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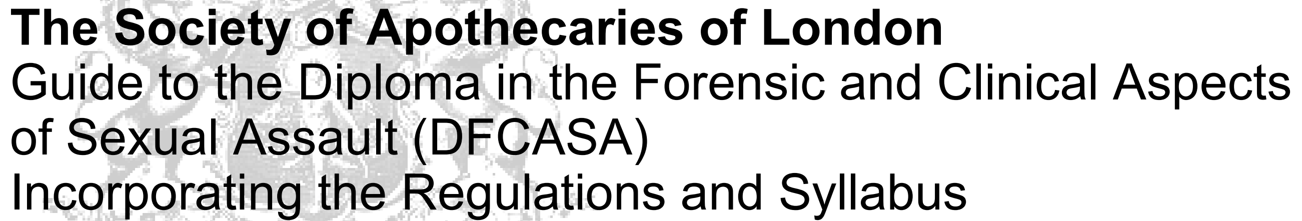

The Society of Apothecaries of London

Guide to the Diploma in the Forensic and Clinical Aspects of Sexual Assault (DFCASA)
Incorporating the Regulations and Syllabus

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Notice of future amendments to the Regulations and Syllabus and revisions following publication of this version

Please note as with all other examinations the examination for the DFCASA will continue to change to reflect developments in society and in medicine. While every attempt has been made to ensure that this version of the DFCASA Examination Regulations and Syllabus is accurate, changes to the DFCASA examination, the Regulations and closing dates may be implemented. Candidates should refer to the website www.apothecaries.org of the Society of Apothecaries for the most up-to-date information, and where any such changes will be detailed. In order that candidates are fully briefed about any changes, they are advised to check the Society website regularly.

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Introduction

The Diploma in the Forensic and Clinical Aspects of Sexual Assault was instituted by the Society of Apothecaries of London in 2009. Its purpose is to set national quality standards for the professional care that medical professionals provide for victims of sexual abuse and violence.

The Examination for the Diploma is divided into two parts:

Part I is a theoretical examination in matters related to branches of medico-legal and clinical practice,

Part II is a clinical competency assessment.

There are 3 options:

1. DFCASA
2. DFCASA(a) (adults only)
3. DFCASA(c) (children only)

The Examinations are open to registered medical practitioners and nurses who have achieved a basic level of experience in the care of complainants of sexual assault.

Both parts must be completed for a person to hold one of the diplomas and use the abbreviation after their name.

Dates and Places of Examinations

Please refer to the **Administrative Guidance for Candidates** (available online at www.apothecaries.org)

Regulations for Admission to the Examinations

1. Candidates must have possessed a medical, nursing or midwifery qualification for at least *three years* and currently have full registration with the United Kingdom (UK) General Medical Council (GMC) to practise Medicine, Surgery and Obstetrics & Gynaecology, OR a nursing qualification currently registered with the UK Nursing and Midwifery Council (NMC) to practise as a nurse or midwife.

2. Medical graduates who have qualified outside the UK and whose primary qualification is not registered with the GMC in the UK, but who are registered with an equivalent national medical council, or nurses who are registered with an equivalent national nursing council, may be admitted to the examination with the approval of the Examinations Board if they have complied with all the other requirements of the Regulations.

3. Precision in communication is essential. The examination is conducted in English. Candidates must have demonstrable skills in listening, reading, writing and speaking in English that enable effective communication in clinical practice with patients and colleagues, as set out in paragraph 22 of the GMC's *Good Medical Practice (2006).*

4. **Admission to Part I:** Candidates must hold a valid medical degree recognised by the GMC. (A list showing those overseas qualifications eligible for full registration is given at the front of the Medical Register published by the GMC.) Nurses should have a valid clinical nursing qualification or degree recognised by the NMC. Doctors who are British nationals and/or who hold a qualification of one of the countries of the European Union are subject to special conditions and should seek advice directly from the GMC.

