in forensic settings		
	6	Healthcare assessment/provision in forensic setting		
	10	Provision of medicolegal opinion (excluding coronial opinions)		
	12	Oral testimony		
	EPAs requiring L4 entrustment in Year 4 full-time equivalent (or earlier depending on training site and caseload)			
	5	Fitness for interview assessment		
	7	Assessment of fitness to drive and medically related impairment		
	8	Injury assessment and Interpretation		
	9	Clinical toxicological assessment		
	11	Medicolegal death investigation (including coronial opinions)		
	EPAs that can be entrusted anytime			
	13	Management and leadership CFM service		



## SUPERVISION

All training must be supervised. More than one supervisor can be appointed, depending on location and specific expertise. The College recommends that any one supervisor be responsible for no more than two trainees.

### ***Who can be a supervisor?***

The supervisor will normally be a CFM practitioner who is a Fellow of the Faculty of Clinical Forensic Medicine. However non-fellows may be approved by the Board of Education and Assessment if no fellow is available. Normally, only one supervisor is nominated, but if the trainee spends significant periods working in an area where the supervisor has no personal involvement (see Appendix 1) the supervisor must certify that suitable supervision is being provided. The supervisor must also ensure that adequate supervision is arranged in their absence.

In some circumstances, shared supervision may be necessary, but there must be a nominated primary supervisor with overall responsibility. While it is not appropriate for supervision to be delegated to someone who is not a CFM practitioner, it may be appropriate for other senior pathology and scientific staff with relevant experience to sign off some workplace-based assessment forms.

### ***The role of the supervisor***

Supervisors should develop a prospective training and research program, in collaboration with the trainee, on initial registration and annually; these are to be submitted to the RCPA. Supervisors should also ensure that the trainee has sufficient time and opportunities to carry out the required training activities.

Supervisors, and others to whom aspects of training have been delegated, are expected to monitor and provide regular feedback on the development of the trainee's competence. Regular, formal, documented meetings with the trainee should occur at least every three months. Supervisors should observe trainees' practical performance and interaction with clinicians and other professional groups; and review resultant reporting. This may be delegated to other trainers where appropriate, e.g., when the trainee is on secondment to another facility or a mortuary for a segment of training.

The formal duties of supervisors, such as requirements to report the trainee's progress to the Board of Education and Assessment, are described in the RCPA *Induction Manual for Supervisors* and the RCPA policy on the *Role of the Supervisor*. Please refer to the most current version of these documents for detailed information (see RCPA website and Appendix 9).

### ***Summative entrustment***

Entrustment decisions related to EPAs are the responsibility of the **primary supervisor** (and the on-site supervisor if different as per Appendix 1) and are competency-based rather than time-based. These decisions will be reached after a programme of comprehensive workplace-based and other assessments as detailed in the individual EPA descriptions in Section 2. Different trainees in different settings may reach full entrustment of an EPA at different times. Each level of supervision reflects different authorisation to act:

- 1 Observing the activity
- 2 Acting with direct supervision present in the room
- 3 Acting with supervision available within minutes (trainee to discuss case with supervisor before leaving patient)
- 4 Acting unsupervised (i.e. with clinical oversight)
- 5 Providing supervision to juniors

Level 4 entrustment represents the privilege to work unsupervised and should be formally documented in a *Statement of Awarded Responsibility* (STAR).

Supervisors may allow ad-hoc entrustment of EPA-related activities to trainees for purposes of deliberate practice, but such decisions will not be related to summative entrustment.

## ASSESSMENT

The assessment requirements summarised below are presented in more detail in the appendices.

### Formal Examinations

**Clinical Forensic Medicine mid-program written Examination.** This examination has an emphasis on the theoretical knowledge basis of clinical forensic medicine. Trainees with approval for retrospective accreditation of qualifications in the field may receive exemptions from the whole or particular components of the examination. See *Appendix 4* for details.

**Clinical Forensic Medicine end-of-program Standardised Oral Examination.** Trainees who have been fully entrusted in all EPAs are eligible to sit for the end-of-program examination, usually in the final year of training. See *Appendix 5* for details.

All durations refer to full-time training or part-time equivalent in an RCPA accredited facility.

### Portfolio

The portfolio is a collection of **workplace-based assessment** forms, **Statements of Awarded Responsibility**, the **case log book**, that provides evidence that trainees have successfully completed a range of activities that form part of their daily work. The portfolio records the trainee's progress in developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations. The periodic and annual supervisor reports are also kept in the portfolio.

The **workplace-based assessments**, mini Clinical Evaluation Exercises (mini-CEX), Direct Observation of Practical Skills (DOPS), Case-based Discussions (CbDs), and audits. Trainees have the responsibility of initiating the workplace-based assessments and negotiating a convenient time for the assessment with supervisors or a suitably qualified delegate. Assessments should be able to be done regularly without significant disruption to workplace productivity. Trainees are responsible for providing the appropriate *forms* (see *Appendix 8*) and ensuring that they have completed the required number by the required dates. Activities in research, teaching and scholarship are also logged in the portfolio.

The **case log book** details the trainee's experience with a range of cases encountered in routine clinical forensic medical practice. Documentation on each case includes an introduction, a report of the clinical findings obtained through history and examination, copies of medico-legal forms used, working notes, written reports if relevant, and a one-page summary and reflection.

Research, teaching and scholarship activities are also recorded in the portfolio.

Portfolio requirements are described in *Appendix 3*.

### Clinical Forensic Medicine Project Reports

Two (2) reports demonstrating substantive casework and research in Clinical Forensic Medicine must be completed to fulfil assessment requirements for Research component of the program. Publications in Clinical Forensic Medicine completed during the period of training may be considered for the Report requirement. See *Appendix 6* for detailed requirements.

### Supervisor Report - Annual Review of Progress

Trainees must submit a supervisor report for each year of training, including periods of rotation. Please refer to *Appendix 10* for specific requirements.

## RESOURCES

The following resource list is not exhaustive. In addition, each EPA description specifies relevant recommended texts and other resources. Trainees are encouraged to read widely and keep up-to-date in general medicine as well as clinical forensic medicine.

### **Textbooks**

- Baselt, R.C. (Ed.) (2014). *Disposition of toxic drugs and chemicals in man* (10<sup>th</sup> ed.). California: Biomedical Publications.
- Bilo, R.A.C., Robben, S.G.F. & van Rijn, R.R. (2010). *Forensic aspects of pediatric fractures: Differentiating accidental trauma from child abuse*. Springer.
- Busuttil, A. & Keeling, J.W. (Eds.) (2009). *Paediatric Forensic Medicine & Pathology* (2<sup>nd</sup> ed.). Hodder Arnold.
- Dolinak, D., Matshes, E. & Lew, E. (2005). *Forensic Pathology: Principles and practice*. Elsevier Academic Press.
- Drummer, O.H. (2001). *The forensic pharmacology of drugs of abuse*. Arnold Publishers.
- Freckelton, I. & Ranson, D. (2006). *Death investigation and the coroner's inquest*. Melbourne, Australia: Oxford University Press.
- Garriott, J.C. (Ed.) (2008). *Garriott's medicolegal aspects of alcohol* (4<sup>th</sup> ed.). Arizona USA: Lawyers and Judges Publishing Co.
- Gunn, A (2009). *Essential forensic biology* (2<sup>nd</sup> ed.). Wiley-Blackwell.
- Iskan, M.Y., & Steyn, M. (Eds) (2013). *The human skeleton in forensic medicine* (3<sup>rd</sup> ed.). Springfield Illinois: Charles C Thomas.
- Karch, S.B. & Drummer, O.H. (2016). *Karch's pathology of drug abuse* (5<sup>th</sup> ed.). Florida, USA: CRC Press.
- Kumar, V., Abbas, A.K. Fausto, Nn & Aster, J. (Eds) (2014). *Robbins & Cotran pathologic basis of disease* (9<sup>th</sup> ed.). Philadelphia: WB Saunders.
- Levy, D.A. & Harcke, T.H. (2011). *Essentials of forensic imaging: A text atlas*. CRC Press.
- Payne-James, J, Busuttil, A. & Smock, W (Eds) (2003). *Forensic medicine: Clinical and pathological aspects*. California, USA: Greenwich Medical Media.
- Redmayne, M. (2001). *Expert evidence and criminal justice*. Oxford University Press.
- Saukko, P., & Knight, B. (2004). *Knight's forensic pathology* (3<sup>rd</sup> ed.). CRC Press.
- Saukko, P., & Knight, B. (2015). *Knight's forensic pathology* (4<sup>th</sup> ed.). CRC Press.
- Spitz, W.U. (Ed.) (2006). *Spitz and Fisher's medicolegal investigation of death: Guidelines for the application of pathology to crime investigation* (4<sup>th</sup> ed.). Springfield, Illinois: Charles C Thomas.
- Stark, M.M. (Ed) (2020). *Clinical forensic medicine: A Physician's guide* (4<sup>th</sup> ed.). Springer.
- Thali, M.J., Dirnhoffer, R., Vock, P. (2009). *The virtopsy approach: 3D optical and radiological scanning and reconstruction in forensic medicine*. CRC Press.
- Thali, M.J., Viner, M.D., & Brogden, B.G. (2011). *Brogden's forensic radiology* (2<sup>nd</sup> ed.). CRC Press.

### **Journals**

Journal of Forensic and Legal Medicine  
American Journal of Forensic Medicine and Pathology

Australian Journal of Forensic Sciences  
International Journal of Legal Medicine  
Journal of Forensic Sciences  
Journal of Child Sexual Abuse  
Child Abuse & Neglect - The International Journal  
Forensic Pathology Reviews  
Forensic Science International  
Forensic Science Medicine and Pathology  
Science and Justice  
Medicine Science and the Law  
Legal Medicine  
Accident Analysis and Prevention  
Journal of Medical Toxicology

### **Websites**

#### *Peer Review:*

Review by Peers - A guide for professional, clinical and administrative processes. Australian Commission on Safety and Quality in Health Care, July 2010. Retrieved from <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/37358-Review-by-Peers1.pdf>

Clinical Audit How to Guides. University Hospital Bristol. Retrieved from <http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/>

Faculty of Forensic and Legal Medicine, UK. *Quality Standards in Forensic Medicine* (September 2022) Retrieved from <https://fflm.ac.uk/resources/publications/fflm-quality-standards-in-forensic-medicine/>

#### *Research:*

RCPA Research and Scholarship resources: <http://www.rcpa.edu.au/Education/Research-and-Scholarship>

RCPA Ethics Module: <https://www.rcpa.edu.au/Education/Professional-Qualities/EthProfConf>

## SECTION 2

### ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR THE CLINICAL FORENSIC PHYSICIAN

The thirteen (13) EPAs of clinical forensic physicians are elaborated through the individual EPA descriptions.

Each EPA description details:

- the context of the EPA;
- key competencies, sub competencies and their milestones (see Appendix 11) related to the EPA;
- the required knowledge, skills and attitudes/professional behaviours;
- recommended learning activities and case load for the summative entrustment decision;
- workplace-based and other assessments required for the summative entrustment decision;
- estimated stage of training for entrustment.

In discussion with their supervisor, trainees should use their judgement to select the learning activities and casework that are most likely to achieve the milestones for each stage of training and an appropriate level of entrustment, being mindful of the range of learning opportunities offered by their particular training site. Familiarity with new and emerging knowledge and skills aspects that may not appear in the EPA descriptions is also expected.

Competence in EPAs and milestones achieved early in training should be maintained throughout.

## Clinical Forensic Medicine EPA 1 - Forensic Medical Examination of Sexual Offence Complainant

<b>EPA identification code:</b> <b>EPA 1</b>		<b>Recommended training sites for entrustment:</b> <b>Sexual Assault Services</b> <b>CFMUs providing sexual assault services</b> <b>Paediatric Forensic Services</b>
<b>EPA title</b>	<b>Forensic Medical Examination of Sexual Offence Complainant (Child/Adolescent/Adult)</b>	
Specification and any limitations	Across the diverse areas of practice, a Clinical Forensic Physician entering unsupervised practice is able to conduct a forensic medical examination of a sexual offence complainant (child, adolescent, adult) and report on this examination. This includes: <ul style="list-style-type: none"> <li>• provide appropriate triage regarding clinical problems to ensure that the child /adolescent/adult obtains a high standard of medical care from a suitably trained professional at an appropriate facility at an appropriate time</li> <li>• demonstrate process used to obtain consent from or for child/adolescent/adult forensic examination and procedures</li> <li>• provide a high standard of physical examination</li> <li>• produce high quality documentation, including photography</li> <li>• collect appropriate forensic and medical samples in a manner that that safeguards the potential use of results in court (including minimising DNA contamination)</li> <li>• provide good patient care and treatment (including preventive health care, mental health care and sexual health care)</li> <li>• practice evidence-based forensic medicine</li> </ul>	
Key Competencies and sub-competencies related to this EPA*	FS1, FS2, FS3, FS4, FS5 EC1, EC2, EC3, EC4, EC5 ML1, ML3 CC2 CM1, CM2.1, CM2.2, CM2.4, CM2.5, CM3.1, CM3.2, CM4, CM5 QM1, QM2, QM3, QM4, QM5, QM6 HA3 TL1, TL2, TL3, TL4, TL6 EP1, EP3, EP4, EP6, EP7	<div>           CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills         </div>
<i>*there are no sub-competencies unique to this EPA</i>		

<p>Required knowledge, Skills and behaviour</p>	<p><i>Knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Legislation related to sexual crimes, consent to forensic medical procedures and the operation of the child protection system</li> <li>• Role and responsibilities of the Clinical Forensic Physician</li> <li>• Victim demographics</li> <li>• The principles of trauma informed care</li> <li>• Child growth and development</li> <li>• Pathophysiology of injury</li> <li>• The role of forensic evidence in criminal investigations</li> <li>• Forensic toxicology</li> <li>• Medical issues related to sexual violence</li> <li>• Evidence-based medicine</li> </ul> <p><i>Skills in:</i></p> <ul style="list-style-type: none"> <li>• Respectful and culturally competent communication</li> <li>• The assessment of the capacity to consent</li> <li>• Prioritising needs</li> <li>• Forensic assessment and procedures</li> <li>• Documentation, including photo-documentation</li> <li>• Injury interpretation</li> <li>• Evidence collection</li> <li>• Medical assessment and treatment of sexual assault/abuse complainants</li> <li>• Analysing practice and using evidence to improve forensic practice</li> <li>• Working with other healthcare and forensic professional groups, healthcare advocacy</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Respectful approach to, and demonstrated courtesy towards, children, adolescents and adults their care-givers</li> <li>• Respectful approach to, and demonstrated courtesy towards, other professionals</li> <li>• Recognises own role, responsibilities and limitations</li> <li>• Demonstrates an impartial and objective approach to the evaluation of suspected SA</li> <li>• Responds promptly to requests and enquiries</li> <li>• Demonstrates a desire to provide safety and healthcare that could improve the quality of life for the sexual assault complainant</li> <li>• Demonstrates a desire for high professional standards, quality performance, continuous improvement, and participates in QA and audit processes</li> </ul>
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References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>Finkel, M.A., &amp; Giardino, A.P. (2009). <i>Medical evaluation of child sexual abuse: A practical guide</i> (3<sup>rd</sup> ed.). American Academy of Pediatrics.</li> <li>Jenny, C. (Ed.) (2011). <i>Child abuse and neglect: Diagnosis, treatment, and evidence</i>. Missouri, USA: Elsevier, Saunders.</li> <li><i>The Physical Signs of Child Sexual Abuse (2015): An evidence-based review and guidance for best practice</i> (2<sup>nd</sup> ed.). Royal College of Paediatrics and Child Health (RCPCH) (2015). Retrieved from <a href="http://www.rcpch.ac.uk/csa">http://www.rcpch.ac.uk/csa</a></li> <li>Girardin, B., Faugno, D., Seneski, P.C., Slaughter, L., &amp; Whelan, M. (1997). <i>Color atlas of sexual assault</i>. Missouri: Mosby.</li> <li>Saukko, P., &amp; Knight, B. (2015). <i>Knight's forensic pathology</i> (4<sup>th</sup> ed.). CRC Press.</li> <li>Stark, M.M. (Ed) (2020). <i>Clinical forensic medicine: A Physician's guide</i> (4<sup>th</sup> ed.). Springer. Royal College of Paediatrics and Child Health (RCPCH) Publications at: <a href="http://www.rcpch.ac.uk/child-health/standards-care/child-protection/publications/child-protection-publications">http://www.rcpch.ac.uk/child-health/standards-care/child-protection/publications/child-protection-publications</a> . Note 2015 RCPCH service specifications for facilities and workforce competencies in relation to medical services for sexually abused children</li> <li>Finkelhor, D. (2009). <i>Childhood victimization: Violence, crime, and abuse in the lives of young people</i>. Oxford Publications.</li> <li>Giardino, A., Finkel, M., Giardino, E., Siedl, T., &amp; Ludwig, S. (1992). <i>A practical guide to the evaluation of sexual abuse in the prepubertal child</i>. California: Sage Publications.</li> <li>Heger, A., &amp; Emans, S.J. (1992). <i>Evaluation of the sexually abused child: A medical textbook and photographic atlas</i>. New York: Oxford University Press.</li> <li>Emans, S.J., &amp; Laufer, M.R. (2011). <i>Pediatric and adolescent gynecology</i> (6<sup>th</sup> ed.). Lippincott Wilkins and Williams.</li> <li>Giardino, A., Datner, E. &amp; Asher, J (2003). <i>Sexual assault, victimization across the life span: A clinical guide</i>. Missouri: G.W. Medical Publishing.</li> </ul> <p><u>Sexually Transmitted Infections:</u></p> <ul style="list-style-type: none"> <li>2021 Sexually Transmitted Diseases Treatment Guidelines. Centres for Disease Control and Prevention (CDC). Retrieved from <a href="https://www.cdc.gov/std/treatment/default.htm">https://www.cdc.gov/std/treatment/default.htm</a></li> <li>Australian STI Management Guidelines for Use in Primary Care (2015). Australian Sexual Health Alliance (ASHA). Retrieved from <a href="http://www.sti.guidelines.org.au/">http://www.sti.guidelines.org.au/</a></li> <li>British Association for Sexual Health and HIV. BASHH Clinical Effectiveness Group Guidelines. Retrieved from <a href="https://www.bashh.org/guidelines">https://www.bashh.org/guidelines</a> .</li> </ul>
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Journals

- The Quarterly Update
- Child Abuse & Neglect - The International Journal
- Journal of Child Sexual Abuse
- Child Maltreatment (Journal of American Professional Society on the Abuse of Children)
- APSAC Advisor (American Professional Society on the Abuse of Children)
- Child Abuse Review
- Journal of Forensic and Legal Medicine
- International Journal of Legal Medicine
- Australia's National Research Organisation for Women's Safety (<http://anrows.org.au>)

Policies

- RACP (Intercollegiate) - Australia and NZ: <https://www.racp.edu.au/>
- Genital Examinations in Girls and Young Women: A Clinical Practice Guideline. Retrieved from <https://www.racp.edu.au/docs/default-source/advocacy-library/genital-examinations-in-girls-and-young-women-a-clinical-practice-guideline.pdf>
- American Academy of Pediatrics (AAP) (<https://www.aap.org/>)
- Committee on Child Abuse and Neglect (1999). Guidelines for the Evaluation of Sexual Abuse of Children: Subject Review. *Pediatrics*, 103(1). Retrieved from <http://pediatrics.aappublications.org/content/103/1/186>
- Kaufmann, M. and the Committee on Adolescence (2008). Care of the Adolescent Sexual Assault Victim. *Pediatrics*, 122(2). Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/122/2/462.full.pdf>
- Parent Tips for Preventing and Identifying Child Sexual Abuse: <https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/pages/Parent-Tips-for-Preventing-and-Identifying-Child-Sexual-Abuse.aspx#sthash.fobmOLG2.dpuf>
- *The Physical Signs of Child Sexual Abuse (2015): An evidence-based review and guidance for best practice* (2<sup>nd</sup> ed.). Royal College of Paediatrics and Child Health (RCPCH) (2015). Retrieved from <http://www.rcpch.ac.uk/csa>
- Faculty of Forensic and Legal Medicine (UK) (<https://fflm.ac.uk/>).
- 1800RESPECT - National Sexual Assault, Domestic Family Violence Counselling Service (includes webinars for workers and worker support) (<https://www.1800respect.org.au>).

	<p><u>N.B. Also trainees must be well informed about:</u></p> <ul style="list-style-type: none"> <li>• Legislation</li> <li>• Local procedural guidelines</li> <li>• Organisational policies and procedures</li> <li>• Position statements (local)</li> <li>• CFM guidelines e.g. re DNA minimisation</li> </ul> <p><u>Webinars</u></p> <p>Royal College of Paediatrics and Child Health (RCPCH) webinars on Child Sexual Abuse (CSA). Retrieved from <a href="http://www.rcpch.ac.uk/improving-child-health/child-protection/child-sexual-abuse-csa/child-sexual-abuse-csa">http://www.rcpch.ac.uk/improving-child-health/child-protection/child-sexual-abuse-csa/child-sexual-abuse-csa</a></p>
Recommended learning activities	<p>Training courses in CSA, adolescent and adult sexual assault</p> <p>Conferences, workshops and seminars</p> <p>Webinars and CDROMS, podcasts</p> <p>Self-directed learning – reads books and journals. Web-based references such as UpToDate and Medscape</p> <p>Log books – with exercises for reflection re practice and understandings</p> <p>Case based discussions</p> <p>Peer review programs</p> <p>Case conferences</p> <p>Read medico-legal reports written by experts</p> <p>Observe others provide testimony in court</p>
Case load for summative entrustment decision	<p>All trainees are expected to complete a minimum of fifteen (15) cases to be considered for summative entrustment. It is recommended that trainees whose primary training site offer services related to this EPA routinely complete a minimum of thirty (30) cases.</p>

Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Estimated stage of training for entrustment	Level 4 (unsupervised) for most routine assessments in the second year of full-time training with increasing expertise anticipated during the remainder of program Level 5 (teaching others) by the end of advanced training

**EPA 1 Forensic Medical Examination of Sexual Offence Complainant Milestone Matrix**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</i>
<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma in interpretation of injury (including genital)	Recognise and interpret basic injuries and injury patterns with a thorough understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH)	Interpret and evaluate complex injury patterns in limited forensic situations. Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re: legal definitions	Interpret and evaluate complex injury patterns in varied forensic situations including deceased persons, advises others on correct interpretation in peer review
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly as per rules and using appropriate terminology	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records)
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site (e.g. semen positive swabs from genitalia), identify possible contamination
<b>FS4. Use of forensic toxicology</b> - Apply knowledge of forensic	Apply knowledge of forensic toxicology and drugs of abuse (including	Accurately interpret and document the effects of illicit and therapeutic drugs	Accurately interpret and document effects of common and rare illicit and therapeutic

toxicology and drugs of abuse and related skills in formulating forensic medical opinions	pharmacokinetics, pharmacodynamics, interactions, analytical methods) in interpreting effects of common drugs in forensic medical situations	and their adverse reactions, perform accurate calculations, and formulate forensic medical opinions for various settings e.g. fitness for interview, capacity to consent	drugs and formulate complex forensic medical opinions in varied situations (e.g. likely drug dosage, tolerance), advise others in peer review
<b>FS5. Crime scene management</b> – Contribute to managing the ‘crime scene’ (including death scenes, body of complainant/ suspect and clothing) with other health/legal professionals	Contribute to ‘crime scene’ management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex ‘crime scenes’ and ensure patient safety, prevention of contamination and chain of custody	Evaluate interdisciplinary liaison and management of ‘crime scenes’ in varied forensic situations and identify/ rectify/ advise regarding possible compromise in patient safety, collection and handling of evidence
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to manage healthcare concerns of persons in custody	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody against police/ custodians. Understand relevant police/custodians procedures (i.e. communication, monitoring, protocols).	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision, address complaints against police/custodians sensitively and effectively.	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms,	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify problematic /less than ideal/ ambiguous documentation by others.

	medical/legal vocabulary of forensic medicine.		
<b>EC5. Handover communication</b> - Communicate effectively with other healthcare professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, drugs & poisons, child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination with cultural sensitivity, compassion and empathy	Facilitate discussions with complainants/ suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant’s illness behaviour)	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.

<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.2. Clinical procedures</b> - Perform and interpret non-invasive procedures and/or testing related to healthcare assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures /testing and recognise high risk states in forensic settings (e.g. STI, mental health).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM2.5. Public health</b> - Manage public health issues in forensic settings	Advise and support individuals on disease prevention (e.g. prophylaxis) and health promotion.	Support individuals for disease prevention, health promotion with an understanding of wider systems. Recognise and take responsibility for situations where public health supersedes individual health.	Manage public health implications for individuals and communities effectively in forensic settings and wider systems.
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that defines victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM3.2. Forensic procedures</b> - Perform and interpret non-invasive procedures and/or testing for forensic medical assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures and testing and recognise high risk states in forensic settings (e.g. sexual assault).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM4. Prioritize care</b> - Prioritize health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.

<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek feedback, and manage clinical forensic tasks appropriately	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences.	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible).	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently.
<b>QM3. Evidence-based quality improvement</b> - Systematically analyse practice and implement/ advocate for evidence-based changes towards quality of a forensic service	Use strategies for reflection on clinical practice when encountering opportunities during casework. Identify the needs for quality review in health care and health care systems.	Engage in opportunities and methods for quality improvement based on reflection on both individuals and populations in clinical practice. Promote quality health care in own service.	Engage in continuous quality improvement activities efficiently. Use one's own successes to advocate for a culture that promote quality health care and optimal health care systems.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports.	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>QM6. Risk–benefit analysis</b> - Incorporate considerations of cost awareness and risk–benefit analysis in individual and/or population-based care as appropriate	Use externally provided information (e.g. research around a clinical forensic procedure) to inform cost-containing action and/or preliminary risk–benefit analysis.	Critically appraise information in making cost and risk–benefit decisions. Adopt strategies that decrease cost and risk, and optimize benefits for individuals and the justice system.	Integrate cost analysis into one's practice while minimizing risk and optimizing benefits for individuals and communities.
<b>HA3. Advocate for patient needs</b> – Advocate for individual	Recognise when it is necessary to advocate for individual patient needs and	Advocate with the healthcare team for needs of individuals and cohorts of	Contribute to a culture where team members value and advocate for patient

patient needs in communication with the healthcare team, including in care transitions	develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	needs in providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>TL4. Working with respect</b> – work respectfully and resolve conflicts in the team towards better patient outcomes	Recognise and respect the diversity of team member perspectives on clinical situations and their expert decisions.	Respond to team members with respect and appropriate assertiveness. Engage in respectful negotiations to optimise care.	Resolve potential conflicts in a manner that supports a collaborative culture and better patient outcomes.
<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc...). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities, and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.



<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.

