



**The Society of Apothecaries of London**  
Diploma in the Forensic and Clinical Aspects of Sexual  
Assault (DFCASA)  
Compendium of Validated Evidence (COVE)

<b>NAME OF CANDIDATE:</b>	
<b>NAME(S) OF EDUCATIONAL SUPERVISOR(S):</b>	
<b>NAMES OF CLINICAL VALIDATOR(S):</b>	See individual sheets and Appendix

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# Guidance

## Introduction

1. This guidance should be read in conjunction with the Guide to the Diploma in the Forensic and Clinical Aspects of Sexual Assault, including the Regulations and Syllabus.

## Clinical Validator(s)

2. Candidates require one or more clinical validators. The role of the clinical validator is purely to confirm the candidate's eligibility to enter Part II of the Diploma by certifying the candidate's satisfactory completion of the modules set out in the Compendium of Validated Evidence (COVE).
3. It may be necessary to have different clinical validators for different modules or parts of each module. It is the candidate's responsibility to identify and obtain the cooperation of their own clinical validators.

## Educational Supervisor(s)

4. Candidates also require one or more educational supervisors. The role of the educational supervisor is to certify completion of the modules by signing the appropriate sheet in the COVE. Their signature is the evidence of completion of all of the components signed off by the clinical validators.
5. In the event that more than one educational supervisor is necessary to assist in completing a single module, the module should be signed off by the supervisor who has had the greater involvement.
6. Educational supervisors are expected to:
  - a. Have significant experience in examining victims of sexual assault;
  - b. Have experience in the field of education and training;
  - c. Have some experience as an educational supervisor;
  - d. Adhere to Postgraduate Medical Education and Training Board (PMETB) standards.

## The Compendium of Validated Evidence (COVE)

### Purpose

7. Training and assessment for the programme are intended to achieve professional competency. The assessment programme should emphasise the attitude, skills and knowledge required to manage a complainant of sexual assault competently. This qualification is intended for those who are preparing to become knowledgeable and skilled experts with further experience. The curriculum is laid out in modules for ease of completion but each module links with other modules to form an integrated whole.

## **When to start**

8. The COVE should be commenced as soon as possible and should be taken to your initial meeting with your educational supervisor to assess your needs.

## **Competencies**

9. Each module has specific competencies, as listed in the curriculum. Each must be achieved regardless of your particular discipline e.g. paediatrician, forensic clinician etc. Once you have achieved a competency your clinical validator should be asked to sign it off.
10. The case based discussions are based on randomly-selected notes and the skills demonstrated in the direct observations, but not exclusively so and can include anything within the syllabus.
11. Validators must not to sign off a competency until they are sure that the standard required has been reached. They may find it helpful to indicate in the performance feedback section those components which they feel are requirements before a signature can be given. For those candidates who meet the requirements, validators may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated.
12. If a competency is not achievable because of circumstances beyond control of the candidate or validator, then a note should be made to this effect and the Chairman of the Examination Committee informed.

## **Meeting your Educational Supervisor**

13. You will need to arrange a meeting with your educational supervisor as soon as you can at the start of your programme in order to plan how you will acquire or validate the skill set necessary for each of the modules.
14. You should also have read through the curriculum so that you will be able to agree with the educational supervisor the various clinical placements that are required to complete your programme.

## **Contact during Assessment**

15. You should arrange regular contact with your educational supervisor during your assessment to review your progress.
16. He/she will be able to sign off each module of your portfolio.

## **How to complete the COVE**

17. The COVE sets out the modules and the objectives within the modules, and indicates the evidence required for each objective. Each element should be signed-off by the clinical validator and confirmed using the record sheets at the end. Once the requirements for each module have been fulfilled, the educational supervisor should sign off the Completion of Module table.

18. Where competency is to be demonstrated by case-based discussion, the validator's role is to evaluate the candidate's normal practice. He or she should therefore review **a minimum of six randomly-selected case notes** from the last six months of the candidate's practice, in addition to the cases prepared as part of the case portfolio. The case discussions are based on the sample documentation and observed skills, but the discussion can extend to the limits of the syllabus.
19. The COVE is submitted with the Case Portfolio.

## **Case Portfolio**

### **Submission of the Case Portfolio**

20. The case portfolio is the candidate's record of the stipulated cases of anonymised case reports with a reflective analysis.
21. There is no set format for the layout of each case, but the case portfolio should comply with the directions given in the relevant sections of the Guide regarding Content and Presentation.
22. An electronic version of the case portfolio must be submitted to the Exams Office upon its completion. The full portfolio must then be submitted in hard copy together with any supporting documentation. See the Guide to the Diploma for full details.

