

Recommendations

A guide to practical induction training in clinical forensic medicine

January 2007

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Introduction

This training guide was produced by Dr J Victoria Evans and Dr Andrew Dott after wide consultation with members of the Education and Research Committee of the Association of Police Surgeons in 2002. Dr A G Dott updated it in November 2005. Where the term 'his' is used then it also refers to the female gender 'her' throughout. There has been a further update by Dr Margaret M Stark on behalf of the Faculty of Forensic and Legal Medicine (January 2007).

The purpose of this Guide is to:

- Advise on a core syllabus for Trainee FPs.
- Advise on a method for recording learning experiences.
- Advise on methods of assessment that may be used to demonstrate that learning has been achieved and is ongoing.

It is hoped that the Trainee FP will achieve some or all of the following outcome measures:

- Feels valued and supported by the Trainer.
- Is willing to acknowledge and address his strengths and weaknesses.
- Is able to think critically and discuss evidence.
- Is able to review his work, initiate change and manage change effectively.
- Develops responsibility for his own learning and meets his own needs effectively.
- Has no difficulty in meeting the requirements of Summative Assessment.
- Values both the process and outcome of Formative Assessment.
- Has successfully overcome any learning blocks that have arisen during the training period.
- Knows how to look after himself (with respect to the stresses of clinical forensic medicine (CFM) and those with whom he works).
- Understand and have a strategy for personal development with a view to Annual Appraisal and such revalidation that may become necessary.



Training Log Diary

The Trainee FP should keep a log diary of his forensic consultations during the training period. This will include not only clinical cases, but also a record of learning. The Trainer, depending on the previous experience of the Trainee and the type of case seen, may certify that the Trainee has achieved a level of minimal acceptable competence in some types of cases before he has passed full Summative Assessment. In this situation the Trainee may then attend those consultations independently.

The Trainer

The Trainer shall be an experienced Forensic Physician, who has an interest in training/education and who holds Membership of the Faculty of Forensic and Legal Medicine. He should be able to offer regular support in the form of tutorials to the Trainee, as well as being able to observe the Trainee's consultations and allow the Trainee to observe his consultations. He must be able to use tools for Formative Assessment and Summative Assessment and keep a record of the training period. There must be remuneration available for the Trainer to allow him to give protected time to teaching. The attributes that will make a good Trainer include:

- Coping with his own anxieties concerning the achievement of a set curriculum or even particular goals within it.
- Becoming a skilled helper.
- Creating an appropriate climate for learning, one in which there is mutual respect, mutual trust, mutual support, mutual acceptance and a sense of caring, openness, genuineness and pleasure.
- Demonstrating skills such as attentive listening, appropriate questioning, a willingness to expose prejudices, especially those of the teachers themselves, a willingness to discard and to seek alternatives.

Teachers themselves need support, which the Faculty may be able to mediate either on a local (with peer groups) or national levels.

Continuing Education

All medical practitioners in whichever field they work are encouraged to undertake continual professional development and education. Part of the challenge of Clinical Forensic Medicine is that it is constantly making new demands and these can only be met by keeping abreast of developments in both medicine and the law. The following are to be recommended:

- Local training initiatives.
- Faculty approved Introductory and Developmental Training Courses for Forensic Physicians.

- Faculty of Forensic and Legal Medicine (FFLM) of which most active forensic physicians should be affiliates. The Faculty provides an academic forum and:

The Journal of Forensic and Legal Medicine (formerly the Journal of Clinical Forensic Medicine)

The Academic Committee promotes best practice in Clinical Forensic Medicine, high quality training and research.

Applications to join the Faculty of Forensic and Legal Medicine to:

(application forms are available on the website: www.fflm.ac.uk)

The Registrar
Faculty of Forensic and Legal Medicine
Third Floor
116 Great Portland Street
London W1W 6PJ

Other organisations:

The Royal Society of Medicine: Section of Clinical Forensic and Legal Medicine.

British Academy of Forensic Sciences.

Local Medicolegal Society.

Reading List

The literature relating to clinical forensic medicine is extensive.

A full list can be obtained from the Faculty website and most are available at The Royal Society of Medicine library.

The core texts continue to evolve and are regularly updated by the members of the Academic Committee and co-opted parties.



Assessment during the training period

Two types of assessment are explicit aspects of the training period:

1. Formative
2. Summative

Formative assessment relates to any methods employed at regular intervals throughout the training period to assess progress against explicit objectives and evaluate the training experiences being provided, which together aim to improve and enhance the learning process.

