

ADVANCED FORENSIC PRACTITIONER (CUSTODY OR SEXUAL OFFENCE)

Details of standard

This standard has options. Display duties and KSBs for:

All •

Occupation summary

This occupation is found in Sexual Assault Referral Centres and within pathways for sexual violence services and police custodial settings.

The broad purpose of the occupation is to provide evidence for the police, understanding the ethical frameworks which healthcare in the criminal justice system encounters and ensure complex decision making takes into account the individuals rights, professional bodies standards and also respects that there is a public interest and a right to justice. Uniquely, the role of a advanced forensic practitioner includes evidence gathering through forensic sampling, toxicology, documentation of injuries and provision of a statement to support the criminal justice system. This is required to be impartial and objective. The role of an advanced forensic practitioner includes evidence gathering through forensic sampling, toxicology, documentation of injuries and provision of oral and written testimony to support the criminal justice system. In both environments, an advanced forensic practitioner works as an autonomous individual undertaking triage, assessment and care plan formation which meets the needs of the criminal justice system, healthcare and safeguarding.

This is a core and options Apprenticeship Standard, to reflect the roles that come under this occupation. All apprentices will undertake the core element of the apprenticeship, and then they will choose to specialise in one of the two options.

Option 1 - Sexual Offence: In sexual offence, the advanced forensic practitioner provides crisis intervention and empowerment of those who have been subject to sexual violence. This includes trauma informed assessment of acute healthcare needs primarily around sexual health and avoidance of pregnancy, mental health and emotional distress, drugs and alcohol, safeguarding and wider vulnerability and ongoing care. This leads to a unique care plan for each individual. The core element of the advanced forensic practitioner will be to provide clients with choices on routes to report crimes or to be a 'self referral' pathway. In addition, the role will be to provide expert opinion on the interpretation of injuries and other key areas for juries to understand the evidence base underpinning sexual assault.

Option 2 - Custody: In custody, the advanced forensic practitioner supports the welfare of detainees whilst in custody. These include physical assessment of acute and chronic health needs, mental health and emotional distress, drugs and alcohol dependency, safeguarding and wider vulnerability and ongoing care. Part of the role is also to ascertain fitness to interview and detain and ensure the human rights and needs of the individual are managed in custody setting where complex needs are common place.

In their daily work, an employee in this occupation interacts with police, independent sexual violence advisers, crisis workers, sexual health services, mental health, substance misuse, acute trusts namely Emergency Departments, legal teams including Crown Prosecution Services, GPs, social workers, third sector organisations, safeguarding roles, court staff, detention staff (who may be a private provider), liaison and diversion teams, mental health, substance misuse, ambulance trusts and court transfer teams, 'appropriate adult' services, language line, lay visitors, Independent Office for Police Complaints, Inspectorate of Justice, probation and Youth Offenders Teams. The custody role is carried out in police custody however practitioners do travel to other venues such as hospitals and court.

In sexual violence, this role is carried out in the Sexual Assault Referral Centre (SARC) however advanced forensic practitioners do travel to other venues such as prisons, care homes, hospitals. alleged victim's home and court. This person is an autonomous advanced forensic practitioner who has responsibility for the health and well-being of individuals who are within the criminal justice system. They undertake decisions related to the fitness to be processed through the criminal justice system, forensic examination, mapping injuries and the collection and storage of forensic samples for court and attend court to give evidence. They work as the lead professional supporting a team, with access to senior advice through remote contact with a senior practitioner. Alongside this role, they make autonomous decision regarding the health and wider social needs of the person. They would report to a line manager, either a clinical lead or SARC Manager.

Typical job titles include:

Advanced forensic practitioner Forensic medical examiner Forensic nurse

Forensic nurse practitioner Forensic paramedic Forensic physician

Forensic practitioner Healthcare professional Sexual assault nurse examiner (sane)

Sexual office examiner

Entry requirements

This occupation requires you to be a Registered Nurse with the Nursing and Midwifery Council or a Registered Paramedic with the Healthcare Professionals Council or Registered Medical Practitioner with the General Medical Council.