5. **Admission to Part II:** Candidates must produce evidence to confirm that they have had not less than *6 months'* employment in an occupation requiring the practical application of managing complainants of sexual assault to a greater degree than usual in normal medical practice, e.g. a letter from their employer / police authority. Candidates must have passed Part I within the last 3 years.

The Examinations

6. Forms A (Part I), or B (Part II), should be used to apply for admission to the examinations.

7. The closing date for entries to the Part 1 is 8 weeks before the written examination and that for Part II is 8 weeks before the final assessment. Form A or B, the fee, the Compendium of Validated Evidence (COVE) and the case portfolio must be submitted by these time limits.

8. **Part I – Primary:** The examination will consist of one written paper, which will be single best answers.

9. **Part II:** Is an assessment of the competencies. It will be undertaken by a review of the COVE, an assessment of the case portfolio and by an objective structured clinical examination (OSCE).

10. In order to pass Part II of the examination, candidates must pass all elements.

11. The application for Part II, the case portfolio, the Compendium of Validated Evidence and the fee must be submitted by the date given in the Administrative Guidance to Candidates, available to download at www.apothecaries.org. This has to be in advance of the OSCE assessment to allow sufficient time for the case portfolio to be marked. A candidate whose COVE and case portfolio reaches the required standard will then be able to take the OSCE, subject to payment of the fee. A candidate whose COVE and case portfolio do not meet the required standard cannot proceed to the OSCE. If the case portfolio is rejected on the grounds of inadequacy, the Chairman of the Examination Committee will give the reason for this and stipulate the number and nature of further cases which must be submitted prior to re-evaluation.

12. Candidates must sit the OSCE within 2 years of submission of the case portfolio. Candidates who need to re-sit the OSCE beyond 2 years must re-submit the case portfolio

13. Candidates must bring photographic evidence of their identity.

14. Candidates must attempt all sections of the relevant Part at each entry.

15. Part II can be entered a maximum of 4 times over 5 years.

16. Candidates who present themselves for the written paper examination after the start time stated in the admission document will be admitted if they arrive within 30 minutes of this time, but may not be admitted if they arrive thereafter. Candidates will forfeit the time lost. In exceptional circumstances, where all candidates are affected by delays, the examination timings may be amended.

17. Late arrivals for the OSCE will not be admitted

18. Candidates who successfully complete the requirements for the whole Part II examination are entitled to use the abbreviation DFCASA after their names.

19. Those who complete the adult element can use the letters DFCASA(a).

20. Those who complete the child element can use the letters DFCASA(c).

21. Candidates who have passed Part I but who are not successful at Part II over 4 attempts or who do not attempt Part II for 5 years must retake and pass Part I before re-admission to Part II.

22. The examination fee will be determined from time to time by the Court of Assistants and published in the *Administrative* G*uidance to Candidates* (www.apothecaries.org). Candidates who withdraw from the examination after the closing date will pay the forfeit fee specified in the *Administrative Guidance to Candidates*.

23. On the day of the examination, candidates are forbidden to bring books, papers, calculators, mobile telephones or any other electronic devices into the examination rooms. It is strictly forbidden for candidates to attempt to communicate with each other in any way whilst an examination is in progress.

24. The Court of Assistants reserves the right to refuse to admit to the examination, or to proceed with the examination of, any candidate who infringes a regulation or who refuses to comply with a reasonable request of an officer of the Society.

25. Candidates' completed examination scripts become the property of, and will be retained by, the Society. They will not be made available for study.

Review and Appeal Procedure

26. The processes outlined below will be dealt with according to the Examination Review and Appeal Procedure is available on the web site.

27. The stages of the review and appeal procedures are as follows:

    a. Feedback.
    b. Review.
    c. Appeal.

28. **Feedback:** Feedback of examination results will be provided to all candidates.

29. **Review:** A request by a candidate for a review of a part of the examination must be received in writing within 28 days of the receipt of feedback. There is a fee of £150 for a review.