## **Final Assessment**

23. This will take place once the COVE and the case portfolio have been approved.

## **General notes**

### **24. For Validators and Supervisors:**

At all times the candidate **must be observed to:**

- a. Display tact, empathy and respect for the complainant;
- b. Respect confidentiality;
- c. Be non-judgemental;
- d. Take into account equality and diversity issues;
- e. Communicate appropriately and with clarity ;
- f. Respect dignity;
- g. Be aware of the need for a chaperone;
- h. Liaise appropriately and work in conjunction with other professionals and units;
- i. Understand risk management.

### **25. For Candidates:**

Candidates must demonstrate an awareness of:

- a. The roles and supervision requirements of other professionals in the team e.g. nurses, counsellors, youth workers;

- b. Clinical governance issues related to specific clinical services;
- c. Local and national standards, guidelines and performance indicators;
- d. The role of support groups and voluntary agencies.

**Courses that may be attended**

26. Candidates may find attendance at one or more of the following courses useful:
- a. FFLM or RCPCH approved forensic course (please refer to the relevant websites: [www.fflm.ac.uk](http://www.fflm.ac.uk) and [www.rcpch.ac.uk](http://www.rcpch.ac.uk) for details).
  - b. Court skills course.
  - c. Sexually transmitted infection foundation course (STIF).
  - d. RCPCH Child Protection Level 2.

**Professor Trevor Beedham  
Chairman DFCASA  
Committee of Management**

**Module 1**  
**Topic: Initial Contact**

**Objective 1: Formulate a response to a request for a forensic examination**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b> See para 18	<b>Performance feedback</b> (If competence not yet achieved list tasks to be completed)	<b>Competence attained</b>  <b>Signature</b> NB see Note 1 below	<b>Competence attained</b>  <b>Date</b>
Mod1:1	Accurate documentation	Case review 6 randomly-selected, anonymised cases by validator over 6 months			
Candidates are reminded that case based discussions are based on 6 randomly-selected case notes, specific observations and/ or cases in the case portfolio.					
Mod1:2	Assess including history relating to:	Direct Observation			
Mod1:2.1	– Acute injuries	Direct Observation			
Mod1:2.2	– Intoxication	Direct Observation			

Mod1:2.3	– PEPSE	Direct Observation			
Mod1:2.4	– Emergency contraception	Direct Observation			
Mod1:2.5	– Mental health e.g. suicide risk	Direct Observation			
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod1:3	Take into account age and stage of development of the complainant	Case-based discussion			
Mod1:4	Take into account use of early evidence kit	Case-based discussion			
Mod1:5	Take into account nature of the assault (inc. assailant type/ number involved)	Case-based discussion			
Mod1:6	Take into account persistence of evidence	Case-based discussion			
Mod1:7	Take into account suitability of premises available for examination	Case-based discussion			

Mod1:8	Take into account preservation of evidence	Case-based discussion			
Mod1:9	Take account of other potential constraints when formulating management plan	Case-based discussion			

**Note 1** – For this document to be accepted by the Examinations Committee all signatures must be added with validator’s details to the COVE appendix

**Completion of Module 1: Initial Contact – To be completed by the Educational Supervisor**

**I confirm that all components of the module have been satisfactorily completed**

<b>Name (please print)</b>	
<b>Hospital/Site name and address</b>	
<b>GMC/NMC number</b>	
<b>Email address</b>	
<b>Signature</b>	
<b>Date</b>	

**Module 2**  
**Topic: History**

**Objective 1: Obtain consent**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b>	<b>Performance feedback</b> <b>(If competence not yet achieved list tasks to be completed)</b>	<b>Competence attained</b>  <b>signature</b> NB See Note 1 below	<b>Competence attained</b>  <b>Date</b>
Mod2:Ob1:1	Accurate documentation	See para 18 Sample of 6 cases			
Mod 2:Ob 1:2	Obtain consent for examination	Direct Observation			
Mod 2:Ob 1:3	Obtain consent for release of information	Direct Observation			
Mod 2:Ob 1:4	Obtain consent for photo documentation	Direct Observation			
Mod 2:Ob 1:5	Obtain consent for audit of information	Direct Observation			

Mod 2:Ob 1:6	– Research and peer review	Direct Observation			
Mod 2:Ob 1:7	Obtain consent for use of anonymised data for teaching	Direct Observation			
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod2:Ob1:8	Assess capacity to consent (including ‘Gillick’ competency)	Case-based discussion			
Mod2:Ob1:9	Formulate an appropriate management plan if consent unobtainable.	Case-based discussion			
Mod2:Ob1:10	Understand the limits of and maintain confidentiality as appropriate and discuss this with complainant.	Case-based discussion			