Core occupation duties

DUTY	KSBS
DOTT	K3D3
Duty 1 Lead and manage a medical emergency.	K1 K14 K24 K30
	S13 S30
Duty 2 Assess and identify risks related to safeguarding and	K2 K3 K13 K14
vulnerability in patients and signpost, refer and identify	
appropriate interventions for each area.	S1 S13 S18
	B3
Duty 3 Identify a forensic strategy and undertake an	K4 K5 K6 K22 K23
assessment including: collection and storage of forensic samples, toxicology, documentation of injuries and other	S2 S3 S4 S5 S29
relevant evidential outcomes, with a robust chain of evidence.	B7
evidence.	
Duty 4 Review and analyse the evidence base of key finds	K5 K7 K8 K9 K10
and provide written and oral evidence for court.	S6 S7 S8 S16 S27 S29
	B1 B2 B4
Puty E Comply with local and national governance processes	K11 K12
Duty 5 Comply with local and national governance processes to ensure the safety of the client such as audit, clinical	
incident reporting and quality improvement.	S9 S25
	B3 B4 B5
Duty 6 Obtain valid consent from client and manage those	K3
individuals who lack capacity to consent and ensure confidentiality and public disclosure framework are met.	S10 S12 S21 S26
Duty 7 Work collaboratively with multiple agencies to ensure safe and effective care of client by effective care plans,	K3 K14
referrals and signposting.	S4 S13 S16
	B6
Duty 8 Teach and supervise others including junior members of staff and training of the wider professional team.	K15 K16
	S14 S15
	B3 B4

Duty 9 Due to the impact of bias within the criminal justice system be able to review their practice to remain impartial and objective.	K10 K17 S17 S18
	B4
Duty 10 Assess an individual and identify acute and chronic mental health conditions and undertake a suicide\self-harm risk assessment and formulate a management plan prior to release or discharge.	K18 K19 K20
	S19 S20
	B6
Duty 11 Follow robust processes for cross contamination of evidence.	K6 K23
	S2 S21
	B7

Option duties

Custody duties

DUTY	KSBS	
Duty 12 Assess and identify acute and chronic conditions of individuals whilst in custody including fitness to release.	K18 K19 K20 K21 K24 K25 K27	
	S13 S19 S20 S22 S28 S30 S31 S32	
	B3 B4 B5 B6	
Duty 13 Assess an individual for their fitness to interview and charge and identify if an appropriate adult or additional medical needs are required.	K17 K18 K19 K26 K27	
	S16 S17 S19 S20 S28 S33	
	B3 B4 B6	
Duty 14 Assess, treat and refer those who are dependent on	K13 K14 K20 K21 K28 K29	
drugs alcohol including management of symptoms of withdrawal, brief interventions and referrals to ongoing	S22 S34	
services and harm reductions strategies.	B6	
Duty 15 Undertake wider skills in assessment of victims, officers, road traffic procedures, intimate searches and taser/restraint sequelae.	K4 K6 K22 K23 K30	
	S3 S5 S23 S24 S26 S35 S36	
	B1 B6 B7	

Sexual Offence duties

B4 B5

DUTY KSBS Duty 16 Identify pathways of care for both acute and non K12 K13 K17 K20 K31 K32 K33 recent sexual abuse, domestic violence and wider needs S2 S3 S11 S12 S23 S37 S38 S39 individuals and empower them to choose the pathway which best fits their needs. B4 B5 B6 **Duty 17** Assess, treat and refer individuals for identified K14 K20 K21 K33 sexual health needs including risk of pregnancy and risk of sexually acquired infections. S13 S22 S37 **B6 Duty 18** Identify trauma in individuals and use empowering K17 K32 and re framing techniques to improve the experience of S16 S17 S18 S38 S39 individuals.

KSBs

Knowledge

K1: Core. The Resuscitation Council Standards for resuscitation.

K2: Core. Risk factors in sexual violence, domestic violence, child sexual abuse and wider vulnerability.

K3: Core. Legislative and professional frameworks for consent, confidentiality, best interest decisions, public disclosure and sharing information lawfully.

