

Wednesday, 29 July 2026

Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032

On behalf of the Royal College of Pathologists of Australasia, I am pleased to provide the enclosed submission to inform the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032.

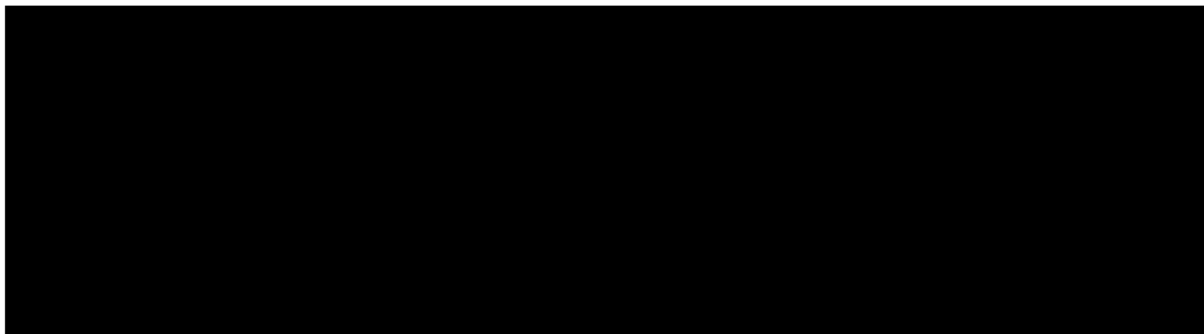
Australia has made important progress in strengthening prevention, early identification and service coordination. However, a significant clinical gap remains. Victim-survivors do not yet have consistent access to the forensic healthcare, specialist assessment, follow-up and medico-legal expertise required to support their health, recovery and engagement with the justice system.

The College recommends that the Second Action Plan recognise clinical forensic capability as a national health system priority and provide for the development of a National Clinical Forensic Capability Strategy and Roadmap. A coordinated national approach would strengthen workforce capability, education, clinical governance, standards, research and access to specialist expertise, while allowing jurisdictions to retain service models suited to their local circumstances.

The College's Faculty of Clinical Forensic Medicine brings established expertise in education, training, standards and clinical governance. We would welcome the opportunity to work with governments, health services, victim-survivors and other stakeholders to support the development and implementation of this work.

Thank you for considering the College's submission.

Yours sincerely



STRENGTHENING AUSTRALIA'S CLINICAL FORENSIC CAPABILITY

Submission to inform the Second Action Plan under the
National Plan to End Violence against Women and Children 2022-2032

Royal College of Pathologists of Australasia

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EXECUTIVE SUMMARY

Australia's response to family, domestic and sexual violence contains a significant clinical gap. While national reforms have strengthened prevention, early identification, referral and service coordination, they have not yet built the health system capability required to deliver consistent, high-quality forensic healthcare.

This matters because the health response does not end when violence is identified or immediate injuries are treated. Victim-survivors may require specialist assessment and follow-up for non-fatal strangulation, concussion, mental ill-health and substance use. Injuries that require little or no treatment may nevertheless carry substantial evidentiary significance. Police investigations and prosecutions may also depend on accurate clinical documentation, expert interpretation, court-ready reports and testimony.

Yet these responsibilities frequently fall to emergency clinicians, general practitioners, nurses and other healthcare professionals who may have limited forensic training, specialist support or confidence engaging in medico-legal processes. Referral pathways often rely on already stretched services that are equipped to treat injuries, but not necessarily to identify their forensic significance, provide structured follow-up or support the justice process. As a result, important health consequences can go undiagnosed, evidence can be lost or poorly documented, and practitioners may avoid medico-legal work for which they have not been adequately prepared.

Effective policy and referral pathways are essential, but cannot alone ensure consistent clinical assessment, appropriate forensic care, accurate documentation and access to specialist advice. These outcomes also depend on workforce capability, education, governance, standards and quality systems embedded within healthcare delivery. Gaps are particularly evident beyond the initial response, where overstretched emergency departments and general practices are equipped to treat injuries, but not necessarily to undertake specialist forensic documentation or address ongoing health and forensic needs. This includes injuries that may require little or no treatment but carry significant evidentiary value.

