



PERFORMANCE AUDIT REPORT 27 September 2024

Delivering forensic medical examinations (follow-up audit)

Report 2: 2024–25

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27 September 2024

This report is prepared under Part 3 Division 3 of the *Auditor-General Act 2009*.



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Auditor-General



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Contents

Report on a page	1
Audit conclusions	2
Recommendations	3
1. Context: Forensic medical examinations for sexual assaults	4
2. Providing timely and professional clinical care	7
3. Performing forensic medical examinations	9
Appendices	16
A. Entity responses	17
B. Audit scope and methods	24
C. Status of recommendations	26
D. Ministerial direction	31

Acknowledgement

The Queensland Audit Office acknowledges the Traditional and Cultural Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past, present, and emerging.

Report on a page

All victims of sexual assault should be able to access clinical care (which is focused on their medical wellbeing and health) and forensic medical examinations (which gathers forensic medical evidence to support an investigation and potential prosecution) that are timely and responsive to their needs.

Queensland Health has a statewide all-hours service to provide sexual assault victims with clinical and forensic care and support. In June 2019, in our audit *Delivering forensic services*, we found opportunities to improve these services. This audit examines whether Queensland Health has effectively planned and progressed implementing recommendations and directions to improve the delivery of forensic medical examinations. These include:

- recommendation 4 from our report *Delivering forensic services* (Report 21: 2018–19)
- recommendations 32 to 37 from the Women's Safety and Justice Taskforce (the Taskforce) *Hear her voice – Report two*
- the Ministerial Direction – *Crisis Care Process* issued by the Minister for Health, Mental Health and Ambulance Services and Minister for Women on 17 November 2023.

We did not follow up the other recommendations from our 2018–19 report, including those related to deoxyribonucleic acid (DNA) testing. The government announced changes resulting from the 2022 Commission of Inquiry into Forensic DNA Testing in Queensland, which meant it was not an appropriate time for us to follow up on related recommendations.

Queensland Health continues to improve its services

Queensland Health has continued to improve the services that it delivers to victims of sexual assault since our 2018–19 report. It now has service delivery agreements with each hospital and health service (HHS), new forensic medical examination kits, and new reporting pathways for victims. It has fully implemented 4 of the 6 recommendations made by the Taskforce and is continuing to implement the remaining 2 recommendations. It still needs to implement an overall strategy to ensure there are enough forensic medical examiners across the state, enhance its monitoring and reporting, and increase the availability of paediatric services for child victims.

There is a greater focus on providing early clinical care to victims

The *Crisis Care Process* ministerial direction issued in November 2023 requires 13 of the 16 HHSs (those with the most emergency department presentations) to ensure victims of sexual assault start receiving clinical care within 10 minutes of presenting to hospital. The direction appears to have prompted HHSs to prioritise more timely care to victims. HHSs have adopted differing practices in the clinical care they provide to victims across the state. This is reasonable, as practices need to differ based on the specific medical needs of the victim and the clinical judgement of those providing care. Queensland Health is implementing a new reporting framework to improve consistency in the information HHSs capture and monitor whether they are complying with the direction.

Queensland Health does not know how many victims experience delays obtaining forensic medical examinations

We found instances where some victims could not obtain a timely forensic medical examination. However, an absence of data meant we could not determine how isolated these instances are. Queensland Health acknowledges that gaps still exist in its service for some victims. It plans to implement new frameworks and use the \$56 million announced in the 2024–25 state budget to recruit more dedicated forensic medical examiners. In this report, we make 3 further recommendations to improve the clinical care and forensic medical examinations that Queensland Health provides to victims of sexual assault.



Audit conclusions

Queensland Health has improved the services it delivers to victims of sexual assault since our 2018–19 report. It has implemented most of the recommendations we and the Women's Safety and Justice Taskforce made, and the *Crisis Care Process* ministerial direction. It introduced service delivery agreements with each hospital and health service (HHS), new forensic medical examination kits, and new reporting pathways for victims. It has also trained more than 400 doctors and nurses in how to perform forensic medical examinations since July 2023. It has undertaken these reforms while responding to, and recovering from, a global pandemic.

The *Crisis Care Process* ministerial direction was issued in November 2023. At the time of undertaking this audit, the Minister for Health, Mental Health and Ambulance Services and Minister for Women had only recently issued the direction. While still early in its implementation, indications from hospital staff suggest it has prompted HHSs to prioritise more timely care to victims of sexual assault. Queensland Health relies on HHSs to self-report if they fail to comply with the direction. It has recently developed a reporting framework, and is currently enhancing its systems to better track whether HHSs are complying with the direction.

There is more Queensland Health can do to further improve its services. While it has addressed most elements of recommendation 4 from our 2018–19 report, it still needs to expand the availability of paediatric services for child victims. (That recommendation focused on developing and delivering reforms to improve services to victims – see [Appendix C.](#)) In June 2024, it committed \$12 million to enhancing paediatric services for child victims.

It has fully implemented 4 of the 6 recommendations made by the Women's Safety and Justice Taskforce (the Taskforce – an independent group set up by the Queensland Government). It has partially implemented the remaining 2 recommendations. In July 2022, the Taskforce recommended a new statewide forensic examination service be established with dedicated forensic medical examiners. Queensland Health's existing service relies on a mix of dedicated forensic medical examiners and trained doctors and nurses (including emergency department doctors and nurses), supported by a statewide phone service. Given the existing pressure on emergency departments, HHSs must balance these competing medical priorities. Queensland Health could better understand the overall demand for forensic medical examinations across HHSs to aid it in developing effective strategies to address any service gaps. This is particularly important in rural and remote areas.

Queensland Health can provide greater oversight of the delivery of forensic medical examinations, to ensure they are both timely and responsive to a victim's needs. It has not developed reporting tools to capture when a victim commences an examination, the reasons for any delays, and the quality of forensic samples taken. Doing so would enhance the accuracy and completeness of its data, which it could then use to benchmark performance, help improve care, and drive efficiencies.

Queensland Health acknowledges there are still gaps in how it provides clinical care and forensic medical examinations to victims of sexual assault. To address these gaps, it plans to implement new frameworks for sexual assault care and performance reporting. It also plans to recruit more dedicated forensic medical examiners across the state using the funding announced in the state budget.



Recommendations

Improving early clinical care for victims (Ministerial Direction – *Crisis Care Process*)

We recommend Queensland Health:

1. implements its performance reporting framework to ensure victims of sexual assault are provided with timely and professional clinical care (Chapter 2) in accordance with the Ministerial Direction – *Crisis Care Process*. This should include:
 - developing and implementing reporting tools that allow each HHS to consistently record the time a victim commences a clinical care pathway, and any reasons for delay
 - regularly assessing whether HHSs are complying with the direction and delivering timely clinical care.

Building capability to deliver statewide forensic medical examination services

We recommend Queensland Health:

2. ensures suitably trained forensic medical examiners are available across the state to provide timely forensic medical examinations to victims of sexual assault (Chapter 3). This should include:
 - monitoring the overall demand for forensic medical examinations across the state and implementing effective strategies to address any gaps in service
 - ensuring there is appropriate numbers and distribution of qualified forensic medical examiners to meet local needs, including those who specialise in delivering paediatric services to child victims of sexual assault
 - continuing to deliver training to doctors and nurses – including in regional, rural, and remote areas – in how to deliver forensic medical examinations, prepare court reports, and present evidence in court.

Monitoring and reporting the delivery of forensic medical examinations

We recommend Queensland Health:

3. improves its monitoring and reporting of the performance of HHSs in delivering forensic medical examinations to victims of sexual assault (Chapter 3). This should include:
 - developing and implementing reporting tools that allow each HHS to consistently record the time a hospital performs a forensic medical examination (as distinct from commencing a clinical care pathway), and the reasons for any delays
 - regularly assessing whether HHSs deliver timely and effective forensic medical examinations
 - ensuring forensic medical examiners are given feedback about the quality of the samples they take during an examination.