K4: Core. Principles of forensic science, Locards principle and sample collection techniques in accordance with the Faculty of Forensic & Legal Medicine (FFLM) Recommendations for the Collection of Forensic Samples from Complainants and Suspects.

K5: Core. Different injury types and their significance as evidence.

K6: Core. Forensic Science Regulator (FSR) Guidelines and their relevance to practice.

K7: Core. Principles of good statement construction.

K8: Core. Courtroom etiquette.

K9: Core. Difference between a witness of fact and an expert witness.

K10: Core. Know unconscious bias and its importance in the criminal justice system and the need for objectivity.

K11: Core. Principles of organisational learning and quality improvement.

- **K12**: Core. Professional bodies framework for governance.
- **K13**: Core. The evidence base related to improving outcomes in the health and justice setting.
- **K14**: Core. Professional bodies requirement for ensuring duty of care and continuity of care and the impact from not having effective handovers and ongoing care.
- **K15**: Core. Coaching, mentoring and supervision strategies, including management of poor performance.
- **K16**: Core. How feedback can improve training delivery.
- **K17**: Core. How shame, stigma, discrimination and prejudice can impact those in the criminal justice setting.
- **K18**: Core. Symptoms of common mental health disorders and the evidence-based management plan.
- **K19**: Core. The evidence base related to undertaking a risk assessment for suicidal ideation and self-harm thoughts.
- **K20**: Core. The resources available for ongoing care including acute symptoms, health promotion, such as: sexual health, advocacy, mental health and emotional distress, alcohol and substance misuse and wider needs.
- **K21**: Core. The local medicines management processes of their organisation.
- **K22**: Core. Forensic principles to managing community and off-site examinations in accordance with the FFLM Recommendations for the Collection of Forensic Samples from Complainants and Suspects.
- **K23**: Core. Forensic strategy for cross contamination and evidence base.
- **K24**: Custody. The National Institute of Clinical Excellence (NICE) guidance for management of medical emergencies.
- **K25**: Custody. The relevant guidelines for acute and chronic healthcare according to National Institute of Clinical Evidence (NICE) and the evidence base underpinning the management plan.
- **K26**: Custody. How interviewees can be vulnerable and common miscarriages of justice related to false confessions.
- **K27**: Custody. Police and Criminal Evidence Act (1984), Approved Police Practice and safety measures in police custody.
- **K28**: Custody. The evidence base underpinning drug and alcohol dependency including National Institute of Clinical Excellence (NICE) and Royal College of General Practitioners (RCGP) resources.
- **K29**: Custody. Drugs & alcohol management, symptoms of withdrawal, brief interventions and referrals to ongoing services and harm reductions strategies, according to NICE and RCGP.
- **K30**: Custody. De-escalation techniques: restraint, Taser and other sequelae.

- **K31**: Sexual Offence. The Sexual Offences Act (2003) and pathways related to disclosure.
- **K32**: Sexual Offence. Trauma informed care and the impact on individuals who experience trauma and strategies to support recovery.
- **K33**: Sexual Offence. The British Association of Sexual Health and HIV (BASHH) and Faculty of Reproductive and Sexual Health (FRSH) guidelines and the evidence base underpinning sexual health.

Skills

- **\$1**: Core. Using appropriate tools such as DASH and CSE to assess the patient and identify sexual abuse, domestic violence and wider vulnerability needs.
- **S2**: Core. Identifies a forensic strategy, which includes consideration of account, cross-contamination and evidence base in accordance with the FFLM Recommendations for the Collection of Forensic Samples from Complainants and Suspects.
- **S3**: Core. Take evidential samples competently such as: skin swabs, intimate samples, toxicology and others in accordance with the FFLM Recommendations for the Collection of Forensic Samples from Complainants and Suspects.
- **S4**: Core. Document injuries accurately including use of camera systems where appropriate.
- **S5**: Core. Use an exhibit list and ensure chain of evidence process is completed.
- **S6**: Core. Construct a written statement for court.
- **\$7**: Core. Give oral evidence in court and respond to cross examination.
- **S8**: Core. Critically appraise the evidence in written statements and write objectively.
- **S9**: Core. Undertake governance processes such as audit, clinical incident reporting, feedback and to follow policy and processes, especially related to infection control, medicines management and health and safety.
- **\$10**: Core. Obtain valid consent and record it.
- **\$11**: Core. Undertake an assessment of capacity and document the outcome including best interests' decisions.
- **\$12**: Core. Manage confidentiality in a forensic environment.
- **\$13**: Core. Establish duty of care and continuity of care of patients by creating care plans, referrals and signposting.
- **\$14**: Core. Mentor, coach and supervise others, such as the wider professional team.
- **\$15**: Core. Recognise the needs of those who are poorly performing and identify and implement, an appropriate performance plan for improvement.