Summative assessment relates to any methods employed usually at the end of training to measure the sum total of the learning achieved.

Formative Assessment

Formative assessment should occur at regular intervals. Its purpose is to review the progress of the training experience and to set new educational objectives, which themselves are reviewed at a later date.

The Trainer and Trainee FP (Forensic Physician) should mutually review what is happening during each part of the training and each give feedback to the other. From time to time the process can be made more focused by being performed in the presence of a visitor such as another experienced FP or PFP (Principal Forensic Physician). Records of these assessments should be kept and should be available on the request of the responsible body for accreditation. The problems defined at previous formative assessments should be addressed as well as the actions that were taken as a result of the assessments.

The precise format of these assessments may vary from region to region, according to the needs and inclinations of Trainers and Trainee FP's. Responsible bodies, such as the Academic Committee of the FFLM may recommend developments from time to time. In order to demonstrate good practice assessment should contain the following elements:

- Be undertaken at regular intervals throughout the period of training at an interval not greater than every 3 months.
- Be planned and structured, using some of the variety of tools available (for example, MCQ, personal statements, rating scales, checklists, consultation analysis, personality rating scales).
- Be recorded.
- Concentrate on identifying strengths and weaknesses with the purpose of planning to meet the educational and developmental needs of the Trainee FP.

Trainers are strongly recommended to involve a second Trainer at least once and preferably twice during the period. This has the advantage of:

- Ensuring that the exercise happens.
- Gaining a 'second opinion' on the Trainee FP's progress.

- Getting structured feedback from a peer on the Trainer's contribution.
- Avoiding the possibility of collusion between the Trainee FP and the Trainer.

Initial Formative Assessment

The object of this assessment is:

1. To discover where the Trainee is 'at' with regards to:
 - a. baseline medical knowledge
 - b. attitudes
 - c. present forensic knowledge

2. To write down (record) a learning plan

3. To set future dates for meetings with the Trainer

The Trainer may use many aids to assist his assessment, including computer programmes available for measuring medical knowledge and confidence, Myers Briggs Type indicators, Eysenck personality questionnaires and –

Attitude statements that the Trainee scores from strongly agree to strongly disagree. For example:

1. There is no such thing as 'date rape'.
2. If a girl dresses and looks like a girl who is over 15 then they should be treated as over 15 in the eyes of the law.
3. An 18 year old woman who has had over 20 previous sexual partners is less likely to have been raped.
4. Paedophile suspects should begin their punishment in the custody suite.
5. Custody Sergeants should allow fewer privileges to a detained person in custody, who has been charged with murder than to a shoplifter.
6. Drug addicts should never be given methadone.
7. Drug addicts can be helped by not prescribing substitution treatment in custody.
8. Drug addicts should be kept quiet and comfortable in custody, by giving sufficient drug substitution.
9. Alcoholics are not really drug addicts.
10. There is no place in custody medicine for custody nurses.
11. Custody nurses should be introduced with a full prescribing ability across all BNF categories.
12. The custody staff should be informed for their own safety if a detained person has HIV or Hep C.
13. A full medical report should always be given to the Custody Sergeant.
14. The Doctor should be the person to state whether an appropriate adult is needed.
15. A drunk with any head injury should be sent to A & E.



16. A detained person with features of schizophrenia is not fit to be interviewed.
17. The FP makes the final decision regarding a detained person's FTBI (Fitness to be interviewed).
18. The FP must always attend the police station within 30 minutes of being called.
19. The FP should attend the police station within 3 hours for a medically non-urgent FTBD (Fitness to be Detained) or FTBI.
20. The FP can always provide an S9 statement if verbal consent was obtained at the time of the examination.
21. Most victims and perpetrators of male rape are homosexuals.
22. It is better to keep a physical and emotional distance from detained persons.
23. The present of a police chaperone throughout the consultation is advisable.

A suggested syllabus of core subjects in which the trainee should be competent includes:

1. Equipment and personal safety issues.
2. Consent/confidentiality/disclosure.
3. Medical aspects of FTBD and FTBI.
4. Assessment and recording of physical injuries.
5. Problems of the mentally disordered offender.
6. Assessments under S4 of the Road Traffic Act and ensuing procedures.
7. The role of the FP in sudden death.
8. The treatment and problems related to substance misuse.
9. Examination and care of the sexual offence suspect.
10. Examination and care of the victim of sexual offence.
11. Statement writing.