## Clinical Forensic Medicine EPA 2 - Forensic Medical Examination of Non-Sexual Offence Complainant

<b>EPA identification code:</b> <b>EPA 2</b>		<b>Recommended training sites for entrustment:</b> <b>CFMUs</b> <b>Sexual assault services providing domestic violence services</b> <b>Paediatric Forensic Services</b>
<b>EPA title</b>	<b>Forensic Medical Examination of Non-Sexual Offence Complainant (Child/Adolescent/Adult)</b>	
Specification and any limitations (maximum 150 words)	Across the diverse areas of practice, a Clinical Forensic Physician entering unsupervised practice is able to conduct a forensic medical examination of a non-sexual offence complainant and report on this examination. This includes: <ul style="list-style-type: none"> <li>• provide appropriate triage regarding clinical problems to ensure that the complainant obtains a high standard of medical care from a suitably trained professional at an appropriate facility at an appropriate time</li> <li>• demonstrate process used to obtain consent from or for child/adolescent/adult forensic examination and procedures</li> <li>• produce high quality documentation, including photography</li> <li>• provide a high standard of physical examination</li> <li>• collect forensic and medical samples in a manner that safeguards the potential use of results in court (including minimises DNA contamination)</li> <li>• provide good patient care, provide treatment (including preventive health care and mental health care )</li> <li>• practice evidence-based forensic medicine</li> </ul>	
Key Competencies and sub-competencies related to this EPA*  <i>*there are no sub-competencies unique to this EPA</i>	<div>           FS1, FS2, FS3, FS4, FS5            EC1, EC2, EC3            ML1, ML3            CC2            CM1, CM2.1, CM2.2, CM2.4, CM3.1, CM3.2, CM4, CM5            QM1, QM2, QM3, QM4, QM5, QM6            HA3            TL1, TL2, TL3, TL4, TL6            EP1, EP3, EP4, EP6, EP7         </div> <div>           CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills         </div>	

Required knowledge, skills and behaviour	<p><i>Knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Legislation related to crimes against the person of a non-sexual nature, consent to forensic medical procedures and the operation of the child protection system</li> <li>• The role of forensic evidence in criminal investigations</li> <li>• Role and responsibilities of the Clinical Forensic Physician</li> <li>• Medical issues related to violence and exposure to interpersonal violence</li> <li>• The principles of trauma informed care</li> <li>• Pathophysiology of injury and healing</li> <li>• Epidemiology of accidental injury - across the age spectrum</li> <li>• Epidemiology of injury caused by assault (including child abuse) – across the age spectrum</li> <li>• Medical conditions that mimic injury</li> <li>• Investigations and strategies used to differentiate injury caused by accidents from injury caused by assault and medical conditions that mimic injury</li> <li>• Forensic toxicology</li> <li>• Victim demographics</li> <li>• Child growth and development</li> <li>• The structure and operation of the child protection system</li> <li>• Evidence-based medicine</li> </ul> <p><i>Skills:</i></p> <ul style="list-style-type: none"> <li>• Demonstrate respectful and culturally competent communication</li> <li>• Assess capacity to consent</li> <li>• Obtain consent from the appropriate individual organisation</li> <li>• Prioritise needs and time</li> <li>• Conduct forensic assessment of injury and forensic procedures such as collection of samples for analysis</li> <li>• Document to a high standard suitable for use in court, including photo-documentation</li> <li>• Interpret cause and timing of injury</li> <li>• Collect Evidence (verbal and biological samples)</li> <li>• Assess and treat medical needs</li> <li>• Analyse practice and use evidence to improve forensic practice</li> <li>• Work with other healthcare professionals and forensic professional groups</li> <li>• Advocate for healthcare</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• A respectful approach to, and demonstrated courtesy towards, children, adolescents and adults and their care-givers</li> <li>• A respectful approach to, and demonstrated courtesy towards, other professionals</li> </ul>
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	<ul style="list-style-type: none"> <li>• Willingness to recognise own role, responsibilities and limitations</li> <li>• An impartial and objective approach to the evaluation of suspected assault and abuse</li> <li>• A prompt response to requests and enquiries</li> <li>• A desire to provide safety and healthcare that could improve the quality of life for the complainant</li> <li>• A desire for high professional standards, quality performance, continuous improvement, and participates in QA and audit processes</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Stark, M.M. (Ed) (2020). <i>Clinical forensic medicine: A Physician's guide</i> (4<sup>th</sup> ed.). Springer.</li> <li>• Payne-James, J, Busuttil, A. &amp; Smock, W (Eds) (2003). <i>Forensic medicine: Clinical and pathological aspects</i>. California, USA: Greenwich Medical Media.</li> <li>• Jenny, C. (Ed.) (2011). <i>Child abuse and neglect: Diagnosis, treatment, and evidence</i>. Missouri, USA: Elsevier, Saunders.</li> <li>• Busuttil, A. &amp; Keeling, J.W. (Eds.) (2009). <i>Paediatric Forensic Medicine &amp; Pathology</i> (2<sup>nd</sup> ed.). Hodder Arnold.</li> <li>• Chadwick, D.L, Alexander, R., Giardino, A.P., Esernio-Jenssen, D, &amp; Thackeray, J.D (Eds.) (2014). <i>Chadwick's child maltreatment: Physical abuse and neglect</i>. Whaley &amp; Whaley.</li> <li>• Finkelhor, D. (2009). <i>Childhood victimization: Violence, crime, and abuse in the lives of young people</i>. Oxford Publications.</li> </ul> <p><u>Journals</u></p> <ul style="list-style-type: none"> <li>• Journal of Forensic and Legal Medicine</li> <li>• The Child Abuse Quarterly Update</li> <li>• Child Abuse &amp; Neglect - The International Journal</li> <li>• Child Maltreatment (Journal of American Professional Society on the Abuse of Children)</li> <li>• International Journal of Legal Medicine</li> </ul> <p><u>NB Also Trainees must be well informed about:</u></p> <ul style="list-style-type: none"> <li>• Legislation (in relation to crimes, medical records, healthcare, mental health care, consent, medical negligence, presentation of evidence in the legal system and end of life)</li> <li>• Local procedural guidelines in relation to forensic procedures, engagement with police and the operation of the child protection system</li> <li>• Organisational policies and procedures</li> <li>• Position statements (local)</li> <li>• Policies, procedures and guidelines of colleges other than RCPA in relation to evaluation of complainants of crimes against a person of a non-sexual nature</li> </ul>

Recommended learning activities	<p>Training course in the recognition and response to assault and non-accidental injury</p> <p>Unit of postgraduate study in child abuse (minimum of one unit related to forensic evaluation of childhood injury)</p> <p>Attend conferences, workshops and seminars</p> <p>Use Webinars and CDROMS, podcasts</p> <p>Self-directed learning – read books and journals. Use web-based references such as UpToDate and Medscape</p> <p>Record cases in a log book – with exercises for reflection on practice, and identification of new understandings</p> <p>Complete case based discussions</p> <p>Attend and present cases at peer review meetings and programs</p> <p>Attend and contribute to case conferences</p> <p>Read medico-legal reports written by experts</p> <p>Observe others provide testimony in court</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	All trainees are expected to demonstrate competencies in Forensic Medical Examination of 30 Non-Sexual Offence Complainants in order to be considered for summative entrustment
Estimated stage of training for entrustment	<p>Level 4 (unsupervised) for most routine assessments in second year of full time training with increasing expertise anticipated during the remaining 2 to 3 years</p> <p>Level 5 (teaching others) by the end of advanced training</p>

**EPA 2 Forensic Medical Examination of Non-Sexual Offence Complainant Milestone Matrix**

	<b>Foundations for CFM</b>	<b>Core of CFM</b>	<b>Transition to Fellowship</b>
<b>Sub-competencies</b>	<p><b>Initial training;</b> what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</p>	<p><b>During training;</b> supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</p>	<p><b>Exit to Fellowship;</b> what is required for summative entrustment of EPAs and to pass Part II Standardised Oral as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</p>

<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma in interpretation of injury (including genital)	Recognise and interpret basic injuries and injury patterns with a thorough understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH).	Interpret and evaluate complex injury patterns in limited forensic situations. Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re legal definitions.	Interpret and evaluate complex injury patterns in varied forensic situations including deceased persons, advises others on correct interpretation in peer review.
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly using general principles and appropriate terminology.	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner.	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records).
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained.	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination.	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site (e.g. semen positive swabs from genitalia), identify possible contamination.
<b>FS4. Use of forensic toxicology</b> - Apply knowledge of forensic toxicology and drugs of abuse and related skills in formulating forensic medical opinions	Apply knowledge of forensic toxicology and drugs of abuse (including pharmacokinetics, pharmacodynamics, interactions, analytical methods) in interpreting effects of common drugs in forensic medical situations.	Accurately interpret and document the effects of illicit and therapeutic drugs and their adverse reactions, perform accurate calculations, and formulate forensic medical opinions for various settings e.g. fitness for interview, capacity to consent	Accurately interpret and document effects of common and rare illicit and therapeutic drugs and formulate complex forensic medical opinions in varied situations (e.g. likely drug dosage, tolerance), advise others in peer review.
<b>FS5. Crime scene management</b> – Contribute to managing the ‘crime scene’ (including death scenes, body of complainant/ suspect and clothing) with other health/legal professionals	Contribute to ‘crime scene’ management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence.	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex ‘crime scenes’ and ensure patient safety, prevention of contamination and chain of custody.	Evaluate interdisciplinary liaison and management of ‘crime scenes’ in varied forensic situations and identify/rectify/ advise regarding possible compromise in patient safety, collection and handling of evidence.
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation	Identify the appropriate local legislation and regulatory framework for medico-legal	Provide expert opinions and reports that address relevant medico-legal and forensic	Ensure that all forensic “output” whether oral or written is consistent with the

and regulations to facilitate 'good clinical forensic practice'	and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, Drugs & Poisons, Child protection etc.	issues consistent with local laws, in civil and criminal cases.	appropriate legal and regulatory framework.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to manage healthcare concerns of persons in custody	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody against police/ custodians. Understand relevant police/custodians procedures (i.e. communication, monitoring, protocols).	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision, address complaints against police/custodians sensitively and effectively.	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting.	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination, and with cultural sensitivity, compassion and empathy	Facilitate discussions with complainants/suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations.	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant's illness behaviour).	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.

<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.2. Clinical procedures</b> - Perform and interpret non-invasive procedures and/or testing related to healthcare assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures /testing and recognise high risk states in forensic settings (e.g. STI, mental health).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that define victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM3.2. Forensic procedures</b> - Perform and interpret non-invasive procedures and/or testing for forensic medical assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures and testing and recognise high risk states in forensic settings (e.g. sexual assault).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM4. Prioritise care</b> - Prioritise health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.



<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek feedback, and manage clinical forensic tasks appropriately	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences.	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible).	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently.
<b>QM3. Evidence-based quality improvement</b> - Systematically analyse practice and implement/ advocate for evidence-based changes towards quality of a forensic service	Use strategies for reflection on clinical practice when encountering opportunities during casework. Identify the needs for quality review in health care and health care systems.	Engage in opportunities and methods for quality improvement based on reflection on both individuals and populations in clinical practice. Promote quality health care in own service.	Engage in continuous quality improvement activities efficiently. Use one's own successes to advocate for a culture that promote quality health care and optimal health care systems.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>QM6. Risk–benefit analysis</b> - Incorporate considerations of cost awareness and risk–benefit analysis in individual and/or population-based care as appropriate	Use externally provided information (e.g. research around a clinical forensic procedure) to inform cost-containing action and/or preliminary risk–benefit analysis.	Critically appraise information in making cost and risk–benefit decisions. Adopt strategies that decrease cost and risk, and optimize benefits for individuals and the justice system.	Integrate cost analysis into one's practice while minimizing risk and optimizing benefits for individuals and communities.

<b>HA3. Advocate for patient needs</b> – Advocate for individual patient needs in communication with the healthcare team, including in care transitions	Recognise when it is necessary to advocate for individual patient needs and develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	Advocate with the healthcare team for needs of individuals and cohorts of patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	Contribute to a culture where team members value and advocate for patient needs in providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>TL4. Working with respect</b> – work respectfully and resolve conflicts in the team towards better patient outcomes	Recognise and respect the diversity of team member perspectives on clinical situations and their expert decisions.	Respond to team members with respect and appropriate assertiveness. Engage in respectful negotiations to optimise care.	Resolve potential conflicts in a manner that supports a collaborative culture and better patient outcomes.
<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities, and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.

<b>EP1. Informed consent</b> - obtain and document informed consent effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc.) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.

EPA identification code: EPA 3	Recommended training sites for entrustment: CFMUs Custodial Medicine Services
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EPA title	Forensic Medical Examination of Alleged Perpetrator (Sex and Non-sex Offence; Child/Adolescent/Adult)
<p>Specification and any limitations</p> <p>(maximum 150 words)</p>	<p>A Clinical Forensic Physician entering unsupervised practice is able to conduct a forensic medical examination of an alleged perpetrator (child, adolescent, adult) in relation to any police investigation, and report on this examination. This includes ability to:</p> <ul style="list-style-type: none"> <li>• Perform forensic medical examination of an alleged perpetrator that meets ethical obligations, legal requirements and the needs of investigators.</li> <li>• Work in accordance with the relevant legislation and ethical instruments with respect to forensic examination of alleged perpetrators in particular, relating to minors and other vulnerable groups.</li> <li>• Perform a high standard of physical examination to identify injury and other evidence</li> <li>• Collect appropriate forensic samples in a manner that that safeguards the potential use of results in court (including minimising DNA contamination and safe guarding chain of custody)</li> <li>• Produce high quality documentation (including photography) that meets ethical obligations, legal requirements and the needs of investigators.</li> <li>• Acknowledging the needs of the legal system and</li> <li>• Formulate an opinion succinctly and accurately for investigators</li> <li>• Identify and advise investigators in relation to potential evidentiary issues</li> <li>• Provide appropriate triage regarding clinical problems to ensure a high standard of medical care from a suitably trained professional at an appropriate facility at an appropriate time.</li> <li>• Practice evidence-based forensic medicine</li> </ul>
<p>Key Competencies and sub-competencies related to this EPA*</p> <p><i>*there are no unique sub-competencies to this EPA</i></p>	<div data-bbox="450 978 1211 1409"> <p>FS1, FS2, FS3, FS5</p> <p>EC-1, EC2, EC3, EC4, EC5</p> <p>ML1, ML3</p> <p>CM1, CM2.1, CM2.4, CM2.5, CM3.1, CM3.2, CM4, CM5</p> <p>CC2</p> <p>HA3</p> <p>TL2, TL3, TL4, TL6</p> <p>EP1, EP3, EP4, EP6, EP7</p> <p>QM1, QM2, QM4, QM5</p> </div> <div data-bbox="1232 1000 1926 1276"> <p>CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills</p> </div>

<p>Required knowledge, Skills and behaviour</p>	<p><i>Knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Ethics related to the interface between medicine, ethics, and the law.</li> <li>• Legislation related to police investigation and consent to/judicial orders for forensic medical procedures including special consideration with respect to child/adolescent alleged perpetrator</li> <li>• Dual role and responsibilities of the Clinical Forensic Physician</li> <li>• Pathophysiology of injury</li> <li>• The role of forensic evidence in criminal investigations</li> <li>• Forensic toxicology</li> <li>• Medical issues related to crimes against the person, including sexual violence</li> <li>• Offender demographics</li> <li>• <i>Doli incapax</i></li> <li>• Evidence-based forensic medicine</li> </ul> <p><i>Skills in:</i></p> <ul style="list-style-type: none"> <li>• Respectful and culturally competent communication</li> <li>• The assessment of capacity to consent</li> <li>• Prioritising health needs</li> <li>• Documentation, including photography</li> <li>• Injury interpretation</li> <li>• Evidence collection</li> <li>• Identifying potential evidentiary issues for investigators</li> <li>• Minimising DNA contamination</li> <li>• Analysing practice and using evidence to improve forensic practice</li> <li>• Working with other forensic professional and healthcare groups</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Responds promptly to requests and enquiries</li> <li>• Respectful approach to, and demonstrated courtesy towards patient/alleged perpetrators and other professionals</li> <li>• Recognises dual role of forensic physician, responsibilities and limitations</li> <li>• Demonstrates an impartial and objective approach to the forensic evaluation of alleged perpetrator</li> <li>• Demonstrates ability to handle complex ethical situations when appropriate</li> <li>• Demonstrates a desire for high professional standards</li> </ul>
<p>References/ resources</p>	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Stark, M.M. (Ed) (2020). <i>Clinical forensic medicine: A Physician's guide</i> (4<sup>th</sup> ed.). Springer.</li> </ul>

- Payne-James, J, Busuttil, A. & Smock, W (Eds) (2003). *Forensic medicine: Clinical and pathological aspects*. California, USA: Greenwich Medical Media.
- Gall, J.A.M., & J Payne-James (Eds) (2010). *Current practice in forensic medicine* (1<sup>st</sup> ed.). Wiley.
- Gall, J.A.M., & Payne-James (Eds) (2016). *Current practice in forensic medicine* (2<sup>nd</sup> ed.). Wiley.
- Byard, R., & Payne-James, J. (Eds) (2015). *Encyclopedia of forensic and legal medicine* (2nd ed.). Elsevier.
- DiMaio, V.J. & DiMaio, D. (2001). *Forensic pathology* (2<sup>nd</sup> ed.). CRC Press.
- Dolinak, D., Matshes, E. & Lew, E. (2005). *Forensic Pathology: Principles and practice*. Elsevier Academic Press.
- Saukko, P., & Knight, B. (2015). *Knight's forensic pathology* (4<sup>th</sup> ed.). CRC Press.
- Baselt, R.C. (Ed.) (2014). *Disposition of toxic drugs and chemicals in man* (10<sup>th</sup> ed.). California: Biomedical Publications.
- Drummer, O.H. (2001). *The forensic pharmacology of drugs of abuse*. Arnold Publishers.
- Gunn, A (2009). *Essential forensic biology* (2<sup>nd</sup> ed.). Wiley-Blackwell.

#### Journals

- Journal of Forensic and Legal Medicine
- American Journal of Forensic Medicine and Pathology
- Australian Journal of Forensic Sciences
- International Journal of Legal Medicine
- Journal of Forensic Sciences
- Forensic Pathology Reviews
- Forensic Science International
- Forensic Science Medicine and Pathology
- Science and Justice
- Medicine Science and the Law
- Journal of Analytical Toxicology

#### Guidelines/Protocols

- Faculty of Forensic and Legal Medicine (UK) (<https://fflm.ac.uk/>).

#### Legislation and Ethics instruments

- Australasian Legal Information Institute (<http://www.austlii.edu.au/>)
- UN Convention on Rights of Child
- UN Declaration of Human Rights

Recommended learning activities	<p>Conferences, workshops and seminars</p> <p>Webinars and CDROMS, podcasts</p> <p>Self-directed learning; texts, journals. Web-based references such as UpToDate and Medscape</p> <p>Case based discussions</p> <p>Peer review programs</p> <p>Case conferences</p> <p>Read medico-legal reports written by experts</p> <p>Observe others provide testimony in court</p>
Case load for summative entrustment decision	All trainees are expected to complete a minimum of 10 cases to be considered for summative entrustment. It is recommended that trainees whose primary training site offers services related to this EPA routinely complete a minimum of 20 cases.
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Estimated stage of training for entrustment	L4 entrustment by end of year 2 full time equivalent where primary training site offers services related to this EPA; by end of year 4 otherwise.

<b>EPA 3 Forensic Medical Examination of Suspect Milestone Matrix</b>			
<b>Sub-competencies</b>	<b><i>Foundations for CFM</i></b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b><i>Core of CFM</i></b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b><i>Transition to Fellowship</i></b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</i>
<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma	Recognise and interpret basic injuries and injury patterns with a thorough	Interpret and evaluate complex injury patterns in limited forensic situations.	Interpret and evaluate complex injury patterns in varied forensic situations

in interpretation of injury (including genital)	understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH)	Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re legal definitions	including deceased persons, advises others on correct interpretation in peer review
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly as per rules and using appropriate terminology	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records)
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site (e.g. semen positive swabs from genitalia), identify possible contamination
<b>FS5. Crime scene management</b> – Contribute to managing the 'crime scene' (including death scenes, body of complainant/ suspect and clothing) with other health/legal professionals	Contribute to 'crime scene' management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex 'crime scenes' and ensure patient safety, prevention of contamination and chain of custody	Evaluate interdisciplinary liaison and management of 'crime scenes' in varied forensic situations and identify/ rectify/ advise regarding possible compromise in patient safety, collection and handling of evidence
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health



the police to manage healthcare concerns of persons in custody	against police/ custodians. Understand relevant police/custodian procedures (i.e. communication, monitoring, protocols).	to requests to improve healthcare provision, address complaints against police/ custodians sensitively and effectively.	care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms, medical/legal vocabulary of forensic medicine.	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify problematic /less than ideal/ ambiguous documentation by others.
<b>EC5. Handover communication</b> - Communicate effectively with other healthcare professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, drugs & poisons, child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.

<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations.	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant's illness behaviour).	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.
<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM2.5. Public health</b> - Manage public health issues in forensic settings	Advise and support individuals on disease prevention (e.g. prophylaxis) and health promotion.	Support individuals for disease prevention, health promotion with an understanding of wider systems. Recognise and take responsibility for situations where public health supersedes individual health.	Manage public health implications for individuals and communities effectively in forensic settings and wider systems.
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that defines victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM3.2. Forensic procedures</b> - Perform and interpret non-invasive procedures and/or testing for forensic medical assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures and testing and recognise high risk states in forensic settings (e.g. sexual assault).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM4. Prioritize care</b> - Prioritize health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.

<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination with cultural sensitivity, compassion and empathy.	Facilitate discussions with complainants/ suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>HA3. Advocate for patient needs</b> – Advocate for individual patient needs in communication with the healthcare team, including in care transitions	Recognise when it is necessary to advocate for individual patient needs and develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	Advocate with the healthcare team for needs of individuals and cohorts of patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	Contribute to a culture where team members value and advocate for patient needs in providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc.).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>TL4. Working with respect</b> – work respectfully and resolve conflicts in the team towards better patient outcomes	Recognise and respect the diversity of team member perspectives on clinical situations and their expert decisions.	Respond to team members with respect and appropriate assertiveness. Engage in respectful negotiations to optimise care.	Resolve potential conflicts in a manner that supports a collaborative culture and better patient outcomes.

<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities, and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.

<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek feedback, and manage clinical forensic tasks appropriately	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences.	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible).	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports.	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.

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	TS2
Required knowledge, skills and behaviour	<p><i>The following are applicable to both complainant and alleged perpetrator/custodial settings unless otherwise specified:</i></p> <p><i>Knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Legislation related to crimes against the person of a non-sexual nature, elder abuse/neglect, guardianship and administration, consent to forensic medical procedures and the operation of the child protection system</li> <li>• The role of forensic evidence in criminal investigations</li> <li>• Role and responsibilities of the Clinical Forensic Physician</li> <li>• Medical issues related to neglect and abuse</li> <li>• The principles of trauma informed care</li> <li>• Pathophysiology of injury and healing</li> <li>• Interpretation of injury patterns relating to neglect, abuse, torture (e.g. torture, ligature marks)</li> <li>• Other findings associated with neglect (e.g. nutritional deficiencies, bed sores, poor hygiene, infestations, animal/insect/rodent related trauma)</li> <li>• Epidemiology of accidental injury - across the age spectrum</li> <li>• Epidemiology of injury caused by assault (including child and elder abuse) – across the age spectrum</li> <li>• Investigations and strategies used to differentiate injury caused by accidents from injury caused by abuse and neglect and medical conditions that mimic injury</li> <li>• Investigative interviewing</li> <li>• Forensic toxicology</li> <li>• Demographics of groups at risk of neglect/abuse</li> <li>• Child growth and development</li> <li>• Ageing and cognitive decline</li> <li>• The structure and operation of protective systems</li> <li>• Evidence-based medicine</li> <li>• Health advocacy</li> <li>• Public health implications and illness prevention</li> </ul> <p><i>Skills:</i></p> <ul style="list-style-type: none"> <li>• Demonstrate respectful and culturally competent communication</li> <li>• Communication with people with a disability</li> <li>• Assess capacity to consent and cognitive functioning</li> <li>• Obtain consent from the appropriate individual or organisation</li> <li>• Prioritise needs and time</li> <li>• Conduct forensic assessment for neglect/abuse</li> <li>• Document to a high standard suitable for use in court, including photo-documentation</li> <li>• Interpret cause and timing of injury</li> </ul>

	<ul style="list-style-type: none"> <li>• Collect and collate evidence from various sources</li> <li>• Assess and treat medical needs</li> <li>• Assess for domestic squalor</li> <li>• Analyse practice and use evidence to improve forensic practice</li> <li>• Work with other healthcare professionals and forensic professional groups</li> <li>• Advocate for healthcare and safety</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• A respectful approach to, and demonstrated courtesy towards, children, adolescents and adults and their care-givers</li> <li>• A respectful approach to, and demonstrated courtesy towards, other professionals</li> <li>• Willingness to recognise own role, responsibilities and limitations</li> <li>• An impartial and objective approach to the evaluation of suspected neglect and abuse</li> <li>• A prompt response to requests and enquiries</li> <li>• A desire to provide safety and healthcare that could improve the quality of life for the complainant</li> <li>• A desire for high professional standards, quality performance, continuous improvement, and participates in QA and audit processes</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Stark, M.M. (Ed) (2020). <i>Clinical forensic medicine: A Physician's guide</i> (4<sup>th</sup> ed.). Springer.</li> <li>• Jenny, C. (Ed.) (2011). <i>Child abuse and neglect: Diagnosis, treatment, and evidence</i>. Missouri, USA: Elsevier, Saunders.</li> <li>• Busuttil, A. &amp; Keeling, J.W. (Eds.) (2009). <i>Paediatric Forensic Medicine &amp; Pathology</i> (2<sup>nd</sup> ed.). Hodder Arnold.</li> <li>• Chadwick, D.L, Alexander, R., Giardino, A.P., Esernio-Jenssen, D, &amp; Thackeray, J.D (Eds.) (2014). <i>Chadwick's child maltreatment: Physical abuse and neglect</i>. Whaley &amp; Whaley.</li> <li>• Finkelhor, D. (2009). <i>Childhood victimization: Violence, crime, and abuse in the lives of young people</i>. Oxford Publications.</li> </ul> <p><u>Journals</u></p> <ul style="list-style-type: none"> <li>• Journal of Forensic and Legal Medicine</li> <li>• Journal of Elder Abuse and Neglect</li> <li>• The Child Abuse Quarterly Update</li> <li>• Child Abuse &amp; Neglect - The International Journal</li> <li>• Child Maltreatment (Journal of American Professional Society on the Abuse of Children)</li> <li>• International Journal of Legal Medicine</li> </ul> <p><u>NB Trainees must be well informed about:</u></p>



	<ul style="list-style-type: none"> <li>• Legislation (in relation to crimes, medical records, healthcare, mental health care, consent, medical negligence, presentation of evidence in the legal system and end of life)</li> <li>• Local procedural guidelines in relation to forensic procedures, engagement with police and the operation of the child protection system</li> <li>• Organisational policies and procedures</li> <li>• Position statements (local)</li> <li>• Policies, procedures and guidelines of colleges other than RCPA in relation to evaluation of complainants of crimes against a person of a non-sexual nature</li> </ul>
Recommended learning activities	<p>Training course in the recognition and response to neglect/abuse</p> <p>Unit of postgraduate study in child abuse (minimum of one unit related to forensic evaluation of childhood injury), elder abuse, investigative interviewing</p> <p>Attend conferences, workshops and seminars</p> <p>Use Webinars and CDROMS, podcasts</p> <p>Self-directed learning – read books and journals. Use web-based references such as UpToDate and Medscape</p> <p>Record cases in a log book – with exercises for reflective re practice and identification of new understandings</p> <p>Complete case based discussions</p> <p>Attend and present cases at peer review meetings and programs</p> <p>Attend and contribute to case conferences</p> <p>Read medico-legal reports written by experts</p> <p>Observe others provide testimony in court</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	All trainees are expected to demonstrate competencies in identifying and responding to a minimum of 10 suspected cases of neglect/abuse in either a complainant or suspect/custodial setting for summative entrustment.
Estimated stage of training for entrustment	<p>Level 4 (unsupervised) for most routine assessments in second year of full time training with increasing expertise anticipated during the remaining 2 to 3 years</p> <p>Level 5 (teaching others) by the end of advanced training</p>

<b>EPA 4 Assessment of Suspected Abuse/Neglect in Forensic Settings Milestone Matrix</b>			
<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</i>
<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma in interpretation of injury (including genital injury)	Recognise and interpret basic injuries and injury patterns with a thorough understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH).	Interpret and evaluate complex injury patterns in limited forensic situations. Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re legal definitions.	Interpret and evaluate complex injury patterns in varied forensic situations including deceased persons, advises others on correct interpretation in peer review.
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly using general principles and appropriate terminology.	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner.	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records).
<b>FS5. Crime scene management</b> – Contribute to managing the ‘crime scene’ (including death scenes, body of complainant/ suspect and clothing) with other health/legal professionals	Contribute to ‘crime scene’ management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence.	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex ‘crime scenes’ and ensure patient safety, prevention of contamination and chain of custody.	Evaluate interdisciplinary liaison and management of ‘crime scenes’ in varied forensic situations and identify/ rectify/ advise regarding possible compromise in patient safety, collection and handling of evidence.
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.

<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, Drugs & Poisons, Child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to manage healthcare concerns of persons in custody	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody against police/ custodians. Understand relevant police/custodian procedures (i.e. communication, monitoring, protocols).	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision, address complaints against police/custodians sensitively and effectively.	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms,	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify ambiguous documentation by others.

	medical/legal vocabulary of forensic medicine.		
<b>CC1. Respect for diversity</b> - Work effectively and respectfully with people of different cultural backgrounds (incl. aboriginal, Torres Strait Islander and Māori peoples) with cultural humility and awareness of cultural diversity	Acknowledge the range of backgrounds and cultures of complainants and suspects and the role of this diversity in effectiveness of the health care system. Recognise issues relating to health inequities and inequalities.	Integrate perspectives on cultural diversity and health inequities and inequalities appropriately in developing effective and culturally respectful care plans. Reflect patient differences and views in respectful communication with the patient and the healthcare team.	Engage in culturally sensitive shared decision-making with the individual and the healthcare team. Ensure that health inequities and inequalities are addressed and mitigated. Promote a culture of respect for diversity among other professionals in forensic settings.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting.	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination, and with cultural sensitivity, compassion and empathy	Facilitate discussions with complainants/suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations.	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant's illness behaviour).	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.
<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.2. Clinical procedures</b> - Perform and interpret non-invasive procedures and/or testing related to healthcare assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures /testing and recognise high risk states in forensic settings (e.g. STI, mental health).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM2.5. Public health</b> - Manage public health issues in forensic settings	Advise and support individuals on disease prevention (e.g. prophylaxis) and health promotion.	Support individuals for disease prevention, health promotion with an understanding of wider systems.	Manage public health implications for individuals and communities effectively in forensic settings and wider systems.

		Recognise and take responsibility for situations where public health supersedes individual health.	
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that define victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM3.2. Forensic procedures</b> - Perform and interpret non-invasive procedures and/or testing for forensic medical assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures and testing and recognise high risk states in forensic settings (e.g. sexual assault).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM4. Prioritise care</b> - Prioritise health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences.	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently.

feedback, and manage clinical forensic tasks appropriately		approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible).	
<b>QM3. Evidence-based quality improvement</b> - Systematically analyse practice and implement/advocate for evidence-based changes towards quality of a forensic service	Use strategies for reflection on clinical practice when encountering opportunities during casework. Identify the needs for quality review in health care and health care systems.	Engage in opportunities and methods for quality improvement based on reflection on both individuals and populations in clinical practice. Promote quality health care in own service.	Engage in continuous quality improvement activities efficiently. Use one's own successes to advocate for a culture that promote quality health care and optimal health care systems.
<b>QM4. Managing bias –</b> Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>QM6. Risk–benefit analysis</b> - Incorporate considerations of cost awareness and risk–benefit analysis in individual and/or population-based care as appropriate	Use externally provided information (e.g. research around a clinical forensic procedure) to inform cost-containing action and/or preliminary risk–benefit analysis.	Critically appraise information in making cost and risk–benefit decisions. Adopt strategies that decrease cost and risk, and optimize benefits for individuals and the justice system.	Integrate cost analysis into one's practice while minimizing risk and optimizing benefits for individuals and communities.
<b>HA1. Advocate for justice</b> - Articulate the social and political implications of crime and support justice	Recognise the social and political implications of crime and its application to practice of clinical forensic medicine.	Articulate the social and political implications of crime to legal/ police officers and public, analyse current policy.	Contribute to policy discussions on the social and political implication of crime.

<b>HA2. Advocate for vulnerable populations</b> - advocate for health promotion and the prevention of disease and injury in vulnerable populations	Apply principles of health promotion and disease prevention to identify the health needs of vulnerable populations.	Appraise available resources and partner with others in planning and service provision for health promotion and disease prevention in vulnerable populations.	Lead the implementation of health promotion and disease prevention programs and collaborate with others to improve the health of vulnerable populations.
<b>HA3. Advocate for patient needs</b> – Advocate for individual patient needs in communication with the healthcare team, including in care transitions	Recognise when it is necessary to advocate for individual patient needs and develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	Advocate with the healthcare team for needs of individuals and cohorts of patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	Contribute to a culture where team members value and advocate for patient needs in providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.