- **\$16**: Core. Communicate within a criminal justice setting in accordance with the Forensic Science Regulator Legal Guidance (FSR, 2020).
- **\$17**: Core. Identify your personal belief systems.
- **\$18**: Core. Participate in clinical supervision.
- **\$19**: Core. Assess an individual and identify and record acute and chronic mental health conditions and disorders.
- **\$20**: Core. Undertake a suicide/self-harm risk assessment.
- **S21**: Core. Clean the room in preparation for a forensic examination.
- **\$22**: Core. Administer and dispense medication, following their local processes regarding safety and medicines.
- **S23**: Core. Apply forensic principles to managing other scenarios such as: hospital patients, those in prison or other environments.
- **\$24**: Core. Acts in accordance with legislation, standards, policies, guidelines, professional frameworks and procedures.
- **S25**: Core. Manage organisational learning and quality improvement.
- **\$26**: Core. Respect individual's diversity, beliefs, culture, needs, values, privacy and preferences.
- **S27**: Core. Identify their own unconscious bias and act with objectivity.
- **S28**: Core. Make decisions using evidence base.
- **S29**: Core. Identify the different injury types and their significance as evidence.
- **\$30**: Custody. Manage acute medical symptoms including: shortness of breath, seizures & chest pain.
- **S31**: Custody. Assess, treat and refer for acute and chronic health conditions.
- **\$32**: Custody. Assess an individual for fitness to detain and identify a management plan, including observations where there is an additional medical need.
- **\$33**: Custody. Assess an individual for fitness to interview and charge, and identify if an appropriate adult is required and interview strategies where there is an additional medical need.
- **\$34**: Custody. Using approved assessment tools (CIWA/COWS), assess, treat and refer those who are dependent on drugs\alcohol, such as: manage symptoms of withdrawal, referrals to ongoing services, harm reduction strategies.
- **S35**: Custody. Identify de-escalation techniques such as restraint, Taser and other sequelae.

\$36: Custody. Undertake a field impairment test and other road traffic procedures Section 4/Section 5 and Section 5a of the Road Traffic Act (1988).

\$37: Sexual Offence. Assess, treat and refer for identified sexual health needs such as, risk of pregnancy and risk of sexually acquired infections.

\$38: Sexual Offence. Communicate to patients who have been exposed to sexual violence.

\$39: Sexual Offence. Identify strategies to support recovery for individuals who experience trauma.

Behaviours

B1: Core. Be professional and confident with knowledge for court.

B2: Core. Honest and trustworthy ensuring a high standard of professional integrity.

B3: Core. Challenge areas of concern.

B4: Core. Reflective and open to constructive feedback.

B5: Core. Exhibit resilience, self-awareness and ability to adapt.

B6: Core. Work collaboratively with multiple agencies to ensure safe and effective care in ways that respect professional differences.

B7: Core. Shows attention to detail, accuracy and precision.

Qualifications

English and Maths

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

Additional details

Occupational Level:

7

Duration (months):

12

Review

This apprenticeship standard will be reviewed after three years

Version log

VERSION	CHANGE DETAIL	EARLIEST START DATE	LATEST START DATE	LATEST END DATE
1.1	Funding band revised. End-point assessment plan and standard revised (published 2 July 2021).	19/07/2019	Not set	Not set
1.0	Retired	19/07/2019	20/05/2021	Not set