Reference to comments

In accordance with s. 64 of the *Auditor-General Act 2009*, we provided a copy of this report to relevant entities. In reaching our conclusions, we considered their views and represented them to the extent we deemed relevant and warranted. Any formal responses from the entities are at [Appendix A](#).

1. Context: forensic medical examinations for sexual assaults

Sexual assault in Queensland

As of September 2024, the number of reported sexual offences in Queensland has increased by 57 per cent in the last 6 years, rising from 6,745 cases in 2017 to 10,557 cases in 2023.

Sexual assault is a particularly degrading crime. The impact to victims can be physical, emotional, psychological, and long lasting.

Forensic medical examinations



All victims of sexual assault should be treated with respect and compassion. They should be able to access clinical care (which is focused on their medical wellbeing and health) and forensic medical examinations (focused on gathering forensic medical evidence to support an investigation and potential prosecution) that are timely and responsive to their needs. The victim's health and wellbeing take priority over the need for gathering forensic medical evidence.

A victim who reports a sexual offence to police or attends a hospital may be asked to undergo a forensic medical examination. They have a choice, and must give their consent for the examination to occur.

The primary purpose of a forensic medical examination is to document injuries and collect forensic samples (such as swabs) for potential use as evidence in a criminal investigation and prosecution.

It is an intrusive process that can be confronting and distressing for victims. Many are in a very fragile and distraught state, often still wearing the clothing they were assaulted in. The examinations need to be performed professionally to reduce the likelihood of exacerbating the victim's trauma, and to allow other specialist services, such as counsellors, to begin supporting the victim. The examinations must also be timely, to preserve forensic evidence that can deteriorate over time.

A doctor or sexual assault nurse examiner (collectively referred to as a forensic medical examiner) uses a forensic medical examination kit to collect DNA evidence. The examination typically takes between one to 3 hours. The evidence collected is sent to a Queensland Health laboratory, where a forensic scientist analyses it to identify any DNA. The evidence may be presented in court.

Reforms relating to forensic medical examinations

Reviews, audits, and inquiries

Over the past 6 years there have been several reviews and inquiries into Queensland Health's delivery of forensic medical examinations for victims of sexual assault. They include our previous audit, *Delivering forensic services* (Report 21: 2018–19). They have found a range of shortcomings in the care provided to victims of sexual assault and in the timeliness and appropriateness of forensic medical examinations. [Appendix C](#) provides more detailed information about our 2018–19 report and the Women's Safety and Justice Taskforce *Hear her voice – Report two* and their recommendations.

Figure 1A shows a timeline of key reviews and events related to the delivery of forensic medical examinations from 2019 to 2024.

Figure 1A
Timeline of key reviews and events from 2019 to 2024

January 2019	•	Former health minister endorsed reforms to forensic medical examinations
June 2019	•	Queensland Audit Office tabled <i>Delivering forensic services</i> (Report 21: 2018–19)
July 2019	•	Queensland Health issued a directive <i>Caring for people disclosing sexual assault</i>
July 2022	•	The Women’s Safety and Justice Taskforce published <i>Hear her voice – Report two</i>
December 2022	•	A Commission of Inquiry was conducted into forensic DNA testing in Queensland
November 2023	•	The Minister for Health, Mental Health and Ambulance Services and Minister for Women issued the Ministerial Direction – <i>Crisis Care Process</i>

Source: Queensland Audit Office using information provided by Queensland Health.

Statewide reforms

In January 2019, Queensland Health began reforms to forensic medical examinations. This included:

- drafting a health service directive requiring hospital and health services to deliver forensic medical examinations
- delivering forensic medical examination training to doctors and nurses statewide.

Who is responsible for forensic medical examinations?

The Department of Health (the department) is responsible for the policy, framework, strategy, and training for forensic medical examinations. The 16 hospital and health services (HHSs) are responsible for carrying out the examinations for victims. In this report, we refer to the department and the 16 HHSs collectively as Queensland Health.

Entities such as the Queensland Police Service and the Department of Justice and Attorney-General (DJAG) also play an important role. The Queensland Police Service is responsible for investigating instances of sexual assault and helping to transport forensic evidence. DJAG is responsible for the administration of the Queensland courts.

In July 2024, Forensic Science Queensland (previously called Forensic and Scientific Services), which is responsible for the analysis of forensic evidence, was transferred from Queensland Health to DJAG.

Several non-government organisations provide support to victims of sexual assault.

What did we audit?

This follow-on audit examines whether Queensland Health has effectively acted on recommendations and directions designed to improve the delivery of forensic medical examinations for victims. This includes:

- recommendation 4 from *Delivering forensic services* (Report 21: 2018–19) directed to the Department of Health
- recommendations 32 to 37 from the Women’s Safety and Justice Taskforce’s *Hear her voice – Report two* directed to Queensland Health.

Recommendation 38 from the Taskforce recommended that the Queensland Audit Office consider undertaking a follow-up audit of our 2018–19 audit and review the implementation of the recommendations made by the Taskforce – those relevant to forensic medical examinations.

We also examined Queensland Health’s progress in implementing the Ministerial Direction – *Crisis Care Process* issued by the Minister for Health, Mental Health and Ambulance Services and Minister for Women on 17 November 2023.

We included the Department of Health and 4 HHSs (Gold Coast, Metro North, Children’s Health Queensland, and North West) in the scope of this audit. We also consulted with other HHSs as part of this audit to seek their views on the delivery of forensic medical examinations.

We did not follow up the other recommendations from our 2018–19 audit. This is because the government has announced changes to forensic DNA testing in Queensland resulting from the 2022 Commission of Inquiry. It was therefore not an appropriate time for us to follow up on related recommendations. We may assess progress on them in future.



2. Providing timely and professional clinical care

On 17 November 2023, the Minister for Health, Mental Health and Ambulance Services and Minister for Women (the minister) issued a direction to relevant hospital and health services (HHSs) to ensure victims of sexual assault ‘commenced a clinical care pathway’ within 10 minutes of presenting to a hospital.

In this chapter, we cover whether Queensland Health has effectively acted on the minister’s direction.

Are victims receiving clinical care within 10 minutes?

The 17 November 2023 Ministerial Direction – *Crisis Care Process* (the direction) requires HHSs to:

... accept care and commence an approved Clinical Care Pathway for any person who attends at an Emergency Department and discloses having experienced sexual assault, or is presented by an officer of the Queensland Police Service as a victim of a sexual assault, within 10 minutes of the disclosure or presentation.

(See [Appendix D](#) for the full direction.)

The direction applies to 13 of the 16 HHSs. The department advised that the 13 HHSs included are those with the top 26 reporting public hospitals in Queensland (those that have the most emergency department presentations). It excludes South West, Central West, and Torres and Cape HHSs. While these HHSs have fewer emergency department presentations, it may result in a potential gap in clinical care for victims in these areas. Queensland Health could provide greater guidance as to what it considers would be a reasonable time frame that victims in these areas can expect clinical care to commence within.

The 4 HHSs that we audited reported implementing the direction. We did not audit the other 9 HHSs.

The minister issued the direction after being informed that several HHSs were unable to provide a woman with timely care following an alleged sexual assault. Case study 1 provides more detail on this.

Figure 2A Case study 1

Several hospital and health services were unable to provide a victim of sexual assault with timely care

On the afternoon of 13 November 2023, a woman attended a police station alleging that she had been sexually assaulted. That evening, police contacted the local hospital to arrange a forensic medical examination, but were advised that there was no examiner on shift until the following morning.