<b>TL4. Working with respect</b> – work respectfully and resolve conflicts in the team towards better patient outcomes	Recognise and respect the diversity of team member perspectives on clinical situations and their expert decisions.	Respond to team members with respect and appropriate assertiveness. Engage in respectful negotiations to optimise care.	Resolve potential conflicts in a manner that supports a collaborative culture and better patient outcomes.
<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities, and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc.) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP2. Ethical issues in training</b> - appropriately respond to ethical issues encountered in varied academic and clinical practice contexts as a trainee	Recognise core ethical concepts to address ethical issues encountered in clinical and academic activities.	Manage ethical issues encountered in the clinical and academic setting appropriately.	Recognise and respond to ethical issues encountered in independent practice. Advise others on complex ethical issues.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.



<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.
<b>TS2. Educating the public</b> - Educate and/ or convey technical information to the public	Communicate at a level and in a manner appropriate for familiar audiences, understand the norms of communicating with the public, understand legal limitations to information sharing and communicating re: sub-judicial matters.	Communicate at a level and in a manner that can be comprehended by most audiences, promote an understanding of the subject.	Communicate at a level and in a manner that can be comprehended by the audience being addressed, promote a deep understanding and discussion.

## Clinical Forensic Medicine EPA 5 - Fitness for Interview Assessment

<b>EPA identification code:</b> <b>EPA 5</b>	<b>Recommended training sites for entrustment:</b> <b>CFMUs</b> <b>Custodial Medicine Services</b>
<b>EPA title</b>	<b>Fitness for Interview Assessment of Persons Involved in the Legal System (all ages)</b>
Specification and any limitations (maximum 150 words)	<p>Clinical Forensic Physicians entering unsupervised practice are able to:</p> <ul style="list-style-type: none"> <li>• Assess prospective interviewees of all ages in the legal system for fitness to be interviewed</li> <li>• Appraise the social, cultural, medical, psychiatric, cognitive/intellectual, legal and toxicological factors of the person in such assessments</li> <li>• Recognise the special considerations involved with interview of child and adolescent interviewees.</li> <li>• Following the assessment, provide an opinion to the relevant authorities (including police) regarding the person's suitability or otherwise for interview and advise regarding the disposition of the person</li> <li>• Assess a witness or defendant at court who claims to have an acute medical or other reason for not being able to participate in proceedings</li> <li>• Following the examination, give written or verbal evidence to the court regarding the fitness of the person to attend a legal hearing.</li> </ul>
Key Competencies and sub-competencies related to this EPA*	<div style="display: flex; justify-content: space-between;"> <div> CM1, CM2.1, CM2.4, CM3.1, CM4, CM5  ML1, ML2, ML3, ML4, ML5  EP1, EP3, EP4, EP5, EP6, EP7  EC1, EC2, EC3, EC5  CC1, CC2  TL3, TL6  HA3  QM1  IM1, IM2 </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills </div> </div> <p>*there are no unique sub-competencies to this EPA</p>
Required knowledge, skills and behaviour	<p><i>Core knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Psychology of interviews</li> <li>• Processes of interview</li> <li>• Jurisdictional legal processes and procedures involving interviews</li> <li>• Medical and other conditions affecting fitness</li> <li>• Ethical, legal and medical responsibilities in acute forensic setting</li> </ul>

	<ul style="list-style-type: none"> <li>• Jurisdictional custodial and supervisory policies e.g. use of independent third persons</li> <li>• Legislation, policies and procedures in relation to child and adolescent detainees</li> <li>• Differences between adult and adolescent/youth offending behaviour</li> <li>• Developmental aspects of forensic mental health</li> </ul> <p><i>Skills:</i></p> <ul style="list-style-type: none"> <li>• History taking</li> <li>• Interviewing</li> <li>• Use of interpreters</li> <li>• Obtain consent</li> <li>• Administering assessment tools such as MMSE, drug/alcohol withdrawal scores</li> <li>• General medical examinations</li> <li>• Mental state examination including ability to detect cognitive/intellectual disability</li> <li>• Assessment of suicidality</li> <li>• Assessment of drug and alcohol effects including withdrawal</li> <li>• Liaison with medical, social, and mental health workers, family members</li> <li>• Presenting succinct verbal (and/or written) opinions in acute setting</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Establishing rapport with detainees</li> <li>• Treating detainees with respect</li> <li>• Liaison with police and courts</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Norfolk, G.A. (1997). 'Fitness to be interviewed' a proposed definition and scheme of examination. <i>Medicine, Science and the Law</i>, 37(3), 228-34.</li> <li>• Gall, J.A.M., &amp; Freckleton, I. (1999). Fitness for interview: current trends, views and an approach to the assessment procedure. <i>Journal of Clinical Forensic Medicine</i>, 6(4), 213-223.</li> <li>• Stark, M.M. (Ed) (2020). <i>Clinical forensic medicine: A Physician's guide</i> (4<sup>th</sup> ed.). Springer.</li> <li>• Payne-James, J, Busuttil, A. &amp; Smock, W (Eds) (2003). <i>Forensic medicine: Clinical and pathological aspects</i>. California, USA: Greenwich Medical Media.</li> <li>• Gall, J.A.M., &amp; J Payne-James (Eds) (2010). <i>Current practice in forensic medicine</i> (1<sup>st</sup> ed.). Wiley.</li> <li>• Gall, J.A.M., &amp; Payne-James (Eds) (2016). <i>Current practice in forensic medicine</i> (2<sup>nd</sup> ed.). Wiley.</li> <li>• Byard, R., &amp; Payne-James, J. (Eds) (2015). <i>Encyclopedia of forensic and legal medicine</i> (2nd ed.). Elsevier.</li> </ul>

Recommended learning activities	Familiarity with literature on the subject. Observation of assessments by experienced physicians. Work based consultation on cases when seeing them in the field. Discussions at peer review meetings.
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	10 cases including at least one where FFI assessment evidence has been examined in court.
Estimated stage of training for entrustment	L4 entrustment by end of year 2 full time equivalent where primary training site offers services related to this EPA; by end of year 4 otherwise. Ad hoc entrustment permissible if necessary.

#### ***EPA 5 Fitness for Interview Assessment Milestone Matrix***

	<b><i>Foundations for CFM</i></b>	<b><i>Core of CFM</i></b>	<b><i>Transition to Fellowship</i></b>
<b>Sub-competencies</b>	<b><i>Initial training;</i></b> what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL	<b><i>During training;</i></b> supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.	<b><i>Exit to Fellowship;</i></b> what is required for summative entrustment of EPAs and necessary to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral
<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations.	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant's illness behaviour).	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.

<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that define victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM4. Prioritise care</b> - Prioritise health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.

<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethical forensic and medicolegal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, drugs & Poisons, child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.
<b>ML4. Giving an oral opinion</b> – Communicate evidence in legal contexts effectively	Use accurate and proper English language and presentation skills at a standard appropriate for a healthcare professional.	Efficiently use specialised medicolegal vocabulary of CFM and accurate terms (anatomical/physiological/pathological). Accurately explain technical issues in court to lawyers, judicial officers and lay juries.	Synthesise and explain complex medical and technical concepts clearly and succinctly as a standard appropriate for an expert witness. Effectively use communication aids (e.g. diagrams, images, models) at court.
<b>ML5. Medicolegal evidence</b> – Apply knowledge of legal process to present factual evidence as a health professional in legal contexts	Identify the legal process, court procedures, roles of healthcare and legal officers, and structure and purpose of medico legal evidence. Give coherent and logical factual evidence at court.	Distinguish between the need for factual and expert evidence and give coherent and logical factual and limited opinion evidence at court.	Give coherent, appropriate and logical medicolegal evidence in varied legal contexts and for complex scenarios.

<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc.) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EP5. Evidence ethics</b> - apply an understanding of the ethical obligations as an expert to the court in oral testimony situations as well as in providing an expert opinion	Recognise ethical principles on expert evidence (confidentiality, conflicts of interest, need for objectivity, remain within scope of expertise, request relevant information, sub-judicial issues etc.).	Maintain objectivity with professional disinterest in the legal outcome, without being influenced by potential outcomes or fiscal reward. Take appropriate action in potential conflict of interest situations; refer requests outside expertise appropriately.	Exhibit appropriate ethical behaviours in complex situations when providing expert evidence. Advise others on ethical issues around expert evidence during peer review.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.

<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC2. Communication with justice system</b> - Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to manage healthcare concerns of persons in custody	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody against police/ custodians. Understand relevant police/ custodian procedures (i.e. communication, monitoring, protocols).	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision, address complaints against police/ custodians sensitively and effectively.	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC5. Handover communication</b> - Communicate effectively with other healthcare	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse



professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.
<b>CC1. Respect for diversity</b> - Work effectively and respectfully with people of different cultural backgrounds (incl. aboriginal, Torres Strait Islander and Māori peoples) with cultural humility and awareness of cultural diversity	Acknowledge the range of backgrounds and cultures of complainants and suspects and the role of this diversity in effectiveness of the health care system. Recognise issues relating to health inequities and inequalities.	Integrate perspectives on cultural diversity and health inequities and inequalities appropriately in developing effective and culturally respectful care plans. Reflect patient differences and views in respectful communication with the patient and the healthcare team.	Engage in culturally sensitive shared decision-making with the individual and the healthcare team. Ensure that health inequities and inequalities are addressed and mitigated. Promote a culture of respect for diversity among other professionals in forensic settings.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting.	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination, and with cultural sensitivity, compassion and empathy.	Facilitate discussions with complainants/ suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.

<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities, and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>HA3. Advocate for patient needs</b> – Advocate for individual patient needs in communication with the healthcare team, including in care transitions	Recognise when it is necessary to advocate for individual patient needs and develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	Advocate with the healthcare team for needs of individuals and cohorts of patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	Contribute to a culture where team members value and advocate for patient needs in providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>IM1. Effective information flow</b> - Facilitate secure and effective information flow including electronic health records	Organise information as per record keeping and information management guidelines in clinical forensic medicine and in local settings. Adapt use of the health record to the clinical context.	Document and share information to enhance personalised care and support justice. Adapt use of the health record to the patient's health literacy. Ensure patient confidentiality in information transfer.	Map information flow in the care of patients and suggest process changes for quality improvement. Review patient safety incidents involving suboptimal written, verbal, or electronic communication.
<b>IM2. Handover information</b> - Facilitate effective transitions of care including clinical handover using information technology	Understand the risks of incomplete documentation and information exchange, identify cognitive aids to use.	Share information through information technology to effectively co-ordinate inter-professional care in care transitions.	Analyse information exchange in care transfers at peer review, contribute to improvements in the use of information technology in handover.

**Clinical Forensic Medicine EPA 6 - Healthcare assessment and provision in forensic settings**

<b>EPA identification code:</b> <b>EPA 6</b>	<b>Recommended training sites for entrustment:</b> <b>Sexual Assault Services</b> <b>CFMUs</b> <b>Custodial Health Services</b> <b>Paediatric Forensic Services</b>
<b>EPA title</b>	<b>Healthcare assessment and provision in forensic settings</b>
<b>EPA description</b>	<p>Across the diverse areas of practice, a Clinical Forensic Physician entering unsupervised practice is able to:</p> <ul style="list-style-type: none"> <li>• Provide healthcare in both an acute and ongoing basis to complainants and those in police custody and prisons, across the broad range of offences including interpersonal violence, sexual, drug and traffic offences.</li> <li>• Understand the demographics of the population with whom they are working,</li> <li>• Identify the particular health problems that are related to victimisation, social disadvantage and incarceration.</li> <li>• Work within operational frameworks and recognise the barriers to high quality clinical practice.</li> <li>• Advocate for best-practice medical care, health promotion and disease prevention</li> <li>• Communicate effectively with police, prison staff and health staff to achieve patient safety and high-quality care.</li> </ul>
<b>Key Competencies and their sub-competencies related to this EPA*</b>	<p>CM1, CM2.1, CM 2.2, CM 2.3*, CM 2.4, CM 2.5, CM4, CM5</p> <p>ML1</p> <p>EC1, EC3, EC4, EC5</p> <p>QM1, QM5</p> <p>HA2, HA3</p> <p>EP7</p> <p>TL1, TL6, TL7</p> <p>IM1, IM2</p> <p>LL3</p> <p>CC1, CC2</p> <p>*CM2.3 is unique to this EPA</p> <div data-bbox="1245 794 1935 1046" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills</p> </div>
<b>Required knowledge, skills and behaviour</b>	<p><i>The following are applicable to both complainants and those in custodial settings unless otherwise specified:</i></p> <p><b>Knowledge of:</b></p> <p>Management of acute drug/alcohol intoxication and withdrawal, acute and chronic mental illness and medical conditions</p>

	<p>Management of infectious disease and public health implications</p> <p>Relevant legislation and legal/ethical requirements in relation to patient confidentiality and consent, police/corrective service powers, mental health provisions, obligations to report.</p> <p><i>Skills in:</i></p> <ul style="list-style-type: none"> <li>Conducting a healthcare assessment, appropriately prioritising and managing identified issues</li> <li>Telephone consultation and provision of advice to nurses and police</li> <li>Appropriate triage and management of medical emergencies</li> <li>Primary care assessment and triage of acute and chronic mental health issues</li> <li>Monitoring and managing chronic medical conditions in custodial setting (e.g. diabetes)</li> <li>Assessment and management of drug/alcohol affected patients and patients in drug/alcohol withdrawal</li> <li>Assessment and management of acute injuries (including strangulation)</li> <li>Assessing risk for sexually transmitted infection in sex offence complainants, providing appropriate prophylaxis and treatment, and considering public health implications</li> <li>Accurate clinical documentation and confidential record management</li> <li>Communicating with police, solicitors, courts and other healthcare providers about health issues</li> <li>Assessing capacity to consent to examination</li> <li>Performing court-ordered prisoner disease tests (Qld)</li> <li>Conducting court-ordered prisoner fitness for custody/fitness to plead assessments</li> <li>Conducting court-ordered prisoner mental health assessments</li> <li>Responding to a prisoner complaint against police</li> <li>Health advocacy; disease prevention strategies</li> </ul> <p><i>Attitudes/behaviour:</i></p> <ul style="list-style-type: none"> <li>Awareness/acknowledgement of conflicting roles of healthcare provider/s, investigating police and custodians</li> <li>Understand the need to appropriately prioritise healthcare over forensic issues when necessary</li> <li>Understanding the effect of custody upon detainee 'illness behaviour'; vulnerability, motivation etc.</li> <li>Separation of therapeutic and forensic role in patient consultations</li> <li>Awareness of need to balance confidentiality and duty of care</li> </ul>
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	<p>Understanding the effect of violence upon a complainant's illness behaviour; ability to disclose symptoms, shame etc.</p> <p>Ethical obligations relating to separation of medical forensic and therapeutic role</p> <p>Recognition of authority of police custodian with respect to safety in custodial environment</p> <p>Recognition of challenges associated with telephone consultations</p> <p>Understand the importance of effective appropriate communication with other healthcare providers, investigating police and custodians</p> <p>Advocating for quality patient care</p>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Australian Institute of Health and Welfare (2015). <i>The health of Australia's prisoners</i>. Cat. no. PHE 207. Canberra: AIHW. Canberra: Australian Institute of Health and Welfare.</li> <li>• Murtagh, J. (2015). <i>John Murtagh's General Practice</i> (6th ed). North Ryde: McGraw-Hill Education.</li> </ul> <p><u>Journal articles</u></p> <ul style="list-style-type: none"> <li>• Hampton, S. et al., (2015). Prescribing for people in custody. <i>Australian Prescriber</i>, 38(5), 33-44.</li> </ul> <p><u>Online Resource</u></p> <ul style="list-style-type: none"> <li>• National Institute for Health and Care Excellence, 2016. <i>Physical health of people in prison</i>. Retrieved from <a href="https://pathways.nice.org.uk/pathways/health-of-people-in-the-criminal-justice-system">https://pathways.nice.org.uk/pathways/health-of-people-in-the-criminal-justice-system</a>.</li> </ul>
Recommended learning activities	<p>Case discussions</p> <p>Peer review</p> <p>Multidisciplinary meetings</p> <p>Clinical exposure/placements with emergency department, alcohol/drug services, mental health facilities</p> <p>Attending relevant educational seminars</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	<i>Complainants:</i>

	<p>All trainees are expected to complete a minimum of 15 cases providing health care to a complainant to be considered for summative entrustment. It is recommended that trainees whose primary training site offer services related to this EPA routinely complete a minimum of 30 complainant cases</p> <p><i>Custodial setting:</i></p> <p>All trainees are expected to complete a minimum of 30 face-to-face custodial healthcare consultations and 30 telephone consultations to be considered for summative entrustment. It is recommended that trainees whose primary training site offer services related to this EPA routinely complete a minimum of 50 face-to-face custodial healthcare consultations and 50 telephone consultations.</p>
Estimated stage of training for entrustment	L4 entrustment by end of year 2 full time equivalent (with ad hoc entrustment permissible if necessary)

#### **EPA 6 Health Care Assessment and Provision in Forensic Settings Milestone Matrix**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace-based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</i>
<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations.	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant's illness behaviour).	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.
<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.2. Clinical procedures</b> - Perform and interpret non-invasive procedures and/or testing related to healthcare assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures /testing and recognise high risk states in forensic settings (e.g. STI, mental health).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM2.3. Chronic care</b> - Manage chronic medical conditions including their treatment in forensic settings	Develop a basic and thorough management plan including essential treatments/therapies for common	Develops a tailored and holistic management plan according to patient response, including the balance of benefits	Develop a comprehensive management plan for complex or unusual cases. Develops a

	clinical presentations in forensic settings.	and side effects of treatments/therapies, and guide referral.	therapeutic alliance. Can predict potential problems arising during care.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM2.5. Public health</b> - Manage public health issues in forensic settings	Advise and support individuals on disease prevention (e.g. prophylaxis) and health promotion.	Support individuals for disease prevention, health promotion with an understanding of wider systems. Recognise and take responsibility for situations where public health supersedes individual health.	Manage public health implications for individuals and communities effectively in forensic settings and wider systems.
<b>CM4. Prioritise care</b> - Prioritize health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision,	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect

manage healthcare concerns of persons in custody	against police/ custodians. Understand relevant police/custodian procedures (i.e. communication, monitoring, protocols).	address complaints against police/ custodians sensitively and effectively.	and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms, medical/legal vocabulary of forensic medicine.	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify problematic /less than ideal/ ambiguous documentation by others.
<b>EC5. Handover communication</b> - Communicate effectively with other healthcare professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>HA2. Advocate for vulnerable populations</b> - advocate for health promotion and the prevention of disease and injury in vulnerable populations	Apply principles of health promotion and disease prevention to identify the health needs of vulnerable populations.	Appraise available resources and partner with others in planning and service provision for health promotion and disease prevention in vulnerable populations.	Lead the implementation of health promotion and disease prevention programs and collaborate with others to improve the health of vulnerable populations.
<b>HA3. Advocate for patient needs</b> – Advocate for individual patient needs	Recognise when it is necessary to advocate for individual patient needs	Advocate with the healthcare team for needs of individuals and cohorts of	Contribute to a culture where team members value and advocate for patient needs in



in communication with the healthcare team, including in care transitions	and develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/provisions to ensure patient confidentiality.
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>TL7. Teams and medical error</b> – work effectively with other health professionals to mitigate medical error	Recognise the patient safety impact of inter-professional care in clinical forensic settings.	Dialogue with care team members to identify risk and prevention of medical error.	Partner with other healthcare professionals to identify, propose improvement opportunities for preventing medical error within the system.
<b>IM1. Effective information flow</b> - Facilitate secure and effective information flow including electronic health records	Organise information as per record keeping and information management guidelines in clinical forensic medicine and in local settings. Adapt use of the health record to the clinical context.	Document and share information to enhance personalised care and support justice. Adapt use of the health record to the patient's health literacy. Ensure patient confidentiality in information transfer.	Map information flow in the care of patients and suggest process changes for quality improvement. Review patient safety incidents involving suboptimal written, verbal, or electronic communication.
<b>IM2. Handover information</b> - Facilitate effective transitions of care including clinical handover using information technology	Understand the risks of incomplete documentation and information exchange, identify cognitive aids to use.	Share information through information technology to effectively co-ordinate inter-professional care in care transitions.	Analyse information exchange in care transfers at peer review, contribute to improvements in the use of information technology in handover.

<b>LL3. Feedback and self-assessment</b> - Incorporate feedback and self-assessment into learning and daily practice	Respond to others' point of view and incorporate feedback to regulate own actions.	Actively seek feedback, incorporate multiple feedback sources and insight on own actions in order to self-regulate and develop plans for improvement.	Engage in deliberate practice efficiently through continuous reflection, self-regulation and feedback.
<b>CC1. Respect for diversity</b> - Work effectively and respectfully with people of different cultural backgrounds (incl. aboriginal, Torres Strait Islander and Māori peoples) with cultural humility and awareness of cultural diversity	Acknowledge the range of backgrounds and cultures of complainants and suspects and the role of this diversity in effectiveness of the health care system. Recognise issues relating to health inequities and inequalities.	Integrate perspectives on cultural diversity and health inequities and inequalities appropriately in developing effective and culturally respectful care plans. Reflect patient differences and views in respectful communication with the patient and the healthcare team.	Engage in culturally sensitive shared decision-making with the individual and the healthcare team. Ensure that health inequities and inequalities are addressed and mitigated. Promote a culture of respect for diversity among other professionals in forensic settings.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination with cultural sensitivity, compassion and empathy.	Facilitate discussions with complainants/suspects and their families in a respectful, non-judgmental, and culturally safe manner.

**Clinical Forensic Medicine EPA 7 - Assessment of Fitness to Drive and medically related impairment**

<b>EPA identification code:</b> <b>EPA 7</b>	<b>Recommended training sites for entrustment:</b> <b>CFMUs</b> <b>Rehabilitation Medicine and older persons medicine units</b>
<b>EPA title</b>	<b>Medical Impairment and Fitness to Drive Assessment</b>
<b>EPA description</b> (approx. 150 words)	<p>Clinical Forensic Physicians entering unsupervised practice are able to undertake medical impairment and fitness to drive assessments including the ability to:</p> <ul style="list-style-type: none"> <li>• Recognise the complexity of the medical and psychosocial aspects of driving and crash risk.</li> <li>• Distinguish the medical standards regarding fitness to drive and the responsibilities on medical practitioners with respect to fitness to drive.</li> <li>• Analyse the effect of medical conditions and their treatments on fitness to drive.</li> <li>• Provide medical consultations regarding fitness to drive considering each aspect of the complex task of driving especially in those with co-morbidities.</li> <li>• Apply the medical standards regarding fitness to drive in a clinical setting.</li> <li>• Refer to appropriate rehabilitation and assessment on road services regarding vehicle modification.</li> <li>• Provide a medical review based on medical records with recommendations on fitness to drive.</li> <li>• Provide advice to the road transport authority on fitness to drive and at any subsequent tribunal.</li> <li>• Write medico-legal reports and give evidence in court regarding fitness to drive aspects of crash investigation.</li> </ul>
<b>Key competencies and their sub-competencies related to this EPA*</b>  <i>*there are no unique sub-competencies unique to this EPA</i>	<div data-bbox="452 995 1093 1362">           CM2.1, CM5.            FS4            ML2, ML6            EP1, EP3, EP4.            EC1, EC4,            QM1, QM3, QM4, QM5, QM 6.            TS1, TS2         </div> <div data-bbox="1104 1023 1919 1332">           CM = Clinical Medicine; FS = Forensic Skills;            ML = Medicolegal; EP = Ethical Practice;            EC = Effective Communication;            CC = Cultural Competence;            TL = Teamwork and Leadership;            HA = Health Advocacy; QM = Quality Management;            IM = Information Management; TS = Teaching and Scholarship;            LL = Lifelong Learning;            RS = Research Skills         </div>
<b>Required knowledge, skills and behaviour</b>	<p><i>Core knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Legal obligations of medical practitioners managing patients with medical conditions affecting fitness to drive.</li> </ul>

	<ul style="list-style-type: none"> <li>• Referral sources for fitness to drive assessments.</li> <li>• Resources to assist assessing fitness to drive (medical specialists, driver assessment and rehabilitation services).</li> <li>• Medical conditions affecting driving ability and increasing crash risk.</li> <li>• Factors involved in minimising crash risk and application to clinical cases (conditions on licences).</li> <li>• Principles of pharmacology and toxicology of medications, drugs, alcohol and other substances</li> <li>• Principles of geriatric medicine applicable to fitness to drive</li> <li>• Alternative transport options.</li> </ul> <p><i>Practical skills in:</i></p> <ul style="list-style-type: none"> <li>• History taking</li> <li>• Interviewing</li> <li>• General medical examinations</li> <li>• Cognitive examination</li> <li>• Breaking bad news</li> </ul> <p>Presenting succinct written opinions following fitness to drive assessment, this may be based on information without clinical consultation</p> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Establishing rapport with patients.</li> <li>• Treating patients with appropriate respect whilst considering the community road safety aspects.</li> <li>• Liaison with road transport authorities.</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <p>Odell M. Older Road Users Myths and Realities, A Guide for Medical and Legal Professionals. Lawyers and judges Publishing Company. 2009.</p> <p><u>Journal articles</u></p> <p>Charlton, J. L., S. Koppel, et al., (2010). Influence of chronic illness on crash involvement of motor vehicle drivers Report #300. <u>Influence of chronic illness on crash involvement of motor vehicle drivers Report #300</u>. Monash University Accident Research Centre.</p> <p><u>Guidelines/Protocols</u></p> <p>Austroads. Assessing Fitness to Drive for commercial and private vehicle drivers. Medical Standards for licensing and clinical management guidelines. August 2017 update</p> <p><u>Legislation</u></p>

	As per the appendices in Austroads. Assessing Fitness to Drive for commercial and private vehicle drivers. Medical Standards for licensing and clinical management guidelines. August 2017 update.
Recommended learning activities	Familiarity with literature on the subject. Observation of assessments by experienced physicians. Work based consultation on cases when providing consultations or without clinical consultation Discussions at peer review meetings
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	5 cases. It is preferable that this includes at least one case where FTD assessment or expert opinion evidence has been examined in court
Estimated stage of training for entrustment	End of fifth FTE year of training

**EPA 7 Assessment of Fitness to Drive and Medically-related Impairment Milestone Matrix**

Sub-competencies	Foundations for CFM <b>Initial training</b> ; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid-program examination or given RPL	Core of CFM <b>During core CFM training</b> ; supervisor-lead workplace-based learning activities and assessments with progress to entrustment to perform the EPA independently.	Transition to Fellowship <b>Exit to Fellowship</b> ; what is required for summative entrustment of EPAs and to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program Standardised Oral exit examination
<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.

<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.
<b>FS4. Use of forensic toxicology</b> - Apply knowledge of forensic toxicology and drugs of abuse and related skills in formulating forensic medical opinions	Apply knowledge of forensic toxicology and drugs of abuse (including pharmacokinetics, pharmacodynamics, interactions, analytical methods) in interpreting effects of common drugs in forensic medical situations.	Accurately interpret and document the effects of illicit and therapeutic drugs and their adverse reactions, perform accurate calculations, and formulate forensic medical opinions for various settings e.g. fitness for interview, capacity to consent	Accurately interpret and document effects of common and rare illicit and therapeutic drugs and formulate complex forensic medical opinions in varied situations (e.g. likely drug dosage, tolerance), advise others in peer review.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethical forensic and medico-legal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.
<b>ML6. Expert evidence</b> - Apply legal knowledge and an understanding of the expert status and its limitations to present expert evidence	Identify legal principles e.g. laws of evidence, requirements of the legal body seeking opinion, professional qualifications and skills needed, and limitations of expert evidence.	Qualify him/herself as an expert witness for limited types of cases and present evidence at court in that role effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status.	Qualify him/herself as an expert witness for any appropriate forensic case (or part thereof) and present evidence at court effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status. Advise counsel about interpretation and contentious areas of opinions or evidence given by others.
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale

	Describe ethical principles & legal process of obtaining/ documenting informed consent.	etc.) appropriately to ensure consent requirements have been met.	for, the proposed options. Use shared decision-making in the consent process.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms, medical/legal vocabulary of forensic medicine.	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify problematic /less than ideal/ ambiguous documentation by others.
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.