30. **Appeal:** An appeal to the Society's Examinations Board is open to a candidate who is not satisfied with the decision of the Examination Panel, feedback or the Review Panel. In accordance with the Society's Examination Review and Appeal Procedures, the detailed grounds on which the appeal is made must be stated. The appeal must be received in writing within 28 days of the candidate being notified of the feedback or re-marking report. It is not necessary to seek a review before appealing. There is a fee of £150 for an appeal.

31. If the appellant is dissatisfied with the report of the Examinations Board Appeal Tribunal and wishes to make an appeal to the Court, this should be communicated to the Registrar within 28 days of the receipt of the decision of the Appeal Tribunal.

Mrs J M E Maclean
Registrar

Curriculum

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

33. Candidates and educational supervisors must familiarise themselves with the document if they are to work efficiently.

Syllabus

Introduction

34. The aim of the DFCASA is to guarantee a basic competency in examining and providing initial care to complainants of sexual assault. Candidates applying for the adult diploma, DFCASA(a), will be expected to have knowledge of examining adolescent complainants. Candidates applying for the child diploma, DFCASA (c), will also be expected to have knowledge of examining adolescent complainants.

35. This diploma is not re-certifiable. Evidence of updating is necessary within the clinician's regular appraisal or professional revalidation processes.

36. Candidates will be expected to have a *theoretical* knowledge of the basic facts and principles of all forms of medico-legal enquiry in respect of the forensic and clinical aspects of sexual assault, and the reasons for the form of that enquiry. Topics to be covered in 6 modules are:

Module	Objective(s)
1. Initial contact	1. Formulate a response to a request for a forensic examination
2. History	1. Obtain consent 2. To take an accurate and appropriate history of medical needs arising from the incident 3. To take a relevant and accurate medical history
3. Examination	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
4. Aftercare	1. Provide: a. Information and guidance to complainants about aftercare b. Immediate care at the time of the forensic medical examination c. On-going follow-up and support for a complainant, including referral to other agencies
5. Statement	1. Write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person
6. Court	1. Prepare and present oral evidence in court

Medical

37. Candidates must be able to:

    a. Demonstrate their ability to obtain consent for:

        i. Examination;
        ii. Release of information;
        iii. Photo-documentation;
        iv. Audit of information;
        v. Research and peer review;
        vi. Use of anonymised data for teaching.

    b. Take a competent and appropriate medical history including the following:

        i. Medical / surgical;
        ii. Dermatological;
        iii. Gynaecological / sexual / contraceptive;
        iv. Paediatric / adolescent;
        v. Bowel;
        vi. Mental health (including self-harm);
        vii. Current medications, including use of 'over the counter' treatments;
        viii. Allergies;
        ix. Recreational drugs (including alcohol);
        x. Child safeguarding and protection needs of complainant and other children where appropriate.

    c. Recognise and assess the risk of drug interactions.

    d. Explain the common effect that drugs / alcohol and post traumatic stress may have on recollection of events and medical history.

    e. Recognise, assess and provide initial management of life threatening conditions.

    f. Demonstrate appropriate mental state examination and assessment of suicide risk.

    g. Discuss the issues pertinent to adolescents and how that will affect their assessment and management e.g. risk-taking behaviour, mental health problems, self-harm, eating disorders, and depression.

    h. Explain common signs and symptoms of intoxication or withdrawal of drugs.

    i. Describe normal genital and anal anatomy and recognize abnormalities and their aetiologies including congenital, pathological, infection, surgical, and injuries (including healed injuries).

    j. Explain factors which may affect normal child development and changes at different ages. Understand the impact of hormonal status on development especially of the genitalia including:

        i. Normal anogenital anatomy;
        ii. Normal variations and common congenital abnormalities;
        iii. Tanner staging.

    k. Document findings in relation to relevant anatomical reference points.