The police subsequently contacted 3 other hospitals in South East Queensland but were informed the hospitals had no capacity to perform the forensic medical examination until the next day.

Late that evening, the police contacted Forensic Medicine Queensland’s 24/7 phone service but were unable to get through, as the staff member was on another call. The victim was subsequently sent home for the night.

The next morning, she presented at the local hospital and a doctor began the forensic medical examination.

Delays like these can have a significant impact on victims. Not only can they re-traumatise the victim, but they can lead to forensic evidence being lost or degraded.

Source: Queensland Audit Office using information provided by Queensland Health.

Further guidance for hospital and health services would be helpful

The minister's direction requires HHSs to commence an approved clinical care pathway, but does not define what that means. Therefore, each HHS must document and approve what it means.

As a result, HHSs across the state have adopted differing practices. Some deem that a victim has commenced clinical care if a social worker has seen them. Others require a nurse or doctor to start basic wellbeing checks, such as taking their blood pressure.

HHS practices differ based on their staffing levels, models of care, and availability of support services. Furthermore, clinical care will differ based on the specific medical needs of the victim and the clinical judgement of those providing care. Nevertheless, there is an opportunity for Queensland Health to provide greater guidance for HHSs to assess and benchmark their compliance and performance against the direction.

The ministerial direction has put greater focus on the importance of early care for victims



The doctors and nurses we spoke to reported that the direction appears to have improved the initial care that victims of sexual assault receive. They reported that it has reinforced to hospital boards the importance and priority of providing timely care to victims.

We were unable to verify whether the direction has improved the initial clinical care provided to victims due to an absence of data.

Queensland Health has limited information on whether the direction is being met

Queensland Health relies on HHSs self-reporting if they fail to comply with the direction. As of 16 August 2024, HHSs reported that there were 49 instances where they failed to ensure victims commenced a clinical care pathway within 10 minutes of presenting to a hospital. Given HHSs are required to self-report this data, we do not know if more HHSs have failed to comply with the direction, and not reported it.

Queensland Health has developed a performance reporting framework and reporting tools to help monitor HHS compliance with the direction. It plans to implement these by December 2025. This is important and will give it greater oversight.

Recommendation 1

We recommend Queensland Health implements its performance reporting framework to ensure victims of sexual assault are provided with timely and professional clinical care in accordance with the Ministerial Direction – *Crisis Care Process*. This should include:

- developing and implementing reporting tools that allow each HHS to consistently record the time a victim commences a clinical care pathway, and any reasons for delay
- regularly assessing whether HHSs are complying with the direction and delivering timely clinical care.

3. Performing forensic medical examinations

In June 2019, in our audit *Delivering forensic services* (Report 21: 2018–19), we found some victims of sexual assault were refused a forensic medical examination, or experienced lengthy delays. We recommended that the Department of Health (the department) continue to develop and deliver the reforms (that it commenced in January 2019) to forensic medical examinations to improve services for victims.

This included:

- implementing service agreements with hospital and health services (HHSs) to deliver forensic medical examinations
- developing strategies to recruit and retain appropriately trained physicians and nurses
- implementing a range of reporting pathways and supporting processes for all victims
- improving clinicians' awareness of reporting options for victims of sexual assault
- improving the availability of, and access to, paediatric services for child victims
- establishing interagency services to better integrate doctors and nurses, police, and non-government organisations.

In July 2022, the Women's Safety and Justice Taskforce (the Taskforce) published similar findings about forensic medical examinations for sexual assault victims. It made 6 recommendations to Queensland Health about establishing and funding a statewide 24/7 forensic medical examination service, and implementing ongoing competency-based training for doctors and nurses. It recommended that the Queensland Government fund this.

In this chapter, we examine whether Queensland Health (which includes the Department of Health and the 16 hospital and health services) has effectively acted on recommendations.

[Appendix C](#) contains a full list of the recommendations we have followed up. It also shows our assessment of Queensland Health's progress against each recommendation.

Can victims of sexual assault access timely and high-quality forensic medical examinations?

All victims, regardless of where they live, should be able to access timely and high-quality forensic medical examinations. The lack of sufficiently trained and capable forensic medical examiners across the state has been a key focus of various recommendations over the past 5 years.

Queensland Health continues to improve the services it delivers to victims

While Queensland Health has made progress improving its services statewide, more work is needed to ensure all victims can access a timely forensic medical examination, regardless of where and when they require it.



Gap and needs analysis

In response to the Taskforce's recommendations, Queensland Health commissioned a gap and needs analysis to inform the design of forensic medical examination services across the state. In September 2023, it found that more than half of the 16 HHSs across the state had no dedicated forensic medical examiners.

It also found the health system:

- provides no statewide model of care for victims requiring a forensic medical examination
- lacks a statewide governance structure to oversee service delivery
- does not offer comprehensive or consistent training
- has no formal paediatric statewide support. As a result, some child victims of sexual assault cannot access specialised services tailored to their needs.

The department accepted in principle the 7 recommendations resulting from the gap and needs analysis.

Limitations with the existing staffing approach

HHSs across the state have adopted different staffing models for forensic medical examinations. Some employ doctors and trained nurses specifically for this purpose. Others rely solely on their emergency department doctors and trained nurses to perform these examinations in addition to their existing responsibilities. Some use a mix of both.

Any doctor can perform a forensic medical examination regardless of whether they have been trained. However, all nurses must be trained prior to performing an examination. The department provides support, through a 24/7 phone service, to support emergency department doctors and trained nurses when they are performing forensic medical examinations.

Some HHSs report their emergency department doctors are reluctant to perform forensic medical examinations due to the amount of time it takes, including the time to prepare for and present in court. They said the additional workload can be challenging for staff, and can result in fatigue. Also, they potentially may be required to testify in court, which can be daunting.

The benefits of having dedicated forensic medical examiners

Several HHSs that have employed dedicated forensic medical examiners told us their staffing model has a range of benefits, including:

- better workforce planning
- more timely access to forensic medical examinations for victims
- less pressure on their emergency departments.

This staffing model can come with funding costs for HHSs. Australian research published in the *Journal of Forensic and Legal Medicine* in May 2013 found the conviction rate was 25 per cent higher for forensic medical examinations performed by qualified forensic medical examiners than it was for those performed by an emergency department or general practitioner doctor.

The research also found that victims felt more confident going to a qualified expert as opposed to their general practitioner or an emergency department.

Lack of paediatric services for child victims of sexual assault

In *Delivering forensic services* (Report 21: 2018–19), we found there was a lack of paediatric services for child victims of sexual assault. A trained paediatrician has the specialised skills required to examine a child who has been sexually assaulted.

At the time, we found 4 instances where children had issues in obtaining timely and appropriate forensic medical examinations. We recommended the department improve the availability of, and access to, paediatric services for child victims.

The department has taken limited action to improve paediatric services for child victims. In June 2024, it committed \$12 million (of the \$56 million announced in the 2024–25 state budget) to enhance paediatric services for child victims. In addition, Children’s Health Queensland HHS has delivered some training to doctors that will likely deliver paediatric services to child victims.

Queensland Health needs better visibility of the number of active and dedicated forensic medical examiners across the state

While all doctors in Queensland can perform forensic medical examinations, Queensland Health does not know how many active and dedicated examiners there are. This is the number of trained doctors and nurses that are currently performing examinations. It does not have the systems to record or track the number of active examiners at each HHS. This limits its ability to plan its workforce and ensure there is adequate coverage, particularly during times where emergency departments are experiencing significant pressure. The HHSs we spoke with reported a shortage across the state, particularly in regional and remote areas. This was consistent with the findings from Queensland Health’s gap and needs analysis.