<b>QM3. Evidence-based quality improvement</b> - Systematically analyse practice and implement/ advocate for evidence-based changes towards quality of a forensic service	Use strategies for reflection on clinical practice when encountering opportunities during casework. Identify the needs for quality review in health care and health care systems.	Engage in opportunities and methods for quality improvement based on reflection on both individuals and populations in clinical practice. Promote quality health care in own service.	Engage in continuous quality improvement activities efficiently. Use one's own successes to advocate for a culture that promote quality health care and optimal health care systems.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. at journal clubs.	Incorporate clinical evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>QM6. Risk–benefit analysis</b> - Incorporate considerations of cost awareness and risk–benefit analysis in individual and/or population-based care as appropriate	Use externally provided information (e.g. research around a clinical forensic procedure) to inform cost-containing action and/or preliminary risk–benefit analysis.	Critically appraise information in making cost and risk–benefit decisions. Adopt strategies that decrease cost and risk and optimize benefits for individuals and the justice system.	Integrate cost analysis into one's practice while minimizing risk and optimizing benefits for individuals and communities.
<b>TS1. Teaching</b> - Participate in the formal and informal education of a variety of stakeholders including medical/other health/ forensic science professionals and trainees, and police, lawyers and other members of the justice system	Identify learner needs and select appropriate content in routine situations, initiate a safe learning environment, use a variety of teaching strategies.	Reflect on and prioritise learner needs in different groups, maintain a safe learning environment, use appropriate content effectively through varied teaching strategies.	Ensure a safe learning environment and patient safety, prioritise learner needs in different groups and different situations, adapt and use appropriate content and teaching/feedback strategies for different educational contexts.
<b>TS2. Educating the public</b> - Educate and/ or convey	Communicate at a level and in a manner appropriate for familiar audiences, understand the norms of communicating with the public,	Communicate at a level and in a manner that can be comprehended by most	Communicate at a level and in a manner that can be comprehended by the audience being



technical information to the public	understand legal limitations to information sharing and communicating re: sub-judicial matters.	audiences, promote an understanding of the subject.	addressed, promote a deep understanding and discussion.
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### Clinical Forensic Medicine EPA 8 - Injury Assessment and Interpretation

EPA identification code: EPA 8		Recommended training sites for entrustment: CFMUs SARCs Paediatric Forensic Services Custodial Medicine services	
EPA title	Injury Assessment and Interpretation		
EPA description (approx. 150 words)	Across the diverse areas of practice, a Clinical Forensic Physician entering unsupervised practice is able to: <ul style="list-style-type: none"><li>• Evaluate all types of injuries (both internal and external) encompassing mechanism, causation, and timing.</li><li>• Recognise injury and patterns of injury.</li><li>• Accurately describe and document injuries (including photography) for medicolegal purposes.</li><li>• Use an appropriate evidence-base for interpretation of injury and injury patterns to provide a reasonable opinion regarding injury causation, timing and circumstances of occurrence.</li><li>• Interpret injury and injury patterns in scenarios where there is no offence or obvious intention to harm by others (e.g. vehicle-collisions, police restraint, falls, thermal/fire related, explosions, electrocution, mass disasters, drowning, suffocation etc.).</li><li>• Understand and consider medical conditions mimicking injury.</li><li>• Understand and consider effects of medical conditions and medication on injury.</li><li>• Understand and advise investigators in specific injury scenarios where forensic sampling may be of value (e.g. swabbing of bite-marks, sampling after explosion-related injury).</li><li>• Undertake appropriate evidential sampling for injured clients that meets health care and justice requirements.</li><li>• Differentiate injuries caused by assault-related trauma from accident-related trauma (where possible).</li><li>• Appropriately prioritise health care needs in relation to forensic assessment of injury.</li><li>• Acknowledge effect of health care intervention when interpreting injury and injury patterns.</li><li>• Work as part of an integrated multidisciplinary investigation team including legal, medical, and law enforcement personnel.</li></ul>		
Key competencies and their sub-competencies related to this EPA*	FS1, FS2, FS3, FS5 ML1, ML2, ML3 EC1, EC2		CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy;

CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills

<p><i>*there are no sub-competencies unique to this EPA</i></p>	<p>EP1, EP4, EP6 TL1, TL2, TL3 QM4</p>
<p>Required knowledge, skills and behaviour</p>	<p><i>Core knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Injury types, mechanism, causation and timing</li> <li>• Injury patterns and likely causative scenarios</li> <li>• Interpretation of photographs, radiology reports and surgical documentation in relation to injury.</li> <li>• Understanding different appearance of injury in living and deceased.</li> <li>• Accident-related trauma versus assault-related trauma</li> <li>• Pathology of traumatic injury to all parts of body including skin, subcutaneous tissue, and internal structures (bone, brain and internal organs)</li> <li>• Pathology of injury healing</li> <li>• Legislation relating to interpersonal harm related offences and severity of injury</li> <li>• Criminal and civil procedures in relation to injury related harm</li> <li>• Epidemiology of accidental trauma across the age span</li> <li>• Public health implications of accidental injury</li> </ul> <p><i>Practical skills in:</i></p> <ul style="list-style-type: none"> <li>• Injury documentation (including photography)</li> <li>• Injury interpretation</li> <li>• Describing injury in medico-legal reports and oral testimony</li> </ul> <p><i>Attitudes/behaviour:</i></p> <ul style="list-style-type: none"> <li>• Appropriate prioritisation of health care needs and forensic assessment of injury</li> <li>• Awareness of vicarious harm and PTSD in medical legal and law enforcement personnel</li> <li>• Awareness of self-welfare in relation to vicarious harm and PTSD</li> <li>• Cultural sensitivity related to the examination of clients</li> </ul>
<p>References/ resources</p>	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Bilo, R.A.C., Robben, S.G.F. &amp; van Rijn, R.R. (2010). <i>Forensic aspects of pediatric fractures: Differentiating accidental trauma from child abuse</i>. Springer.</li> <li>• Busuttil, A. &amp; Keeling, J.W. (Eds.) (2009). <i>Paediatric Forensic Medicine &amp; Pathology</i> (2<sup>nd</sup> ed.). Hodder Arnold.</li> </ul>

- Byard, R., & Payne-James, J. (Eds) (2015). *Encyclopedia of forensic and legal medicine* (2nd ed.). Elsevier.
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- Girardin, B., Faugno, D., Seneski, P.C., Slaughter, L., & Whelan, M. (1997). *Color atlas of sexual assault*. Missouri: Mosby.
- Thali, M.J., Dirnhoffer, R., Vock, P. (2009). *The virtopsy approach: 3D optical and radiological scanning and reconstruction in forensic medicine*. CRC Press.
- Thali, M.J., Viner, M.D., & Brogden, B.G. (2011). *Brogden's forensic radiology* (2<sup>nd</sup> ed.). CRC Press.
- Levy, D.A. & Harcke, T.H. (2011). *Essentials of forensic imaging: A text atlas*. CRC Press.
- Jenny, C. (Ed.) (2011). *Child abuse and neglect: Diagnosis, treatment, and evidence*. Missouri, USA: Elsevier, Saunders.

#### Journals

- Journal of Forensic and Legal Medicine
- American Journal of Forensic Medicine and Pathology
- Forensic Pathology Reviews
- Forensic Science Medicine and Pathology
- Traffic Injury Prevention
- Accident Analysis and Prevention
- Child Maltreatment (Journal of American Professional Society on the Abuse of Children)
- APSAC Advisor (American Professional Society on the Abuse of Children)
- Child Abuse Review

#### Guidelines/Protocols

- Faculty of Forensic and Legal Medicine (UK) (<https://fflm.ac.uk/>).

Recommended learning activities	<p>Observe/assist in Emergency Departments</p> <p>Examination of police detainees with arrest-related injuries</p> <p>Observe/assist with autopsy of trauma cases</p> <p>Complete case-based discussions</p> <p>Attend and present cases at peer review meetings and programs</p> <p>Attend and contribute to case conferences</p> <p>Read medico-legal reports written by experts</p> <p>Attend conferences, workshops and seminars</p> <p>Use Webinars and CDROMS, podcasts</p> <p>Self-directed learning – read books and journals. Use web-based references such as UpToDate and Medscape</p> <p>Record cases in a log book – with exercises for reflective re practice and identification of new understandings</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	All trainees are expected to demonstrate competencies in assessment and interpretation of injury in at least 30 cases in order to be considered for summative entrustment.
Estimated stage of training for entrustment	<p>Level 4 (unsupervised) for most routine assessments in second year of full time training with increasing expertise anticipated during the remaining 2 to 3 years</p> <p>Level 5 (teaching others) by the end of advanced training</p>

<b>EPA 8 Injury Assessment and Interpretation Milestone Matrix</b>			
<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i><b>Initial training;</b> what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid-program examination or given RPL</i>	<b>Core of CFM</b> <i><b>During core CFM training;</b> supervisor-lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i><b>Exit to Fellowship;</b> what is required for summative entrustment of EPAs as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program Standardised Oral exit examination</i>
<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma in interpretation of injury (including genital)	Recognise and interpret basic injuries and injury patterns with a thorough understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH).	Interpret and evaluate complex injury patterns in limited forensic situations. Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re legal definitions.	Interpret and evaluate complex injury patterns in varied forensic situations including deceased persons, advises others on correct interpretation in peer review.
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly using general principles and appropriate terminology.	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner.	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records).
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained.	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination.	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site (e.g. semen positive swabs from genitalia), identify possible contamination.
<b>FS5. Crime scene management</b> – Contribute to managing the 'crime scene' (including death scenes, body of complainant/ suspect and clothing) with other health/legal professionals	Contribute to 'crime scene' management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence.	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex 'crime scenes' and ensure patient safety, prevention of contamination and chain of custody.	Evaluate interdisciplinary liaison and management of 'crime scenes' in varied forensic situations and identify/ rectify/ advise regarding possible compromise in patient safety, collection and handling of evidence.

<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethical forensic and medico-legal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, drugs & Poisons, child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.

processes (e.g. in writing an opinion)	gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	information appropriately and in a timely and considerate manner.	
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc.) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.

<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.



## Clinical Forensic Medicine EPA 9 - Clinical Toxicological Assessments

<b>EPA identification code:</b> <b>EPA 9</b>		<b>Recommended training sites for entrustment:</b> <b>CFMUs</b> <b>Paediatric Forensic services</b> <b>Drug/Alcohol service (addiction medicine, rehab etc.)</b> <b>Medical Units with traffic medicine involvement</b> <b>Hospital Toxicology Services</b>
<b>EPA title</b>	<b>Clinical Toxicological Assessments</b>	
EPA description (approx. 150 words)	<p>Across the diverse areas of practice, a Clinical Forensic Physician entering unsupervised practice is able to conduct clinical toxicological assessments in relation to complainant and alleged perpetrator examinations (adult and paediatric), traffic offences, fitness for interview assessments and custodial health care, and is able to:</p> <ul style="list-style-type: none"> <li>• Assess the effect of alcohol/drugs on a person (including when taken in combination with other substances, and the effects of withdrawal)</li> <li>• Assess the degree of impairment in a person (including drivers) due to alcohol/drugs, and withdrawal</li> <li>• Consider alternative explanations for intoxication and impairment</li> <li>• Assess capacity to consent</li> <li>• Provide opinions about effect of drugs and alcohol on behaviour of forensic interest</li> <li>• Recognise and manage drug and alcohol intoxication, withdrawal and overdose emergencies</li> <li>• Advise on and carry out collection of appropriate samples for optimal toxicological analysis</li> <li>• Interpret toxicology analysis reports in the context of clinical assessment</li> </ul>	
Key competencies and their sub-competencies related to this EPA*  <i>*there are no sub-competencies unique to this EPA</i>	CM2.1, CM 2.4, CM 3.1, CM3.2, CM4, CM5 FS3, FS4 ML2, ML6 EP1 EC1, EC3, EC4, EC5 QM1 TS1, TS2	<div style="border: 1px solid black; padding: 5px;"> CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills </div>

Required knowledge, skills and behaviour	<p><i>Core knowledge of:</i></p> <ul style="list-style-type: none"> <li>• Principles of pharmacology and toxicology of drugs, alcohol and other substances</li> <li>• Principles of addiction and drug abuse</li> <li>• Alcohol effects, metabolism, pharmacokinetics, interactions</li> <li>• Detailed knowledge of commonly prescribed and abused drugs including opioids, stimulants, benzodiazepines, cannabis and prescribed psychoactive drugs</li> <li>• Drug interactions</li> <li>• Epidemiology of accidental drug poisoning/ingestion</li> <li>• Legislation in relation to intoxication and impairment</li> <li>• Drug-facilitated crime</li> <li>• Basic knowledge of analytical methods and their limitations and causes of uncertainty</li> </ul> <p><i>Practical skills in:</i></p> <ul style="list-style-type: none"> <li>• History taking</li> <li>• Interviewing</li> <li>• General medical examinations</li> <li>• Mental state examination</li> <li>• Assessment of drug and alcohol effects including withdrawal</li> <li>• Recognition and management of emergency situations involving intoxication and withdrawal</li> <li>• Detecting/considering behaviour involving drug diversion in custodial setting</li> <li>• Presenting succinct verbal opinions in acute setting</li> <li>• Appropriate toxicological sample collection</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Establishing rapport with patients/detainees</li> <li>• Liaising with healthcare professionals and police in relation to intoxication and capacity to consent to examination and sample collection</li> <li>• Acknowledge needs of investigators as well as ethical obligations to patient/detainee and requirements of legal system.</li> <li>• Prioritising health care needs in relation to forensic assessment where necessary</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Baselt, R.C. (Ed.) (2014). <i>Disposition of toxic drugs and chemicals in man</i> (10<sup>th</sup> ed.). California: Biomedical Publications.</li> <li>• Karch, S.B. &amp; Drummer, O.H. (2016). <i>Karch's pathology of drug abuse</i> (5<sup>th</sup> ed.). Florida, USA: CRC Press.</li> </ul>

	<ul style="list-style-type: none"> <li>Payne-James, J, Busuttil, A. &amp; Smock, W (Eds) (2003). <i>Forensic medicine: Clinical and pathological aspects</i>. California, USA: Greenwich Medical Media.</li> <li>Drummer, O.H. (2001). <i>The forensic pharmacology of drugs of abuse</i>. Arnold Publishers.</li> <li>Stark, M.M. (Ed) (2020). <i>Clinical forensic medicine: A Physician's guide</i> (4<sup>th</sup> ed.). Springer.</li> </ul> <p><u>Journals</u></p> <ul style="list-style-type: none"> <li>Journal of Analytical Toxicology</li> <li>Journal of Forensic and Legal Medicine</li> <li>Forensic Science International</li> </ul> <p><u>Guidelines/Protocols</u></p> <p>Faculty of Forensic and Legal Medicine (UK) (<a href="https://fflm.ac.uk/">https://fflm.ac.uk/</a>).</p> <p><u>Legislation</u></p> <p>Australasian Legal Information Institute (<a href="http://www.austlii.edu.au/">http://www.austlii.edu.au/</a>)</p>
Recommended learning activities	<p>Familiarity with literature on the subject.</p> <p>Observation of assessments by experienced physicians.</p> <p>Observation of police road traffic operations; emergency department patients.</p> <p>Work based consultation on cases when seeing subjects in the field.</p> <p>Discussions at peer review meetings.</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	10 cases including at least one where toxicological assessment or expert opinion evidence has been examined in court
Estimated stage of training for entrustment	<p>Level 4 (unsupervised) for most routine assessments in second year of full time training with increasing expertise anticipated during the remaining 2 to 3 years</p> <p>Level 5 (teaching others) by the end of advanced training</p>

<b>EPA 9 Clinical Toxicological Assessment Milestone Matrix</b>			
<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During core CFM training; supervisor-lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</i>
<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that define victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM3.2. Forensic procedures</b> - Perform and interpret non-invasive procedures and/or testing for forensic medical assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures and testing and recognise high risk states in forensic settings (e.g. sexual assault).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM4. Prioritise care</b> - Prioritise health & medicolegal issues, establish goals of care in forensic settings (in forensic medical	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.

examination and healthcare assessment)			
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained. Accurate recording of time of sampling	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination.	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site, identify possible contamination.
<b>FS4. Use of forensic toxicology</b> - Apply knowledge of forensic toxicology and drugs of abuse and related skills in formulating forensic medical opinions	Apply knowledge of forensic toxicology and drugs of abuse (including pharmacokinetics, pharmacodynamics, interactions, analytical methods) in interpreting effects of common drugs in forensic medical situations.	Accurately interpret and document the effects of illicit and therapeutic drugs and their adverse reactions, perform accurate calculations, and formulate forensic medical opinions for various settings e.g. fitness for interview, capacity to consent	Accurately interpret and document effects of common and rare illicit and therapeutic drugs and formulate complex forensic medical opinions in varied situations (e.g. likely drug dosage, tolerance), advise others in peer review.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethical forensic and medico-legal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.

<b>ML6. Expert evidence</b> - Apply legal knowledge and an understanding of the expert status and its limitations to present expert evidence	Identify legal principles e.g. laws of evidence, requirements of the legal body seeking opinion, professional qualifications and skills needed, and limitations of expert evidence.	Qualify him/herself as an expert witness for limited types of cases and present evidence at court in that role effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status.	Qualify him/herself as an expert witness for any appropriate forensic case (or part thereof) and present evidence at court effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status. Advise counsel about interpretation and contentious areas of opinions or evidence given by others.
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc.) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to manage healthcare concerns of persons in custody	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody against police/ custodians. Understand relevant police/custodians procedures (i.e. communication, monitoring, protocols).	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision, address complaints against police/ custodians sensitively and effectively.	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms,	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify problematic /less than ideal/ ambiguous documentation by others.

	medical/legal vocabulary of forensic medicine.		
<b>EC5. Handover communication -</b> Communicate effectively with other healthcare professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.
<b>QM1. Patient safety -</b> Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>TS1. Teaching -</b> Participate in the formal and informal education of a variety of stakeholders including medical/other health/ forensic science professionals and trainees, and police, lawyers and other members of the justice system	Identify learner needs and select appropriate content in routine situations, initiate a safe learning environment, use a variety of teaching strategies.	Reflect on and prioritise learner needs in different groups, maintain a safe learning environment, use appropriate content effectively through varied teaching strategies.	Ensure a safe learning environment and patient safety, prioritise learner needs in different groups and different situations, adapt and use appropriate content and teaching/feedback strategies for different educational contexts.
<b>TS2. Educating the public -</b> Educate and/ or convey technical information to the public	Communicate at a level and in a manner appropriate for familiar audiences, understand the norms of communicating with the public, understand legal limitations to information sharing and communicating re: sub-judicial matters.	Communicate at a level and in a manner that can be comprehended by most audiences, promote an understanding of the subject.	Communicate at a level and in a manner that can be comprehended by the audience being addressed, promote a deep understanding and discussion.

## Clinical Forensic Medicine EPA 10 - Provision of Medico-legal Opinions

<b>EPA identification code:</b> <b>EPA 10</b>	<b>Recommended training sites for entrustment:</b> <b>CFMUs</b> <b>Sexual Assault Services</b> <b>Paediatric forensic services</b>
<b>EPA title</b>	<b>Provision of Medico-Legal Opinions</b>
Specification and any limitations	<p>Clinical Forensic Physicians entering unsupervised practice are able to write expert medico-legal opinions on subjects related to the following</p> <ul style="list-style-type: none"> <li>clinical toxicology as it applies to forensic (medico-legal) practice – in most cases this will comprise the interpretation of toxicology findings in traffic, interpersonal violence and sexual assault cases.</li> <li>interpretations of medical records and results of medical examinations by other health professionals e.g. non-specialist practitioners, nurses etc.</li> <li>opinions for police/prosecutors/defence/coroners based on review and analysis of evidentiary and other material e.g. police statements, medico-legal reports, medical records, photographs, video recordings, evaluation of images/CCTV and the like.</li> </ul>
Key Competencies and sub-competencies related to this EPA*	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>EP1, EP5 ML2, ML3, ML5, ML6 EC2, EC4 QM2, QM4 TS2 TL3 LL3</p> <p><i>*there are no sub-competencies unique to this EPA</i></p> </div> <div style="flex: 1; border: 1px solid black; padding: 10px; margin-left: 10px;"> <p>CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal; EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills</p> </div> </div>
Required knowledge, skills and behaviour	<p><i>Knowledge of:</i></p> <ul style="list-style-type: none"> <li>Trauma pathology</li> <li>Clinical and forensic toxicology</li> <li>Signs &amp; symptoms in physical &amp; sexual assault</li> <li>Legal processes, role of other professionals, local policies and legislation</li> </ul>



	<p><i>Skills in:</i></p> <ul style="list-style-type: none"> <li>Writing clear and grammatical English</li> <li>Critical appraisal of relevant research</li> </ul> <p><i>Attitudes/behaviour:</i></p> <ul style="list-style-type: none"> <li>Confidentiality of case details</li> <li>Ensure all relevant information sought/provided</li> <li>Not exceeding limits of expertise; referring appropriately</li> <li>Willingness to ask for help in peer review</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Legislation</u></p> <p>Refer to relevant legal definitions of injury, intoxication, drug/alcohol regulations, traffic law, crimes act, etc.</p>
Recommended learning activities	Achieve defined level of case load, clinical meetings, supervision, journal club, competency in literature review
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	All trainees are expected to complete a minimum of 15 cases with at least one from each area of clinical practice to be considered for summative entrustment.
Estimated stage of training for entrustment	<p>L4 entrustment by end of Year 2 full-time training</p> <p>Full L5 entrustment by end of last year of full time training</p>

<b>EPA 10 Provision of Medicolegal Opinions Milestone Matrix</b>			
<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace-based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral</i>
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Describe ethical principles & legal process of obtaining/ documenting informed consent. Understands the need for informed consent for expert opinion and release of information.	Obtain/ document informed consent, before writing opinion. Liaise with requesting entity (police, OPP etc.) to obtain informed consent.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP5. Evidence ethics</b> - apply an understanding of the ethical obligations as an expert to the court in oral testimony situations as well as in providing an expert opinion	Recognise ethical principles on expert evidence (confidentiality, conflicts of interest, need for objectivity, remain within scope of expertise, request relevant information, sub-judicial issues etc.).	Maintain objectivity with professional disinterest in the legal outcome, without being influenced by potential outcomes or fiscal reward. Take appropriate action in potential conflict of interest situations; refer requests outside expertise appropriately.	Exhibit appropriate ethical behaviours in complex situations when providing expert evidence. Advise others on ethical issues around expert evidence during peer review.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethically sound forensic and medico-legal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.
<b>ML3. Legal Knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.

	offences, family violence, assaults, Drugs & Poisons, Child protection etc.		
<b>ML5. Medicolegal evidence –</b> Apply knowledge of legal process to present factual evidence as a health professional in legal contexts	Identify the legal process, court procedures, roles of healthcare and legal officers, and structure and purpose of medico legal evidence. Give coherent and logical factual evidence at court.	Distinguish between the need for factual and expert evidence and give coherent and logical factual and limited opinion evidence at court.	Give coherent, appropriate and logical medicolegal evidence in varied legal contexts and for complex scenarios.
<b>ML6. Expert evidence</b> - Apply legal knowledge and an understanding of the expert status and its limitations to present expert evidence	Identify legal principles e.g. laws of evidence, requirements of the legal body seeking opinion, professional qualifications and skills needed, and limitations of expert evidence.	Qualify him/herself as an expert witness for limited types of cases and present evidence at court in that role effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend him/herself against challenges to expert status.	Qualify him/herself as an expert witness for any appropriate forensic case (or part thereof) and present evidence at court effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend him/herself against challenges to expert status. Advise counsel about interpretation and contentious areas of opinions or evidence given by others.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek feedback, and manage clinical forensic tasks appropriately	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible)	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently
<b>QM4. Managing bias –</b> Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical and health care concerns.

<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms, medical/legal vocabulary of forensic medicine	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provide salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others. Identify vague/ ambiguous documentation by others.
<b>TS2. Educating the public</b> - Educate and/ or convey technical information to the public	Communicate at a level and in a manner appropriate for familiar audiences, understand the norms of communicating with the public; understand legal limitations to information sharing and communicating re: sub-judicial matters.	Communicate at a level and in a manner that can be comprehended by most audiences, promote an understanding of the subject.	Communicate at a level and in a manner that can be comprehended by the audience being addressed, promote a deep understanding and discussion.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>LL3. Feedback and self-assessment</b> - Incorporate feedback and self-assessment into learning and daily practice	Respond to others' point of view and incorporate feedback to regulate own actions.	Actively seek feedback, incorporate multiple feedback sources and insight on own actions in order to self-regulate and develop plans for improvement.	Engage in deliberate practice efficiently through continuous reflection, self-regulation and feedback.

## Clinical Forensic Medicine EPA 11 - Medicolegal Death Investigation

EPA identification code: EPA 11	Recommended training sites for entrustment: Forensic Pathology service CFMUs involved in medicolegal death investigation	
EPA title	Medicolegal Death Investigation	
Specification and any limitations	<p>Clinical Forensic Physicians entering unsupervised practice are able to...</p> <ul style="list-style-type: none"> <li>• Certify death at a scene</li> <li>• Provide external clinical assessment of a deceased person to a high standard.</li> <li>• Produce high quality documentation in relation to examination of a deceased person.</li> <li>• Recognise and analyse relevant evidentiary material at scene of death.</li> <li>• Provide medicolegal reports about examination findings to inform and address the requirements of the police, coronial and appropriate legal systems in relation to death investigation.</li> <li>• Identify issues in the cause of death with public health implications.</li> <li>• Review and provide opinions in relation to clinical aspects of death investigation (e.g. health care, clinical toxicology).</li> <li>• Practically assist Forensic Pathologists in clinically relevant aspects of death investigation at autopsy.</li> </ul>	
Key Competencies related to this EPA*	FS1, FS2, FS3, FS4, FS5 EC2 ML2, ML3 QM1, QM2, QM5 TL1, TL2, TL4 EP3 CC3* <i>* CC3 is unique to this EPA</i> <i>Note: In addition to those listed, EPA 11 requires similar sub-competencies (EC and CM) to EPA 6 Health care in forensic settings in order to perform coronial death file review</i>	<div>             CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal;              EP = Ethical Practice; EC = Effective Communication; CC =              Cultural Competence; TL = Teamwork and Leadership; HA =              Health Advocacy; QM = Quality Management; IM = Information              Management; TS = Teaching and Scholarship; LL = Lifelong              Learning; RS = Research Skills           </div>
Required knowledge, skills and behaviour	<p><b>Knowledge of:</b></p> <ul style="list-style-type: none"> <li>• Occupational health and safety legislation pertaining to attendance at scenes of death.</li> <li>• Procedures for death scene attendance and autopsy; roles of various personnel involved</li> <li>• Collection of evidence and post-mortem specimens at death scenes/autopsy</li> <li>• Post mortem changes and factors affecting their variability</li> <li>• Primary health care in community, hospital and custodial settings</li> <li>• Relevant coronial legislation and procedures</li> </ul> <p><b>Skills in:</b></p> <ul style="list-style-type: none"> <li>• Examination of a deceased person.</li> <li>• Certification of death at a scene</li> </ul>	

	<ul style="list-style-type: none"> <li>• Documentation of findings at examination of deceased persons and scenes of death</li> <li>• Interpretation of post mortem specimen analysis results</li> <li>• Reviewing and summarising health care records</li> <li>• Identifying public health implications where relevant and advising re injury or illness prevention</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Understanding the cultural and social aspects of death and responding in a respectful manner.</li> <li>• Understanding limitations of expertise in providing opinions in relation to death investigation</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Saukko, P., &amp; Knight, B. (2004). <i>Knight's forensic pathology</i> (3<sup>rd</sup> ed.). CRC Press.</li> <li>• Saukko, P., &amp; Knight, B. (2015). <i>Knight's forensic pathology</i> (4<sup>th</sup> ed.). CRC Press.</li> </ul>
Recommended learning activities	<ul style="list-style-type: none"> <li>• Attending death scenes and autopsies.</li> <li>• Participation in multidisciplinary case conferences.</li> <li>• Workshop, seminar and conference attendance with relevance to death scene investigation.</li> <li>• Webinars and CDROMS, podcasts</li> <li>• Self-directed learning – reading books and journals. Web-based references such as UpToDate and Medscape</li> <li>• Log books – with exercises for reflection re practice and understandings</li> <li>• Peer review programs</li> <li>• Read medico-legal reports written by experts</li> <li>• Observe others provide testimony at coronial inquests and courts</li> </ul>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	<p>At least 5 death scene attendances</p> <p>At least 10 Coronial/death investigation review reports</p>
Estimated stage of training for entrustment	By end of Year 4 full time training (depending on training site and caseload)

<b>EPA 11 Medico-Legal Death Investigation Milestone Matrix</b>			
<b>Sub-competencies</b>	<b>Foundations for CFM</b>  <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid-program examination or given RPL</i>	<b>Core of CFM</b>  <i>During core CFM training; supervisor-lead workplace-based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b>  <i>Exit to Fellowship; what is required for summative entrustment of EPAs as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program Standardised Oral exit examination</i>
<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma in interpretation of injury (including genital)	Recognise and interpret basic injuries and injury patterns with a thorough understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH).	Interpret and evaluate complex injury patterns in limited forensic situations. Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re legal definitions.	Interpret and evaluate complex injury patterns in varied forensic situations including deceased persons, advises others on correct interpretation in peer review.
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly as per rules and using appropriate terminology.	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner.	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records).
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained.	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination.	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site (e.g. semen positive swabs from genitalia), identify possible contamination.
<b>FS4. Use of forensic toxicology</b> - Apply knowledge of forensic toxicology and drugs of abuse and related skills in formulating forensic medical opinions	Apply knowledge of forensic toxicology and drugs of abuse (including pharmacokinetics, pharmacodynamics, interactions, analytical methods) in interpreting effects of common drugs in forensic medical situations.	Accurately interpret and document the effects of illicit and therapeutic drugs and their adverse reactions, perform accurate calculations, and formulate forensic medical opinions for various settings e.g. fitness for interview, capacity to consent	Accurately interpret and document effects of common and rare illicit and therapeutic drugs and formulate complex forensic medical opinions in varied situations (e.g. likely drug dosage, tolerance), advise others in peer review.
<b>FS5. Crime scene management</b> – Contribute to managing the 'crime scene' (including death scenes, body of complainant/ suspect and	Contribute to 'crime scene' management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence.	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex 'crime scenes' and	Evaluate interdisciplinary liaison and management of 'crime scenes' in varied forensic situations and identify/ rectify/ advise regarding possible compromise in

clothing) with other health/legal professionals		ensure patient safety, prevention of contamination and chain of custody.	patient safety, collection and handling of evidence.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethical forensic and medico-legal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, drugs & Poisons, child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek feedback, and manage clinical forensic tasks appropriately	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences.	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible).	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently.



<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. at journal clubs.	Incorporate clinical evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.
<b>TL4. Working with respect</b> – work respectfully and resolve conflicts in the team towards better patient outcomes	Recognise and respect the diversity of team member perspectives on clinical situations and their expert decisions.	Respond to team members with respect and appropriate assertiveness. Engage in respectful negotiations to optimise care.	Resolve potential conflicts in a manner that supports a collaborative culture and better patient outcomes.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>CC3 Cultural aspects of death and dying</b> – Ensure knowledge of and respect for cultural issues related to death and dying.	Understand cultural differences with respect to death and dying.	Practically integrate knowledge of cultural differences in relation to death in medicolegal death investigations.	Understand implications for cultural differences with respect to death and dying, upon the process of medicolegal death investigation.