    l. Discuss the management of unintended pregnancy, the use of pregnancy tests (including the need for repeat), the disclosure of pregnancy, and the possible outcomes including termination of pregnancy and miscarriage. Explain the complainant's options according to gestation. Describe local services and referral pathways for on-going management of unintended

pregnancy.

m. Discuss the risk of unplanned unwanted pregnancy. Discuss the types of post coital contraception, their efficacy, side effects, risks, contraindications and interactions with other medication. Discuss the guidance governing the use of contraception with respect to LMP, other unprotected sex or previous use of hormonal emergency contraception in same menstrual cycle. Describe possible local services and referral pathways for contraception.

n. Accurately discuss the risks of acquisition of sexually transmitted infection (STI) according to the nature of assault, and the incubation periods, natural history and in particular the management of Chlamydia, Gonorrhoea and Trichomonas. Explain the use of antibiotic prophylaxis following sexual assault (including side effects, contraindications and interaction with other medication). Describe local services and referral pathways for on-going care relating to STIs.

o. Discuss the risks of acquisition of blood-borne viruses (HIV and hepatitis B and C) according to nature of assault and risk status of assailant. Describe local services, protocols and referral pathways for immediate and on-going care relating to blood-borne viruses.

p. Explain the use of post-exposure prophylaxis after sexual exposure (PEPSE) for HIV including the level of risk at which it should be offered, when the commencement of medication should be organised, efficacy, side effects, drug interactions and the risks of PEPSE.

q. Explain the use of hepatitis B vaccination to reduce acquisition, the timing of commencement, accelerated courses for vaccination and to whom it should be offered

r. Discuss the risk of psychological morbidity, the range of psychological responses to experience of sexual assault, the importance of optimal early management and long-term outcomes. Describe local services and referral pathways for on-going care including mental health services, GP and voluntary agencies.

Forensic

38. Candidates must be able to:

a. Describe the use of early evidence kits.

b. Discuss accurately the logistics for the forensic medical examination, including the nature of the assault, assailant (type / number involved), persistence of evidence, suitability of premises for examination and preservation of evidence.

c. Define and identify different types of injury by undertaking a full examination. Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault.

d. Discuss current persistence data and recovery methods for trace evidence.

e. Demonstrate the collection of forensic samples, including how to ensure minimal cross contamination and appropriate labelling and packaging of forensic and / or STI samples with the regard to the chain of evidence and admissibility of evidence.

f. Be aware of the differential diagnosis of findings e.g. dermatological conditions that may mimic injury.

g. Discuss the potential use of highly sensitive images: the necessary consent, confidentiality and disclosure requirements, the limitations of digital images, aspects of how and when they are taken and their storage.

h. Explain the forensic requirements for collection, storage and use of products of conception as evidence following termination of pregnancy.

Legal

39. Candidates must be able to:

a. Explain the core principles of current legislation e.g.

i. The legal definitions of consent including awareness of the consequences of assessing 'Gillick' competency, parental responsibility and GMC guidance such as "0 -18 years: Guidance for all Doctors" (2007) and "Acting as an Expert Witness" (2008), and any relevant legislation for the jurisdictions in the UK.

ii. The Mental Capacity Act [2005]
The Sexual Offences Act [2003] and [1956]
The Offences Against the Person Act [1861]
The Children Act [1989]

b. Discuss police processes, the awareness and consequences of the use of closed and open questions and how the Police and Criminal Evidence Act [1984] might impact on the process of forensic medical examination.

c. Explain the requirements for documentation, labelling, storage of forensic samples and a chain of evidence.

d. Discuss the significance and response to additional information given during the examination, either spontaneously or as a result of additional history taking in the light of examination findings, and the need to revalidate the consent as the examination progresses.

e. Explain the structure of the courts in the UK, the burden of proof in different legal proceedings, the core principles of the Criminal Procedure Rules and the Civil Procedure Rules.

f. Discuss the roles of a witness to fact, the professional witness and the expert witness, the purpose of a witness statement and the rules of hearsay evidence.