Also, while it has acted to increase the number of qualified forensic medical examiners by delivering more training, it has no strategies in place to retain those already qualified. Neither the department nor HHSs offer any incentives to doctors and nurses to carry out this role.

What is Queensland Health doing to address the gaps?

Queensland Health acknowledges it has gaps in its services statewide and that it sometimes struggles to provide victims with trauma-informed care.

DEFINITION

Trauma-informed care recognises and responds to the signs, symptoms, and risks of trauma to a victim. It provides care tailored to the victim’s needs and avoids services that may inadvertently re-traumatise the victim.

To address these gaps, it is developing:

- a statewide framework for sexual assault care
- a performance reporting framework
- an implementation plan.

It plans to implement the new frameworks by December 2025.

In the 2024–25 state budget, the Queensland Government committed \$56 million over 4 years to ensure victims of sexual assault have access to timely and high-quality forensic examination services.

Queensland Health does not know how many victims experience delays obtaining forensic medical examinations

Queensland Health does not monitor whether hospitals are delivering timely forensic medical examinations to victims of sexual assault. As such, it does not know how the hospitals carry out the examinations or whether victims continue to experience lengthy delays in waiting for them.



Only one of the 4 HHSs we audited has recorded the time it took to begin a forensic medical examination. Between January and March 2024, it took an average of 3 hours to do this after a victim presented. In one case, a patient had to wait 9 hours at a hospital before a doctor started the forensic medical examination. This was due to staffing shortages.

Due to limitations with the HHS data, we could not determine if this was an isolated case.

Queensland Health needs to work with HHSs to ensure they capture the time at which they start clinical care and the time they begin the forensic medical examination. As well as allowing Queensland Health to understand the timeliness of hospitals in providing care to sexual assault victims, it could also help identify bottlenecks, improve care, and drive efficiencies.

Do doctors and nurses receive adequate training and support to deliver forensic medical examinations?

In *Delivering forensic services* (Report 21: 2018–19), we found one of the main reasons hospital staff refused to conduct examinations was the absence of trained doctors and nurses. We recommended the department develop strategies to recruit and retain appropriately trained doctors and nurses for forensic medical examinations across the state.

The Taskforce also found only a limited number of doctors and nurses in emergency departments had been trained to perform forensic medical examinations, including in rural, regional, and remote locations. It recommended that Queensland Health develop and implement ongoing competency-based training and professional development for doctors and nurses who may be required to prepare reports and give evidence in court. This included educating doctors about the importance of their role.

In response to these recommendations, Queensland Health has delivered workshops and online training to better educate forensic medical examiners about their responsibilities and the importance of the part they play.

Queensland Health has improved the training it provides to examiners



Between July 2023 and August 2024, Queensland Health has delivered forensic medical examination education and training to 440 doctors and nurses.

Prior to July 2023, it delivered training to examiners but did not record details about the training, including how many doctors and nurses attended.

The education and training involves a 32-hour online course and an 8-hour face-to-face workshop. It covers:

- the responsibilities of a forensic medical examiner and the importance of the role
- how to obtain consent and perform a forensic medical examination
- reporting options for victims of sexual assault
- how to assist with the ongoing management of a sexual assault
- how to prepare a court report.

Forensic medical examiners need more support in preparing for court

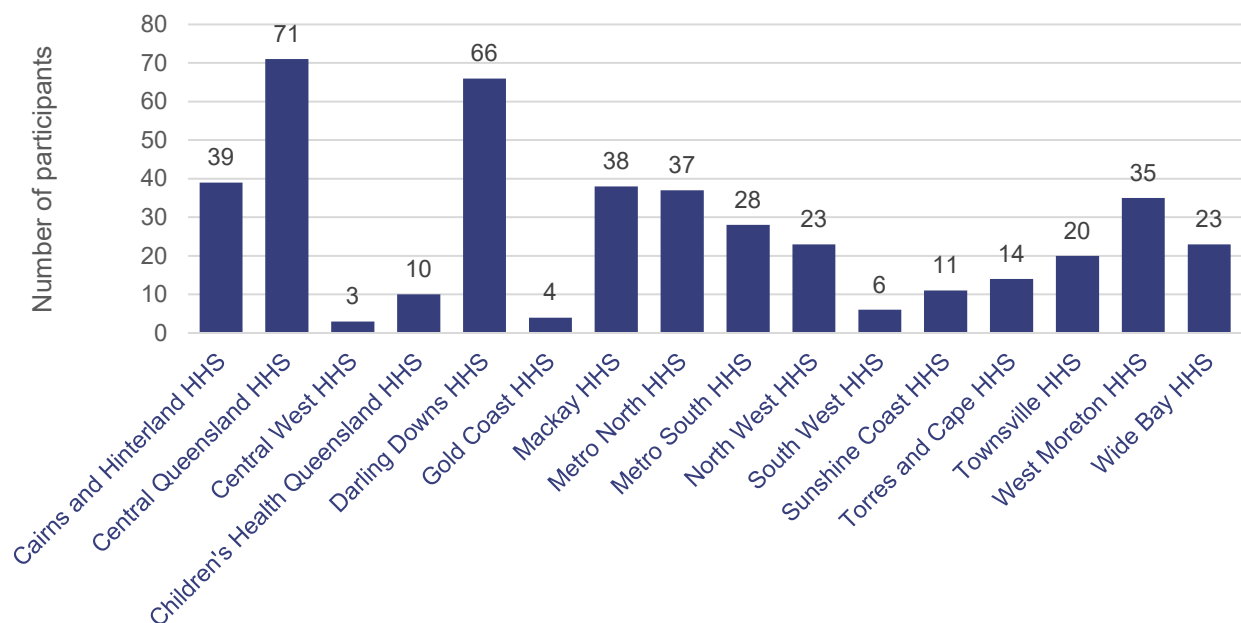
Some forensic medical examiners have never been to court before, and may not be aware of the specific legal procedures they need to follow. Some examiners told us that they need more opportunity to present evidence in a simulated courtroom. Queensland Health is working to address this gap. In June 2024, Queensland Health, in collaboration with the Office of the Director of Public Prosecutions, delivered training to 29 doctors and nurses on appearing as an expert witness in a criminal trial and ran mock court trials for forensic medical examiners. Queensland Health intends to deliver this training in South East Queensland biannually. At this stage, there is no intention to run this training in other areas across the state.

Queensland Health needs to provide more training in regional and remote areas

Since July 2023, Queensland Health has run 28 forensic medical examination education and training workshops across the state.

Figure 3A highlights the number of participants who attended the training from each HHS between July 2023 and August 2024.

Figure 3A
Number of participants who attended forensic medical examination training from July 2023 to February 2024



Notes: HHS – hospital and health service. Figure 3B shows the 428 participants that have been trained across HHSs since July 2023. An additional 12 staff have been trained in the Department of Health.

Source: Queensland Audit Office using information provided by Queensland Health.

A total of 440 participants have attended the training. No workshops were held in the Torres and Cape or Central West areas. HHSs located in regional, rural, and remote areas have advised us that better training – tailored to their individual requirements – is needed. As an example, they said they need more training on counselling and supporting victims, given the lack of social workers at their HHSs.

Some, such as the Gold Coast HHS, have sent limited staff to attend the training because their staff hold postgraduate qualifications in clinical forensic medicine. As such, they already have the knowledge, skills, and experience to perform forensic medical examinations, interpret injuries, and prepare expert evidence for court. It also delivers its own forensic medical examination training to its staff.

Queensland Health has advised that it will deliver more training in regional, rural, and remote areas. It plans to deliver training in the Torres and Cape HHS area in October 2024.