## Clinical Forensic Medicine EPA 12 - Oral Testimony in court

<b>EPA identification code:</b> <b>EPA 12</b>	<b>Recommended training sites for entrustment:</b> <b>CFMUs</b> <b>Sexual Assault Services</b> <b>Paediatric Forensic Services</b>
<b>EPA title</b>	<b>Oral Testimony (criminal, civil, coronial)</b>
<b>Specification and any limitations</b>	<p>Clinical Forensic Physicians entering unsupervised practice are able to present evidence in court on subjects related to the following</p> <ul style="list-style-type: none"> <li>• Their own cases in all areas of CFM practice</li> <li>• clinical toxicology as it applies to forensic (medico-legal) practice – in most cases this will comprise the interpretation of toxicology findings in traffic, interpersonal violence and sexual assault cases</li> <li>• interpretations of medical records and results of medical examinations by other health professionals e.g. non-specialist practitioners, nurses etc.</li> <li>• opinions for police/prosecutors/defence/coroners based on review and analysis of evidentiary and other material e.g. police statements, medico-legal reports, medical records, photographs, video recordings, evaluation of images/CCTV and the like</li> <li>• Miscellaneous medico-legal subjects within individual areas of competence</li> </ul>
<b>Key Competencies related to this EPA*</b>  <i>*there are no sub-competencies unique to this EPA</i>	<div data-bbox="452 836 1093 1082"> EC2  ML3, ML4, ML5, ML6  EP5  TL3  QM4 </div> <div data-bbox="1106 858 1921 1082"> CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal;  EP = Ethical Practice; EC = Effective Communication; CC = Cultural Competence; TL = Teamwork and Leadership; HA = Health Advocacy; QM = Quality Management; IM = Information Management; TS = Teaching and Scholarship; LL = Lifelong Learning; RS = Research Skills </div>
<b>Required knowledge, skills and behaviour</b>	<p><i>Knowledge of:</i></p> <p>Legal definitions of clinically relevant offences.</p> <p>Legal definitions of injuries, intoxications, seriousness.</p> <p>Legal processes, local policies and legislation.</p> <p>Court procedures, summonses and subpoenas.</p> <p>Concept of “hot tubbing”.</p> <p>Evidence in chief, cross examination, expert evidence and qualification as an expert.</p>

	<p>Definition of perjury.</p> <p>Difference between civil &amp; criminal jurisdictions, inquisitorial and adversarial systems.</p> <p>Courtroom tactics used by counsel.</p> <p>How to read legislation and judgements.</p> <p><i>Skills in:</i></p> <p>Writing and speaking clear and grammatical English.</p> <p>Ability to withstand cross examination.</p> <p>Using aids to communicate evidence in the courtroom (diagrams, models).</p> <p><i>Attitudes/ behaviour:</i></p> <p>Courtroom behaviour/etiquette and “court craft”.</p>
Recommended learning activities	Familiarity with relevant legislation, observation of experienced practitioners in court, moot courts, lectures/tutorials from experienced practitioners and lawyers.
References/ resources	<p>In addition to the CFM Trainee Handbook’s Resources list, the following are recommended:</p> <p><u>Legislation</u></p> <p>Relevant legislation including legal definitions of injury, intoxication, drug/alcohol regulations, traffic law, crimes act, etc.</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	Full entrustment can only occur once the trainee has attended at least 10 supervised court appearances.
Estimated stage of training for entrustment	This should have occurred by the end of Year 2 or Year 3 full time training depending on training site case load.

**EPA 12 Oral Testimony Milestone Matrix**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid-program examination or given RPL</i>	<b>Core of CFM</b> <i>During core CFM training; supervisor-lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program Standardised Oral exit examination</i>
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, Drugs & Poisons, Child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.
<b>ML4. Giving an oral opinion</b> – Communicate evidence in legal contexts effectively	Use accurate and proper English language and presentation skills at a standard appropriate for a healthcare professional	Efficiently use specialised medicolegal vocabulary of CFM and accurate terms (anatomical/physiological/pathological). Accurately explain technical issues in court to lawyers, judicial officers and lay juries.	Synthesise and explain complex medical and technical concepts clearly and succinctly as a standard appropriate for an expert witness. Effectively use communication aids (e.g. diagrams, images, models) at court.

<b>ML5. Medicolegal evidence</b> – Apply knowledge of legal process to present factual evidence as a health professional in legal contexts	Identify the legal process, court procedures, roles of healthcare and legal officers, and structure and purpose of medico legal evidence. Give coherent and logical factual evidence at court.	Distinguish between the need for factual and expert evidence and give coherent and logical factual and limited opinion evidence at court.	Give coherent, appropriate and logical medicolegal evidence in varied legal contexts and for complex scenarios.
<b>ML6. Expert evidence</b> - Apply legal knowledge and an understanding of the expert status and its limitations to present expert evidence	Identify legal principles e.g. laws of evidence, requirements of the legal body seeking opinion, professional qualifications and skills needed, and limitations of expert evidence.	Qualify him/herself as an expert witness for limited types of cases and present evidence at court in that role effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status.	Qualify him/herself as an expert witness for any appropriate forensic case (or part thereof) and present evidence at court effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status. Advise counsel about interpretation and contentious areas of opinions or evidence given by others.
<b>EP5. Evidence ethics</b> - apply an understanding of the ethical obligations as an expert to the court in oral testimony situations as well as in providing an expert opinion	Recognise ethical principles on expert evidence (confidentiality, conflicts of interest, need for objectivity, remain within scope of expertise, request relevant information, sub-judicial issues etc.).	Maintain objectivity with professional disinterest in the legal outcome, without being influenced by potential outcomes or fiscal reward. Take appropriate action in potential conflict of interest situations; refer requests outside expertise appropriately.	Exhibit appropriate ethical behaviours in complex situations when providing expert evidence. Advise others on ethical issues around expert evidence during peer review.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal systems to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal systems to support collaborative decision making for patient benefit and justice.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.

**Clinical Forensic Medicine EPA 13 – Management and Leadership of a CFM service**

<b>EPA identification code:</b> <b>EPA 13</b>	<b>Recommended training sites for entrustment</b> <b>CFMUs,</b> <b>Custodial Medicine Services,</b> <b>Paediatric Forensic Medicine Unit,</b> <b>Sexual Assault Service</b>
<b>EPA title</b>	<b>Management and Leadership of a Clinical Forensic Medicine Service</b>
<b>EPA description</b> (approx. 150 words)	Clinical Forensic Physicians entering unsupervised practice are able to: <ul style="list-style-type: none"> <li>• Evaluate theories and practices in health management and leadership</li> <li>• Reflect on the application of these tools to support an effective and efficient workforce</li> <li>• Identify and address health workforce issues for effective performance in the workplace</li> <li>• Manage and review services to improve outcomes without reducing quality of service</li> <li>• Critically evaluate their own management and leadership approach to implement appropriate strategies at the individual, team and organisational level</li> <li>• Maintain an ethical decision making process</li> <li>• Understand how the CFM service contributes to public health, health promotion and the prevention of violence in the community</li> </ul>
<b>Key competencies and their sub-competencies related to this EPA</b>	<div data-bbox="452 798 1108 1297">           CM4, CM5            ML1, ML3            EP3, EP4, EP6, EP7            EC1, EC2, EC5            CC1, CC2            TL2, TL3, TL5* , TL6, TL7            HA3            QM1, QM3, QM4, QM5, QM6            IM1, IM2, IM3            *TL5 is unique to this EPA         </div> <div data-bbox="1131 842 1937 1050">           CM = Clinical Medicine; FS = Forensic Skills; ML = Medicolegal;            EP = Ethical Practice; EC = Effective Communication; CC =            Cultural Competence; TL = Teamwork and Leadership; HA =            Health Advocacy; QM = Quality Management; IM = Information            Management; TS = Teaching and Scholarship; LL = Lifelong            Learning; RS = Research Skills         </div>
<b>Required knowledge, skills and behaviour</b>	<i>Core knowledge of:</i> <ul style="list-style-type: none"> <li>• Variations in CFM service delivery models nationally and internationally</li> <li>• How CFM service delivery impacts stakeholders and other agencies</li> <li>• Theories of management and workplace issues</li> </ul>

	<p><i>Practical skills in:</i></p> <ul style="list-style-type: none"> <li>• Communication skills: internally with staff and externally with key stakeholders, partners, community</li> <li>• Resolving conflict and promoting good workplace relationships</li> <li>• Negotiation skills</li> <li>• Problem solving approach</li> <li>• Driving and managing change</li> </ul> <p><i>Attitudes/ behaviour:</i></p> <ul style="list-style-type: none"> <li>• Negotiation and mediation of good outcomes</li> <li>• Inspiring improvement in practice</li> <li>• Identifying and managing risk to staff and organisation</li> <li>• Engaging employees to contribute to the service at their highest possible level</li> <li>• Demonstrating ethical and legal decision making processes when problem-solving</li> <li>• Strategic planning to set goals to improve service delivery and effective management of resources</li> <li>• Ability to balance commitment to education and training with responsibility for service delivery</li> <li>• Encouraging and managing diversity</li> <li>• Lead cultural competency</li> <li>• Life- long learning practices that reflect on own practices, limits and assumptions.</li> </ul>
References/ resources	<p>In addition to the CFM Trainee Handbook's Resources list, the following are recommended:</p> <p><u>Textbooks</u></p> <ul style="list-style-type: none"> <li>• Carlopio, J., &amp; Andrewartha G. (2008). Developing self-awareness. <i>In Developing management skills: A comprehensive guide for leaders</i>, (4<sup>th</sup> ed.), Chapter 2: pp54-660 and 103-106. Frenchs Forest, NSW: Pearson Education Australia.</li> <li>• Harris, M.G. and Associates (2006). <i>Managing health services concepts and practice</i> (2<sup>nd</sup> ed.) Sydney: MacLennan and Petty.</li> <li>• Lawson, J., Rotem, A., &amp; Bates, P.W. (2003). <i>From clinician to manager: an introduction to hospital and health services management</i>. Sydney: McGraw-Hill.</li> </ul> <p><u>Journal articles</u></p> <ul style="list-style-type: none"> <li>• Prideaux, G. (1993). Making the transition from health professional to manager. <i>Australian Health Review</i>, 16(1), 43-50.</li> </ul>

	<ul style="list-style-type: none"> <li>Leggat, S. (2007). Effective healthcare teams require effective team members: defining teamwork competencies. <i>BMC Health Services Research</i>, 7(17). DOI: <a href="https://doi.org/10.1186/1472-6963-7-17">10.1186/1472-6963-7-17</a>.</li> <li>Michie, S., &amp; West M.A. (2004). Managing people and performance: an evidence based framework applied to health service organisations. <i>International Journal of Management Reviews</i>, (595), 91-111.</li> <li>Rushermer, R., &amp; Kelly, D. (2004). Introducing the learning practice – II Becoming a learning practice. <i>Journal of Evaluation in Clinical Practice</i>, 10(3), 387-398.</li> <li>Buell, J. (2009). Ethics and leadership: setting the right tone and structure can help others in their decision making. <i>Healthcare Executive</i>, 24(3), 54-57.</li> </ul> <p><u>Guidelines/Procedures</u></p> <ul style="list-style-type: none"> <li>Review by Peers - A guide for professional, clinical and administrative processes. Australian Commission on Safety and Quality in Health Care, July 2010. Retrieved from <a href="http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/37358-Review-by-Peers1.pdf">http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/37358-Review-by-Peers1.pdf</a></li> <li>Health Workforce Australia (2013). Health LEADS Australia: The Australian Health Leadership Framework. Canberra: Health Workforce Australia. Retrieved from <a href="https://www.aims.org.au/documents/item/352">https://www.aims.org.au/documents/item/352</a></li> </ul>
Recommended learning activities	<p>Familiarity with literature on the subject.</p> <p>Observation of assessments by experienced physicians.</p> <p>Work based consultation on situations as they arise in the workplace.</p> <p>Discussions at peer review meetings.</p> <p>Discussions at policy review and business operations meetings.</p>
Workplace-based Assessment (WBA) methods for summative entrustment decision	See Appendix 2
Case load for summative entrustment decision	N/A
Estimated stage of training for entrustment	Full entrustment by end of training



<b>EPA 13 Management and Leadership of a CFM Service Milestone Matrix</b>			
<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written Part 1 exam or given RPL</i>	<b>Core of CFM</b> <i>During core CFM training; supervisor-lead workplace-based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and necessary to be able to teach, contribute to policy/procedures etc. Standard of assessment in Part II exit Standardised Oral Examination</i>
<b>CM4. Prioritize care</b> - Prioritise health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals in peer review.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate 'good clinical forensic practice'	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses,	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic "output" whether oral or written is consistent with the appropriate legal and regulatory framework.

	definitions of sexual offences, family violence, assaults, drugs & Poisons, child protection etc.		
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.
<b>EC1. Clinical consultation</b> – Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.

<b>EC2. Communication with justice system</b> - Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC5. Handover communication</b> - Communicate effectively with other healthcare professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.
<b>CC1. Respect for diversity</b> - Work effectively and respectfully with people of different cultural backgrounds (incl. aboriginal, Torres Strait Islander and Māori peoples) with cultural humility and awareness of cultural diversity	Acknowledge the range of backgrounds and cultures of complainants and suspects and the role of this diversity in effectiveness of the health care system. Recognise issues relating to health inequities and inequalities.	Integrate perspectives on cultural diversity and health inequities and inequalities appropriately in developing effective and culturally respectful care plans. Reflect patient differences and views in respectful communication with the patient and the healthcare team.	Engage in culturally sensitive shared decision-making with the individual and the healthcare team. Ensure that health inequities and inequalities are addressed and mitigated. Promote a culture of respect for diversity among other professionals in forensic settings.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination, and with cultural sensitivity, compassion and empathy.	Facilitate discussions with complainants/ suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc.).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.

processes and optimise forensic outcomes			
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>TL5. Decentralised service provision</b> - Manage a decentralised service provision model effectively	Recognise the requirement for sustainable rural and regional service provision and understand the elements of such a service including: recruitment, training, credentialing, quality control, management of remote examination facilities, liaison with local law enforcement and legal authorities, provision of consultant support, industrial issues e.g. contracts and remuneration.	Liaises with external practitioners, provides training, conferences, report reviews, remote advice. Works with administrative staff to facilitate this.	Competent management of a decentralised service including recruitment, policy making, liaison with central medico-legal, police and other involved parties etc. Negotiates contacts with providers, boundaries between different providers e.g. nurses, arranges remuneration packages and ensures QA activities are available.
<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>TL7. Teams and medical error</b> – work effectively with other health professionals to mitigate medical error	Recognise the patient safety impact of inter-professional care in clinical forensic settings.	Dialogue with care team members to identify risk and prevention of medical error.	Partner with other healthcare professionals to identify, propose improvement opportunities for preventing medical error within the system.
<b>HA3. Advocate for patient needs</b> – Advocate for individual patient	Recognise when it is necessary to advocate for individual patient needs and develop a common	Advocate with the healthcare team for needs of individuals and cohorts of patients. Link patient and	Contribute to a culture where team members value and advocate for patient needs in providing inter-professional care, encourage engagement with advocacy groups.

needs in communication with the healthcare team, including in care transitions	understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	Provide guidance for health care professionals to balance healthcare needs and forensic requirements.
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>IM1. Effective information flow</b> - Facilitate secure and effective information flow including electronic health records	Organise information as per record keeping and information management guidelines in clinical forensic medicine and in local settings. Adapt use of the health record to the clinical context.	Document and share information to enhance personalised care and support justice. Adapt use of the health record to the patient's health literacy. Ensure patient confidentiality in information transfer.	Map information flow in the care of patients and suggest process changes for quality improvement. Review patient safety incidents involving suboptimal written, verbal, or electronic communication.
<b>IM2. Handover information</b> - Facilitate effective transitions of care including clinical handover using information technology	Understand the risks of incomplete documentation and information exchange, identify cognitive aids to use.	Share information through information technology to effectively co-ordinate inter-professional care in care transitions.	Analyse information exchange in care transfers at peer review, contribute to improvements in the use of information technology in handover.
<b>IM3. Information in learning and practice</b> - Use information technology to optimise care delivery and learning	Understand the fundamentals of e-learning and clinical informatics and their application to clinical forensic tasks.	Use e-learning resources and electronic point of care reminders, decision support tools, etc. effectively.	Use digital technology to communicate effectively. Engage others in the adoption and refinement of health information technology.
<b>QM3. Evidence-based quality improvement</b> - Systematically analyse practice and implement/ advocate for evidence-based changes towards quality of a forensic service	Use strategies for reflection on clinical practice when encountering opportunities during casework. Identify the needs for quality review in health care and health care systems.	Engage in opportunities and methods for quality improvement based on reflection on both individuals and populations in clinical practice. Promote quality health care in own service.	Engage in continuous quality improvement activities efficiently. Use one's own successes to advocate for a culture that promote quality health care and optimal health care systems.

<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.
<b>QM5. Evidence-based Medicine</b> - Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>QM6. Risk–benefit analysis</b> - Incorporate considerations of cost awareness and risk–benefit analysis in individual and/or population-based care as appropriate	Use externally provided information (e.g. research around a clinical forensic procedure) to inform cost-containing action and/or preliminary risk–benefit analysis.	Critically appraise information in making cost and risk–benefit decisions. Adopt strategies that decrease cost and risk; and optimize benefits for individuals and the justice system.	Integrate cost analysis into one's practice while minimizing risk and optimizing benefits for individuals and communities.

## RESEARCH AND SCHOLARLY ACTIVITIES

### *Critical appraisal and research skills*

The Clinical Forensic Physician is expected to contribute to the advancement of knowledge and enhanced practice in clinical forensic medicine, and to plan and perform research using appropriate research tools and methodology.

By the end of training, trainees should be able to adhere to necessary ethics approval requirements and legislative restriction (including coronial) when conducting research, and be able to prepare reports and papers for publication that comply with conventions and guidelines for reporting clinical and biomedical research. Trainees should also have developed the self-discipline to support the habit of lifelong self-education, and be able to maintain professional competence throughout their career by keeping up to date with new knowledge in the field of clinical forensic medicine, and wider professional context, and to integrate this knowledge into their practice. Through personal experience and observation they should have sufficient understanding of teaching and learning to be able to mentor and supervise junior staff and also to conduct educational sessions for students, colleagues and for the general community.

The following list of learning outcomes which align with the Research Skills sub-competencies serve to guide what trainees should achieve by the end of training.

#### **Outcomes:**

- Critically evaluate medical and scientific literature;
- Apply statistical and epidemiological concepts (including distribution, mean, median, standard deviation, statistical significance, confidence intervals, correlation, sensitivity, specificity, predictive values, incidence and prevalence) to interpret scientific data in conducting or appraising research and in making clinical decisions;
- Apply appropriate research methodology and tools in conducting research studies and in appraising published studies;
- Comply with human research ethics approval requirements and legislative restrictions (including coronial when conducting research);
- Comply with medicolegal limitations relating to use of sub-judicial information when conducting research;
- Manage research data securely and efficiently, and maintain confidentiality;
- Prepare reports and papers for publication that comply with conventions and guidelines for reporting biomedical research and are of a publishable quality;
- Orally present research findings that comply with conventions for presenting clinical and biomedical research, with appropriate skills in presentation and discussion;
- Demonstrate an impartial and objective approach to research activities.

#### **Activities:**

In order to demonstrate achievement of these outcomes, Trainees are required to complete **three (3)** mandatory activities outlined below, log them in the 'Activities log' and document the evidence in the portfolio, plus submit **two Project Reports** for assessment as outlined in **Appendix 6**.

- **Published article or manuscript** accepted for publication in a peer reviewed journal where the trainee is the first or a major contributing author (Activity log code R 2)
- Presentation of an **oral paper** at a national or international meeting or conference where the trainee is a major contributor to the work being presented (Activity log code R 1)
- Presentation of a **poster** at a national or international meeting or conference where the trainee is a major contributor to the work being presented and is significantly responsible for the production of the poster (Activity log code R 1)

- Presentation of a **formal research proposal** for original research in an area of clinical forensic medicine in a format that could be submitted to a research funding body. The trainee should be a major contributor to the work being proposed. The proposal should be reviewed by the primary supervisor (Activity log code R 3)
- **Oral presentation** by the trainee of a topic, or case / cases at a hospital meeting, clinical meeting, regional meeting or grand round where the trainee had a major contribution to preparing and delivering the presentation. This should include some critical appraisal of the topic. If more than one is submitted, each must deal with a different topic. (Activity log code R 4)
- Presentation of a **written report** on an **audit activity** developed by the trainee or with significant trainee intellectual input in the development. Please note: routine clinical or medicolegal audits do not count in this category. (Activity log code R 5)
- Presentation of a **written report** on a **complex case** in clinical forensic medicine with appropriate discussion of the relevant points and issues; worked up and reported by the trainee. If more than one is submitted, each must deal with a different topic. (Activity log code R 5)

In addition to the mandatory activities outlined above, trainees are also encouraged to undertake several of the following activities that establish knowledge and proficiency in research (N.B. these should be logged on the Activity log where applicable)

- Contribute to audit and research projects under supervision;
- Use clinical databases for audit and research to collect, organise and analyse data;
- Attend research meetings;
- Contribute to the writing of research proposals and ethics submissions;
- Use the research and scholarship resources in RCPA Education Online.



## ***Self-Education and Continuing Professional Development***

The Clinical Forensic Physician is a lifelong learner, and should inculcate skills to promote personal and professional development throughout training. These skills would also be critical for continuous professional development post Fellowship, including in maintaining proficiency in the EPAs that were entrusted during the training program.

The following list of learning outcomes which align with the Lifelong Learning sub-competencies serve to guide what trainees should achieve by the end of training.

### **Outcomes:**

- As part of a personal continuing education strategy, practise the habit of identifying and documenting own learning needs, planning educational strategies to meet them, monitoring achievements through feedback, self-assessment and reflecting on the outcomes
- Identify personal learning preferences and reflect on how effective they are in developing competence

### **Activities:**

In order to demonstrate achievement of these outcomes, Trainees are required to complete the lifelong learning activities listed below and where appropriate, log them in the 'Activities log' (where applicable, retain records for portfolio).

- Formulate a personal learning plan based on self-assessment and feedback (Activity log code L1);
- Complete an online learning style inventory and explore a variety of ways to learn;
- Apply various computer-based instructional tools, such as electronic tutorials for confirming or updating knowledge and skills (Activity log code L 2);
- Select relevant mentors to guide professional activities;
- Regularly review journals relevant to clinical forensic medicine and participate in or lead discussions on contemporary issues (Activity log code L 2);
- Participate in and present personal work at relevant educational meetings and journal clubs (Activity log code L 2).

## ***Educating Colleagues and others***

The Clinical Forensic Physician is expected to contribute to the education of colleagues, trainees and students in the medical profession, health professions and other related professions through formal teaching, clinical supervision, and mentoring. The Clinical Forensic Physician is also expected to convey technical information to the public and educate the public, and promote a wider understanding of clinical forensic medicine.

The following list of learning outcomes which align with the Teaching and Scholarship sub-competencies serve to guide what trainees should achieve by the end of training.

### **Outcomes:**

- Contribute to the education of medical students, trainees, colleagues/peers, other health care professionals, police, scientists and legal professionals, by conducting educational sessions both formally and informally,
- Contribute to the understanding of clinical forensic medicine by the wider community
- Translate and convey concepts and information in an understandable manner to people without a background in clinical forensic medicine
- Supervise and mentor trainees and junior staff and engage in appropriate role modelling
- Prepare and deliver educational sessions incorporating the principles of adult learning, using effective oral, visual or written modes, and reflect on their effectiveness

**Activities:**

In order to demonstrate achievement of these outcomes, trainees are required to complete the Teaching and Scholarship activities listed below and where appropriate, log them in the 'Activities log' (where applicable, retain records for portfolio).

- Participate in and contribute to departmental teaching sessions, clinico-pathological meetings, conference presentations (Activity log code T 1-2);
- Supervise trainees and junior staff; advise on effective preparation for assessments/examination;
- Mentor junior staff and participate in mentoring programs;
- Plan, organise and review educational sessions for trainees, colleagues/peers, other health care professionals, police, scientists and legal professionals;
- Prepare educational sessions on emerging issues in clinical forensic medicine and present to peers and other health professionals (Activity log code T 1-2);
- Develop assessment or educational modules for RCPA (Activity log code T 3);
- Read journal articles on teaching strategies;
- Participate in training on effective teaching and supervision of adult learners in clinical settings e.g. *Teaching on the Run* program (Activity log code T 1-2);
- Seek evidence of own teaching effectiveness.

## PEER REVIEW

Integral to the practice of Clinical Forensic Medicine is the peer review process. The Clinical Forensic Physician participates in peer review of forensic medical notes, medico-legal reports, court evidence and complex cases at clinical review meetings.

The following list of learning outcomes and activities serve to guide what trainees should achieve by the end of training.

### Outcomes:

- Undertake clinical audit;
- Undertake medicolegal audit;
- Practice evidence-based forensic medicine;
- Understand the requirements of police, coronial and appropriate legal systems in relation to clinical forensic medical practice;
- Identify problematic documentation and record-keeping practices;
- Recognise and analyse relevant evidentiary material including injury interpretation; appropriate sampling and prioritisation of evidence;
- Critically appraise medicolegal reports to ensure logical, well ordered, readable, and informative, and address the requirements of the police, coronial and appropriate legal systems in relation to clinical forensic medical practice;
- Appraisal of oral testimony and assessment of communication skills and competence in court and legal hearings.

### Activities:

**In addition to the activities listed below, trainees *must satisfactorily complete peer review-specific assessment activities embedded within particular EPA's* (see EPA guidelines)**

Select activities that establish knowledge and proficiency (where applicable, retain records for portfolio)

- Attendance at supervised clinical cases
- Attend clinical meetings with minutes
- Participate in case based discussions
- Participate in case conferences
- Participation in multidisciplinary case conferences
- Participate in peer review programs
- Produce medicolegal reports and undergo peer review with key learning points
- Read medico-legal reports written by experts
- Observe others provide testimony in court
- Presentation of clinical audit findings at meetings/ conferences/workshops/seminars
- Attend case meetings with stakeholders including police, coroners and legal officers (e.g. ODPP)

## SECTION 3

### ***APPENDICES***

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## Appendix 1: EPA-Training Site Matrix

EPA Training site matrix			PRIMARY TRAINING SITE					
			CFMU	CFMU with traffic medicine clinic	CFMU with police custody service	Sexual Assault Service=SAS (complainant-only)	Paediatric Forensic Medical Service=PFMS (complainant-only)	Custodial Medicine (prison)
CLINICAL EPAs								
1	FME sexual offence complainant		PFMS	PFMS	PFMS	PFMS	SAS or CFMU	CFMU or SAS, and PFMS
2	FME non-sexual offence complainant		PFMS	PFMS	PFMS	PFMS	CFMU	CFMU and PFMS
3*	FME alleged perpetrator		✓	✓	✓	CFMU	CFMU	✓
4	Suspected abuse/neglect in forensic settings		PFMS	PFMS	PFMS	PFMS	CFMU	CFMU and PFMS
5	Fitness for interview assessment		✓	✓	✓	CFMU	CFMU	CFMU or SAS or PFMS
6	Healthcare assessment/provision in forensic settings		CM (prison) CFMU (police custody) PFMS	CM (prison) CFMU (police custody) PFMS	CM (prison) PFMS	CM (prison) CFMU (police custody) PFMS	CM (prison) CFMU (police custody) SAS	CFMU (police custody)
7**	Assessment of fitness to drive and medically related impairment		CFMU (with TM clinic)	✓	CFMU (with TM clinic)	CFMU (with TM clinic)	CFMU (with TM clinic)	CFMU (with TM clinic)
8	Injury Assessment and Interpretation		✓	✓	✓	CFMU (with ED placement)	✓	CFMU (with ED placement)
9	Clinical toxicological assessment		✓	✓	✓	✓	CFMU	✓
10	Provision of medicolegal opinions (excl. coronial opinions)		✓	✓	✓	✓	✓	CFMU
11***	Medicolegal death Investigation (incl. coronial opinions)	Death scene attendance	Forensic Pathology service	Forensic Pathology service	Forensic Pathology service	Forensic Pathology service	Forensic Pathology service	Forensic Pathology service
		Other						
12	Oral testimony		✓	✓	✓	✓	✓	CFMU
NON –CLINICAL EPA								
13	Management and leadership of a CFM service		✓	✓	✓	✓	✓	✓

Cells in white = entrustment (and exposure to different EPA contexts if applicable) possible at primary site

Cells in blue = entrustment possible at primary site, provided trainees gain exposure to different EPA contexts at other attachments. Suggested attachments are noted within the cell.