g. Demonstrate how to write a statement which is an accurate account based on contemporaneous medical notes (identifying the sources of any information) of the history of the allegations, the medical history, an account of the examination and findings (including negative and positive findings) and relevant body diagrams.

h. Explain any medical or technical terms used in a manner that can be understood by a lay person.

i. Explain how to indicate in a statement when the disclosure of information has not been complete. In instances where an opinion has been requested and it is appropriate to give that opinion, show how fact and opinion are separated.

j. Discuss the problems and consequences of the disclosure of highly sensitive images as currently possession of such images could be illegal in the UK.

k. Discuss laws governing termination of pregnancy, including storage and use of products of conception.

Practitioner

40. Candidates must be able to:

    a. Discuss factors essential for forensic examination, including level of expertise, resources, the practitioner, General Medical Council & Royal College of Nursing guidance on confidentiality and consent and on health and safety.

    b. Demonstrate an awareness of the risk of vicarious trauma to self and others; the role of a chaperone, personal safety, infection control and time management.

    c. Provide accurate and relevant curriculum vitae.

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

Supervision

Clinical Validator(s)

42. 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 completion of the tasks set out in COVE. The document allows for feedback to assist the candidate in the successful completion of the tasks. It is the candidate's responsibility to identify and obtain the cooperation of clinical validators.

43. 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.

Educational Supervisor(s)

44. The role of the educational supervisor is to certify the completion of each of the modules by signing the appropriate sheet in the compendium of validated evidence (COVE). A job description is at Appendix i. Again, it is the candidate's responsibility to identify and obtain the cooperation of their own educational supervisor(s).

45. The role of the educational supervisor is distinct from that of the clinical validator, but it may be necessary for the same person to fulfil both roles.

46. If there is more than one educational supervisor, the module should be signed off by the educational supervisor who has had the greater involvement.

47. The educational supervisor should where possible:

    a. Have experience of being a clinical supervisor;

    b. Have some understanding of educational theory and practical education techniques.

The Compendium of Validated Evidence (COVE)

48. The COVE is available to download from www.apothecaries.org. It complements the case portfolio and is an integral part of the experience necessary for the Part II. It sets out the modules and the objectives within the modules, and it indicates the evidence required for each objective (observation and / or independent practice). It should be signed-off by the clinical validators and educational supervisor(s) as indicated, and submitted with the case portfolio.

The Case Portfolio

49. The case portfolio is the candidate's record of the anonymised case reports.

Content

50. The case portfolio must include a selection of 10 anonymised case reports for the DFCASA (a) and the DFCASA (c), or 13 anonymised case reports for the DFCASA. The cases should reflect the breadth of the candidate's experience as stipulated below:

	Adults DFCASA(a)	Children DFCASA (c)	DFCASA
Observed criminal case	1	1	1
Pre-pubertal child	Not applicable	3	3
Pubertal / Post pubertal adolescent	3	3	3
Adult	3	Not applicable	3
Male (any age)	1	1	1
Decreased capacity due to learning difficulties or drugs or alcohol	1	1	1
Injuries	1 case with no injuries	1 case of a child with significant injuries anogenital supportive of sexual assault / abuse	1 case of a child with significant injuries anogenital supportive of sexual assault / abuse
NOTES:	5 cases must be within 48 hours of the assault and at least one of these must be a post pubertal adolescent	5 cases of a young person / child must be within 48 hours of the assault; at least one must be pre-pubertal.	5 cases of a young person / child must be within 48 hours of the assault; at least one must be pre-pubertal.

Notes:

a. For one of their cases candidates must have attended court to observe medical evidence being given in court; it is desirable, but not essential, that this is in a sexual offences case. (This case should not be one in which the candidate has been personally involved.)

b. In the other cases the candidate must demonstrate personal involvement (which can be just direct observation in up to 3 cases).

c. All cases included in the case portfolio must have been seen by the candidate within 24 months prior to submission date. If retrospective cases are included, the candidate must be able to demonstrate any changes in guidance, technique and the law that have occurred since.