Recommendation 2

We recommend Queensland Health ensures suitably trained forensic medical examiners are available across the state to provide timely forensic medical examinations to victims of sexual assault. This should include:

- monitoring the overall demand for forensic medical examinations across the state and implementing effective strategies to address any gaps in service
- ensuring there is appropriate numbers and distribution of qualified forensic medical examiners to meet local needs, including those who specialise in delivering paediatric services to child victims of sexual assault
- continuing to deliver training to doctors and nurses – including in regional, rural, and remote areas – in how to deliver forensic medical examinations, prepare court reports, and present evidence in court.

Queensland Health has introduced more reporting options for victims and new forensic medical examination kits

In *Delivering forensic services* (Report 21: 2018–19), we found victims had to report their sexual assault to police before they could undergo a forensic medical examination. We highlighted that this may add to their distress. A victim who has experienced a traumatic event like a sexual assault may be uncertain about reporting the assault to police. They may need time before they can decide.

In July 2019, Queensland Health changed its reporting process, allowing victims to undergo a forensic medical examination without making a formal complaint to police.

In June 2023, it made further improvements, implementing a new collect and store model, allowing a victim to have an examination, with the samples stored at a laboratory. A victim can now choose to make a formal complaint to police at any time up to 24 months after the assault. If they decide to do this, police will notify the laboratory, and it will begin analysing the samples.

New forensic medical examination kits



The Taskforce found the department's existing sexual assault investigation kits were not appropriate for performing forensic medical examinations. They contained half the number of swabs needed to perform the examination and were inferior to what other states were using.

It recommended that Queensland Health review and update its kits to ensure they are consistent in quality with those used in New South Wales and Victoria. It also recommended they contain DNA decontamination kits and an adequate number of swabs and testing apparatus.

In June 2023, Queensland Health introduced its new forensic medical examination kits. They contain the appropriate contents for a complete forensic examination and for reducing the risk of contaminating forensic samples.

All of the HHSs we audited reported that they have a good supply of kits and that there were short turn-around times to obtain more kits.

Monitoring the costs and benefits of the new kits

Queensland Health has not monitored the cost of rolling out the new kits across the state. Nor has it assessed the benefits. For example, it does not know whether the new kits are resulting in better quality forensic samples. The laboratory does not provide any feedback to forensic medical examiners on the quality of samples taken.

HHSs advised us that this type of feedback would be valuable in improving practice. Queensland Health is working with the Department of Justice and Attorney-General to develop a way of communicating this information back to HHSs.

Recommendation 3

We recommend Queensland Health improves its monitoring and reporting of the performance of HHSs in delivering forensic medical examinations to victims of sexual assault. This should include:

- developing and implementing reporting tools that allow each HHS to consistently record the time a hospital performs a forensic medical examination (as distinct from commencing a clinical care pathway), and the reasons for any delays
- regularly assessing whether HHSs deliver timely and effective forensic medical examinations
- ensuring forensic medical examiners are given feedback about the quality of the samples they take during an examination.



Appendices

A.	Entity responses	17
B.	Audit scope and methods	24
	Performance engagement	24
C.	Status of recommendations	26
D.	Ministerial direction	31



A. Entity responses

As mandated in Section 64 of the *Auditor-General Act 2009*, the Queensland Audit Office gave a copy of this report with a request for comments to the:

- Department of Health
- Gold Coast Hospital and Health Service
- Metro North Hospital and Health Service
- North West Hospital and Health Service
- Children’s Health Queensland Hospital and Health Service.

This appendix contains their detailed responses to our audit recommendations.

The heads of these entities are responsible for the accuracy, fairness, and balance of their comments.

This report has tabled prior to the dissolution of the Legislative Assembly, which aligns with the tabling protocols set out in the *Auditor-General Auditing Standards*. These are the standards by which we perform our audits, and the latest version was tabled in Parliament on 16 February 2023. The protocols are in place to ensure that we are consistent with our approach of tabling completed reports prior to caretaker period.

Queensland holds general state elections on the last Saturday of October every 4 years. Constitutionally, the Governor dissolves the Legislative Assembly and issues a writ 26 days before polling day. The caretaker period begins when the Governor dissolves the Legislative Assembly. In 2024, this will occur on 1 October 2024. The time when the caretaker period ends depends on the outcome of the election.

At the end of this appendix, we include our tabling protocols. The full standards are available on our website: www.qao.qld.gov.au/audits/audit-standards



Comments received from Director-General, Queensland Health



Enquiries to: [REDACTED]

Telephone: [REDACTED]
Our ref: [REDACTED]

Queensland Health

Ms Rachel Vagg
Auditor-General
53 Albert Street
BRISBANE QLD 4000

Email: gao@gao.qld.gov.au

Dear Ms Vagg

Thank you for your email dated 3 September 2024, regarding the Queensland Audit Office's (QAO) proposed report Delivering forensic medical examinations (follow-up audit).

I would like to thank the QAO for their efforts in undertaking this audit and I accept the proposed recommendations outlined in the report. Queensland Health's response to the recommendations provides consolidated feedback based on advice provided by Hospital and Health Services that were consulted during the audit process.

When we met on 27 August 2024, I extended a personal invitation for you, as the incoming Auditor-General, to meet with staff from our Hospital and Health Services and the Department of Health to provide you with further detail and context when supporting suspected victims of sexual assault prior to the report being finalised and released.

I understand that no meetings have been scheduled and given our staff's strong commitment to providing high quality, timely, compassionate care to victim-survivors of sexual assault, I hope you will further consider this invitation.

As we discussed, although significant improvements have already occurred, I acknowledge that there is still work to be done to improve the care of victim-survivors of sexual assault within Queensland's public hospitals. I remain committed to supporting Hospital and Health Services to provide high quality, timely, compassionate care to victim-survivors of sexual assault, wherever they live, and I am confident that the recent investment and system reforms currently underway will assist in achieving this goal.

Due to the upcoming State Election, I respectfully request that the timing of the release of the report be reconsidered. As you are aware, if the report is released during the caretaker period, Queensland Health is restricted by Government conventions to provide a comprehensive and robust response until an incoming Government is confirmed and briefed.

Level 37
1 William St Brisbane
GPO Box 48 Brisbane
Queensland 4000 Australia

Website: health.qld.gov.au
Email: [REDACTED]
ABN 66 329 169 412

Thank you again for the efforts of the QAO team in undertaking the audit and responding to Queensland Health's prior feedback during the process.

Should you require further information, the Department of Health's contact is

Yours sincerely



Michael Walsh
Director-General
24/09/2024



Responses to recommendations



SENSITIVE

Department of Health

Delivering forensic medical examinations (follow-up audit)

Response to recommendations provided by Queensland Health on 17 September 2024

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>We recommend Queensland Health:</p> <ol style="list-style-type: none"> implement its performance reporting framework to ensure victims of sexual assault are provided with timely and professional clinical care (Chapter 2) in accordance with the Ministerial Direction – <i>Crisis Care Process</i>. This should include: <ul style="list-style-type: none"> developing and implementing reporting tools that allow each HHS to consistently record the time a victim commences a clinical care pathway, and any reasons for delay regularly assessing whether HHSs are complying with the direction and delivering timely clinical care. 	Agree	Q4 24/25	Queensland Health will progressively implement the sexual assault services reporting framework throughout FY 2024/25. This will include rollout of enhancement to clinical information systems to enable improved oversight of service provision and targeting of improvement efforts. Implementation of the reporting framework will also lead to greater system-wide visibility of HHS performance against the requirements of the Ministerial Direction – <i>Crisis Care Process</i> .