Australia has considerable clinical forensic expertise and several highly regarded services. However, capability remains uneven across jurisdictions. There is no nationally coordinated approach to workforce development, education, competency, clinical governance, quality assurance, research or access to specialist advice. The quality of care available to a victim-survivor can therefore depend on where they live, where they present and whether an appropriately trained practitioner happens to be available.

The Second Action Plan provides an opportunity to address this structural gap. The objective is not to impose a single service model or make every healthcare practitioner a forensic specialist. It is to ensure that every practitioner responding to family, domestic and sexual violence has the capabilities appropriate to their role, works within a strong clinical governance framework, and can access specialist advice when required.

OUR RECOMMENDATIONS

The Royal College of Pathologists of Australasia recommends that the Second Action Plan recognise clinical forensic capability as a core component of Australia's health response to family, domestic and sexual violence. It should provide for a National Clinical Forensic Capability Strategy and Roadmap, supported by five actions:

- 1. Recognise clinical forensic capability as a national health system capability**
- 2. Develop a National Clinical Forensic Capability Strategy and Roadmap**
- 3. Establish nationally consistent education, competency and workforce development**
- 4. Strengthen national clinical leadership, governance and access to specialist expertise**
- 5. Support coordinated research, evaluation and national collaboration**

This would not displace jurisdictional responsibility or existing models of care. It would establish the national foundations needed to make those models safer, more consistent and more sustainable. Most importantly, it would help ensure that victim-survivors receive appropriate healthcare, clinically significant injuries are recognised, and the evidence required by the justice system is documented and interpreted to a consistently high standard.

ABOUT RCPA AND THE FACULTY OF CLINICAL FORENSIC MEDICINE

The RCPA provides professional leadership in Clinical Forensic Medicine across Australia, New Zealand and the Asia-Pacific through education, training, standards and clinical governance.

The Faculty provides an established professional platform through which specialist expertise can contribute to national policy development, education, competency frameworks, standards, clinical governance, research and implementation. This contribution would form one part of a broader collaborative approach undertaken in partnership with governments, health services, Aboriginal Community Controlled Health Organisations, professional colleges, universities, consumer and victim-survivor organisations, justice agencies and other stakeholders.

This work would build on the Faculty's joint proposal with the Forensic and Medical Sexual Assault Clinicians Australia and the Monash University Department of Forensic Medicine to establish a National Clinical Forensic Medicine Advisory Group. The proposed Advisory Group offers a practical mechanism to support the development and implementation of the National Clinical Forensic Capability Strategy and Roadmap recommended in this submission.

INTRODUCTION

The RCPA welcomes the opportunity to contribute to the Second Action Plan, which provides a timely opportunity to strengthen nationally coordinated clinical forensic capability as a core component of Australia's integrated, evidence-informed health response to violence against women and children.

Healthcare professionals are often the first, and sometimes the only, point of contact for victim-survivors, making the quality of their response critical to immediate care, recovery, forensic evidence and justice outcomes. This submission proposes a nationally coordinated approach to building the system-wide capability required for safe, equitable and sustainable forensic healthcare, while preserving diverse service models and multidisciplinary practice.

The National Plan and complementary reforms across health, justice and community sectors have strengthened prevention, coordination and accountability. cross Australia's response to family, domestic and sexual violence.

However, policy and referral pathways alone cannot ensure consistent clinical assessment, forensic care, documentation and specialist advice. These outcomes require workforce capability, education, governance and quality systems embedded across healthcare, particularly beyond the initial response, when overstretched emergency departments and general practices may not be equipped to address ongoing health needs or document injuries with evidentiary significance. The Second Action Plan provides an opportunity to establish nationally consistent principles for clinical forensic capability while allowing jurisdictions to tailor service delivery to local needs.

ALIGNMENT WITH CONSULTATION PRIORITIES

This submission responds to the consultation paper informing the development of the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032.