   The adult cases should have been examined within 7 days of the alleged assault.

d. If the case portfolio needs to be re-submitted it must contain at least 3 further cases (examined by the candidate) which have been seen in the 6 months before the re-application for the Part II is

approved.

51. The case portfolio must include discussion of the following topics in detail:

    a. Assessment of capacity to consent to examination;

    b. Forensic assessment of body surface injuries;

    c. Storage and access to sensitive images and information; and

    d. Risk assessment for HIV PEPSE.

Case reports and Reflective Discussion

52. The case reports should include the nature of the allegation, pertinent details of the history and examination, forensic aspects, details of therapeutic care.

53. Each report and reflective discussion by the candidate should be no more than 1,000 words including references and diagrams.

54. All prescribed medicines should be referred to by their recommended International Non-Proprietary names (rINN) rather than by their trade names.

55. Biochemical and other measurements should be expressed in SI units, and normal or reference ranges should be provided.

Presentation of the Case Portfolio

56. Elaborate volumes are not required - see details below.

57. The portfolio should be presented in a way which will permit examiners to scrutinise it for diversity of material, logical presentation, precision of description, and reflective analysis.

Guidelines on structure

58. All cases are to be anonymous in as much as a complainant or suspect must not be identifiable in any way.

    a. Candidate to outline nature of their involvement with the case.

    b. Basic case details must be given.
        - Age and gender of complainant.
        - Nature of alleged assault
        - Time from alleged assault to examination.

    c. Candidate to highlight any particular areas of interest in the case.

    d. Candidate to select and indicate one area for discussion.

    e. Discussion could take a variety of forms which are equally acceptable e.g.;
        - Current research and its relevance to the case
        - Legal issues
        - Reflection on practice and current guidelines

    f. The case discussions are the opportunity for the candidate to show reflective practice and demonstrate a broad appreciation of the issues involved across the spectrum of cases.

NB. Please note the characteristics which are used for marking (para 65)

59. Cases should be printed in 12 point black type, double-spaced on single sides of A4 paper.

60. References should be numbered consecutively in the order that they are first mentioned in the text and placed in superscript each time the author is cited. The list of references should be arranged at the end of each case in numerical order.

    Biomedical references should use the Vancouver style: e.g. "references may be made to journals[4] or to books[5] or to both[4-5]"

    [for Journals]

    Authors' Names and Initials, The Title of the Article, *The full Title of the Journal*, the Year, the Volume, the first and last Page Numbers referred to.

    [for Books]

    Authors' names and initials, the title of the book, the place of publication, the publisher, the year. [if there are more than six authors list the first three followed by *et al.*]

    Legal references should be cited in the form used in reports issued by the Incorporated Council of Law Reporting: e.g. DPP v Smith [1990] 2 AC 783. (Guidance on legal references can be found in Raistrick's 'Index to Legal Citations and Abbreviations').

61. **Binding:** Two identical copies of the case portfolios, in a soft (e.g. spiral) binding, must be submitted at least eight weeks prior to the examination. Covers should be labelled with the candidate's name and initials and the words "Case portfolio. DFCASA". All case portfolios will become the property of the Society. One copy will be retained by the Society and one returned to the candidate.

62. An initial copy of the case portfolio should be submitted electronically to the Diploma Assistant at the following email address – diploma@apothecaries.org. to permit its rapid circulation to examiners.

The OSCE

63. The OSCE will comprise a number of stations which sample the necessary skills and knowledge base set against a blueprint determined by the Examination Committee. The details of the OSCE procedure will be provided to candidates at the time of their application as the arrangements may vary. Typically a circuit is of 12 stations of 7-10 mins duration. Some stations may have examiners or actors or patients while others are unmanned or rest stations. Instruction will be provided to candidates about the detailed conduct of each OSCE examination at the time it is held.

