

## Advice for Producing Forensic Medical Reports for Paediatric Patients Seen Outside the Royal Children's Hospital (RCH) and Monash Children's Hospital (MCH, Clayton)

1. When paediatric patients are assessed at sites other than RCH and MCH Clayton (i.e. sites where VFPMS-salaried doctors write reports), and Child Protection and/or Victoria Police require a report that expresses the medical opinion regarding the cause and timing of injury and/or the possibility of child abuse and neglect, the paediatrician responsible for the child's care holds responsibility for the production of the medicolegal report. Proforma to assist with documentation of consent to the medical procedures, examination findings (including body diagrams suitable for forensic purposes), guidelines for investigations and templates for report writing are available on the VFPMS website (<https://www.rch.org.au/vfpms/>)
2. Authorship of medicolegal reports
  - a. Registrars are often willing and able to draft medicolegal reports using VFPMS templates, provided they have the required support and supervision of consultant paediatricians. This process has VFPMS support. When registrars draft reports, consultant paediatricians should then review, edit and discuss the draft reports with the registrars. It should be clear to readers that the author is a trainee working under supervision. It should also be clear that the consultant paediatrician takes responsibility for the opinion. The registrars will be the primary authors and consultants should countersign reports.
  - b. Consultant paediatricians might elect to write reports themselves rather than delegate the task to doctors-in-training. This has strong VFPMS support.
  - c. Some uncertainty can arise about enduring responsibility when locum paediatricians have been involved in the care of abused and neglected children, particularly inpatients. Hospitals and locum paediatricians are encouraged to develop employment contracts that clarify their expectations around report writing and court testimony. In the absence of an agreement about enduring responsibilities, when an ex-locum paediatrician was the person responsible for the patient at the time of their discharge from hospital then the paediatrician the locum was covering should hold responsibility for producing the medicolegal report. This is because an ex-locum has no contract, no authority to access medical records and they are receiving no payment for the work. By contrast, the paediatricians employed by the health service have ongoing responsibilities for a) patient care and b) supervising doctors-in-training. If there is doubt about the identity of the doctor responsible for producing the medicolegal report, then the head of the paediatric team/department should either write the report themselves or delegate the task.
  - d. Delegating responsibility for production of medicolegal reports (and attending court) to doctors-in-training is unlikely to enjoy College or Hospital Executive support.

### 3. Results to include in VFPMS reports

- a. All radiology reports with findings of interest should be included in full. (Cut and paste is OK). This includes the name of the radiologist/s, the service they work for, and the date the test was performed.
- b. Radiology reports with normal findings may be listed (with date it was performed) and designated 'normal'.
- c. Pathology tests with normal results may be listed and designated 'normal'.
- d. Pathology tests with abnormal results should be detailed inclusive of the reference ranges (having checked that the quoted ranges apply to children).

### 4. Consultations to include in VFPMS reports

- a. All consultations should be listed and the opinion of the medical specialist or allied health professionals included in full in the report. This does not mean all their notes, only their opinion and recommendations, if any.
- b. Verbal opinions provided by other healthcare professionals involved in the child's care may be included in medicolegal reports provided the individual who provided the opinion is aware of this and is agreeable to the wording being used.

### 5. Photographs

- a. When photographs have been taken, this should be stated within the body of the report along with the date they were taken and by whom, as well as information about where the photographs have been stored.
- b. Photographs may be included in VFPMS reports; however, photographs of sensitive areas should not be included whenever possible.
- c. Images may be cropped for inclusion in reports provided this alteration is acknowledged.

### 6. Peer review

- a. All reports must be sent to the VFPMS for peer review by forensically trained and qualified paediatricians. This approach is part of the VFPMS quality assurance process.
- b. Reports should be sent as securely as possible.
- c. After peer review, it is the responsibility of the consultant to reject or accept the peer-reviewer's suggestions, to double-check the accuracy of the information provided, and to further edit the report as required. Authors of reports are responsible for their opinions.
- d. It is the responsibility of the consultant paediatrician to ensure that the medicolegal report is signed, dated and sent, and that a copy is filed in the patient's medical record (or wherever the health service decides).

### 7. Invoicing VFPMS

- a. Information about invoicing is available on the VFPMS website ([https://www.rch.org.au/vfpms/rural/Rural\\_and\\_regional/](https://www.rch.org.au/vfpms/rural/Rural_and_regional/))