



Quality Standards for Nurses and Paramedics General Forensic Medicine (GFM)



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Introduction

It is essential to have competent multidisciplinary healthcare teams including forensic physicians, nurses and other healthcare professionals such as paramedics to provide safe care for patients when they are detainees in police custody or in contact with the Criminal Justice system. There should be care of a high quality and equivalence to that offered in other settings such as the National Health Service (NHS).

A separate Quality Standards Document has been produced by the FFLM for forensic physicians¹.

This document for nurses, paramedics and other healthcare professionals (HCPs) has been produced in consultation with representatives of the UK Association of Forensic Nurses (UKAFN) and the College of Paramedics and is intended to set standards to assist those commissioning and providing police custody healthcare.

The HMIP/HMIC Expectations for Police Custody², Police and Criminal Evidence Act 1984 (PACE) Code C in England and Wales³, the Guidance on the Safer Detention and Handling of Persons in Police Custody 2012⁴ and the National Occupational Standards for Healthcare Professionals working in Police Custody⁵ set the framework for these standards.

The Nursing and Midwifery Council (NMC) sets the general professional standards for nurses working in the UK. For the individual nurse providing care, the NMC is clear that the nurse must recognise and work within her/his competence⁶.

Similarly, paramedics must follow The Health Professions Council document "Standards of Conduct, Performance and Ethics"⁷ for all registered professions and "Standards of Proficiency"⁸ for Paramedics.

Nurses, paramedics and other healthcare professionals in general forensic medicine may come from diverse backgrounds and so it is essential that the exact period and content of training should be tailored to meet the needs and requirements of the individual nurse, paramedic or other HCP with the overall outcome: a competent clinical forensic nurse, paramedic or other HCP. The exact training programme will vary depending on the practice area and provider and be open to scrutiny if required.

1. Recruitment

For all nurses, paramedics or other HCPs:

- 1.1 It is recommended that all staff should usually be at least 3-4 years post registration (with the NMC or with the Health and Care Professions Council) and have clinical experience in a relevant specialty.
- 1.2 Relevant experience for custody forensic nursing includes working within General Practice; Accident and Emergency; Walk in Centres; Substance Misuse Services; Prison Healthcare; and, Mental Health. Other experience may be considered on a case-by-case basis, the exact skill mix of healthcare teams in custody will be determined by the health needs assessment undertaken in the service within which the individual clinician is working.
- 1.3 Relevant experience for paramedics would include front line work with NHS Ambulance Trust, Out of Hours Doctors on Call Services, General Practice placements, Emergency Care Practitioner and triage and treatment within an Emergency Department.
- 1.4 Where possible, applicants should be encouraged to shadow an experienced forensic physician, nurse or paramedic prior to applying for a post in police custody healthcare so that they can understand the demands of the role although it is recognised that vetting in advance of this may be required.
- 1.5 Precision in communication is essential. Clinicians must have demonstrable skills in listening, reading, writing and speaking English that enable effective communication in clinical practice with patients and colleagues and in legal fora (NMC standards re IETLS⁹). This may require additional support from employers to ensure effective communication for legal fora.

2. Initial training

All newly appointed staff should have an

appropriate workplace-based period of training and shadowing with a senior forensic physician/nurse or paramedic prior to commencing work. A log book should be maintained as part of the induction or preceptorship package on commencing a new post; and,

- 2.1 Must have training in Immediate Life Support at induction which is updated annually.
- 2.2 Should complete training in Safeguarding for Children and Young People (Intercollegiate document minimum Level 3)¹⁰. Staff should also have specific training in the Safeguarding of Vulnerable Adults and be aware of referral pathways for Vulnerable Adults in the locality in which they are working.
- 2.3 Should complete training in statement writing and court room skills.
- 2.4 Should have training in equality and diversity issues.
- 2.5 Should receive induction in the policies and procedures of the workplace (e.g. police/outsourced provider/NHS provider).

3. Ongoing Mentoring and Supervision

- 3.1 All staff should have a named mentor (with expert knowledge of forensic practice and with explicit training in effective mentoring). Initially this mentor should establish when the nurse or paramedic is safe to practise independently in the forensic role.
- 3.2 The named mentor should perform an initial assessment of the individual nurse, paramedic or other HCP's training needs so that appropriate training and continued maintenance of competence can be achieved.
- 3.3 The named mentor could use locally developed materials, the FFLM guide¹¹, the National Occupational Skills [NOS] for healthcare professionals working in police custody settings, as appropriate, as a basis for the training /supervision.