The Trainer and Trainee should establish a learning plan that may involve reading, joint consultations or tutorials to achieve this. It may also involve meeting other members of the forensic healthcare team involved in custody medicine.

Throughout all these core subjects, the emphasis for each should be on:

- Independent role of the forensic physician.
- Thorough detailed history and examination.
- Good contemporaneous medical notes.
- Clear protocol/instructions for the administration of prescribed medication.
- Application of basic forensic principles.
- Objectivity of the examining Doctor.
- Assessment of risk/vulnerabilities.
- Liaison with key workers where appropriate e.g. GP, Mental Health Teams, Custody Nurses.

Subsequent Formative Assessments

It is recommended that at least one of these involve a second trainer.

The objects of these assessments are:

1. To establish whether the learning objectives in the initial formative assessment have been addressed.
2. To discover where the present learning needs of the Trainee are.
3. To write down (record) a learning plan.
4. To set future dates for meetings, either tutorials, joint visits or further formative assessments.

Summative Assessment

It may become mandatory to pass Summative Assessment before the Trainee can practise independently as an FP. Such an assessment is intended to be a test of **minimal acceptable competence** and it is expected that the large majority of Trainee FP's would have no difficulty in achieving it. Trainers are required to give all necessary support in this respect.

Summative Assessment tests that the Trainee FP can demonstrate an adequate level of:

- Knowledge.
- Problem solving skills.
- Clinical competence and adequate note keeping.
- Consulting communication skills.
- Skills in producing a written report/statement for the court.
- A wide variety of other important skills, attitudes and knowledge in practice, as confirmed by a report from the Trainer.

The four components of Summative Assessment are:

1. An assessment of clinical competence.
2. An assessment of consultations by analysis of recorded consultations.
3. A demonstration of awareness regarding the interface between the judiciary and clinical forensic medicine (CFM).
4. The Trainer's report.

All four parts must be passed.



Summative Assessment Guidelines

These guidelines are for the Trainee to refer to during the training period, as well as forming a framework for the Trainer to 'mark' the Trainee at the end.

This final assessment should involve looking at all areas in which the Trainee FP will be expected to be competent when practising as an independent FP and should involve the following:

1. An Assessment of Baseline Medical Knowledge

This is important, as the FP will have clinical responsibility for the whole range of medical problems that may be seen in the general population. If it is some time since a Doctor has been involved in general medicine, there may be gaps in his knowledge of relatively common conditions such as diabetes and asthma. It is suggested that the following procedure is adopted:

- A multiple choice question paper (MCQ) broadly based on the clinical questions that arise in the MRCGP – this may be waived in candidates who are GP principals and have been assessed during their Registrar year (which includes a multiple choice paper on medical knowledge) or have demonstrated in their other jobs (e.g. MRCP) a level of clinical competence. The Trainer will have to assess specific forensic medical knowledge in addition.

2. The Trainee FP should provide proof of his awareness of the interface between the judiciary and the FP. It is suggested that this be in two ways:

- Statements (including ones previously done for court or relating to cases he has recorded) for the Trainer to view.
- Evidence of attendance at various court cases (a case study in at least one of the court listed below).

The following is a suggested plan from which the Trainer can firstly tutor the Trainee FP and then assess him in these two categories.

Statements and Reports

Objectives

- Anatomy of a statement
- Need for accuracy, clarity and comprehensive notes
- Legal requirements
- Need for distinction between fact and opinion – need for caution in the latter
- Need to examine all explanations and the extent to which this should be articulated in any particular statement
- The need for objectivity
- Consent and Confidentiality
- Disclosure of notes

Court cases

- Attend whole of case

Objectives

- Identify participants in Court
- Awareness of their roles
- Lines of communication with Court liaison, CPS etc.
- Fees
- Principles of good vs bad witness
- Professional vs Expert Witness
- Issues around Consent, Confidentiality and Disclosure of notes in Court

Court Attendance

Court	Date	Comments
Coroners Court		
Crown Court		
Magistrates Court		

3. An Assessment of Consultations by Analysis of Recorded Consultations

The FP must be able to record detailed good contemporaneous notes that clearly demonstrate good practice as, not uncommonly, these notes need to be scrutinised by other Doctors or members of the legal profession.

