

NES Survey of Doctors on Forensic Medical Examination (FME) Work

What did we do?

Early in 2017, in partnership with the Scottish Government we undertook a survey of a 'convenience sample' of Scottish doctors to gauge awareness of FME work, assess potential interest in the work and to understand barriers to engagement. We were particularly interested in the views of female respondents in recognition of the current gender imbalance of the current FME workforce, as well as the imperative to provide 'gender-appropriate' examiners for the victims of rape and sexual assault.

What did we find?

We surveyed the postgraduate medical training community in Scotland (all trainers and trainees). The survey was issued to 9392 doctors and there were 819 responses. Although this was a low response rate (9%), the large number of responses were helpful in providing insights and will be helpful in informing future developments.

Respondent characteristics: 78% were female; 85% were younger than 50; 30% were GPs or GP trainees.

Respondent perceptions of the FME role: Although only 5% of respondents were currently, or had previously been involved in FME work, many suggestions were provided about perceived barriers to involvement in this work including; court arrangements, training needs, employment arrangements and lack of clarity about the role.

Female respondent voices: Of the 639 female doctors that responded, 55% stated that in principle they would be interested in working to provide forensic examination for victims of rape and sexual assault. Being part of a service that includes general forensic and custody duties is however, seen by many as very unattractive.

"I think more awareness of the role, what is involved and how it helps people would be beneficial"

"There is a need for high quality training; peer review, senior support for case discussion, psychological

"The main barrier would be the expectation to be involved in general custody work as well; this is something I would not do"

How does this help?

The results of this survey are helpful in informing the work of the newly-established Taskforce for the Improvement of Services for Victims of Rape and Sexual Assault, which is being led by the Chief Medical Officer. In particular, the understanding that has been gained about the barriers to involvement in this kind of work will help the Taskforce's Workforce group to address the issues that could provide a more gender-balanced workforce and ensure that a 'gender-appropriate' doctor is available for examination of victims of sexual assault. The output survey will also help shape the delivery of new approaches to training and inform how we can target these training opportunities.

What are the unanswered questions?

This was a 'convenience sample' that sought the views of the training community; the group of doctors that we in NES have easy access to because of our statutory role in training. We do not know what the level of interest in, or attitudes towards the FME role would be amongst doctors that are not involved in training (for example all GPs).

What is the main message?

Most female respondents stated that in principle, they would be interested in contribution to this important work, and some described the reasons for this in strong values-based, vocational terms. If this is representative of all female doctors, there is a potential workforce that we need to identify, train and support into involvement in this important work by addressing or removing the barriers that they experience or perceive.