Cells in yellow = entrustment not possible at primary site, suggested secondary site necessary for entrustment

\*EPA 3 may not be able to achieve entrustment in a “complainant-only” setting (i.e. must be competent to conduct an alleged perpetrator examination without supervision)

\*\*EPA 7 will not be able to achieve entrustment in a setting other than a CFMU with a traffic medicine clinic

\*\*\*EPA 11 will not be able to achieve entrustment in a setting other than a CFMU providing a Coronial service or a Forensic Pathology service providing a Coronial

## Appendix 2: Table of Workplace-based (WBA) assessments for each EPA

EPAs			Workplace-based Assessments and other Portfolio requirements					
			Mini Clinical Evaluation Exercise (Mini-CEX)	Directly Observed Procedural Skills (DOPS)	Case-based Discussions (CbDs)	Writing statements or reports for review	Supervisor reports	Other
CLINICAL EPAs								
	1	FME sexual offence complainant (adult/adolescent/child)	<div><div>**</div><div>Post FME summary with patient and other stakeholders</div><div>Initial assessment &amp; approach - Consent, capacity and confidentiality, history taking</div><div>Minimum 2</div></div>	<div><div>**</div><div>Forensic specimen collection – DNA</div><div>Forensic specimen collection – Toxicology</div><div>Genito-anal examination and documentation</div><div>Documentation of findings and photography</div><div>Minimum 4</div></div>	<div><div>*</div><div>Adolescent</div><div>Male</div><div>Female</div><div>Observed in exposure to different context situations</div><div>Minimum 4</div></div>	<div><div>*</div><div>Minimum 5 including 1 peer-reviewed</div></div>	<div><div>*</div></div>	Audit forensic sample quality
	2	FME non-sexual offence complainant (adult/adolescent/child)	<div><div>**</div><div>Post FME summary with patient + other stakeholders</div><div>Initial assessment &amp; approach - Consent, capacity and confidentiality, history taking</div></div>	<div><div>**</div><div>Forensic specimen collection – DNA</div><div>Forensic specimen collection – Toxicology</div><div>Documentation of findings and photography</div></div>	<div><div>*</div><div>Adolescent</div><div>Male</div><div>Female</div><div>Observed in exposure to different context situations</div></div>	<div><div>*</div><div>Minimum 2 including 1 peer-reviewed</div></div>	<div><div>*</div></div>	

			Minimum 2	Minimum 3	Minimum 4			
	3	FME of alleged perpetrator	<p>**</p> <p>Post FME summary with pt. + other stakeholders</p> <p>Initial assessment &amp; approach - Consent, capacity and confidentiality, history taking</p> <p>Minimum 2</p>	<p>*</p> <p>Forensic specimen collection – DNA</p> <p>Forensic specimen collection – Toxicology</p> <p>Genital examination and documentation</p> <p>Documentation of findings and photography</p> <p>Minimum 4</p>	<p>**</p> <p>Adolescent</p> <p>Male</p> <p>Female</p> <p>Observed in exposure to different context situations</p> <p>Minimum 4</p>	<p>*</p> <p>Minimum 5 including 1 peer-reviewed</p>	<p>*</p>	
	4	Assessment of suspected abuse/neglect in forensic settings	<p>**</p> <p>Post FME summary with patient and other stakeholders</p> <p>Initial assessment &amp; approach - Consent, capacity and confidentiality, history taking</p> <p>Minimum 2</p>	<p>**</p>	<p>*</p> <p>Minimum 2</p>	<p>*</p> <p>Minimum 2 including 1 peer-reviewed</p>	<p>*</p>	Audit forensic sample quality
	5	Fitness for interview assessment (physical/mental health, drug and alcohol)	<p>**</p> <p>Fitness for Interview case attendance</p>		<p>**</p> <p>Minimum 3 (drug or alcohol, mental health, physical health)</p>	<p>*</p> <p>Minimum 3 including 1 peer-reviewed</p>	<p>*</p>	

			Minimum 1				
6	Healthcare assessment/provision in forensic settings	**  Mental health assessment – offender or complainant  Sexual health assessment – sex offence complainant  Pregnancy risk assessment – sex offence complainant  General health assessment – offender  Minimum 4	*  Sexual health screening  Pregnancy risk management  Minimum 2	*  3 x sexual offence complainant – adolescent, adult/child, observed on exposure to other contexts  2 x offender – adult/child, observed on exposure to other contexts  1 x mental health  Minimum 6	*(clinical records incl. handover)  Minimum 2	**	
7	Assessment of fitness to drive and medically related impairment	**  Fitness to drive case attendance  Minimum 1		**  Minimum 3	*  Minimum 3 including 1 peer-reviewed	*	
8	Injury Assessment and Interpretation			*  Minimum. 10 including vehicle-collisions, police restraint, falls, firearms/ explosions, thermal/fire related, electrocution, strangulation/ suffocation	**  Minimum 10 including 1 peer-reviewed		



					Experienced or observed			
	9	Clinical toxicological assessment (alcohol/drug effects, driver impairment, capacity to consent)	**  Drug and alcohol intoxication/ withdrawal assessment  Minimum 2	* (blood/urine sampling)  Forensic specimen collection – Toxicology  Minimum 1		*  Alcohol  Poly substance  Sexual offence complainant  Traffic  Minimum. 10 including 1 peer-reviewed	*	
	10	Provision of medicolegal opinions (toxicology, FME by others, evidentiary/ other material review)			*	**  2 x clinical toxicology  2 x interpretations of medical records and results of medical examinations by other health professionals  2 x opinions based on review and analysis of evidentiary and other material  Minimum 6 including 1 peer-reviewed	*	Observing court defence of opinion
	11	Medicolegal death Investigation (death scene attendance, hospital deaths, coronial opinions, assisting forensic pathologists at autopsy)	*  Assessment of scene of	*  Genito-anal sample	*	*  Death scene report	**	

			suspicious death  Advising forensic pathologists at autopsy  Minimum 2	collection and documentation	Coronial investigation opinion  death scene attendance  Minimum. 5	coronial report  Minimum. 3 including 1 peer-reviewed		
	12	Oral testimony (criminal/civil/coronial)					**	Oral testimony observation and discussion x 5 Transcript of evidence review x 5
NON-CLINICAL EPA								
	13	Management and leadership of a CFM service (policy development, interagency partnerships, practitioner well-being)					**	A written reflection on how an issue was addressed with supporting evidence e.g. policy documents x 2 Case based discussion assessments.

## Appendix 3: Portfolio Requirements

The portfolio is a record of activities undertaken by trainees associated with their daily work, including the workplace-based assessments. Portfolio activities are carried out in the workplace and provide evidence that the trainee is developing the technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations. Workplace-based assessments to be recorded include Direct Observation of Practical Skills, Mini Clinical Evaluation Exercises, Case-based Discussions, Written statements or reports for review.

Unless otherwise indicated in the EPAs, *Appendix 8* contains the forms and detailed instructions for recording these workplace activities. Please file the (hard copy) forms in a portfolio folder with separate sections for each category of activity.

The **case log book** within the portfolio details the trainee's experience with a range of cases encountered in routine clinical forensic medical practice in different contexts as required for the clinical EPAs, as well as a substantive number of cases routinely seen in the trainee's primary training site. Documentation on each case includes an introduction, a report of the clinical findings obtained through history and examination, copies of medico-legal forms used, working notes, written reports if relevant, and a one-page summary and reflection.

The **activity log** recording research, scholarly activities, and peer review (detailed in Appendix 7) and the ethics & communication log, are to be included in the portfolio.

The portfolio summary spreadsheet (Excel file) may be downloaded from the RCPA website. It is the trainee's responsibility to keep both hard and soft copy records up-to-date.

The portfolio and summary spreadsheet must be provided to the supervisor in preparation for the supervisor report, as well as when making summative entrustment decisions in EPAs.

Trainees should start accumulating evidence for the portfolio from early in Year 1 and keep it until they complete training. ***The hard copy portfolio and summary spreadsheet will be checked for completeness by the supervisor before awarding summative entrustment in an EPA as well as before any formal examination.***

***The portfolio summary spreadsheet should be printed and appended to the pre-exam supervisor report and submitted to the RCPA prior to the mid- and end-of-program examination at a time determined by the RCPA.*** The summary will be reviewed by the Registrar, Board of Education and Assessment and the Chief Examiner. The signatories and trainees may be contacted to confirm evidence of satisfactory completion.

The supervisor should review and sign off completed portfolio items on the annual, rotation and pre-exam supervisor report.

**NOTE:** The portfolio itself should not be sent to the College unless requested for audit.

## Appendix 4: Mid-Program Examination

Examinations are prepared in accordance with [RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral](#).

### **Written Examination**

This examination has an emphasis on the theoretical knowledge basis of clinical forensic medicine. It is taken during the second year FTE of training. No automatic exemptions are given for any component of the exam. Trainees who have completed approved academic programs in Clinical Forensic Medicine at the time of their training determination may receive exemptions from the whole or particular components of the examination. Trainees who are enrolled in such programs must provide evidence of completion before the deadline for examination registration in order to be considered for such exemptions.

The written examination addresses such issues as, but not necessarily limited to:

- Injury interpretation
- Medical evidence
- Ethics, medicine and law
- Basic pathological sciences relevant to the practice of clinical forensic medicine
- Forensic sciences relevant to the practice of clinical forensic medicine

Credit for passing the mid-program examination is carried over for a maximum of 5 years.

### **Supervisor Reports**

Trainees must submit a supervisor report for each year of training, including periods of rotation. Trainees who are sitting the mid-program examination must submit an additional pre-examination supervisor report in the year of the examination. Please refer to *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website) for the due dates for these reports.

It is the trainee's responsibility to ensure that the pre-examination supervisor report is completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The report form can be downloaded from the website:

<http://www.rcpa.edu.au/Trainees/Training-with-the-RCPA/Supervisor-Reports>

### **Assessment Calendar**

Examination timetables are published on the RCPA website: [RCPA - Examinations](#)

***The Chief Examiner may determine the earliest date (year) in which trainees may sit exams***

## Appendix 5: End of Program Examination

Examinations are prepared in accordance with [RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral](#).

### **Standardised Oral Examination**

In the Standardised Oral Examination candidates rotate through up to six (6) stations of 15 minutes each. The stations represent the various tasks encountered in the EPAs, and some may reflect challenging and important aspects not regularly encountered in routine practice. The stations may contain simulated patient encounters, simulated or real procedures, interpretation of data/images/reports, etc. The questions will consider issues in clinical forensic medicine and these issues may include quality assurance, patient safety, management, medico-legal issues, communication and teamwork as well as technical aspects related to the Clinical EPAs. Reading time will be allowed prior to and between stations as appropriate.

### **Supervisor Reports**

Trainees must submit a supervisor report for each year of training, including periods of rotation. Trainees who are sitting the end-of-program examination must submit an additional pre-examination supervisor report with the appended print-out of the portfolio summary spreadsheet. Please refer to the *Trainee Handbook – Administrative Requirements* for key dates for submitting these reports.

It is the trainee's responsibility to ensure that the pre-examination supervisor report is completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results.

### **Assessment Calendar**

Please refer to [Training Handbook – Administrative Requirements](#) (on the RCPA website) for key assessment dates.

***The Chief Examiner may determine the earliest date (year) in which trainees may sit exams***

## Appendix 6: Clinical Forensic Medicine Project Reports

Assessment of the Research component of the program requires two (2) Reports of 3000-5000 words each. These should be of a publishable standard.

The completed Reports can be submitted any time after year 2 FTE, but trainees are advised to submit the Reports early in order to receive feedback. The Reports will be graded by two members of the Clinical Forensic Medicine Examiners Panel independently as either *satisfactory* or *not satisfactory*. Candidates whose Reports are *not satisfactory* will be asked to re-submit.

Publications as first or lead author completed during training may be considered for the Report requirements. Such publications should be published in journals approved by the Chief Examiner. Letters to the editor or opinion pieces are not acceptable.

A candidate with a PhD or a Masters by research in Clinical Forensic Medicine may be exempt from the Report requirement at the discretion of the Chief Examiner. These exemptions will be considered at the time of the training determination.

### **Project Report Guidelines**

The Clinical Forensic Medicine Project Reports should be of a standard publishable in a journal such as the *Journal of Forensic and Legal Medicine*, *Forensic Science International* or *International Journal of Legal Medicine*.

The focus of the Report could range from a single patient case or case series to a large population depending on complexity of the situation under investigation. The Reports should demonstrate the candidate's approach to analysing the scientific problem or issue in the case(s) or the population (including a relevant review of the literature) and follow up action/discussion based on principles of Evidence-based Practice. It is also expected that some Reports will demonstrate the candidate's ability to be innovative, assure quality and consider management issues.

Based on the above approach, following are some suggestions appropriate as Project aims:

- The introduction or development of a new technique/methodology and comparisons with current best practice
- Transference of an existing technique/methodology to a new context and comparing it to current practice
- A study that examines the sensitivity and specificity of a technique/methodology, including positive and negative predictive values in a particular population
- A detailed analysis of cumulative clinical data (including case series)
- A study comparing specialised populations

Please note that the above list is not exhaustive. If trainee(s) plan a different focus they should discuss with their supervisor and submit a brief proposal to the College administration well before commencing the work involved. The Chief Examiner will confirm the appropriateness.

### **Marking criteria**

1. Demonstrates one or more of the Report aims
2. Demonstrates appropriate principles of Evidence Based Laboratory Practice
3. Introduction discusses the literature and placement of the study in context
4. Methodology is appropriate. Method described in sufficient detail to allow the study to be replicated; comments on method selection, method validation, method development and trouble-shooting
5. Analysis: Quantitative or qualitative
6. Results
7. Discussion
  - i. Interpretation of results or critical analysis of literature

- ii. Placement of results in context of the available literature
  - iii. Limitations of the study
  - iv. Lessons derived are adequately discussed; implications are related to the candidate's own situation and the broader context of the field
8. Format of the paper
- i. Complies with the requirements for the journal *Pathology*  
<http://edmgr.ovid.com/pat/accounts/ifaauth.htm>
  - ii. Reference List
  - iii. Writing style syntax, spelling/ typographical errors
  - iv. Graphs and tables

The Reports will be independently marked by two examiners and will be graded as either *Satisfactory* or *Unsatisfactory*. *Unsatisfactory reports will be returned to the candidate for revision, addressing of feedback, and resubmission to the RCPA for remarking*

### **Format**

1. An electronic copy in pdf format should be submitted.
2. The first page should have the trainee's RCPA number and the word count (excluding references). For examination and feedback purposes page numbers should be provided for the whole document and line numbers should be provided for all text.
3. The trainee's name should NOT be displayed anywhere in the document.
5. Any information and contributions provided by others should be clearly identified. Do NOT give personal or institutional details of the individuals concerned. The Report submitted should be primarily the candidate's own work and any attribution of authorship should take place at the time of possible publication.
6. The manuscript and reference format should comply with the requirements for the journal *Journal of Forensic and Legal Medicine* (<http://www.elsevier.com/locate/jflm>)

### **Declaration of originality**

Each Report must be accompanied by a signed declaration of originality. Please use the form on the next page and do NOT incorporate the form into the Report, to preserve anonymity. The College's policy is that Trainees who submit work that is not their own will fail and the matter will be referred to the Board of Education and Assessment.

### **Submitting the assignment and originality declaration**

Please send one hard copy of the assignment and the print out of the declaration of originality to the RCPA Office. An e-copy of the assignment should be emailed to the College at [exams@rcpa.edu.au](mailto:exams@rcpa.edu.au). The declaration will be kept on file at the College. E-copies will be sent to examiners. Please refer to RCPA website for due dates.



### **Declaration for Clinical Forensic Medicine Project Reports**

**Trainee declaration:**

I certify that this Report, titled:

.....  
.....  
.....

is my own original work and that the work documented was completed as part of my personal supervised practice during my accredited training. It has not been previously submitted for assessment and has not been used by any other trainee in this training location. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Trainee Name .....RCPA ID .....

Trainee signature.....date.....

**Supervisor declaration:**


As the supervisor for ....., I certify that the work documented was completed personally by him/her during training. The Report is original and has not been used by any other trainee in this training location. I have reviewed this item and read the relevant RCPA requirements and believe it is suitable for submission to the RCPA examiners.

Supervisor name (print).....

Supervisor signature.....date.....



## Appendix 7: Research, Peer Review and Scholarly Activity Log

	<h3>Clinical Forensic Medicine</h3> <h4>Activity log: Research, Scholarly activities, Peer review</h4>
<p><b>How to use this form</b> This form is to be used to record that the trainee has engaged in at least <b>one activity in each area</b> i.e. Lifelong learning (L), Peer review (P), Research (R), Teaching (T) <b>per FTE year</b> throughout training from the following list:</p>	
<b>Code L 1</b>	Self-assessment and formulating a personal learning plan. Attach a reflection on what you gained from the activity (max 1 page). <b>Minimum 2 before end-of-program.</b>
<b>Code L 2</b>	Formal self-education study, e.g., on-line educational modules, journal review of cases you have worked up. Attach a reflection on what you gained from the activity (max 1 page). <b>Minimum 1 before end of Year 2 FTE. Minimum 2 before end-of-program.</b>
<b>Code L 3</b>	Academic award courses. Attach a copy of transcript of results.
<b>Code P 1</b>	Participate in multidisciplinary case conferences or in case meetings with stakeholders including police, coroners and legal officers. Attach a reflection on what you gained in developing your peer review skills from the activity (max 1 page). <b>Minimum 1 before end of Year 2 FTE. Minimum 2 before end-of-program.</b>
<b>Code P 2</b>	Read medico-legal reports written by experts or observe others provide testimony in court. Attach a reflection on what you gained in developing your peer review skills from the activity (max 1 page). <b>Minimum 1 before end of Year 2 FTE. Minimum 2 before end-of-program.</b>
<b>Code R 1</b>	Oral or poster presentation at national or international scientific meeting where the trainee is the major contributor to the work. Attach a reflection on what you gained from the activity (max 1 page). <b>Minimum 1 before end-of-program.</b> Must participate in <b>an annual program</b> of national forensic bodies by <b>end of Year 2 FTE</b> and <b>2 annual programs</b> before <b>end-of-program</b> .
<b>Code R 2</b>	Publications, journal articles, book chapter, monograph, published or written to a standard suitable for publication. Cite the reference for published works. Attach the manuscript for unpublished works.
<b>Code R 3</b>	Presentation of a formal research proposal for original research in an area of clinical forensic medicine in a format that could be submitted to a research funding body. The trainee should be a major contributor to the work being proposed.
<b>Code R 4</b>	Oral presentation of a topic, or case / cases at a hospital meeting, clinical meeting, regional meeting or grand round where the trainee is the major contributor in preparing and delivering the presentation.
<b>Code R 5</b>	A written report on an audit activity which the trainee had developed or has had significant intellectual input in the development; or a written report on a complex case with appropriate discussion worked up and reported by the trainee.
<b>Code T 1</b>	Literature review and preparation of materials (e.g. photographs, PowerPoint presentations) to support teaching or conference presentation. Record the topic and list the references reviewed. <b>Minimum 2 before end-of-program.</b>
<b>Code T 2</b>	Present a teaching session (lecture, seminar) for medical students, scientists, police, legal professionals, GPs, etc. Attach a reflection on what you gained from the activity (max 1 page). <b>Minimum 1 before end of Year 2 FTE. Minimum 2 before end-of-program.</b>
<b>Code T 3</b>	Develop assessments or educational modules for RCPA. Attach a copy or synopsis of material developed. Limit of 2 during training.
<p>For each activity, trainees must write a one-page (maximum) reflection on what they gained from the activity.</p>	
<p>At the end of each year, this form, appended reflections and any other appended documentation should be sighted by the supervisor and signed off on the annual supervisor report.</p>	

<b>Trainee name</b>			<b>Trainee ID</b>	<b>Stage of training</b> Y1   Y2   Y3   Y4   Y5 if > Y5 please specify
	<b>Date</b>	<b>Code</b>	<b>Brief description of activity</b> (include meeting name, URL, etc. where relevant)	<b>Supervisor signature</b>

## **Appendix 8: Workplace-based Assessment (WBA) Forms and log templates**

This section contains master copies of forms to be used to record activities for the portfolio. Make as many copies as you need and file the completed forms safely in the portfolio folder.

The forms include:

- Mini Clinical Evaluation Exercise (Mini-CEX) form
- Directly Observed Procedural Skills (DOPS)
- Case-based Discussion (CbD) form
- Case-based Discussion (CbD) on Management and Leadership form
- Assessment of Oral Testimony form
- Assessment of Medicolegal Statements and Reports form
- Significant Incident Report form
- Log for Casework
- Log for Ethics and Communication

## Mini-Clinical Evaluation Exercise (Mini-CEX)

### ***Instructions for Trainees and Supervisors***

The process of directly observing a trainee in a focused actual patient encounter (typically for 10-15 minutes) for purposes of assessment is called a Mini-Clinical Evaluation Exercise (mini-CEX). The purpose of the mini-CEX assessment is to evaluate a trainee's skills in communicating with, examining, or handing over a patient; to demonstrate that they can safely manage such patient encounters in the different clinical forensic settings; and to provide feedback on the progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

It is important to observe the trainee doing the activity. Observations can be made by the supervisor and also by suitable qualified staff. Assessors need to be sufficiently familiar with the patient to enable them to critically judge the performance being reviewed.

Trainees should initiate the mini-CEX assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily. Trainees can engage in some practice assessments prior to participating in those that will be assessed. The trainee and assessor should select the expected stage of training before the activity.

The time taken will vary according to the task and approximately 30 minutes should be allocated for each assessment, to observe the encounter, complete the rating form and conduct a feedback session. If the encounter is part of a task with a number of components e.g. providing a post forensic examination summary for subject within a sexual offence forensic medical examination, all stages of the task should be observed but the form can be used to assess a particular part of the task, indicated within the form as 'focus encounter'.

Mini-CEX assessors should remain as unobtrusive as possible unless there are risks to patient safety. If an assessor identifies issues to follow-up with the patient (for example, check findings, refine a management plan), this should be done after the trainee has completed the encounter with the patient. The assessor should complete the mini-CEX form while the trainee is present and spend 5-10 minutes providing immediate feedback.

### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. An action plan for development should be identified, agreed and recorded on the mini-CEX form.

The overall standard of performance should be graded according to the level of supervision required. At the time of entrustment of the relevant EPA the level of competence should be that the trainee is able to perform all aspects of the encounter safely without supervision.

Together with the other workplace-based assessments the ratings recorded on the mini-CEX forms, when cumulated over multiple patients, multiple observers, and different clinical forensic settings will provide a defensible basis for a judgment of a trainee's level of entrustment in a given EPA. Over time the mini-CEX assessments at a minimum should address the WBA requirements specified in all relevant EPAs.

### ***Record keeping***

The mini-CEX forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio.

		<b>Clinical Forensic Medicine</b> <b>Mini-Clinical Evaluation Exercise</b> <b>(Mini-CEX) Assessment Form</b>		
<b>Trainee Name</b>		<b>Year of Training</b> 1   2   3   4   5   if > 5, please specify		
<b>Trainee ID</b>		<b>Expected Stage of Training</b> (please discuss with trainee and select) <input type="checkbox"/> Foundations <input type="checkbox"/> Core of CFM <input type="checkbox"/> Transition to Fellowship		
<b>Assessor Name</b>		<b>Assessor Position</b>		
<b>Clinical setting</b> <input type="checkbox"/> CFMU <input type="checkbox"/> SARC <input type="checkbox"/> Child protection unit <input type="checkbox"/> Custodial facility <input type="checkbox"/> Emergency department <input type="checkbox"/> other...				
<b>This WBA is part of entrustment information for the following EPA</b> (please tick one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> 11				
<b>Focus encounter</b> (please tick one) <input type="checkbox"/> Pre-forensic examination acute health care assessment (e.g. alleged perpetrator in police custody) <input type="checkbox"/> Initial assessment and approach (including consent, capacity and confidentiality, interviewing) <input type="checkbox"/> Forensic injury examination <input type="checkbox"/> Post forensic examination summary for patient/subject, stakeholders as appropriate <input type="checkbox"/> Mental health assessment –complainant or alleged perpetrator <input type="checkbox"/> Sexual health assessment – sex offence complainant <input type="checkbox"/> Pregnancy risk assessment–sex offence complainant, alleged perpetrator <input type="checkbox"/> General health assessment – alleged perpetrator <input type="checkbox"/> Drug and alcohol intoxication/ withdrawal assessment <input type="checkbox"/> Scene of suspicious death assessment <input type="checkbox"/> Assessment at point of autopsy (e.g. discussion with forensic pathologists) <input type="checkbox"/> Case attendance (fitness to interview, fitness to drive)				
<b>Brief description of encounter to be observed and assessed</b> (patient information and problem, complexity of case, etc.)				
<b>Trainee's performance is as expected for the stage of training (Foundations, Core or Transition to Fellowship) with reference to milestones</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Medical interviewing skills				
Physical examination skills				
Clinical judgement and decision making				
Communication skills (e.g. providing information, health education)				
Professional approach and consideration of patient needs and cultural sensitivities				
Medical record keeping				
Recognising limitations and taking appropriate action (e.g. in referral, handover)				
Teamwork and clinical leadership				
Time management and organisational efficiency				
<b>Please comment on what was effective (evidence for entrustment), aspects for improvement and agreed action.</b>				
<b>Overall standard of performance</b> (please tick one) <input type="checkbox"/> Able to perform with direct, active full supervision <input type="checkbox"/> Able to perform with indirect, readily available supervision <input type="checkbox"/> Able to perform with distant supervisory oversight <input type="checkbox"/> Ready to perform the encounter unsupervised		Minutes taken for observing.....  Minutes taken for feedback.....		
Signature of assessor		Signature of trainee		Date

## Directly Observed Procedural Skills (DOPS)

### ***Instructions for Trainees and Supervisors***

The process of directly observing a trainee performance in a procedure on a real patient (typically for 10-15 minutes) for purposes of assessment is called a Direct Observation of Procedural Skills (DOPS). The purpose of the DOPS assessment is to evaluate a trainee's performance in investigative or therapeutic procedures in clinical forensic medicine including the skills of examination, collection, interpretation of information, and documentation; to demonstrate that they can safely manage such procedures in the different clinical forensic settings; and to provide feedback on the progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

It is important to observe the trainee doing the activity. Observations can be made by the supervisor and also by suitable qualified staff. Assessors need to be sufficiently familiar with the patient and procedure to enable them to critically judge the performance being reviewed.

Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily. Trainees can engage in some practice assessments prior to participating in those that will be assessed. The trainee and assessor should select the expected stage of training before the activity.

The time taken will vary according to the procedure and approximately 30 minutes should be allocated for each assessment, to observe the procedure, complete the rating form and conduct a feedback session. If the procedure is part of a task with a number of components e.g. genito-anal examination within a sexual offence forensic medical examination, all stages of the task should be observed but the form can be used to assess a particular part of the task, indicated within the form as 'focus procedure'.

DOPS assessors should remain as unobtrusive as possible unless there are risks to patient safety. If an assessor identifies issues to follow-up with the patient this should be done after the trainee has completed the procedure with the patient. The assessor should complete the DOPS form while the trainee is present and spend 5-10 minutes providing immediate feedback. The feedback session provides an opportunity to explore the trainee's knowledge level related to the procedure, where appropriate.

### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. Not all aspects need to be assessed on each occasion.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. An action plan for development should be identified, agreed and recorded on the DOPS form.

The overall standard of performance should be graded according to the level of supervision required. At the time of entrustment of the relevant EPA the level of competence should be that the trainee is able to perform all aspects of the procedure safely without supervision.

Together with the other workplace-based assessments the ratings recorded on the DOPS forms, when cumulated over multiple procedures, multiple observers, and different clinical forensic settings will provide a defensible basis for a judgment of a trainee's level of entrustment in a given EPA. Over time the DOPS assessments at a minimum should address the WBA requirements specified in all relevant EPAs.

### ***Record keeping***

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio.

		<b>Clinical Forensic Medicine</b> <b>Directly Observed Procedural Skill (DOPS) Assessment Form</b>				
<b>Trainee Name</b>		<b>Year of Training</b> 1   2   3   4   5   if > 5, please specify				
<b>Trainee ID</b>		<b>Expected Stage of Training</b> (please discuss with trainee and select) <input type="checkbox"/> Foundations <input type="checkbox"/> Core of CFM <input type="checkbox"/> Transition to Fellowship				
<b>Assessor Name</b>		<b>Assessor Position</b>				
<b>Clinical setting</b> <input type="checkbox"/> CFMU <input type="checkbox"/> SARC <input type="checkbox"/> Child protection unit <input type="checkbox"/> Custodial facility <input type="checkbox"/> Emergency department <input type="checkbox"/> other.....						
<b>This WBA is part of entrustment information for the following EPA</b> (please tick one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 11						
<b>Focus procedure</b> (please tick one) <input type="checkbox"/> Documentation of findings and photography <input type="checkbox"/> Forensic specimen collection - DNA <input type="checkbox"/> Forensic specimen collection - Toxicology <input type="checkbox"/> Genito-anal examination and documentation - complainant <input type="checkbox"/> Genital examination and documentation – alleged perpetrator <input type="checkbox"/> Sexual health baseline screening <input type="checkbox"/> Pregnancy risk management <input type="checkbox"/> Genito-anal sample collection and documentation in death investigation						
<b>Brief description of situation in which procedure is to be observed and assessed</b> (patient information and problem, complexity of procedure in given situation, etc.)  						
<b>Trainee's performance is as expected for the stage of training (Foundations, Core or Transition to Fellowship) with reference to milestones</b>				<b>Yes</b>	<b>No</b>	<b>n/a</b>
Understanding of indications, relevant anatomy, equipment, dual obligations						
Informed consent						
Pre-procedure preparation: decontamination, selection of samples to be taken						
Technical ability including technique, observing safety and use of equipment						
Managing evidence: chain of custody, labelling, cross-contamination risks						
Interpretation of findings and dealing with uncertainties, identifying high risk states						
Professional approach and consideration of patient needs and cultural sensitivities						
Medical record keeping						
Recognising limitations and taking appropriate action						
Time management and organisational efficiency						
<b>Please comment on what was effective (evidence for entrustment), aspects for improvement and agreed action.</b>  						
<b>Overall standard of performance</b> (please tick one) <input type="checkbox"/> Able to perform the procedure with direct, active full supervision <input type="checkbox"/> Able to perform with indirect, readily available supervision <input type="checkbox"/> Able to perform with distant supervisory oversight and deal with complications <input type="checkbox"/> Ready to perform the procedure unsupervised					Minutes taken for observing.....  Minutes taken for feedback.....	
Signature of assessor			Signature of trainee		Date	

## Case-based Discussion (CbD)

### ***Instructions for Trainees and Supervisors***

The process of discussing the assessment and management of an actual patient, and reviewing related documentation, is called a Case-based Discussion (CbD). The purposes of CbD assessments are: (1) to evaluate the trainee's ability to apply medical and forensic knowledge to clinical findings and investigation results and make diagnostic and therapeutic decisions and decisions with ethical and legal dimensions; (2) to provide feedback to trainees by highlighting strengths and areas for improvement, thereby promoting strategies to improve their practice. Throughout training, trainees should seek opportunities to discuss cases with experienced colleagues and receive feedback. CbDs also serves as a method to document conversations about, and presentations of, such cases.

The trainee should initiate each CbD assessment. The trainee should select two recent cases in which s/he has played a significant role in clinical decision-making (investigation or management) and forensic aspects (interpretation of findings, medicolegal opinion, appropriate referral). In attachments where trainees gain exposure to different EPA contexts, trainees may select cases which they have observed. The trainee should select a suitable assessor, who should be an RCPA Fellow but does not need to be the listed supervisor. The trainee and assessor should select the expected stage of training before the activity.

The assessor should select one of the two cases for the trainee to present and discuss. Approximately 30 minutes should be allocated for each CbD assessment. The presentation, discussion and review of clinical and medicolegal documentation should take about 15-20 minutes. The assessor should complete the CbD form while the trainee is present and spend 5-10 minutes providing immediate feedback.