It is suggested that there should be evidence of competent practice in the areas shown over the following 8 pages with minimal criteria being met as listed.



Summative Assessment Guidelines – Recorded Consultations

Type of Case: FITNESS TO BE DETAINED

Objectives: Trainer to tick and initial as covered.

Awareness of The Police and Criminal Evidence Act (PACE) and its requirements as well as The Human Rights Act as it relates to this specialty

- Need for Consent
- Issues around Confidentiality
- Forensic v Therapeutic Examination

- Contemporaneous medical notes
- Prescribing and issuing of medication
- Awareness of implications of
 1. Physical illness
 2. Mental illness
 3. Drug abuse
 4. Alcohol dependence
 5. Suicide risk... And the forensic setting

- Role of the Custody Officer
- Role of civilian employees in custody eg gaoilers

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Physical Illness	1			
	2			
	3			
	4			
Mental Illness	1			
	2			
	3			
	4			
Drug Abuse	1			
	2			
	3			
	4			
Alcohol Dependence	1			
	2			
	3			
	4			
Suicide Risk	1			
	2			
	3			
	4			



Summative Assessment Guidelines – Recorded Consultations

Type of Case: FITNESS FOR INTERVIEW

Objectives: Trainer to tick and initial as covered.

- Understanding the meaning of Fitness to be Interviewed. (FTBI)
- How this can be met by examination.
- Awareness of implications of:
 1. Physical illness
 2. Mental illness
 3. Learning difficulties
 4. Substance abuse
 5. Demand characteristics of the interview
 6. Totality of the circumstances
- Knowledge of role of Appropriate Adult
- Contemporaneous medical notes, Consent and Confidentiality
- Awareness of the Caution and its implications

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Fitness to Interview	1			
	2			
	3			
	4			

Type of Case: MENTAL HEALTH ASSESSMENT

Objectives: Trainer to tick and initial as covered.

- Roles of Custody Officer, Approved Social Worker, Appropriate Adult, S12 (2) Approved Doctor
- Knowledge of:
- Legislation under Mental Health Act 1983
 - Section 136 and its use
 - Mentally Disordered Offenders Panels and Court Psychiatric Liaison Schemes
 - Court Diversion Schemes
 - Facilities available locally and how to access them
 - Suicide risk in relation to mental illness and custody
 - Consent and Confidentiality
 - Contemporaneous medical notes

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Mental Health Assessment	1			
	2			
	3			
	4			



Summative Assessment Guidelines – Recorded Consultations

Type of Case: COMPLAINT – ALLEGED ASSAULT BY POLICE

Objectives: Trainer to tick and initial as covered.

- Consent and Confidentiality
- Recording and interpretation of injuries
- Contemporaneous medical notes
- Independent role

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Complaint of Assault by Police	1			
	2			
	3			
	4			

Type of Case: VICTIM OF ASSAULT

Objectives: Trainer to tick and initial as covered.

- Awareness of law with respect to the different types of assault
- Consent and Confidentiality
- Recording and interpretation of injuries
- Contemporaneous medical notes
- Role of Criminal Injuries Compensation Authority
- Liaison with Vulnerable Persons or Domestic Violence Unit or equivalent
- Addressing physical and medical needs of victim

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Victim of Assault	1			
	2			
	3			
	4			



Summative Assessment Guidelines – Recorded Consultations

Type of Case: DRINK – DRIVING

Objectives: Trainer to tick and initial as covered.

- Awareness of legislation under Road Traffic Acts (RTA)
- When blood samples can be taken under RTA
- Medical reasons for refusal
- Consent and Confidentiality
- Contemporaneous medical notes
- Hospital procedure
- When urine may be requested
- Circumstances in which Doctor may proceed to a full medical examination
- Documentation
- DVLA, alcohol and driving

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
RTA	1			
	2			
	3			
	4			

Type of Case: DRUGS – DRIVING

Objectives: Trainer to tick and initial as covered.

- Awareness of legislation RTA
- ‘Drugs’ – prescribed, illicit and abused
- Use of pro forma and examination
- Awareness of Doctor’s role
- Issues around blood vs urine
- Consent and Confidentiality
- Hospital Procedure
- Contemporaneous medical notes
- Documentation
- DVLA, drugs and driving

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
RTA	1			
	2			
	3			
	4			



Summative Assessment Guidelines – Recorded Consultations

Type of Case: DEATH

Objectives: Trainer to tick and initial as covered.