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**Objective 2: To take an accurate and appropriate history of the incident**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b> See para 18	<b>Performance feedback</b> <b>(If competence not yet achieved list tasks to be completed)</b>	<b>Competence attained signature</b> NB See Note 1 below	<b>Date</b> competence achieved
Mod2:Ob2:1	Take and document a relevant history of event from police including:	Direct observation			
Mod2:Ob2:1:1	– Use of proformae	Direct Observation			
Mod2:Ob2:2	Take and document a relevant history of event from complainant/ parent with regard to other factors e.g. age and capacity including:	Direct observation			
Mod2:Ob2:2:1	– Use of proformae	Direct Observation			
Mod2:Ob2:2:2	– Avoiding leading questions	Direct Observation			

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**Objective 3: To take a relevant and accurate medical history including, where appropriate:**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b> See para 18	<b>Performance feedback</b> <b>(If competence not yet achieved list tasks to be completed)</b>	<b>Competence attained signature</b> NB See Note 1 below	<b>Date</b> Competence achieved
Mod2:Ob3:1	Medical/surgical	Direct observation			
Mod2:Ob3:2	Dermatological	Direct Observation			
Mod2:Ob3:3	Gynaecological/ sexual/contraceptive	Direct Observation			
Mod2:Ob3:4	Paediatric / adolescent	Direct Observation			
Mod2:Ob3:5	Bowel	Direct Observation			
Mod2:Ob3:6	Mental health, including self-harm	Direct Observation			

Mod2:Ob3:7	Current medications including use of over the counter	Direct Observation			
Mod2:Ob3:8	Allergies	Direct Observation			
Mod2:Ob3:9	Recreational drugs (including alcohol)	Direct observation			
Mod2:Ob3:10	Address child safeguarding and protection needs of complainant and other children where appropriate	Direct observation			

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## Completion of Module 2: History – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

<b>Name (please print)</b>	
<b>Hospital/Site name and address</b>	
<b>GMC/NMC number</b>	
<b>Email address</b>	
<b>Signature</b>	
<b>Date</b>	

**Module 3**  
**Topic: Examination**

**Objective 1: Carry out a thorough sensitive examination with regards to the therapeutic and forensic needs of a person complaining of or suspected of being a victim of a sexual assault.**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b> See para 18	<b>Performance feedback</b> <b>(If competence not yet achieved list tasks to be completed)</b>	<b>Competence attained signature</b> NB See Note 1 below	<b>Date</b> Competence achieved
Mod3:1	Prepare the necessary equipment paperwork and other materials e.g. swabs prior to commencing physical examination	Direct observation			
Mod3:2	Accurately identify and document injuries in order to aid in the determination of their possible causation and age.	Direct observation			
Mod3:3	Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault.	Direct observation			
Mod3:4	Risk identification including basic assessment of mental state.	Direct observation			
Mod3:5	Carry out a full physical examination that takes	Direct observation			

	account of possible ongoing medical problems and takes account of injuries which may be due to assault				
Mod3:6	Be able to take accurately labelled forensic samples and ensure minimal cross contamination	Direct observation			
Mod3:7	Assess child development and relevant contributing factors including effects of age and pubertal status particularly with regard to external genitalia	Direct observation			
Mod3:8	Communicate findings to the police	Direct observation			

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## Completion of Module 3: Examination – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)

Hospital/Site name and address

GMC/NMC number

Email address

Signature

Date

**Module 4**  
**Topic: Aftercare**

**Objective 1: Provide:**

- **Information and guidance to complainants about aftercare**
- **Immediate care at the time of the forensic medical examination**
- **On-going follow-up and support for a complainant, including referral to other agencies**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b> See para 18	<b>Performance feedback</b> <b>(If competence not yet achieved list tasks to be completed)</b>	<b>Competence attained signature</b> NB See Note 1 below	<b>Date</b> Competence achieved
Mod4:1	Discuss with the complainant where appropriate the risks of unintended pregnancy	Direct observation			
Mod4:2	Discuss with the complainant risks of acquisition of sexually transmitted infection and blood-borne viruses	Direct observation			
Mod4:3	Risk-assess need for, and provide as necessary, emergency hormonal contraception	Direct observation			

Mod4:4	Risk-assess need for prophylactic interventions (e.g. antibiotics / antivirals and vaccines) and provide as necessary according to local/national guidelines with discussion of side effects efficacy and risks	Direct observation			
Mod4:5	Discuss the importance of on-going medical care and important triggers to access services	Direct observation			
Mod4:6	Formulate and implement plan for follow-up including referral to other services	Direct observation			
Mod4:7	Assess emotional well being and suicide risk	Direct observation			

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**Completion of Module 4: Aftercare – To be completed by the Educational Supervisor**

**I confirm that all components of the module have been satisfactorily completed**

**Name (please print)**

**Hospital/Site name and address**

**GMC/NMC number**

**Email address**

**Signature**

**Date**

## Module 5

### Topic: Statement

**Objective 1: Write a comprehensive and technically accurate statement in the prescribed form that can be understood by a lay person**