Assessors need to be sufficiently familiar with the case to enable them to critically judge the trainee performance. Trainees should initiate the CbD assessment when they are confident they can complete it satisfactorily. Trainees can engage in some practice case discussions with peers/other suitable qualified staff prior to participating in those that will be assessed.

### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded. The "n/a" option should only be used if the assessor is unable to comment on that aspect after presentation and discussion. If needed assessors should use "what if" scenarios to probe trainee abilities in recognising limitations, risk management and ethical decision making in particular.

The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. An action plan to improve practice should be identified, agreed and recorded on the CbD form.


The overall standard of performance should be graded according to the level of supervision required. At the time of entrustment of the relevant EPA the level of competence should be that the trainee is able to manage all aspects of the case safely and efficiently unsupervised.

Together with the other workplace-based assessments the ratings recorded on the CbD forms, when cumulated over multiple cases in different clinical forensic settings will provide a defensible basis for a judgment of a trainee's level of entrustment in a given EPA. Over time the CbD assessments at a minimum should address the WBA requirements specified in all relevant EPAs.

### ***Record keeping***

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio.



 <b>RCPA</b> The Royal College of Pathologists of Australasia		<h1>Clinical Forensic Medicine</h1> <h2>Case-based Discussion (CbD)</h2> <h3>Assessment Form</h3>		
<b>Trainee Name</b>		<b>Year of Training</b> 1    2    3    4    5    if > 5, please specify		
<b>Trainee ID</b>		<b>Expected Stage of Training</b> (please discuss with trainee and select) <input type="checkbox"/> Foundations <input type="checkbox"/> Core of CFM <input type="checkbox"/> Transition to Fellowship		
<b>Assessor Name</b>		<b>Assessor Position</b>		
<b>Clinical setting</b> <input type="checkbox"/> CFMU <input type="checkbox"/> SARC <input type="checkbox"/> Child protection unit <input type="checkbox"/> Custodial facility <input type="checkbox"/> Emergency department <input type="checkbox"/> other...				
<b>This WBA is part of entrustment information for the following EPA</b> (please tick one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 11				
<b>Case for discussion</b> (please tick one and circle appropriate sub-selections) <input type="checkbox"/> Forensic medical examination of complainant – adult/ adolescent/ child                      male/ female <input type="checkbox"/> Forensic medical examination of alleged perpetrator – adult/ adolescent                      male/ female <input type="checkbox"/> Assessment of suspected neglect/ abuse <input type="checkbox"/> Fitness for interview assessment - drug or alcohol/ mental health/ physical health <input type="checkbox"/> Healthcare assessment/ provision – complainant/ alleged perpetrator                      adult/ adolescent/ child <input type="checkbox"/> Healthcare assessment/ provision – mental health <input type="checkbox"/> fitness to drive assessment <input type="checkbox"/> Forensic injury assessment ..... (please specify situation) <input type="checkbox"/> Hospital death review <input type="checkbox"/> Coronial investigation opinions <input type="checkbox"/> Death scene attendance				
<b>Brief summary of case</b> (patient information, complexity of case, etc...)				
<b>Trainee's performance is as expected for the stage of training (Foundations, Core or Transition to Fellowship) with reference to milestones</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Clinical and forensic assessment (examination notes, procedures/ investigations)				
Interpretation of findings				
Recommendations and management plan (including follow-up/ future plans)				
Recognising limitations and taking appropriate action (e.g. in referral, transfer of care)				
Medical record keeping				
Risk assessment and management				
Clinical and forensic judgement and decision making				
Ethical/ medicolegal decision making				
Professional approach and consideration of patient needs and cultural sensitivities				
Skills in presentation and discussion				
<b>Please comment on what was effective</b> (information towards entrustment), <b>aspects for improvement and agreed action.</b>				
<b>Overall standard of performance</b> (please tick one) <input type="checkbox"/> Able to manage the case with direct, active full supervision <input type="checkbox"/> Able to manage with indirect, readily available supervision <input type="checkbox"/> Able to manage with distant supervisory oversight <input type="checkbox"/> Ready to manage the case unsupervised		Minutes taken for discussion.....  Minutes taken for feedback.....		
Signature of assessor		Signature of trainee		Date

## **Case-based Discussion on Management and Leadership of a CFM service (EPA13)**

### ***Instructions for Trainees and Supervisors***

The Case-based Discussion (CbD) for EPA 13 is based around a case or problem where the discussion is focused less on the clinical elements but instead on the management and leadership issues highlighted. The purposes of this CbD assessment are:

- (1) to evaluate the trainee's ability to apply knowledge of management and to improve CFM service models using skills in:
  - a. communication, planning/evaluation, & problem solving
  - b. decision making to effectively manage people and resources
- (2) to provide feedback to trainees on strengths and areas for improvement, thereby promoting strategies to improve practice.

The trainee should initiate each assessment. The trainee should select a recent case or situation where he/she has been involved in a management role (e.g. rostering) or team leadership role (e.g. representing the service in a multidisciplinary meeting), but he/she does not have to specifically choose a case with leadership "issues". A clinical problem where the trainee participated in a clinical audit or a quality improvement initiative, or contributed to the development of a policy or a procedure/protocol, may also serve as a 'case'. The trainee should select a suitable assessor, for instance the head of their department. The trainee and assessor should select the expected stage of training before the activity.

Approximately 30-45 minutes should be allocated for each assessment. The presentation, discussion and review of documentation should take about 20-30 minutes. The assessor should complete the CbD form while the trainee is present and spend 5-10 minutes providing immediate feedback.

Assessors need to be sufficiently familiar with the case/problem to enable them to critically judge the trainee performance. Trainees should initiate this CbD assessment when they are confident they can complete it satisfactorily.

### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded. The "n/a" option should only be used if the assessor is unable to comment on that aspect after presentation and discussion. Assessors should note that the case or problem may directly relate only to a limited number of leadership and management abilities, and should use "what if" scenarios if needed to probe other critical abilities e.g. articulating dual obligations, limitations, ethical requirements with a multidisciplinary team e.g. health professionals, police, coroners, legal officers.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. An action plan to improve practice should be identified, agreed and recorded on the CbD form.

The overall standard of performance should be graded according to the level of supervision required. At the time of entrustment of EPA 13 the level of competence should be that the trainee is able to manage all aspects of the case/problem effectively and provide clinical leadership in similar situations.

The ratings recorded on the Management and Leadership CbD forms when cumulated over multiple cases in different clinical forensic settings will provide a defensible basis for a judgment of a trainee's level of entrustment in EPA 13. Over time the assessments at a minimum should address the WBA requirements specified in EPA 13.

### ***Record keeping***

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio.

		<b>Clinical Forensic Medicine Management and Leadership (EPA 13) CbD Assessment Form</b>	
<b>Trainee Name</b>		<b>Year of Training</b> 1   2   3   4   5   if > 5, please specify	
<b>Trainee ID</b>		<b>Expected Stage of Training</b> (please discuss with trainee and select) <input type="checkbox"/> Foundations <input type="checkbox"/> Core of CFM <input type="checkbox"/> Transition to Fellowship	
<b>Assessor Name</b>		<b>Assessor Position</b>	
<b>Clinical setting</b> <input type="checkbox"/> CFMU <input type="checkbox"/> SARC <input type="checkbox"/> Child protection unit <input type="checkbox"/> Custodial facility <input type="checkbox"/> Emergency department <input type="checkbox"/> other...			
<b>Case or problem for discussion</b> (please tick one) <input type="checkbox"/> Clinical case or problem with trainee in organizational management role <input type="checkbox"/> Clinical case with trainee in team leadership role <input type="checkbox"/> Clinical audit <input type="checkbox"/> Quality improvement initiative <input type="checkbox"/> Development of a policy/procedure/protocol <input type="checkbox"/> Other ..... (please specify situation)			
<b>Brief summary of case</b>			
<b>Trainee's performance is as expected for the stage of training (Foundations, Core or Transition to Fellowship) with reference to milestones</b>		<b>Yes</b>	<b>No</b>
Adapt to service provision structures (including decentralised CFM services)			
Maintain standards (clinical and safety standards, performance targets)			
Manage workload (prioritising, delegating, asking for help, backing up)			
Manage resources (cost consideration, risk-benefit analysis, anticipating issues)			
Negotiation and conflict resolution (shared goals of care, role clarity, respect)			
Decision making (team involvement, use of evidence, continuous review)			
Support staff working with victims/perpetrators of violence (e.g. vicarious traumatisation)			
Risk assessment and management			
Articulate dual obligations, limitations, ethical requirements with multidisciplinary team			
Advocate for the role of the CFM physician (e.g. impartiality) within multidisciplinary setting			
Manage change (systematic analysis, evidence-based change, evaluating impact)			
Skills in reflection and responding to feedback			
<b>Please comment on what was effective, aspects for improvement and agreed action.</b>			
<b>Overall standard of performance</b> (please tick one) <input type="checkbox"/> Able to manage the case, situation or activity with direct, active full supervision <input type="checkbox"/> Able to manage with indirect, readily available supervision <input type="checkbox"/> Able to manage with clinical oversight		Minutes taken for discussion...  Minutes taken for feedback....	
Signature of assessor		Signature of trainee      Date	

## Assessment of Oral testimony

### ***Instructions for Trainees and Supervisors***

The process of evaluating trainee performance in presenting oral evidence of an actual CFM case is called an assessment of oral testimony. The purposes of these assessments are: (1) to evaluate the trainee's ability to present medical and forensic findings efficiently to diverse audiences in the legal and justice system; (2) to evaluate the trainee's ability to provide impartial and evidence-based factual and opinion evidence and defend opinions; (3) to provide feedback to trainees by highlighting strengths and areas for improvement, thereby promoting strategies to improve their practice. Throughout training trainees should seek opportunities to discuss oral evidence with experienced colleagues and receive feedback, and this assessment format also serves as a method to document such conversations.

The trainee should initiate each assessment. The trainee should select a suitable assessor, who should be an RCPA Fellow but does not need to be the listed supervisor. The trainee and assessor should select the expected stage of training before the assessment.

As one 'focus of assessment' the trainee should select a case in which s/he is presenting evidence (including defence of an opinion where relevant) at court. It is important to observe the trainee in court during the presentation of evidence. After the court appearance the assessor should spend 10-15 minutes with the trainee discussing the presentation.

As another 'focus of assessment' the trainee should select a case in which s/he has already presented evidence at court, and provide a transcript of the presentation. The assessor should allocate approximately 30-45 minutes to review the transcript and 10-15 minutes to discuss the transcript with the trainee.

The assessor should complete the assessment form while the trainee is present and spend 5-10 minutes providing immediate feedback. Assessors need to be sufficiently familiar with the case to enable them to critically judge the trainee performance. Trainees should initiate the assessment when they are confident they can complete it satisfactorily. Trainees may present evidence under observation or get transcripts of evidence reviewed by suitable qualified staff as practice assessments, prior to initiating those that will be assessed.

### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance as evaluated through the observation or review should be graded. The "n/a" option should only be used if the assessor is unable to comment on that aspect after discussion. If needed assessors should use "what if" scenarios to probe trainee abilities e.g. in cross-examination, presenting concurrent expert evidence.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. An action plan to improve practice should be identified, agreed and recorded on the assessment form.

The overall standard of performance should be graded according to the level of supervision required. At the time of entrustment of the relevant EPA the level of competence should be that the trainee is able to complete the report/statement efficiently without supervision.

Together with the other workplace-based assessments the ratings recorded on the oral testimony assessment forms, when cumulated over multiple types of evidence in different clinical forensic settings will provide a defensible basis for a judgment of a trainee's level of entrustment in a given EPA. Over time the assessments at a minimum should address the WBA requirements specified in EPA 12 (see Appendix 2).

### ***Record keeping***

The assessment forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio.

		<b>Clinical Forensic Medicine</b> <b>Assessment of Oral Testimony</b>				
<b>Trainee Name</b>		<b>Year of Training</b> 1    2    3    4    5    if > 5, please specify				
<b>Trainee ID</b>		<b>Expected Stage of Training</b> (please discuss with trainee and select) <input type="checkbox"/> Foundations <input type="checkbox"/> Core of CFM <input type="checkbox"/> Transition to Fellowship				
<b>Assessor Name</b>		<b>Assessor Position</b>				
<b>Clinical setting</b> <input type="checkbox"/> CFMU <input type="checkbox"/> SARC <input type="checkbox"/> Child protection unit <input type="checkbox"/> Custodial facility <input type="checkbox"/> Emergency department <input type="checkbox"/> other...						
<b>Focus of assessment</b> (please tick one) <input type="checkbox"/> Observing an evidence presentation in court <input type="checkbox"/> Reviewing a transcript of evidence						
<b>Nature of case</b> (please tick one) <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Coronial						
<b>Type of evidence</b> (please tick one) <input type="checkbox"/> Forensic medical examinations and other assessments conducted by self <input type="checkbox"/> Opinions on toxicology findings in traffic, interpersonal violence and sexual assault cases <input type="checkbox"/> Opinions on medical records and results of medical examinations by other health professionals <input type="checkbox"/> Opinions based on review of evidentiary and other material (e.g. videotapes)						
<b>Brief summary of situation</b> (nature of request to present evidence, complexity of case, etc.)						
<b>Trainee's performance is as expected for the stage of training (Foundations, Core or Transition to Fellowship) with reference to milestones</b>				<b>Yes</b>	<b>No</b>	<b>n/a</b>
Adherence to legal obligations and legal/regulatory frameworks as expert witness						
Seeking, synthesising, and conveying all relevant information						
Explaining medical/ technical concepts—accuracy, logical interpretation, succinctness						
Maintaining impartiality and objectivity as a professional or expert witness						
Providing an evidence base for assertions in expert opinion						
Defence against challenges to expert status (e.g. accusations of bias)						
Recognising boundaries of expertise and taking appropriate action						
Working effectively with members of the law enforcement and the legal systems						
<b>Please comment on what was effective</b> (information towards entrustment), <b>aspects for improvement and agreed action.</b>						
<b>Overall standard of performance</b> (please tick one) <input type="checkbox"/> Able to complete oral testimony with direct, active full supervision <input type="checkbox"/> Able to complete with indirect, readily available supervision <input type="checkbox"/> Able to complete with distant supervisory oversight <input type="checkbox"/> Ready to complete oral testimony unsupervised					Minutes taken for review.....  Minutes taken for feedback.....	
<b>N.B.</b> trainees are legally required by court to give factual evidence, and sometimes opinion evidence, irrespective of the level of entrustment. Such circumstances necessitate 'ad hoc entrustment'. These standards however refer to assessor judgement on trainee ability to practice independently and competently in an oral testimony and contribute to 'summative entrustment' decisions.						
Signature of assessor			Signature of trainee		Date	

## Assessment of Medicolegal Statements and Reports

### ***Instructions for Trainees and Supervisors***

The process of evaluating trainee performance in producing a medicolegal statement or report of an actual CFM task is called an assessment of medicolegal statements and reports. The purposes of these assessments are: (1) to evaluate the trainee's ability to report medical and forensic findings efficiently to diverse audiences in the legal and justice system; (2) to evaluate the trainee's ability to provide impartial and evidence-based factual and opinion evidence; (3) to provide feedback to trainees by highlighting strengths and areas for improvement, thereby promoting strategies to improve their practice. Throughout training, trainees should seek opportunities to discuss statements and reports with experienced colleagues and receive feedback; and peer review such documents themselves. This assessment format also serves as a method to document conversations about such reports.

The trainee should initiate each assessment. The trainee should select a case in which s/he has played a significant role in preparing the medicolegal report/statement. A limited number of these reports/statements must be submitted for formal peer review prior assessment (see Appendix 2: Table of WBAs for each EPA). The trainee should select a suitable assessor, who should be an RCPA Fellow but does not need to be the listed supervisor. The trainee and assessor should select the expected stage of training before the review.

The assessor should allocate approximately 30-45 minutes to review the report/statement, recognising that the time taken to review will vary according to the documentation. They must complete reviewing the report/statement within 2 days. Then the assessor should spend 10-15 minutes with the trainee discussing the report and providing feedback. The assessor should complete the assessment form immediately after the review and discussion.

Assessors need to be sufficiently familiar with the case to enable them to critically judge the trainee performance. Trainees should initiate the assessment when they are confident they can complete it satisfactorily. Trainees can get some practice reports/statements peer reviewed by suitable qualified staff prior to developing those that will be assessed.

### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance as evaluated through the written documentation should be graded. The "n/a" option should only be used if the assessor is unable to comment on that aspect after review and discussion. If needed assessors should use "what if" scenarios to probe trainee abilities in recognising limitations, risk management and ethical decision making in particular.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. An action plan to improve practice should be identified, agreed and recorded on the assessment form.


The overall standard of performance should be graded according to the level of supervision required. At the time of entrustment of the relevant EPA the level of competence should be that the trainee is able to complete the report/statement efficiently without supervision.

Together with the other workplace-based assessments the ratings recorded on the medicolegal statement or report assessment forms, when cumulated over multiple report types in different clinical forensic settings will provide a defensible basis for a judgment of a trainee's level of entrustment in a given EPA. Over time the types of reports at a minimum should address the WBA requirements specified in all relevant EPAs (see Appendix 2).

### ***Record keeping***

The assessment forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio.

		<b>Clinical Forensic Medicine</b> <b>Medicolegal Statements and Reports</b> <b>Assessment Form</b>				
<b>Trainee Name</b>		<b>Year of Training</b> 1   2   3   4   5   if > 5, please specify				
<b>Trainee ID</b>		<b>Expected Stage of Training</b> (please discuss with trainee and select) <input type="checkbox"/> Foundations <input type="checkbox"/> Core of CFM <input type="checkbox"/> Transition to Fellowship				
<b>Assessor Name</b>		<b>Assessor Position</b>				
<b>Clinical setting</b> <input type="checkbox"/> CFMU <input type="checkbox"/> SARC <input type="checkbox"/> Child protection unit <input type="checkbox"/> Custodial facility <input type="checkbox"/> Emergency department <input type="checkbox"/> other...						
<b>This WBA is part of entrustment information for the following EPA</b> (please tick one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11						
<b>Type of report</b> (please tick one and circle appropriate sub-selections) <input type="checkbox"/> Forensic medical examination – complainant/ alleged perpetrator   sexual offence/ non-sexual offence <input type="checkbox"/> Assessment of suspected neglect/ abuse <input type="checkbox"/> Fitness for interview assessment <input type="checkbox"/> Fitness to drive assessment <input type="checkbox"/> Forensic injury assessment <input type="checkbox"/> Clinical toxicological assessment – alcohol/polysubstance/sexual offence complainant/traffic medicine <input type="checkbox"/> Medicolegal opinions – toxicology/ medical examinations by others/ review of evidentiary material <input type="checkbox"/> Death scene report <input type="checkbox"/> Coronial report						
<b>Brief summary of situation</b> (nature of reporting request, complexity of case, etc.)						
<b>Trainee's performance is as expected for the stage of training (Foundations, Core or Transition to Fellowship) with reference to milestones</b>				<b>Yes</b>	<b>No</b>	<b>n/a</b>
Adherence to legal obligations and legal/regulatory frameworks as expert witness						
Obtaining and documenting informed consent						
Seeking, reporting and explaining all relevant information						
Structure and language - format, terms/vocabulary, succinctness, completeness						
Documenting handling of evidence – collection, decontamination, chain of custody						
Presenting factual evidence - coherence, accuracy, impartiality, logical interpretation						
Providing expert opinion - decision-making skills, evidence base for assertions						
Identifying professional authority and addressing ethical and professional obligations						
Recognising boundaries of expertise and taking appropriate action						
Seeking and responding to feedback (e.g. in peer review)						
Time management and organizational efficiency (e.g. in taking notes, reviewing)						
<b>Please comment on what was effective</b> (information towards entrustment), <b>aspects for improvement and agreed action.</b>						
<b>Overall standard of performance</b> (please tick one) <input type="checkbox"/> Able to complete the statement or report with direct, active full supervision <input type="checkbox"/> Able to complete with indirect, readily available supervision <input type="checkbox"/> Able to complete with distant supervisory oversight <input type="checkbox"/> Ready to complete the statement or report unsupervised					Minutes taken for review.....  Minutes taken for feedback.....	
Signature of assessor			Signature of trainee		Date	

		<b>Clinical Forensic Medicine Significant Incident Report form</b>	
<b>Trainee name</b>	<b>Trainee ID (RCPA)</b>	<b>Year of training</b> 1      2      3      4      5 if > than 5, please specify	
<b>Nature of incident: what happened and why was it significant?</b>			
<b>What led to the incident?</b>			
<b>Action taken at the time of the incident. Could it have been handled differently?</b>			
<b>Review of similar incidents</b>			
<b>Actions taken (or needed) to prevent future similar incidents</b>			
<b>Reflection by trainee</b>			
<b>Supervisor name (print) and signature</b>			<b>Date</b>







## Clinical Forensic Medicine Ethics and Communication log

### How to use this form

This form is to be used to record that the trainee has performed at least **2 different activities per FTE year** from the following list:

- Code EC1** Undertake significant management roles, e.g., chairperson, secretary, treasurer of clinical forensic medicine related committees.
- Code EC2** Complete an ethics related professional development course
- Code EC3** Complete the eLearning modules in RCPA Online on [Ethics](#) and [Cultural Competence](#) and provide evidence of completion in the form of a workbook (ethics) or a certificate (cultural competence)
- Code EC4** Complete cultural competence training provided by your employer, if a registered health services provider
- Code EC5** Other (please specify)

For each activity, trainees must write a one page (maximum) reflection on what they gained from the activity. At the end of each year, this form, appended reflections and any other appended documentation should be sighted by the supervisor and signed off on the annual supervisor report.

<b>Trainee name</b>		<b>Trainee ID</b>		<b>Year of training</b> 1    2    3    4    5 if > 5, please specify	
	<b>Date</b>	<b>Code</b>	<b>Brief description of activity</b> (including committee name, location, where relevant)	<b>Supervisor signature</b>	
<b>Supervisor name (print) and signature</b>					<b>Date</b>

## Appendix 9: Confirmation of Entrustment form



### Confirmation of Entrustment (CoE) form

**Please review the Candidate's workplace-based assessments, supervisor reports, and case log book before completing this form**

**Name of Candidate** (please print)

**RCPA ID no.**

<b>EPA ID code</b>	<b>EPA title</b>

**Name of primary training site** (also state any secondary training sites or attachments used in the entrustment decision making process for this EPA as per EPA-training site matrix)

**Year of FTE training**    1   2   3   4   5   If >5, (please specify)

In EPAs 1-4, 6, 10 and 12 it is recommended that trainees reach entrustment by end of 2 years FTE training.

### EPA entrustment progress

Each level of entrustment reflects different authorisation to act:

L1 Observing the activity

L2 Acting with direct supervision present in the room

L3 Acting with supervision available within minutes L4 Acting unsupervised (i.e. with clinical oversight)

L5 Providing supervision to juniors

EPAs are entrusted when **level 4** is reached, representing the privilege to work independently.

Timeline of entrustment progress	Month and year	Cumulative caseload
L1 entrustment		
L2 entrustment		
L3 entrustment		

Current cumulative caseload	List the WBAs completed to support EPA attainment*					Other entrustment evidence
	<i>Mini-CEX</i>	<i>DOPS</i>	<i>CbD</i>	<i>Written reports</i>	<i>Other (specify)</i>	

\*The completion of the WBAs as a prerequisite has contributed to this entrustment decision.

Candidate declaration – I have completed the required WBAs and caseload (please PRINT name and sign)	Date
Entrusting Supervisor's declaration – In my opinion, the trainee can be trusted to perform this EPA independently with clinical oversight, and will seek help appropriately. (please PRINT name and sign)	Date
Principal Supervisor's declaration (if different from above) – I have checked the details provided in this form and agree with this entrustment decision. (please PRINT name and sign)	Date
Chief Examiner's declaration – I have checked the supervisor reports and any other necessary documents and agree with this entrustment decision. (please PRINT name and sign)	Date

## Appendix 10: Guidelines for completing the Supervisor report

The role and responsibilities of supervisors are outlined in the following documents, which are available on the RCPA website:

- RCPA Induction Manual for Supervisors
- Policy on the Role of the Supervisor

Additional resources for supervisors are available in the supervisor section

<http://www.rcpa.edu.au/Fellows/Supervisors>

The Supervisor Report Form can be downloaded from the RCPA website:

<http://www.rcpa.edu.au/Trainees/Training-with-the-RCPA/Supervisor-Reports>

The form should be completed by the supervisor in consultation with other staff who have had a significant role in the trainee's training program and with reference to the trainee's portfolio.

Trainees must make their up-to-date portfolio available to the supervisor for the annual or rotation review. A print-out of the portfolio summary spreadsheet must also be made available for the pre-examination review.

The portfolio should include

- All completed forms for workplace-based assessments
- Copies of all Project Reports
- Evidence that the trainee has completed the minimum number of required other activities
- Copies of all previous supervisors reports

Trainees are responsible for the safe keeping of all these records and should not contact the College for the previous year's supervisor report.

### **Submitting the Supervisor Report**

It is the trainee's responsibility to ensure that the form is completed and submitted by the due date.

At least one supervisor report is due annually and may be submitted with the annual registration for the subsequent year.

For trainees who participate in rotational programs, one report is required for each period of rotation at a different institution and should be submitted at the completion of the rotation.

For trainees sitting formal examinations, the additional pre-examination supervisor report and portfolio summary spreadsheet are due by the date specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website). Reports must be available for consideration at the examinations.

A print-out of the portfolio summary spreadsheet must be appended to annual and pre-examination reports.

Please return this Supervisor Report by the due date to: [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au)

## Appendix 11: Key Competencies, Sub-competencies and Milestones, and EPAs

### CM Clinical medicine

Sub-competencies	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Structured Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>CM1. Victim/suspect demographics</b> - Apply knowledge of demographics and health/psychosocial issues for victims, suspects and offenders	Apply knowledge of victim, suspect and offender demographics in interpreting common forensic medical situations.	Analyse health/psychosocial issues for victims, suspects and offenders (e.g. effect of custody/ violence on a complainant's illness behaviour).	Integrates knowledge of demographics and health/psychosocial issues in managing complainants and suspects.
<b>CM2.1. Clinical assessment</b> - Perform appropriate clinical assessments for provision of healthcare	Perform focused clinical assessments with recommendations that are well-documented.	Perform clinical assessments that address the breadth of health issues in each forensic setting.	Perform appropriately timed clinical assessments addressing the breadth of health issues in forensic settings.
<b>CM2.2. Clinical procedures</b> - Perform and interpret non-invasive procedures and/or testing related to healthcare assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures /testing and recognise high risk states in forensic settings (e.g. STI, mental health).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM2.3. Chronic care</b> - Manage chronic medical conditions including their treatment in forensic settings	Develop a basic and thorough management plan including essential treatments/therapies for common clinical presentations in forensic settings.	Develops a tailored and holistic management plan according to patient response, including the balance of benefits and side effects of treatments/therapies, and guide referral.	Develop a comprehensive management plan for complex or unusual cases. Develops a therapeutic alliance. Can predict potential problems arising during care.

<b>CM2.4. Acute care</b> - Manage medical emergencies in forensic settings	Recognize situations with a need for urgent or emergent medical care including life threatening conditions.	Initiate management and stabilize patients with emergent medical conditions.	Manage complex and rare emergencies and predict potential problems arising during care.
<b>CM2.5. Public health</b> - Manage public health issues in forensic settings	Advise and support individuals on disease prevention (e.g. prophylaxis) and health promotion.	Support individuals for disease prevention, health promotion with an understanding of wider systems. Recognise and take responsibility for situations where public health supersedes individual health.	Manage public health implications for individuals and communities effectively in forensic settings and wider systems.
<b>CM3.1. Forensic assessment</b> - Perform specialised assessments (adult/ adolescent/ child) in clinical forensic contexts	Perform accurate and appropriately thorough assessments.	Perform accurate, timely assessments that are targeted to the victim's issues.	Perform accurate, timely assessments that define victim's central issues with interpretation of sensitive information and unusual physical exam findings.
<b>CM3.2. Forensic procedures</b> - Perform and interpret non-invasive procedures and/or testing for forensic medical assessments	Safely perform basic non-invasive procedures and testing with attention to patient safety and comfort.	Perform routine non-invasive procedures and testing and recognise high risk states in forensic settings (e.g. sexual assault).	Proficiently perform and interpret specialised and complex non-invasive procedures and testing.
<b>CM4. Prioritize care</b> - Prioritise health & medicolegal issues, establish goals of care in forensic settings (in forensic medical examination and healthcare assessment)	Understand duty of care and legal responsibilities.	Provide immediate care and address the immediate forensic/ judicial concerns. Identify health issues/ problems needing involvement of other health professionals.	Manage urgent health issues and forensic/judicial concerns. Refer victims, suspects and offenders appropriately for their health issues.
<b>CM5. Clinical handover concepts</b> - Apply relevant clinical knowledge to manage effective transitions of care including clinical handover	Identify the current medical problems to note in transfer of care. Recognise the value of situational awareness in care transitions, risks of incomplete handover.	Ensure own situational awareness in evolving patient care situations. Recognise the clinical changes in patient, active medical problems and illness severity to emphasise in transfer of care. Identify the clinical issues likely to come up.	Develop action plans for active and/or complex medical problems and contingency plans for issues likely to come up. Implement practices in local setting to enhance the situational awareness of others in evolving patient care situations e.g. availability of test results.