- Death by:
 1. Firearms
 2. Hanging
 3. Overdose
 4. Drowning (body in water)
 5. CO poisoning
 6. Stabbing/incised wounds
- Death in:
 1. Fires
 2. Road traffic accidents
 3. As a result of blows from a blunt instrument
 4. Sudden unexplained deaths in infancy
 5. Other suspicious deaths
- Contact with local Home Office Pathologist
- Role of Coroner
- Death certification and when to report a death to the Coroner
- Do’s and Don’ts at Scenes of Death
- Principle: ALL deaths suspicious until proven otherwise
- Contemporaneous medical notes
- Attendance at post-mortem in above, whenever possible

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Firearms				
Hanging				
Overdose				
Drowning				
CO Poisoning				
Stabbing				
Fire				
RTA				
Blows from blunt instrument				
Sudden unexplained infant death				
Other suspicious death				
Forensic post mortem				



Summative Assessment Guidelines – Recorded Consultations

Type of Case: THE POLICE OFFICER

- Injured on Duty
- Needle stick injury

Objectives: Trainer to tick and initial as covered.

- Knowledge of local policies
- Experience with Immediate Response Vehicle
- Role of Occupational Health
- Health and Safety Issues, particularly in relation to infectious disease (including TB, Hepatitis B and C and HIV) and infestations
- Consent and Confidentiality
- Contemporaneous medical notes

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
1				
2				
3				
4				

Type of Case: SUSPECTED PERPETRATOR OF ASSAULT (including sexual offences)

Objectives: Trainer to tick and initial as covered.

- Knowledge of requirements under PACE for:
- Authorisation for taking of intimate and non-intimate samples
- Definition of intimate samples
- Consent and Confidentiality
- Recording and Interpretation of Injuries
- Forensic Principles
- Need for Continuity
- Forensic samples: how, why, when, forms for lab
- Packaging and labelling forensic samples
- Need for comprehensive history and examination including
 1. Physical illness
 2. Detailed recording of positive and negative findings
 3. Mental state
 4. Substance/alcohol use/abuse
 5. Medication
- Independent role of forensic physician

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
1				
2				
3				
4				



Summative Assessment Guidelines – Recorded Consultations

Type of Case: INTIMATE SEARCH

Objectives: Trainer to tick and initial as covered.

- Knowledge of PACE & Human Rights Act
- Consent
- Ethical issues
- Clinical issues

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
1				
2				
3				
4				

Type of Case: SEXUAL ASSAULT – ADULT (both sexes)

Objectives: Trainer to tick and initial as covered.

- Overview of law relating to sexual offences, especially rape
- Appreciation of needs of complainant – psychological: the role of counselling, mental health needs
- Consent and Confidentiality
- Basic anatomy of genitalia and anus
- Recording of injuries and interpretation
- Forensic principles including cross contamination and continuity
- Which samples to take, when and how
- Packaging and labelling
- Requirements forensic lab
- Communications with Police, other Forensic Physicians, other professionals
- Contemporaneous medical notes
- Addressing physical and medical needs of complainant e.g. PCC, GU referral, referral for treatment of injuries

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Male Victim	1			
	2			
Female Victim	1			
	2			



Summative Assessment Guidelines – Recorded Consultations

Type of Case: SEXUAL ASSAULT – child (both sexes)

Objectives: Trainer to tick and initial as covered.

- Overview of law relating to sexual offences and children
- Consent and Confidentiality
- The Children Act 1989
- Memorandum Interviews
- Normal anatomy and development of genitalia and anus
- Significance of abnormality and injury – recording and interpretation
- Joint examinations
- Contemporaneous medical notes
- Photography
- Use of colposcope
- Role of ACPC

Dates cases seen

Cases	Observed with Trainer	Examined with Trainer	Solo	Comments
Male Victim	1			
	2			
Female Victim	1			
	2			

The Trainer's Report

This is arguably the most important part of the assessment and should give an honest opinion of the Trainee FP's strengths and weaknesses. It must include an overview of the following:

- Patient care (divided into general skills, patient management skills and clinical judgement)
- Communication skills
- Personal and professional growth
- Organisational skills
- Professional values
- Specific clinical skills important in CFM

It might include a qualified pass if for instance the FP was not working in all the range of clinical forensic medicine (CFM) e.g. Sexual Offence Examiners.

