

# Scoping exercise results

AREA	RESPONSES
<b>Current standards</b>	
Are the current standards fit for purpose?	<ul style="list-style-type: none"> <li>Mainly yes, but some need amending to reflect the HCP role more accurately</li> </ul>
Are the standards being implemented efficiently?	<ul style="list-style-type: none"> <li>Depends on the Service Provider. Interpreted differently by individual providers but good benchmark as a starting point</li> </ul>
<b>Is there a role for UKAFNP in:</b>	
Endorsing in-house education and training programmes; such as Induction, TASER, and other CPD courses	<ul style="list-style-type: none"> <li>Yes</li> </ul>
Would UKAFN endorsement be of benefit to you... If so how?	<ul style="list-style-type: none"> <li>Yes, particularly induction, as they have to be Quality Assured by an external organisation, so UKAFNP or FFLM would be appropriate.</li> <li>Induction would have to be held locally due to the nature of recruitment and turnover of staff to be able to be flexible and responsive.</li> <li>Therefore what is required is a syllabus for induction as our first step.</li> <li>Further, we will hold stakeholder groups to look at wider training.</li> <li>Quality Assurance of training is challenging.</li> <li>Consider support from the Royal College of Policing or Forensic Regulator Network and changing the wording requiring External Accreditation to comply with standards.</li> </ul>
<b>Education and training support</b>	
<p>Are there any areas where you would like support in your education and training delivery? If so, how?</p> <ul style="list-style-type: none"> <li>External trainers coming to you</li> <li>You going on external training</li> <li>Working through resource packs to support current delivery</li> </ul>	<ul style="list-style-type: none"> <li>Training packs and resources to support in-house training was identified as useful.</li> <li>A Training the Trainer course would also be helpful.</li> <li>External training could be offered, but mindful of current Taser training, which is only accepted if delivered by FFLM.</li> <li>ASET course covered topics such as cognitive bias and body mapping were particularly useful.</li> <li>Senior Staff training on leadership, coaching and appraisal skills along with how to supervise people useful and new areas of governance such as Patient Safety Strategy and sharing lessons learned.</li> <li>HEI courses are useful but only for a small number of individuals, so an alternative methodology would be helpful.</li> </ul>

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<b>Assessment</b>	
<p>From a national perspective, the Commissioners require assurance that individuals are competent. What could this look like?</p>	<ul style="list-style-type: none"> <li>• Must be tested by reflections to test how much has been learnt and how this can be put into practice – problem-solving and decision-making in uncertainty. Whether this was assessed with external independent assessors/moderators (possibly a role for UKAFNP) or as part of the internal educational activity was not agreed upon.</li> <li>• Question and Answer or MCQ papers test knowledge and recall but not application, so a different approach was needed.</li> <li>• A variety of formats would be beneficial; such as reflection, simulation, and observations; however, formalising this will be challenging in the current landscape. Marking criteria were not wanted from UKAFNP.</li> </ul>
<b>Quality assurance</b>	
<p>How would you like your training Quality Assured?</p>	<p>There were two viewpoints:</p> <ul style="list-style-type: none"> <li>• External independent assessors/moderators possibly a role for UKAFNP</li> <li>• Others said this is really difficult and could not see how this would work</li> </ul>
<b>Career pathway</b>	
<ul style="list-style-type: none"> <li>• Do you feel there a career pathway is lacking in Forensic Practice Medicine?</li> <li>• How do you see Practitioners working through Benner’s (1982 ) Novice to Expert?</li> </ul>	<ul style="list-style-type: none"> <li>• It was felt there was a lack of career pathways across providers for both custody and sexual offence practitioners with a current flat structure of roles.</li> <li>• Most liked Benner's Novice to Expert framework                         <ul style="list-style-type: none"> <li>• Novice Induction 1<sup>st</sup> 6 months</li> <li>• Beginner another year</li> <li>• Competent 3-4 years</li> <li>• Expert 8-9 years</li> </ul> </li> <li>• Others had different time frames, so this should be considered an area of stakeholder engagement.</li> </ul>
<b>Additional comments</b>	<ul style="list-style-type: none"> <li>• Courses which were useful were minor injury assessment</li> <li>• Cognitive bias, mental status examination and assessment, for example.</li> <li>• Bite-sized courses which are cost-effective would be welcome.</li> <li>• Days training for a maximum of £50 pp or block bookings.</li> <li>• National Guidance development should continue.</li> </ul>