Recommendation	Agree/ Disagree	Timeframe for implem entatio n (Quart er and financi al year)	Additional comments
<p>We recommend Queensland Health:</p> <p>2. ensures suitably trained forensic medical examiners are available across the state to provide timely forensic medical examinations to victims of sexual assault (Chapter 3). This should include:</p> <ul style="list-style-type: none"> monitoring the overall demand for forensic medical examinations across the state and implementing effective strategies to address any gaps in service ensuring there is appropriate numbers and distribution of qualified forensic medical examiners to meet local needs, including those who specialise in delivering paediatric services to child victims of sexual assault continuing to deliver training to doctors and nurses – including in regional, rural, and remote areas – in how to deliver forensic medical examinations, prepare court reports, and present evidence in court. 	<p>Agree</p>	<p>Q4 24/25</p>	<ul style="list-style-type: none"> Implementation of the sexual assault services reporting framework throughout FY 2024/25 will enable Queensland Health to more easily monitor demand for forensic medical examinations, and address identified gaps. Recurrent funding has been announced to uplift Forensic Medicine Queensland's Forensic Examiner Training Program to provide training for clinicians statewide in caring for people disclosing sexual assault, including dedicated court preparation content and mock court sessions. Children's Health Queensland HHS has also been provided funding to enhance service delivery for paediatric patients, including provision of training for clinicians as appropriate. It should be noted that feedback from remote health services has indicated that there may not always be a trained clinician on site. However, local models of care are being developed, which include timely, compassionate care, ongoing outreach and training, 24/7 phone support, clear care pathways and timely transfer between facilities within the HHS if required.



Recommendation	Agree/ Disagree	Timeframe for implem entatio n (Quart er and financi al year)	Additional comments
<p>We recommend Queensland Health:</p> <p>3. improves its monitoring and reporting of the performance of HHSs in delivering forensic medical examinations to victims of sexual assault (Chapter 3). This should include:</p> <ul style="list-style-type: none"> • developing and implementing reporting tools that allow each HHS to consistently record the time a hospital performs a forensic medical examination (as distinct from commencing a clinical care pathway), and the reasons for any delays • regularly assessing whether HHSs deliver timely and effective forensic medical examinations • ensuring forensic medical examiners are given feedback about the quality of the samples they take during an examination. 	<p>Agree</p>	<p>Q4 24/25</p>	<ul style="list-style-type: none"> • Queensland Health will progressively implement the sexual assault services reporting framework throughout FY 2024/25. • Part of this work will include consideration of including additional data points in planned system enhancements to enable greater visibility over when an examination occurs, and at what stage of the patient's journey. • Queensland Health is also working with the Department of Justice and Attorney-General (Forensic Science Queensland) to establish mechanisms to enable clinicians to access information regarding the quality of samples collected during forensic medical examinations.

Queensland Audit Office *Auditor-General Auditing Standards – Tabling protocols*

Auditor-General Auditing Standards

Appendix C – Tabling protocols

General principle

The Auditor-General aims to table reports to parliament on parliamentary sitting days. Reports may be tabled on a non-sitting day where there are limited or no sitting days within 14 days of finalising a report. The same principle applies during periods of parliamentary recess.

Caretaker period

Queensland holds general state elections on the last Saturday of October every 4 years. Constitutionally, the Governor dissolves the Legislative Assembly and issues a writ 26 days before polling day. The caretaker period begins when the Governor dissolves the Legislative Assembly. The time when the caretaker period ends depends on the outcome of the election.

If a proposed audit report under s. 64 the Auditor-General Act has been issued for comment and responses are received prior to the Legislative Assembly being dissolved, these reports will be tabled during the caretaker period.

If the Legislative Assembly has been dissolved prior to the lapse of the 21-day comment period, these reports will be tabled after the election.

The Auditor-General has ultimate discretion as to when to table reports. An exception to the principles above is that, if the report contains information requested by parliament or of significant public interest, the Auditor-General may elect to table the report as planned.

Reports focusing on local government matters follow the same principles regarding local government elections.

Estimates hearings period

Parliament does not sit during estimates hearings. The Auditor-General will not table an audit report during the estimates hearing period. The estimates hearing period is considered final once the portfolio committee reports are tabled.

An exception to this principle is that, if the report contains information requested by parliament or of a significant public interest, the Auditor-General may elect to table the report.

Significant public interest

Information of significant public interest is a matter of judgement, and the following is a non-exhaustive list of public interest matters which the Auditor-General may consider:

- matters of public concern and importance
- the proper administration of government
- open justice
- public health and safety
- the prevention and detection of crime and fraud
- the economic wellbeing of the state or local government.



B. Audit scope and methods

Performance engagement

This audit has been performed in accordance with the Auditor-General Auditing Standards, incorporating, where relevant, the standards on assurance engagements issued by the Auditing and Assurance Standards Board. This includes the standard on assurance engagements ASAE 3500 *Performance Engagements*. This standard establishes mandatory requirements, and provides explanatory guidance for undertaking and reporting on performance engagements.

The conclusions in our report provide reasonable assurance about the audited entities' performance against the identified criteria. Our objectives and criteria are set out below.

The entities we audited

- Department of Health
- Gold Coast Hospital and Health Service
- North West Hospital and Health Service
- Metro North Hospital and Health Service
- Children's Health Queensland Hospital and Health Service.

Audit methods and approach

Field visits and interviews

We conducted interviews with a diverse range of stakeholders from across the health sector, including regional areas of Queensland. This included but was not limited to:

- the Chief Medical Officer from Queensland Health
- forensic units at Gold Coast University Hospital, Royal Brisbane and Women's Hospital, Mount Isa Base Hospital, Queensland Children's Hospital, Rockhampton Hospital, Sunshine Coast University Hospital, Logan Hospital, and Queen Elizabeth II Jubilee Hospital
- emergency departments at Gold Coast University Hospital and Royal Brisbane and Women's Hospital
- paediatricians at Gold Coast University Hospital and Queensland Children's Hospital
- social workers located at Gold Coast University Hospital, Royal Brisbane and Women's Hospital, Logan Hospital, and Queen Elizabeth II Jubilee Hospital
- Forensic Medicine Queensland, Department of Health
- Forensic Science Queensland, Department of Justice and Attorney-General.

Document review

We obtained and reviewed relevant documents from the entities involved in the audit. This included forensic medical examination records (no patient details), policies, procedures, guidelines, strategic plans, handbooks, roster schedules, reviews, frameworks, training material, strategies, and correspondence.

We also considered research from other jurisdictions and academia.



Scope of the audit

This follow-on audit examines whether Queensland Health has effectively planned and progressed implementing recommendations and ministerial directions to improve the delivery of forensic medical examinations to victims.

We addressed this through the following criteria:

Criteria	
1.1	Queensland Health has planned effectively to implement the QAO and Women's Safety and Justice Taskforce recommendations, and the health minister's direction.
1.2	Queensland Health has effectively progressed implementing the QAO and Women's Safety and Justice Taskforce recommendations and the health minister's direction.
1.3	Queensland Health has captured the cost of implementing our recommendation and any cost benefits (savings) resulting from implementing the recommendations.

Exclusions from the scope of the audit

We did not assess:

- recommendations 1, 2, 3, and 5 from *Delivering forensic services* (Report 21: 2018–19), some of which were aimed at the Queensland Police Service and the Department of Justice and Attorney-General. The government announced changes to forensic DNA testing in Queensland as a result of the 2022 Commission of Inquiry. It was therefore not an appropriate time for us to follow up on those recommendations. We may assess progress on these recommendations in the future
- forensic analysis – this audit excludes the scientific analysis of DNA and other human specimens obtained by forensic medical examinations
- coordination of service delivery across the system, including between the Queensland Police Service, the Department of Justice and Attorney-General, and Queensland Health.



C. Status of recommendations

Appendix C captures the status of recommendations from our report *Delivering forensic services* (Report 21: 2018–19) and the Women’s Safety and Justice Taskforce: *Hear her voice – Report two*.

We assessed the status of the recommendations using the criteria below.