There should be advice on the future personal development in

the field of CFM to the Trainee to include strategies for independent appraisal and when necessary revalidation.

If Summative Assessment is not passed, for whatever reason, the Trainer will recommend that the period be extended as necessary. This period may be with the same or an alternative Trainer and this decision should be made in consultation with the Trainee, the Trainer and another Trainer.

Clearly, a further period of training must incorporate the same principals of formative assessments as already outlined.

When training has been satisfactorily completed, the Trainer will normally provide a report to the Senior Forensic Physician or equivalent. The Police Service or contracting body-initiating training has the definitive right to accept or refuse the appointment of any Doctor so trained.



Training Period

It is understood that the length of training required to pass Summative assessment, and in so doing, demonstrate a standard of minimal acceptable competence, will vary.

There will be those Trainee FP's that have attended introductory courses or other course in clinical forensic medicine, which cover many of the forensic topics in the core curriculum. The Trainer can, subsequently, assess the Trainee FP's ability in these areas, thereby reducing the time taken to achieve a minimum standard.

The clinical exposure that the Trainee FP enjoys during the training period will also vary. (Trainee FP's in busy urban areas will have more clinical contact than those in less busy rural practice areas). This means that the opportunity to develop skills may be greater for some Trainees, thus reducing the length of time required to pass Summative assessment.

Trainers will be expected to assess the ability in the clinical scenarios described in the Summative assessment guideline consultations. It is suggested that each clinical scenario is assessed separately and once a level of minimal acceptable competence has been achieved in that scenario, it is duly certified. The length of time a Trainee FP will need to achieve this level will vary from Trainee to Trainee and also from scenario to scenario.

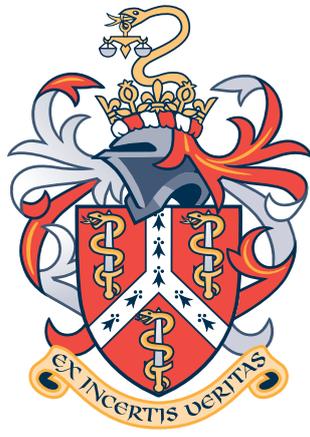
Record of Training Period and 'Log Diary'

It is recommended that a record of all cases seen in the training period are kept preferably in a loose-leaf format. This should be the basis of a 'Training Log Diary'. The suggested format for this is as follows (not with standing local adaptation):

- Page 1 Name of Trainer
Address
Contact No's
Example shown in Appendix A
- Page 2 Diagram of Structure and Designation of Senior Force Personnel including Support Managers (medical and nursing).
- Page 3 Outline map of Force Area with Divisions, Custody Suites and other Forensic medical facilities marked
- Page 4 Useful telephone numbers
- Page 5 Local force personnel to include custody staff, cell diversion personnel and nurses
- Page 6 Initial Formative Assessment - record and agreed objectives
- Page 7 3rd Month Formative Assessment - record of meeting training objectives at the initial formative assessment and agreed learning plan for the next three months
- Page 8 Results of Summative Assessment/Certificate of Achievement

Following pages to be the record of consultations held in the training period with the following appendices to appear at the end of the record

- Appendix 1 Consent Form
- Appendix 2 Body Diagrams
- Appendix 3 Pro formas – the Faculty has endorsed some, but other locally produced pro formas should be included
- Appendix 4 Initial Formative Assessment – record of learning objectives
- Appendix 5 Subsequent Formative Assessment(s) – record of learning objectives
- Appendix 6 Summative Assessment – results and recommendations for further development to be set out in the format that follows for the 'certificate of achievement'



Faculty of Forensic and Legal Medicine

Certificate of achievement
of a standard of
minimal acceptable competence in
Clinical Forensic Medicine

Name	Date of Birth
GMC Number	Qualifications

Subject	Date Passed	Subject	Date Passed
Clinical Knowledge:		Legal Knowledge in:	
Consultations in:		Courts	
Fitness to be Detained		Statements/Reports	
Fitness for Interview		Trainer's Report (attached)	
Mental Health Assessment			
Complaint – alleged assault by Police			
Victim of Assault			
Drink – Driving Assessment			
Drug – Driving Assessment			
Death Scene			
The Police Officer (injury)			
Suspected perpetrator of Assault			
Intimate search			
Sexual assault victim (adult)			
Sexual assault victim (child)			

Signed

Trainer's Name