The consultation identifies five interconnected priority areas. Although this submission is primarily directed to **Priority Area 5 – System Integration and Workforce**, strengthening Australia's clinical forensic capability would also contribute directly to Priority Area 1 – Victim-survivors by supporting more consistent, equitable and trauma-informed forensic healthcare. It would further support Priority Area 2 – Prevention and Early Intervention by strengthening early identification, clinical responses and multidisciplinary system capability.

Consultation Priority	How this submission responds
Victim-survivors	More consistent forensic healthcare, equitable access and trauma-informed clinical responses.
Prevention & Early Intervention	Earlier identification, a skilled health workforce and stronger clinical capability.

Children and Young People	A capability framework applicable across age groups and service settings.
People who use violence	Stronger justice responses are supported by high-quality forensic evidence and medico-legal processes.
System Integration & Workforce	Primary focus: governance, education, workforce capability, leadership, standards, research and collaboration.

CLINICAL FORENSIC CAPABILITY

Clinical forensic capability is the health system's capacity to deliver safe, consistent and evidence-based forensic healthcare whenever and wherever it is needed — from first presentation through ongoing health follow-up to, where required, the medico-legal process.

Clinical forensic capability comprises the coordinated combination of workforce, education, clinical governance, standards, research and specialist expertise required to deliver high-quality forensic healthcare across three connected phases: initial assessment, ongoing health follow-up, and, where required, the medico-legal process. It is a system-wide capability, rather than a single service, workforce group or a point-in-time encounter.

CONTINUITY OF CARE AND THE JUSTICE INTERFACE

Clinical forensic capability does not end with the initial examination. Competing safety and psychosocial priorities often stop victim-survivors attending follow-up care, so consequences such as strangulation-related injury, concussion and escalating mental health or substance use needs go unaddressed.

A parallel gap exists in the medico-legal pathway: supporting police investigations, preparing court-ready reports and giving testimony require training most general practitioners, emergency clinicians and nurses reasonably lack. Without specialist capacity, both ongoing health needs and the quality of evidence for prosecutions are put at risk. Reform focused only on initial response leaves both gaps unaddressed.

Clinical Forensic Medicine underpins this capability by providing specialist expertise across each phase: injury assessment, documentation and interpretation; structured follow-up of the health consequences of violence; the collection and interpretation of forensic evidence; the preparation of medico-legal reports; and the provision of expert opinion and testimony. Its contribution extends beyond the individual clinical encounter to education, standards, consultation, governance, research and quality improvement.

This reflects the role of specialist disciplines across the health system. Specialist expertise supports complex care directly while also building broader workforce capability through leadership, education, standards and governance. Clinical Forensic Medicine performs the same enabling function.

A MULTIDISCIPLINARY CAPABILITY

Clinical forensic care is delivered by a multidisciplinary workforce. Depending on the jurisdiction and service model, this may include general practitioners, emergency clinicians, paediatricians, sexual health clinicians, nurses, forensic nurses, midwives, mental health professionals, Aboriginal health practitioners and Clinical Forensic Medicine specialists.

Each profession makes an important and complementary contribution. National reform would therefore define capability and competency requirements appropriate to each role, support effective supervision and referral, and ensure access to specialist advice for complex presentations. System quality should be assessed by the standard, consistency and expertise available when forensic healthcare is required, rather than by which profession performs each examination.

National reform should also align with any common professional capability framework for safe and competent family, domestic and sexual violence practice developed by the Australian Health Practitioner Regulation Agency.

FOUNDATIONS OF A MATURE NATIONAL CAPABILITY

Clinical forensic capability must be developed and sustained. It is not created through service provision alone. A mature national capability depends on six interconnected foundations.

Clinical leadership	Professional leadership supports nationally consistent standards, expert advice, education, service development and quality improvement.
Workforce capability	A sustainable multidisciplinary workforce requires role-specific competencies, appropriate scopes of practice, access to supervision and clear pathways for specialist consultation.
Education and competency development	Education would extend from undergraduate learning through postgraduate training, supervised practice and continuing professional development, guided by nationally consistent principles.
Clinical governance	Evidence-based standards, peer review, audit, quality assurance, incident learning and specialist consultation support safe and consistent practice.
Research and evaluation	A stronger evidence base would inform clinical practice, workforce planning, service models, implementation and continuous improvement.