Figure C1
Assessment criteria

Status	Definition
Fully implemented	The recommendation has been implemented or alternative action has been taken that addresses the underlying issues and no further action is required. Any further actions are business as usual.
Partially implemented	Significant progress has been made in implementing the recommendation or taking alternative action, but further work is required before it can be considered business as usual. This also includes where the action taken was less extensive than recommended, as it only addressed some of the underlying issues that led to the recommendation.
Not implemented	No or minimal actions have been taken to implement the recommendation, or the action taken does not address the underlying issues that led to the recommendation.
No longer applicable	Circumstances have fundamentally changed, making the recommendation no longer applicable. For example, a change in government policy or program has meant the recommendation is no longer relevant.

Source: Queensland Audit Office.

Delivering forensic services (Report 21: 2018–19)

In our report *Delivering forensic services* (Report 21: 2018–19) we made 5 recommendations. This included recommending that the Department of Health continues to develop and deliver reforms to forensic medical examinations to improve services to victims (recommendation 4).

We did not follow up the other recommendations from our 2018–19 audit. This is because the government has announced changes to forensic DNA testing in Queensland resulting from the 2022 Commission of Inquiry. It was therefore not an appropriate time for us to follow up on related recommendations. We may assess progress on them in future.



Figure C2 shows our assessment of the status of recommendation 4 from the above report.

Figure C2 Status of recommendation 4

<i>Delivering forensic services (Report 21: 2018–19)</i>	
<p>Recommendation 4: We recommend that the Department of Health, in collaboration with the Queensland Police Service and all hospital and health services, continues to develop and deliver reforms to forensic medical examinations to improve services to victims, including:</p> <ul style="list-style-type: none"> • implementing service agreements to deliver forensic medical examinations • developing strategies to recruit and retain appropriately trained physicians and nurses • implementing a range of reporting pathways and supporting processes for all victims • improving clinicians’ awareness of reporting options for victims of sexual assault • improving the availability of, and access to, paediatric services for child victims • establishing interagency services to better integrate clinicians, police, and non-government organisations. <p>QAO assessment: Partially implemented</p>	
The department has:	The department still needs to:
<ul style="list-style-type: none"> • developed and implemented the health service directive <i>Caring for People Disclosing Sexual Assault</i> in all hospital and health services • implemented service delivery agreements with each of the 16 hospital and health services • introduced alternative reporting pathways for victims, including the new collect and store option • introduced new sexual assault examination kits • updated training materials and delivered training to emergency department doctors and nurses, including on the alternative reporting pathways for victims • established governance committees to improve coordination between entities. 	<ul style="list-style-type: none"> • develop and implement a strategy to recruit and retain appropriately trained doctors and nurses across the state in how to deliver forensic medical examinations, prepare court reports, and present evidence in court. This should include training the doctors and nurses in regional, rural, and remote areas • improve the availability of, and access to, paediatric services for child victims.

Source: Queensland Audit Office using information provided by Queensland Health.



The Women’s Safety and Justice Taskforce: *Hear her voice – Report two*

The Women’s Safety and Justice Taskforce (the taskforce) made 188 recommendations in *Hear her voice – Report two*.

Recommendation 38 from the Taskforce recommended that the Queensland Audit Office consider undertaking a follow-up audit of our 2018–19 report and review the implementation of the Taskforce recommendations – as relevant to forensic medical examinations. This includes Taskforce recommendations 32 to 37.

Figure C3 shows our assessment of the status of recommendations 32 to 37.

Figure C3
Status of Taskforce recommendations 32 to 37

<i>Hear Her Voice – Report two Volume 1, 2022</i>	
<p>Recommendation 32: The Queensland Government establish and fund a statewide forensic examination service to ensure consistent timely and high-quality forensic medical services to all victims of sexual violence across Queensland. These services should be trauma-informed and culturally competent and comprise:</p> <ul style="list-style-type: none"> • permanent positions for qualified forensic clinicians supported by administrative and other necessary supports within each Hospital and Health Service throughout the state to perform forensic medical examinations, as well as professional supervision and support to doctors and nurses performing examinations throughout Queensland • access to timely and high-quality forensic medical examinations 24 hours a day, seven days a week through emergency departments in each hospital by requiring all emergency department doctors in Queensland to be trained to undertake sexual assault forensic medical examinations • forensic nurse examiner positions within each Hospital and Health Service and Aboriginal and Torres Strait Islander health services to ensure statewide access to high-quality examinations, including in rural, regional and remote communities • contemporary and innovative mechanisms to provide statewide professional supervision and support, including through the use of telehealth services to provide professional supervision and support to practitioners in remote communities. <p>QAO assessment: Partially implemented</p>	
Queensland Health has:	Queensland Health still needs to:
<ul style="list-style-type: none"> • conducted a gap and needs analysis for all hospital and health services • sought and obtained more funding from the Queensland Government to establish statewide forensic medical examination services • established the sexual assault reform team to implement this recommendation • sponsored 10 nurses to enrol in the forensic nurse examiner course provided by Monash University • continued delivering training to emergency department doctors and nurses in how to perform a forensic medical examination • continued to support examiners through Forensic Medicine Queensland’s 24/7 phone support service. 	<ul style="list-style-type: none"> • implement statewide forensic medical examination services that ensure there are suitably trained examiners available to provide timely examinations to victims across Queensland <ul style="list-style-type: none"> – determine the number of active and dedicated forensic medical examiners there are across the state and the number it needs to deliver an effective service – ensure there are appropriate numbers of qualified forensic medical examiners who specialise in delivering paediatric services to child victims of sexual assault.

Recommendation 33: Queensland Health, in partnership with the Department of Justice and Attorney-General, develop and implement ongoing competency-based training and professional development for doctors and nurses who may be required to prepare reports and give evidence in criminal proceedings for sexual offences. Training materials will be regularly reviewed to remain up to date and align with changes to the law. This training and professional development will include appearing as an expert witness in criminal trials, for example, by the use of mock trials.

QAO assessment: Partially implemented

Queensland Health has:

- updated training materials to include content on preparing for court. The 8-hour face-to-face workshop now includes a 90-minute segment on preparing for court
- delivered 9 workshops across the state
- delivered training on appearing as an expert witness in a criminal trial and run mock court trials for forensic medical examiners in June 2024.

Queensland Health still needs to:

- deliver additional mock trial court training to doctors and nurses across Queensland.

Recommendation 34: Queensland Health develop and implement a communication and education campaign to inform doctors who may be required to perform forensic medical examinations about the critical importance of this work, their role, and the support available to them to perform this role well. The campaign will aim to dispel myths about sexual violence and sexual consent and emphasise the value of timely forensic medical examinations for women and girls who are the victims of sexual violence.

QAO assessment: Fully implemented

Queensland Health has:

- updated training materials to emphasise the importance of the role of a forensic medical examiner and also the importance of timely examinations. The training also addresses several myths about sexual violence
- delivered 9 workshops across the state using the revised training materials.

Queensland Health still needs to:

- Queensland Health has fully implemented this recommendation.

Recommendation 35: Queensland Health and the Queensland Police Service review and revise the model for ‘just in case’ forensic medical examinations in Queensland and implement a new approach that ensures a full medical examination is undertaken with the same number and quality of samples taken in all forensic medical examinations. A revised model for Queensland should require samples to be stored for 12 months, extended for a further 12 months at the option of the victim-survivor. It will be the role of the Queensland Health statewide clinical forensic service to contact victim-survivors near the end of the first 12 months to seek their view about the retention of samples for a further 12 months. The revised model will include clear protocols for the appropriate storage of samples to maintain integrity and ensure continuity of evidence.