Label	Skills	Evidence required See para 18	Performance feedback <b>(If competence not yet achieved list tasks to be completed)</b>	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod5:1	Use of contemporaneous notes as the basis for the report and clearly indicate all sources of information	Direct observation			
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod5:2	Write a statement that is appropriate for the purpose for which it has been requested	Case-based discussion			
Mod5:3	Give technically accurate information in terms understandable to a lay person	Case-based discussion			
Mod5:4	Include appropriate body diagrams as part of the witness statement	Case-based discussion			

Mod5:5	Indicate in the statement when disclosure of information held has not been complete.	Case-based discussion			
Mod5:6	"Where an opinion has been requested and it is appropriate to give that opinion be able clearly to separate fact and opinion and be able to express an opinion within the limits of expertise	Case-based discussion			

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**Completion of Module 5: Statement – To be completed by the Educational Supervisor**

**I confirm that all components of the module have been satisfactorily completed**

<b>Name (please print)</b>	
<b>Hospital/Site name and address</b>	
<b>GMC/NMC number</b>	
<b>Email address</b>	
<b>Signature</b>	
<b>Date</b>	

**Module 6**  
**Topic: Court**

**Objective 1: Prepare and present oral evidence in court**

<b>Label</b>	<b>Skills</b>	<b>Evidence required</b> See para 18	<b>Performance feedback</b> <b>(If competence not yet achieved list tasks to be completed)</b>	<b>Competence attained signature</b> NB See Note 1 below	<b>Date</b> Competence achieved
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod6:1	Identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.	Case-based discussion			
Mod6:2	Explain in lay terms the content of a witness statement	Case-based discussion			
Mod6:3	Understand the court system and the role of the forensic clinician within it including:	Case-based discussion			
Mod6:3:1	- Pre trial conferences	Case-based discussion			

Mod6:3:2	- Responding to additional material including expert evidence presented to you pre trial or during the trial	Case-based discussion			
Mod6:4	Explain the structure of the courts in the UK	Case-based discussion			
Mod6:5	Explain the burden of proof in different legal proceedings	Case-based discussion			
Mod6:6	Explain the core principles of the Criminal Procedure Rules and the Civil Procedure Rules	Case-based discussion			

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**Completion of Module 6: Court – To be completed by the Educational Supervisor**

**I confirm that all components of the module have been satisfactorily completed**

<b>Name (please print)</b>	
<b>Hospital/Site name and address</b>	
<b>GMC/NMC number</b>	
<b>Email address</b>	
<b>Signature</b>	
<b>Date</b>	

## COVE APPENDIX

<b>RECORD OF CLINICAL VALIDATORS' SIGNATURES</b>
Clinical validators should sign off each module or objective, as appropriate, against the individual labels in the left hand column.

<b>Module &amp; Objective Label</b>	<b>Hospital/ Site/ Venue</b>	<b>Name of clinical validator (please print)</b>	<b>Signature of clinical validator</b>	<b>GMC/NMC number of clinical validator</b>
Mod1:1				
Mod1:2				
Mod1:2:1				
Mod1:2:2				
Mod1:2:3				
Mod1:2:4				
Mod1:2:5				
Mod1:3				

Mod1:4				
Mod1:5				
Mod1:6				
Mod1:7				
Mod1:8				
Mod1:9				
Mod2;Ob1:1				
Mod2;Ob1:2				
Mod2;Ob1:2				
Mod2;Ob1:3				
Mod2;Ob1:4				
Mod2;Ob1:5				

Mod2;Ob1:6				
Mod2;Ob1:7				
Mod2;Ob1:8				
Mod2;Ob1:9				
Mod2;Ob1:10				
Mod2;Ob2:1				
Mod2;Ob2:1:1				
Mod2;Ob2:2:				
Mod2;Ob2:2:1				
Mod2;Ob2:2:2				
Mod2;Ob3:1				

Mod2;Ob3:2				
Mod2;Ob3:3				
Mod2;Ob3:4				
Mod2;Ob3:5				
Mod2;Ob3:6				
Mod2;Ob3:7				
Mod2;Ob3:8				
Mod2;Ob3:9				
Mod2;Ob3:10				
Mod3:1				
Mod3:2				
Mod3:3				

Mod3:4				
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Mod4:5				
Mod4:6				
Mod4:7				

Mod5:1				
Mod5:2				
Mod5:3				
Mod5:4				
Mod5:5				
Mod5:6				
Mod6:1				
Mod6:2				
Mod6:3				
Mod6:3:1				
Mod6:3:2				

Mod6:4				
Mod6:5				
Mod6:6				