National collaboration

Sustainable reform depends on partnership between governments, health services, Aboriginal Community Controlled Health Organisations, professional colleges, universities, consumer and victim-survivor organisations, justice agencies and other stakeholders.

These foundations are mutually reinforcing. Education requires governance to support consistent practice; governance requires workforce development to remain sustainable; and service improvement requires research and evaluation to generate transferable national learning.

A COORDINATED NATIONAL RESPONSE

The opportunity is best advanced through a nationally coordinated, staged approach that establishes a shared direction while allowing jurisdictions to determine how services are delivered. A National Clinical Forensic Capability Strategy and Roadmap would provide the implementation mechanism.

The Strategy would articulate a national vision, principles and priorities for clinical forensic capability. The Roadmap would translate that direction into implementation priorities, governance arrangements, measurable outcomes, indicators of progress and mechanisms for periodic review.

This approach would align existing jurisdictional initiatives, reduce unnecessary duplication and provide a foundation for sustained investment. It would also enable national reform to draw on established expertise while remaining responsive to Aboriginal and Torres Strait Islander communities, regional and remote contexts, diverse populations and differing service systems.

RECOMMENDATIONS FOR THE SECOND ACTION PLAN

The recommendations below provide practical actions to strengthen the health system capability underpinning several consultation priorities while preserving jurisdictional flexibility. Collectively, the recommendations would advance system integration and workforce capability while strengthening health responses for victim-survivors across Australia.

RECOMMENDATION 1:

Recognise clinical forensic capability as a national health system capability

Include clinical forensic capability within the Second Action Plan as an enabling component of Australia's health response to family, domestic and sexual violence. This recognition would acknowledge its contribution to high-quality clinical care, forensic practice, workforce capability, equitable access, and improved health and justice outcomes.

RECOMMENDATION 2:

Develop a National Clinical Forensic Capability Strategy and Roadmap

Develop a Strategy and Roadmap to guide the coordinated and staged development of clinical forensic capability across jurisdictions. The Strategy would establish a shared national vision, guiding principles and strategic priorities. The Roadmap would identify implementation actions, governance arrangements, responsibilities, measurable outcomes, indicators of progress and evaluation mechanisms, while preserving jurisdictional flexibility in service delivery and models of care.

RECOMMENDATION 3:

Establish nationally consistent education, competency and workforce development

Support nationally consistent education principles, competency expectations and professional development pathways for the diverse practitioners involved in forensic healthcare. Education and competency requirements would align with professional roles and scopes of practice, include appropriate supervision and assessment, and strengthen access to specialist consultation and referral.

RECOMMENDATION 4:

Strengthen national clinical leadership, governance and access to specialist expertise

Establish nationally coordinated clinical leadership to support evidence-based standards, clinical governance, quality improvement, peer review, audit and access to specialist advice. National leadership would promote consistency in clinical forensic practice while respecting jurisdictional governance arrangements and service models.

RECOMMENDATION 5:

Support coordinated research, evaluation and national collaboration

Support collaborative research, evaluation and evidence translation to strengthen clinical practice, workforce planning and models of care. Establish mechanisms for sustained collaboration among governments, health services, Aboriginal Community Controlled Health Organisations, professional colleges, universities, consumer and victim-survivor organisations, justice agencies and other stakeholders to support implementation and continuous improvement.

Implementation would support delivery of the Second Action Plan through coordinated national leadership, complement existing Commonwealth, state and territory initiatives, and preserve jurisdictional flexibility.

CONCLUSION

Australia's national response to family, domestic and sexual violence will be only as effective as the systems responsible for delivering it. At present, access to high-quality forensic healthcare remains inconsistent, placing victim-survivors' health, valuable evidence and justice outcomes at risk.

The Second Action Plan provides a clear opportunity to close this gap. Recognising clinical forensic capability as a national health system priority, supported by a National Strategy and Roadmap, would build the workforce, governance, standards and specialist expertise needed to deliver safe and consistent care across Australia while preserving jurisdictional flexibility.

The RCPA, through its FCFM, stands ready to work with governments, health services, victim-survivors and other partners to translate this opportunity into coordinated and sustained reform.