## FS Forensic skills

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>FS1. Injury interpretation</b> - Apply knowledge of pathology of trauma in interpretation of injury (including genital)	Recognise and interpret basic injuries and injury patterns with a thorough understanding of pathology of trauma, legal definitions (e.g. wounding), and legal severity (e.g. GBH).	Interpret and evaluate complex injury patterns in limited forensic situations. Develop alternative hypotheses about causation and likelihood of presented scenario. Explain clinical reasoning for opinions re legal definitions.	Interpret and evaluate complex injury patterns in varied forensic situations including deceased persons, advises others on correct interpretation in peer review.
<b>FS2. Injury documentation</b> - Document injuries (including photography) in a comprehensive, timely and useful manner	Document basic injuries and injury patterns thoroughly as per rules and using appropriate terminology.	Document multiple and complex injury patterns in limited forensic situations including photography, in a comprehensive ordered manner.	Document complex injury patterns in varied forensic situations. Identify and explain vague/ ambiguous documentation by others (e.g. review of non-forensic healthcare records).
<b>FS3. Sample collection</b> - Collect forensic samples safely and securely (including DNA, toxicology) and interpret collected evidence appropriately	Collect forensic samples with attention to patient safety and comfort, and an understanding of how evidence is generated (e.g. Locard's principle) and how the chain of custody is maintained.	Safely collect forensic samples in complex situations, securely package and label, thoroughly documents and hand over evidence efficiently. Identify appropriate sampling in varied forensic situations, sources of contamination.	Safely collect, securely package and label, thoroughly documents and hand over evidence efficiently in complex situations. Accurately interpret analysed results with sample site (e.g. semen positive swabs from genitalia), identify possible contamination.
<b>FS4. Use of forensic toxicology</b> - Apply knowledge of forensic toxicology and drugs of abuse and related skills in formulating forensic medical opinions	Apply knowledge of forensic toxicology and drugs of abuse (including pharmacokinetics, pharmacodynamics, interactions, analytical methods) in interpreting effects of common drugs in forensic medical situations.	Accurately interpret and document the effects of illicit and therapeutic drugs and their adverse reactions, perform accurate calculations, and formulate forensic medical opinions for various settings e.g. fitness for interview, capacity to consent	Accurately interpret and document effects of common and rare illicit and therapeutic drugs and formulate complex forensic medical opinions in varied situations (e.g. likely drug dosage, tolerance), advise others in peer review.
<b>FS5. Crime scene management</b> – Contribute to managing the 'crime scene' (including death scenes, body of complainant/ suspect and clothing) with other health/legal professionals	Contribute to 'crime scene' management with an understanding of roles of health/ legal professionals involved and how they relate to patient safety, prevention of contamination, and securing of evidence.	Liaise with health/ legal professionals and integrate medical information with information from these sources to manage complex 'crime scenes' and ensure patient safety, prevention of contamination and chain of custody.	Evaluate interdisciplinary liaison and management of 'crime scenes' in varied forensic situations and identify/ rectify/ advise regarding possible compromise in patient safety, collection and handling of evidence.

**ML Medicolegal**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>ML1. Legal aspects of care provision</b> - Apply knowledge of laws and legal processes and engage with police and members of the justice system in provision of care relating to clinical forensic activities	Identify the legal and ethical requirements for medical practitioners (consent, confidentiality, dealing with mentally ill, reporting abuse), and powers and responsibilities of police/custodians in dealing with patients.	Engage with police/custodians/Courts to guide and ensure adherence to legal and ethical requirements when providing assessments and medical services (e.g. health care, psychological safety, child protection) to individuals in forensic settings.	Effectively manage complex scenarios involving provision of health care and ethical/legal issues with a comprehensive understanding of different contexts, advise other health/legal professionals.
<b>ML2. Medicolegal report</b> - Prepare expert medicolegal reports in a comprehensive, timely and useful manner	Report factually on clinical forensic encounters thoroughly as per local requirements and using appropriate terminology and accurate English language.	Report on complex clinical forensic encounters using specialised medicolegal vocabulary of CFM, describe clinical decision making and provide analysis and expert opinions with full explanation and references.	Produce detailed, unbiased, objective, disinterested and ethical forensic and medico-legal reports and statements on complex subjects within their area of expertise with full explanations, references. Provide peer review & training for others.
<b>ML3. Legal knowledge</b> – Use knowledge of relevant legislation and regulations to facilitate ‘good clinical forensic practice’	Identify the appropriate local legislation and regulatory framework for medico-legal and forensic work in clinical forensic situations. e.g. Crimes Act, Traffic or Road Safety legislation, Evidence Act and rules relating to expert witnesses, definitions of sexual offences, family violence, assaults, drugs & Poisons, child protection etc.	Provide expert opinions and reports that address relevant medico-legal and forensic issues consistent with local laws, in civil and criminal cases.	Ensure that all forensic “output” whether oral or written is consistent with the appropriate legal and regulatory framework.



<b>ML4. Giving an oral opinion</b> – Communicate evidence in legal contexts effectively	Use accurate and proper English language and presentation skills at a standard appropriate for a healthcare professional.	Efficiently use specialised medicolegal vocabulary of CFM and accurate terms (anatomical/physiological/pathological). Accurately explain technical issues in court to lawyers, judicial officers and lay juries.	Synthesise and explain complex medical and technical concepts clearly and succinctly as a standard appropriate for an expert witness. Effectively use communication aids (e.g. diagrams, images, models) at court.
<b>ML5. Medicolegal evidence</b> – Apply knowledge of legal process to present factual evidence as a health professional in legal contexts	Identify the legal process, court procedures, roles of healthcare and legal officers, and structure and purpose of medico legal evidence. Give coherent and logical factual evidence at court.	Distinguish between the need for factual and expert evidence and give coherent and logical factual and limited opinion evidence at court.	Give coherent, appropriate and logical medicolegal evidence in varied legal contexts and for complex scenarios.
<b>ML6. Expert evidence</b> - Apply legal knowledge and an understanding of the expert status and its limitations to present expert evidence	Identify legal principles e.g. laws of evidence, requirements of the legal body seeking opinion, professional qualifications and skills needed, and limitations of expert evidence.	Qualify him/herself as an expert witness for limited types of cases and present evidence at court in that role effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status.	Qualify him/herself as an expert witness for any appropriate forensic case (or part thereof) and present evidence at court effectively. Take appropriate action when asked for an opinion outside area of expertise. Defend own self against challenges to expert status. Advise counsel about interpretation and contentious areas of opinions or evidence given by others.

**EP Ethical Practice**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>EP1. Informed consent</b> - obtain and document informed content effectively in clinical forensic situations	Understand the need for informed consent for examination, documentation, release of information and provision of expert opinion. Describe ethical principles & legal process of obtaining/ documenting informed consent.	Obtain/ document informed consent, before providing a forensic service. Liaise with requesting entity (police, ODPP etc.) appropriately to ensure consent requirements have been met.	Obtain and document informed consent in challenging contexts, explaining the risks, legal implications and benefits of, and the rationale for, the proposed options. Use shared decision-making in the consent process.
<b>EP2. Ethical issues in training</b> - appropriately respond to ethical issues encountered in varied academic and clinical practice contexts as a trainee	Recognise core ethical concepts to address ethical issues encountered in clinical and academic activities.	Manage ethical issues encountered in the clinical and academic setting appropriately.	Recognise and respond to ethical issues encountered in independent practice. Advise others on complex ethical issues.
<b>EP3. Ethical decision-making</b> - apply an understanding of ethical principles in ethical dilemmas (e.g. child abuse, death and dying, human reproduction)	Identify the relevant ethical principles in provision of health care and forensic services. Plan to resolve conflicting priorities in common situations.	Identify relevant ethical principles and resolve conflicting priorities in familiar yet increasingly complex situations, seek support where complexity exists.	Identify relevant ethical principles, can resolve conflicts in most situations. Identify and seek support, including peer review, to consolidate ethical decision making.
<b>EP4. Dual obligations</b> - appropriately manage the dual obligations of forensic and health care	Identify the dual obligations (duty of care and legal/forensic responsibilities) and the priorities to guide action.	Recognise and take responsibility for situations where individual health care needs supersede legal/forensic requirements.	Advise other health care and legal professionals on managing dual obligations and appropriately prioritising.

<b>EP5. Evidence ethics</b> - apply an understanding of the ethical obligations as an expert to the court in oral testimony situations as well as in providing an expert opinion	Recognise ethical principles on expert evidence (confidentiality, conflicts of interest, need for objectivity, remain within scope of expertise, request relevant information, sub-judicial issues etc.).	Maintain objectivity with professional disinterest in the legal outcome, without being influenced by potential outcomes or fiscal reward. Take appropriate action in potential conflict of interest situations; refer requests outside expertise appropriately.	Exhibit appropriate ethical behaviours in complex situations when providing expert evidence. Advise other health/legal professionals on ethical issues around expert evidence.
<b>EP6. Professional conduct</b> - demonstrate high ethical and professionalism standards across multiple clinical forensic settings and individual circumstances	Exhibit honesty and integrity with patients, prioritize the needs of patients, and manage forensic-specific issues of confidentiality. Reliably attend to required clinical responsibilities and ensure prompt completion of tasks.	Manage complex issues while preserving confidentiality, and acknowledging limitations of responsibility. Meet work demands responsibly and in a timely manner. Assist colleagues appropriately in the provision of duties.	Exhibit appropriate professional behaviours and relationships in complex and unfamiliar clinical situations, reflecting honesty, integrity, dedication, compassion, altruism, and maintenance of confidentiality. Help other team members with issues of professionalism.
<b>EP7. Handover ethics</b> – recognise own and others' responsibilities in care transitions and maintain an environment to ensure patient confidentiality	Understand professional responsibility in handover. Initiate handover in an environment where patient confidentiality can be maintained.	Recognise own responsibility and how responsibility is shared in different clinical forensic situations. Maintain patient confidentiality in implementing handover.	Internalise professional responsibility in handover. Ensure a suitable environment for handover at all times including adequate time/ provisions to ensure patient confidentiality.

**EC Effective communication**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>EC1. Clinical consultation –</b> Communicate effectively with complainants and suspects, families and the public in clinical consultations	Articulate dual responsibilities and the difference in health care and forensic role to complainants and suspects, and their families/ carers, in a consultation.	Provide appropriate advice regarding healthcare issues with an understanding of the forensic/legal context, to ensure appropriate outcomes and follow-up care.	Adapt a tailored approach in providing advice, appropriately manage scenarios involving conflict with patients and families/carers with respect to health care issues in forensic settings.
<b>EC2. Communication with justice system</b> -Communicate effectively with members of the justice system and the police in forensic medical situations to manage legal processes (e.g. in writing an opinion)	Understand the legal processes and roles of legal and police officers, and the potential sources of information that may assist in a case. Understand their perspectives and expertise in gathering and presenting information. Understand limitations of communication re: sub-judicial matters.	Seek and synthesise relevant forensic information from legal and police officers. Actively listen to, succinctly convey information, and respond to requests for forensic information appropriately and in a timely and considerate manner.	Efficiently utilise all sources of secondary data to inform a case. Share information that would support forensic/legal processes with due diligence to ethical, health care and legal concerns.
<b>EC3. Healthcare communication in custody</b> - Communicate effectively with custodial staff and the police to manage healthcare concerns of persons in custody	Understand the roles of police, custodians and health care practitioners in facilitating healthcare, including addressing health related complaints by persons in custody against police/ custodians. Understand relevant police/custodian procedures (i.e. communication, monitoring, protocols).	Take referral appropriately, seek and synthesise information on health status and care of persons in custody. Clearly convey medical information, respond to requests to improve healthcare provision, address complaints against police/custodians sensitively and effectively.	Engage in respectful shared decision-making and handover care to police/custodians where appropriate. Deal with potential conflicts arising from health care complaints against police/custodians with impartiality and respect and facilitate systems to reduce this potential (i.e. access to health care).
<b>EC4. Clinical opinion</b> - Develop and report a professional opinion (including consultation) in a comprehensive, timely and useful manner	Follow institutional procedures and local requirements to produce written information around individual patient care and systemic issues affecting communities in forensic settings. Accurately use anatomical terms,	Produce comprehensive documentation with appropriate content and rationale for decisions in both individual management plans and systemic interventions, tailor documentation to intended audience.	Produce complex documentation that provides salient and integrated information succinctly around complex individual presentations and systemic issues that can also be used by others.

	medical/legal vocabulary of forensic medicine.		Identify problematic /less than ideal/ ambiguous documentation by others.
<b>EC5. Handover communication -</b> Communicate effectively with other healthcare professionals and health-related agencies to transfer information and responsibility for care including in clinical handover	Recognise a standard structured template (e.g. ISBAR) and apply it to limited individual situations for synthesis and transfer of information provided during the handover. Provide accurate information for health care professionals. Allow for clarification and questions.	Adapt and apply a standard template to increasingly complex situations in a broad variety of settings. Provide accurate information succinctly. Express concern and urgency as needed. Engage in closed-loop communication by check-back/ repeat-back (provider), and confirmatory/ clarifying questions (receiver).	Adapt and apply a standard template appropriately for any setting, complexity or stage of care. Ensure closed-loop communication and solicit feedback. Analyse gaps in communication, role-model/ instruct effective communication with next caregiver(s) in care transitions. Contribute to process improvements in local handover practices.

**CC Cultural competence**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>CC1. Respect for diversity</b> - Work effectively and respectfully with people of different cultural backgrounds (incl. aboriginal, Torres Strait Islander and Māori peoples) with cultural humility and awareness of cultural diversity	Acknowledge the range of backgrounds and cultures of complainants and suspects and the role of this diversity in effectiveness of the health care system. Recognise issues relating to health inequities and inequalities.	Integrate perspectives on cultural diversity and health inequities and inequalities appropriately in developing effective and culturally respectful care plans. Reflect patient differences and views in respectful communication with the patient and the healthcare team.	Engage in culturally sensitive shared decision-making with the individual and the healthcare team. Ensure that health inequities and inequalities are addressed and mitigated. Promote a culture of respect for diversity among other professionals in forensic settings.
<b>CC2. Culturally sensitive communication</b> - Ensure effective communication with people of different cultural backgrounds in the forensic setting	Elicit an understanding of healthcare goals and needs of complainants and suspects through culturally appropriate interviewing skills.	Explore the perspectives of complainants and suspects in clinical assessment and forensic medical examination, and with cultural sensitivity, compassion and empathy	Facilitate discussions with complainants/suspects and their families in a respectful, non-judgmental, and culturally safe manner.
<b>CC3 Cultural aspects of death and dying</b> – Ensure knowledge of and respect for cultural issues related to death and dying	Understand cultural differences with respect to death and dying.	Practically integrate knowledge of cultural differences in relation to death in medicolegal death investigations.	Understand implications for cultural differences with respect to death and dying, upon the process of medicolegal death investigation.

**TL Teamwork and Leadership**

<b>Sub-competencies</b>	<b>Foundations for CFM</b>  <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b>  <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b>  <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>TL1. Inter-professional health care</b> - Work effectively as a member or leader of the healthcare team in appropriate role(s) to improve patient care quality and enhance patient safety	Identify the impact of inter-professional and trans-professional care on patient care quality in clinical forensic settings, understand own role and responsibilities in the healthcare team.	Adapt to varied roles in care provision in different clinical forensic situations and liaise with members of the healthcare team accordingly. Seek the input of other health professionals for appropriate issues.	Provide feedback on the performance of other team member/s in clinical forensic interactions. Explicitly match scope of practice and skills of each professional to the team tasks. Delegate clinical responsibility appropriately.
<b>TL2. Working with forensic professions</b> - work effectively with others in forensic disciplines to improve processes and optimise forensic outcomes	Recognise the roles and scopes of practice of others in the forensic professions (forensic pathology, forensic biology, forensic toxicology etc.).	Consult other colleagues in the forensic professions appropriately to improve forensic outcomes in routine clinical forensic situations.	Negotiate overlapping and shared clinical/legal responsibilities with other colleagues in the forensic professions in complex scenarios.
<b>TL3. Liaising with justice system</b> - work effectively with others in law enforcement and the legal system to improve processes and optimise forensic outcomes while ensuring access to health care	Recognise the roles and responsibilities of others in the law enforcement and the legal system (police, lawyers, judicial officers, coronial staff) in clinical forensic practice.	Liaise appropriately with members of the law enforcement and the legal system to ensure patients' access to health care while optimising forensic outcomes and legal processes.	Establish and maintain healthy relationships with members of the law enforcement and the legal system to support collaborative decision making for patient benefit and justice.
<b>TL4. Working with respect</b> – work respectfully and resolve conflicts in the team towards better patient outcomes	Recognise and respect the diversity of team member perspectives on clinical situations and their expert decisions.	Respond to team members with respect and appropriate assertiveness. Engage in respectful negotiations to optimise care.	Resolve potential conflicts in a manner that supports a collaborative culture and better patient outcomes.

<b>TL5. Decentralised service provision</b> - Manage a decentralised service provision model effectively	Recognise the requirement for a decentralised clinical forensic service and understand the elements of such a service including: recruitment, training, credentialing, quality control, management of remote examination facilities, liaison with local law enforcement and legal authorities, provision of consultant support, industrial issues e.g. contracts and remuneration.	Liaises with external practitioners, provides training, conferences, report reviews, remote advice. Works with administrative staff to facilitate this.	High level management of a decentralised service including recruitment, policy making, liaison with central medico-legal, police and other involved parties etc. Negotiates contacts with providers, boundaries between different providers e.g. nurses, arranges remuneration packages and ensures QA activities are available.
<b>TL6. Care transitions with team</b> – work effectively with other healthcare professionals, health-related agencies, and members of the justice system and police to ensure continuing care	Recognise roles and responsibilities of the immediate team and the extended team and the importance of a shared mental model in continuity of care particularly in care transitions.	Include other health and legal professionals and health/legal-related agencies appropriately in care transitions (between ED and custody, CFMU and custody, etc.). Share responsibility for care appropriately.	Ensure a shared understanding of own and others' responsibilities, and ensure continuity of care in all clinical forensic settings. Delegate appropriate responsibility in care co-ordination. Provide leadership and feedback on handovers.
<b>TL7. Teams and medical error</b> – work effectively with other health professionals to mitigate medical error	Recognise the patient safety impact of inter-professional care in clinical forensic settings.	Dialogue with care team members to identify risk and prevention of medical error.	Partner with other healthcare professionals to identify, propose improvement opportunities for preventing medical error within the system.



## HA Health Advocacy

<b>Sub-competencies</b>	<b>Foundations for CFM</b>  <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b>  <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b>  <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>HA1. Advocate for justice -</b> Articulate the social and political implications of crime and support justice	Recognise the social and political implications of crime and its application to practice of clinical forensic medicine.	Articulate the social and political implications of crime to legal/ police officers and public, analyse current policy.	Contribute to policy discussions on the social and political implication of crime.
<b>HA2. Advocate for vulnerable populations</b> - advocate for health promotion and the prevention of disease and injury in vulnerable populations	Apply principles of health promotion and disease prevention to identify the health needs of vulnerable populations.	Appraise available resources and partner with others in planning and service provision for health promotion and disease prevention in vulnerable populations.	Lead the implementation of health promotion and disease prevention programs and collaborate with others to improve the health of vulnerable populations.
<b>HA3. Advocate for patient needs</b> – Advocate for individual patient needs in communication with the healthcare team, including in care transitions	Recognise when it is necessary to advocate for individual patient needs and develop a common understanding of those needs with the healthcare team. Recognise and address situations where health care must be prioritised over forensic requirements.	Advocate with the healthcare team for needs of individuals and cohorts of patients. Link patient and caregivers to relevant advocacy groups. Act to limit compromise of forensic service when health needs must be prioritised (e.g. attendance to collect samples during emergency surgery).	Contribute to a culture where team members value and advocate for patient needs in providing inter-professional care, encourage engagement with advocacy groups. Provide guidance for health care professionals to balance healthcare needs and forensic requirements.

**QM Quality Management**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>QM1. Patient safety</b> - Enhance patient safety including through effective risk management and adverse incident reporting	Recognise the human and system factors affecting patient safety, and the occurrence of an adverse event or near-miss in the clinical forensic setting.	Use cognitive aids (e.g. checklists for procedures, structured communication tools) to prioritise patient safety in appropriate clinical encounters. Initiate response to adverse events and potential risks and disclose them appropriately.	Identify potential risks before reaching point of care/ legal consequences and identify potential improvements for the future. Implement strategies to mitigate negative human and system factors.
<b>QM2. Recognising limitations</b> - Recognise own strengths, deficiencies and limitations, seek feedback, and manage clinical forensic tasks appropriately	Use strategies for reflection in clinical practice, identify limitations (e.g. limited expertise, conflict of interest) in critical tasks and their consequences.	Engage in ongoing self-audit and seek supervision in a timely and efficient manner, address limitations or develop a safe alternative approach (e.g. reject inappropriate requests for an opinion, refer elsewhere if possible).	Safely operate within own scope of practice. Seek feedback and support from peers and other health/ forensic professionals efficiently.
<b>QM3. Evidence-based quality improvement</b> - Systematically analyse practice and implement/ advocate for evidence-based changes towards quality of a forensic service	Use strategies for reflection on clinical practice when encountering opportunities during casework. Identify the needs for quality review in health care and health care systems.	Engage in opportunities and methods for quality improvement based on reflection on both individuals and populations in clinical practice. Promote quality health care in own service.	Engage in continuous quality improvement activities efficiently. Use one's own successes to advocate for a culture that promote quality health care and optimal health care systems.
<b>QM4. Managing bias</b> – Understand and mitigate potential sources of bias in clinical forensic settings	Understand cognitive biases and bias in forensic sources (e.g. confirmation bias, self-report bias) on clinical decision making and medico-legal reporting.	Identify potential sources of bias in different clinical forensic situations appropriately. Engage in de-biasing techniques and other mitigating steps.	Effectively mitigate potential bias in clinical forensic settings and provide reports, interpretations and opinions as an expert witness who can defend accusations of bias.

<b>QM5. Evidence-based Medicine -</b> Critically evaluate and apply current scientific evidence (e.g. examination and sampling) to facilitate evidence-based clinical forensic practice	Use current clinical forensic practice information in response to external prompts, understand basic principles of Evidence-Based Medicine.	Identify knowledge gaps as learning opportunities, critically evaluate applicability of scientific literature, evidence and clinical/ forensic/ legal guidelines to individual contexts e.g. to support arguments in medicolegal reports	Incorporate clinical/forensic/legal evidence in regular practice for the benefit of individuals and communities, share findings with fellow learners, strive for change at the organizational level.
<b>QM6. Risk–benefit analysis -</b> Incorporate considerations of cost awareness and risk–benefit analysis in individual and/or population-based care as appropriate	Use externally provided information (e.g. research around a clinical forensic procedure) to inform cost-containing action and/or preliminary risk–benefit analysis.	Critically appraise information in making cost and risk–benefit decisions. Adopt strategies that decrease cost and risk, and optimize benefits for individuals and the justice system.	Integrate cost analysis into one's practice while minimizing risk and optimizing benefits for individuals and communities.

**IM Information Management**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>IM1. Effective information flow -</b> Facilitate secure and effective information flow including electronic health records	Organise information as per record keeping and information management guidelines in clinical forensic medicine and in local settings. Adapt use of the health record to the clinical context.	Document and share information to enhance personalised care and support justice. Adapt use of the health record to the patient's health literacy. Ensure patient confidentiality and adherence to legislative obligations in information transfer.	Map information flow in the care of patients and suggest process changes for quality improvement. Review patient safety incidents involving suboptimal written, verbal, or electronic communication.
<b>IM2. Handover information -</b> Facilitate effective transitions of care including clinical handover using information technology	Understand the risks of incomplete documentation and information exchange, identify cognitive aids to use.	Share information through information technology to effectively co-ordinate inter-professional care in care transitions.	Analyse information exchange in care transfers at peer review, contribute to improvements in the use of information technology in handover.
<b>IM3. Information in learning and practice -</b> Use information technology to optimise care delivery and learning	Understand the fundamentals of e-learning and clinical informatics and their application to clinical forensic tasks.	Use e-learning resources and electronic point of care reminders, decision support tools, etc., effectively.	Use digital technology to communicate effectively. Engage others in the adoption and refinement of health information technology.
<b>IM4. Legislative obligations and limitations</b> associated with information management	Understand and demonstrate ability to work according to obligations and limitations under health records and privacy legislation.	Demonstrate ability to work according to obligations and limitations under health records and privacy legislation.	Capable of explaining obligations and limitations under health records and privacy legislation to relevant stakeholders

## TS Teaching and scholarship

Sub-competencies	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>TS1. Teaching</b> - Participate in the formal and informal education of a variety of stakeholders including medical/other health/ forensic science professionals and trainees, and police, lawyers and other members of the justice system	Identify learner needs and select appropriate content in routine situations, initiate a safe learning environment, use a variety of teaching strategies.	Reflect on and prioritise learner needs in different groups, maintain a safe learning environment, use appropriate content effectively through varied teaching strategies.	Ensure a safe learning environment and patient safety, prioritise learner needs in different groups and different situations, adapt and use appropriate content and teaching/feedback strategies for different educational contexts.
<b>TS2. Educating the public</b> - Educate and/ or convey technical information to the public	Communicate at a level and in a manner appropriate for familiar audiences, understand the norms of communicating with the public, understand legal limitations to information sharing and communicating re: sub-judicial matters.	Communicate at a level and in a manner that can be comprehended by most audiences, promote an understanding of the subject.	Communicate at a level and in a manner that can be comprehended by the audience being addressed, promote a deep understanding and discussion.
<b>TS3. Role modelling/ mentoring</b> - Provide appropriate role modelling and mentoring	Identify behaviours associated with positive and negative role-modelling and the attributes of a successful mentor-mentee relationship.	Use strategies for deliberate and positive role-modelling and successful mentoring.	Engage in deliberate and positive role-modelling, promote a culture of learning and practice improvement through role-modelling and mentoring.

**LL Lifelong learning**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>LL1. Self-directed learning goals</b> - adapt a proactive approach for learning and set appropriate learning and improvement goals	Actively engage in proactively identifying learning goals for well-defined situations in clinical forensic settings.	Collaborate with supervisor(s) to develop reflective practices to evaluate ongoing learning, construct learning goals for complex situations.	Establish peer and mentoring relationships with colleagues and team members to promote a community of practice, construct learning goals for leadership in clinical forensic settings.
<b>LL2. Self-directed learning process</b> - Perform appropriate learning activities to guide personal and professional development, taking primary responsibility for learning	Engage in learning activities on the basis of readily available resources or curricular materials, seek help of others to identify learning needs.	Seek learning resources on the basis of learning needs assessment and subsequent constructed goals with self-efficacy, develop effective action plans.	Develop learning plans and evaluate one's own learning process with insight, share activities of value with others and seek input on additional learning activities.
<b>LL3. Feedback and self-assessment</b> - Incorporate feedback and self-assessment into learning and daily practice	Respond to others' point of view and incorporate feedback to regulate own actions.	Actively seek feedback, incorporate multiple feedback sources and insight on own actions in order to self-regulate and develop plans for improvement.	Engage in deliberate practice efficiently through continuous reflection, self-regulation and feedback.

**RS Research skills**

<b>Sub-competencies</b>	<b>Foundations for CFM</b> <i>Initial training; what is required to work under direct supervision. Based on retrospective work experience, Master of Forensic Medicine, or other basic training. Assessed by written mid program examination or given RPL</i>	<b>Core of CFM</b> <i>During training; supervisor -lead workplace based learning activities and assessments with progress to entrustment to perform the EPA independently.</i>	<b>Transition to Fellowship</b> <i>Exit to Fellowship; what is required for summative entrustment of EPAs and to pass Part II Standardised Oral Examination as well as what is needed to be able to teach, contribute to policy/procedures etc. Standard of assessment in end of program exit Standardised Oral Examination</i>
<b>RS1. Epidemiology and biostatistics</b> -Apply knowledge and technical skills of epidemiology and biostatistics in research and clinical practice	Apply basic principles of biostatistics and epidemiology to plan research and review epidemiological and statistical data on clinical decisions.	Use appropriate statistical methods and relevant epidemiological data to conduct research and inform clinical decisions for the benefit of individuals.	Critically review epidemiological data and apply specialised statistical methods to inform clinical decisions and research towards individual and community benefit.
<b>RS2. Critical appraisal of research</b> - Critically appraise and assimilate evidence from scientific studies for research purposes	Use current research evidence in response to external prompts, understand principles of research.	Identify research questions arising from knowledge gaps; appraise study design, conduct, and quantitative/ qualitative analysis in research papers.	Critically evaluate applicability of evidence to varied situations and cost-effectiveness of interventions, promote others' use of research for advancement of the discipline.
<b>RS3. Research data management</b> - Manage research data appropriately and effectively	Understand strategies to securely store and efficiently retrieve data.	Store and retrieve data efficiently while maintaining confidentiality.	Store and retrieve data efficiently from multiple sources ensuring confidentiality.
<b>RS4. Research communication</b> - Communicate research findings (e.g. presentation, writing skills)	Interpret and present study findings and their relevance to own practice, recognise the conventions of reporting biomedical research.	Clearly present study findings and their relevance for different audiences, comply with the conventions of reporting biomedical research.	Use effective presentation strategies and succinct arguments to articulate study findings and relevance to multiple stakeholders at scientific and public forums.

## Appendix 12 Key Competency Domains and EPA Map

EPAs		Key competency domains [● = relevant ●● = critical]												
		Clinical Medicine	Forensic skills	Medicolegal skills	Health Advocacy	Effective Communication	Ethical Practice	Information Management	Quality Management	Teamwork & Leadership	Cultural Competence	Research skills	Teaching & Scholarship	Lifelong Learning
EPAs														
1	FME sexual offence complainant	●	●●	●●	●	●●	●	●	●	●	●		●	●
2	FME non-sexual offence complainant	●	●●	●●	●	●●	●	●	●	●	●		●	●
3	FME vulnerable group abuse/neglect	●	●●	●●	●	●●	●	●	●	●	●		●	●
4	FME alleged perpetrator	●	●●	●●	●	●●	●	●	●	●	●		●	●
5	Fitness for interview assessment	●●	●	●	●●	●●	●	●	●	●	●		●	●
6	Healthcare in forensic setting	●●		●	●●	●●	●	●	●	●	●		●	●
7	Fitness to drive/medically related impairment	●●	●	●●		●●	●	●	●		●		●	●
8	Injury assessment and interpretation	●	●●	●●		●●	●	●	●		●		●	●
9	Clinical toxicological assessment	●	●●	●●			●	●	●		●		●	●
10	Provision of medicolegal opinions (excl coronial)	●	●	●●		●●	●●	●	●	●			●	●
11	Medicolegal death investigation (incl coronial)	●	●	●●		●●	●	●	●	●	●		●	●
12	Oral testimony			●●		●●	●●	●	●	●			●	●
13	Management and leadership CFM service	●	●	●	●	●	●●	●●	●●	●●	●	●●	●●	●