QAO assessment: Fully implemented

Queensland Health has:

- implemented a new collect and store approach that gives victims up to 24 months to decide if they wish to pursue a police investigation. The new approach requires the same number of samples to be taken and stored appropriately.

Queensland Health still needs to:

- Queensland Health has fully implemented this recommendation.



Recommendation 36: Queensland Health review and update the Sexual Assault Investigation Kits used in Queensland to ensure they are at least of consistent quality as those used in New South Wales and Victoria. As a minimum requirement, kits must be DNA free, and contain DNA decontamination kits and an adequate number of swabs and testing apparatus.

QAO assessment: Fully implemented

Queensland Health has:

- updated its forensic medical examination kits to be consistent in quality with those used in New South Wales and Victoria
- updated its forensic medical examination kits to ensure they contain DNA decontamination materials, and an adequate number of swabs and testing apparatus
- trained forensic medical examiners in how to use the new kits.

Queensland Health still needs to:

- Queensland Health has fully implemented this recommendation.

Recommendation 37: Queensland Health immediately stop the practice of charging victims of sexual assault who are ineligible for Medicare for any component of the costs of a forensic medical examination and the medical treatment of any injuries incurred as a result of a sexual assault. This will include consultation with the Federal Government if necessary.

QAO assessment: Fully implemented

Queensland Health has:

- issued memos to all HHSs to immediately stop charging victims of sexual assault who are ineligible for Medicare.

Queensland Health still needs to:

- Queensland Health has fully implemented this recommendation.

Source: Queensland Audit Office using information provided by the Department of Health.



D. Ministerial direction

Queensland Health

[Legislation & bills \(https://www.health.qld.gov.au/system-governance/legislation\)](https://www.health.qld.gov.au/system-governance/legislation) >
Ministerial Direction - Crisis Care Process

Ministerial Direction - Crisis Care Process

QH-MD-001

Authority

In accordance with s 44(1) of the *Hospital and Health Boards Act 2011*, I am satisfied it is necessary in the public interest that I give this written direction to the Hospital and Health Services listed below, under 'Scope' with immediate effect.

Commencement

This Ministerial Direction is intended to operate from and including 17 November 2023.

Purpose

This Ministerial Direction implements a 'Crisis Care Process' in Hospital and Health Services which are responsible for Emergency Departments in specified Hospitals. The crisis care process will require the relevant Hospital and Health Service to accept care and commence an approved Clinical Care Pathway for any person who attends at an Emergency Department and discloses having experienced sexual assault, or is presented by an officer of the Queensland Police Service as a victim of a sexual assault, within 10 minutes of the disclosure or presentation.

This Ministerial Direction operates in tandem with Health Service Directive 'Caring for people disclosing sexual assault' [QH-HSD-051 (V2)].



Scope

This directive applies to Hospital and Health Services (HHSs) which are responsible for the following Emergency Departments (EDs) and applies specifically to the following EDs:

Hospital and Health Service	Emergency Department
Cairns and Hinterland Hospital and Health Service	Cairns Hospital
Central Queensland Hospital and Health Service	Gladstone Hospital Rockhampton Hospital
Childrens Health Queensland Hospital and Health Service	Queensland Children's Hospital
Darling Downs Hospital and Health Service	Toowoomba Hospital
Gold Coast Hospital and Health Service	Gold Coast University Hospital Robina Hospital
Mackay Hospital and Health Service	Mackay Base Hospital
Metro North Hospital and Health Service	Caboolture Hospital Redcliffe Hospital The Prince Charles Hospital Royal Brisbane & Women's Hospital



Hospital and Health Service	Emergency Department
Metro South Hospital and Health Service	Logan Hospital Princess Alexandra Hospital Queen Elizabeth II Jubilee Hospital Redland Hospital
North West Hospital and Health Service	Mount Isa Base Hospital
Sunshine Coast Hospital and Health Service	Sunshine Coast University Hospital Gympie Hospital Nambour Hospital
Townsville Hospital and Health Service	Townsville University Hospital
West Moreton Hospital and Health Service	Ipswich Hospital
Wide Bay Hospital and Health Service	Bundaberg Hospital Hervey Bay Hospital Maryborough Hospital

Outcomes

HHSs included in the scope of this directive shall:

- Implement a Crisis Care Process in EDs, which requires that any person who discloses a sexual assault during a presentation, or is presented by an officer of the Queensland Police Service (a police officer) as a victim of a sexual assault, must:
 - be accepted into care by the HHS; and



- be commenced on the HHS's Clinical Care Pathway within 10 minutes of the disclosure or presentation.

If the HHS is unable to commence its Clinical Care Pathway within the above timeframe due to genuine operational or clinical needs, the Clinical Care Pathway shall be commenced at the earliest opportunity.

- Take responsibility for the care of the person from the time they present to the ED, through their Clinical Care Pathway, including performing a Forensic Medical Examination (in accordance with the Health Service Directive 'Caring for people disclosing sexual assault' [QH-HSD-051 (V2)]), if the person chooses to have this.

Forensic Medical Examinations can be provided by:

- Forensic Physician
- Medical Officers who have received training in sexual assault examination
- Medical Officers (not including interns) accessing phone support from Forensic Medicine Qld
- Forensic Nurse Examiners
- Sexual Assault Nurse Examiners and Nurse Practitioners who have received additional training in sexual assault examination.

If an exceptional circumstance arises where a hospital transfer is required, the Clinical Care Pathway must ensure that the person is supported in a trauma informed way throughout the entire process.

The Crisis Care Process

There will be a crisis care process in the EDs specified in this Ministerial Direction.

Any HHS to which this Ministerial Direction applies must accept into immediate care any person who discloses a sexual assault during a presentation at an ED, or who is presented to an ED by a police officer as a victim of a sexual assault.

The HHS will ensure that any person who discloses a sexual assault during a presentation, or is presented by a police officer as a victim of a sexual assault, is commenced on the HHS's Clinical Care Pathway within 10 minutes of the presentation or disclosure.



However, a HHS will not fail to comply with this Ministerial Direction if, having regard to genuine operational or clinical needs, the HHS was unable to commence its Clinical Care Pathway within 10 minutes of the disclosure or presentation.

Genuine operational or clinical needs include:

- a need to provide urgent or high priority medical care to the person disclosing a sexual assault or another patient or patients; and/or
- an unplanned absence of staff, including due to a need to provide urgent or high priority medical care to another patient.

In reaching a view as to whether there are genuine operational or clinical needs which prevent the HHS commencing the applicable pathway within 10 minutes of the disclosure or presentation, clinical judgment may be taken into account.

If a HHS is unable to commence its Clinical Care Pathway in respect of the victim of assault within 10 minutes of the disclosure or presentation, that HHS must take all reasonable steps to commence the Clinical Care Pathway at the earliest opportunity.

If an exceptional circumstance arises where a hospital transfer is required, the Clinical Care Pathway must ensure that the person is supported in a trauma informed way throughout the entire process.

A HHS must record the following, at the earliest opportunity, in respect of any disclosure or presentation within the meaning of this Ministerial Direction:

- whether the person was accepted into care immediately; and
- whether the person was commenced on its Clinical Care Pathway within 10 minutes.

If the person was not accepted into care immediately, or if a Clinical Care Pathway was not commenced within 10 minutes, a HHS must:

- record the timeframe in which the person was accepted into care, and in which the Clinical Care Pathway was commenced;
- record the genuine operational or clinical needs which prevented the HHS from commencing its Clinical Care Pathway within 10 minutes; and
- disclose to an appropriate officer of the Office of the Chief Medical Officer, in a manner which does not identify the victim, of the delay, of the extent of the delay, and of the genuine operational or clinical need recorded.



Given by the Honorable Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services, Minister for Women, Member for Waterford

Date: 17 November 2023

Last updated: 17 November 2023





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