Marking System

Part I

64. The DFCASA Part I Examination marking system for the written paper is as follows:

    a. One mark (+1) is awarded for each correct answer.

    b. No mark is awarded or deducted if a question is wrongly answered or left unanswered.

    c. No mark is awarded if more than one response is recorded or if the answer is not sufficiently clear.

    d. No mark is awarded for any answer that the scanner queries as:

(i) insufficiently erased;
(ii) smudged; or
(iii) a double response to a question.

e. The final mark for each candidate is the mark obtained in the examination paper expressed as a percentage.

N.B.

a. The DFCASA Part I examination is criterion referenced to the current nationally acceptable standard as determined by the examiners.

b. Before the examination, the DFCASA Examination Panel assesses the difficulty of the questions against the level of knowledge expected of candidates using a standard procedure such as the modified Angoff method.

c. All judgements by the standard setters are then analysed and a criterion-referenced pass mark is established. As a result of the standard setting, the pass mark and pass rate can vary from one examination to the next, although the standard required remains the same.

d. The examination may include pre-test questions (trial questions that are used for research purposes only). A small number of pre-test questions may appear in any paper. Responses to them do not count towards a candidate's final score.

Part II

65. **Case Portfolio:** The case portfolio will be assessed by 2 examiners, marks being awarded for:

a. Construction of case;
b. Presentation of case;
c. Assembly of ideas;
d. Reflective analysis;

66. **OSCE:** The standard required on each station is criterion referenced by the Examination Committee. The Committee then determines the overall standard for the examination by the number of stations which must be passed and the pass mark with reference to a global score using a standard procedure.

Feedback

67. **Part I:** Candidates will be informed whether they passed or failed each question.

68. **Part II:**

a. Case portfolio. Feedback for the case portfolio will include:

(i) Construction of case;
(ii) Presentation of case;
(iii) Assembly of ideas;
(iv) Reflective analysis;
(v) Any other recommendations for improvement that the examiners feel might be helpful.

b. OSCE. Feedback for the OSCE will comprise a pass / fail result for each station.

Professor Trevor Beedham
Chairman DFCASA
Committee of Management

APPENDIX I

JOB DESCRIPTION

EDUCATIONAL SUPERVISOR

Job Purpose:

The educational supervisor is the individual who is responsible for guiding and monitoring the progress of a candidate for the completion of the COVE and the case portfolio. He/she may be in a different department, or in a different organisation from the candidate. Every candidate must have a named educational supervisor to sign off the documentation; it is the candidate's responsibility to engage his/her educational supervisor.

Key Responsibilities:

1. The educational supervisor must familiarise him/herself with the structure of the Diploma, the curriculum and the educational opportunities available to candidates.

2. The educational supervisor where possible should:

   a. Have previous experience of being an educational supervisor.
   b. Have some understanding of educational theory and practical educational techniques

3. The educational supervisor should whenever possible ensure that the candidate is making progress with completion of the case portfolio.

4. The educational supervisor should meet the candidate as soon as possible after the decision to commence a case portfolio to:

   a. Establish a supportive relationship;

   b. Indicate to the candidate:

      (i) That he/she is responsible for his/her own learning
      (ii) The structure of their work programme set against the curriculum
      (iii) The educational opportunities available
      (iv) The assessment system
      (v) The portfolio

   c. Meet the candidate to check progress and sign off completed sections of the portfolio to meet the requirements of the assessment system.

Person Specification for Educational Supervisor

Attributes	Essential	Desirable
Qualifications	GMC or NMC full registration Specialist or General Practitioner registration or MFFLM	Postgraduate qualification in education
Knowledge and Skills	Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally. Follow PMETB standards. Experience as an educational supervisor. Enthusiasm for delivering training. Effective communications skills, motivating and developing others, approachability, good interpersonal skills. Significant experience in examining victims of sexual assault.	