- 3.4 Clinical Supervision should take place as often as necessary in the initial stages, and afterwards, as often as agreed in the local service. Written records should be maintained. The document 'Clinical Supervision in Prison Nursing getting started' can be used for guidance in setting a supervision strategy.
- 3.5 Services could arrange mentoring via a number of routes: for example, forensic physicians, mental health workers, drug and alcohol workers could be used in addition to the senior nurse/paramedic in the service. Managerial and clinical supervision should be separated.

4. Continuing Professional Development

All nurses and paramedics:

- 4.1 Must fulfil the NMC¹³ or HCPC requirements¹⁴ for re-registration and continuing professional development.
- 4.2 Should practise in accordance with NMC Code of Conduct or HCPC Standards of Proficiency.
- 4.3 Must have an annual appraisal by a trained clinical appraiser; for nurses and paramedics with portfolio careers it is essential that any appraisal is robust in covering the forensic aspect of their work.
- 4.4 Must maintain annual Immediate Life Support training as a minimum.
- 4.5 Should complete sufficient hours of registered practice in the forensic setting (GFM) each year to maintain competence and agree a personal development plan with their supervisor or line manager. Nurses should comply with the CPD recommendations set out by the NMC and paramedics should be compliant with the five standards of Continuing Professional Development as laid out by the HCPC.

CPD should be a mixture of workplace based and external events. External providers could include the FFLM, NHS and events provided by other relevant bodies.

CPD should be of an equivalence for any registered healthcare professional.

- 4.6 Must maintain a portfolio of CPD and supervision.
- 4.7 Must maintain in date Safeguarding training.
- 4.8 Should consider further academic qualifications in clinical forensic practice as they develop as practitioners.
- 4.9 Persons detained under the Terrorism Act 2000 should have an initial assessment by an experienced forensic physician who should be a Member or Fellow of the FFLM. Thereafter nurses or paramedics may become involved where appropriate in the care pathway as part of a multidisciplinary team delivering a management plan initiated and supervised by the forensic physician. Nurses or paramedics working in such a multidisciplinary team may have to meet special vetting requirements.

5. Service level standard

- 5.1 It is essential to recruit a highly trained workforce to ensure patient safety, high quality care and aftercare, integrity of forensic sampling, statement writing, court room skills etc. As stated above all forensic nurses, paramedics and other HCPs should have access to ongoing CPD, supervision and annual appraisal.
- 5.2 All forensic nurses and paramedics must keep detailed contemporaneous clinical notes and ensure effective communication between colleagues and other professionals including safety netting of vulnerable patients. There must be clear procedures in place for sharing confidential information^{15, 16}, as appropriate.
- 5.3 Forensic nurses and paramedics must comply with the information governance arrangements in their workplace which must be compatible with professional ethics.

- 5.4 Nurses must comply with the NMC guidance on medications management^{17, 18}. The FFLM document of Safe and Secure Administration of Medication in Police Custody¹⁹ provides a useful guide to medicines management in this environment.
- 5.5 All forensic nurses and paramedics should have access to advice (by telephone as a minimum) when on duty from an experienced forensic physician (ideally with FFLM Membership).
- 5.6 Senior nurses and paramedics should be supported in gaining additional qualifications to provide the expert level of senior supervision and support needed.
- 5.7 The overall workforce should be sufficient in numbers to provide a timely response to reflect the clinical and forensic needs of patients and the contracting police force or commissioning body.
- 5.8 All doctors, forensic nurses, paramedics and other HCPs must be adequately trained within the scope of their professional competency and be able to work co-operatively in multi-disciplinary teams to ensure all detainees see an appropriately experienced and trained practitioner.
- 5.9 There must be a strong clinical governance structure within every service. All staff should contribute to this via the maintenance of high standards in their own practice but also by reporting adverse incidents or any concerns they might have²⁰.
- 5.10 Services should ensure that where staff are expected to see Children and Young People in the Custodial Environment that these staff are appropriately skilled and have had specific training in the needs of this group.

References

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