



The Society of Apothecaries of London

Diploma in The Forensic and Clinical Aspects of Sexual Assault (DFCASA)

Curriculum

This curriculum sets out the knowledge criteria, generic professional skills and attitudes, competencies and evidence required for the objectives in each module. It also suggests training and support that candidates may find useful.

It should be studied by candidates and their clinical validators and educational supervisors.

MODULE ONE: INITIAL CONTACT

Objective 1: To be able to formulate an appropriate response to a request for a forensic examination

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
<p>Medical</p> <p>Assessment and management including history relating to:</p> <ul style="list-style-type: none"> - Acute injuries - Intoxication - PEPSE - Emergency contraception - Mental health e.g. suicide risk 	<p>Communication skills</p> <p>Ability to liaise effectively with the police or other legal authorities</p> <p>Ability to liaise effectively with other clinical and professional colleagues</p> <p>Ability to undertake accurate documentation</p>	<p>Ascertain the relevant information from the caller:</p> <ul style="list-style-type: none"> - Timing of the incident - Nature of the assault - Number of assailants - Number of complainants - Age - Complicating medical and psychiatric factors - Stage of police / social work i.e. enquiries <p>Take account of other potential constraints when formulating management plan including:</p> <ul style="list-style-type: none"> - Other work load - Issues of consent - Level of competency and availability of other potential examiners (including Geography) - Forensic integrity - Availability of appropriately equipped Medically fit for purpose premises - Need for an appropriate trained interpreter <p>Ensure management plan will result in optimal:</p> <ul style="list-style-type: none"> - Preservation of forensic evidence on complainant and scene - Use of early evidence kits 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>Extended Matching Question (EMQ)</p> <p>Single Best Answer (SBA)</p> <p>Objective Structured Clinical Examination (OSCE)</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations including:</i></p> <ul style="list-style-type: none"> - <i>STIF course</i> - <i>Forensic course approved by the examiners (approval to be reviewed annually)</i> - <i>Faculty of Family Planning and Reproductive Health Care EC guidance April 2006</i> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested Training and support
		<ul style="list-style-type: none"> – Minimisation of risk of cross contamination – Balancing medical and forensic needs – Awareness of complainants' safety and psychological needs and those of their dependants – Specific plan for complainant assessment whether imminent or deferred 			

Cont'd...

Objective 2: To be able to formulate and communicate the initial management plan

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Forensic</p> <ul style="list-style-type: none"> - Early evidence - Nature of the assault (inc assailant type/ number involved) - Persistence of evidence - Suitability of premises - Preservation of evidence <p>Legal</p> <ul style="list-style-type: none"> - Capacity - Age - Documentation and disclosure <p>Practitioner</p> <ul style="list-style-type: none"> - Level of expertise - Health and safety - Resources e.g. paediatrician if necessary - Are you fit to examine in terms of tiredness etc but no one else available 	<p>Organisational</p> <p>Effective organisation to enable the optimum pathway to address:</p> <ul style="list-style-type: none"> - The medical needs of the complainant - The forensic requirements of the case - Any specific needs arising from disability or communication difficulties of the complainant. <p>Interpersonal skills</p> <ul style="list-style-type: none"> - Ability to maintain impartiality, objectivity and avoid discrimination - Appreciate the limits of personal expertise - Appreciate the health and safety implications of the case including personal safety 	<p>Ascertain the relevant information from the caller:</p> <ul style="list-style-type: none"> - Timing of the incident - Nature of the assault - Number of assailants - Number of complainants - Age - Complicating medical and psychiatric factors - Stage of police / social work i.e. enquiries <p>Take account of other potential constraints when formulating management plan including:</p> <ul style="list-style-type: none"> - Other work load - Issues of consent - Level of competency and availability of other potential examiners (including Geography) - Forensic integrity - Availability of appropriately equipped Medically fit for purpose premises - Need for an appropriate trained interpreter <p>Ensure management plan will result in optimal:</p> <ul style="list-style-type: none"> - Preservation of forensic evidence on complainant and scene 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
		<ul style="list-style-type: none"> - Use of early evidence kits - Minimisation of risk of cross contamination - Balancing medical and forensic needs - Awareness of complainants' safety and psychological needs and those of their dependants - Specific plan for complainant assessment whether imminent or deferred 			

MODULE TWO: HISTORY

Objective 1: To be able to obtain appropriate consent

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Be able to obtain appropriate consent for:</p> <ul style="list-style-type: none"> – Examination – Release of information – Photo documentation – Audit of information – Research and review – Use of anonymised data for teaching <p>Awareness of the consequences of assessing 'Gillick' competency</p> <p>Legal</p> <p>Understand the core principles of:</p> <ul style="list-style-type: none"> – Mental Capacity Act [2005] 	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Communication skills and assessment of informed consent includes:</p> <ul style="list-style-type: none"> • Awareness that the patient may subjectively feel coerced to consent (ie. ensure consent is consistent & voluntary) • Provide appropriate information to ensure informed consent is valid • Defer assessment of consent if the patient is intoxicated (ie. ensure consent is consistent & voluntary) • Ability to document consent in a systematic and clear manner 	<p>Assess capacity to consent</p> <p>Formulate an appropriate management plan if consent unobtainable.</p> <p>Understand the limits of and maintain confidentiality as appropriate and discuss this with complainant.</p> <p>Address child protection needs of complainant and other children where appropriate</p> <p>Ability to conduct a Mental State Examination</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>GMC</i></p> <p><i>Good Medical Practice</i></p> <p><i>Consent: patients and doctors making decisions together</i></p> <p><i>0-18 years: guidance for all doctors</i></p> <p><i>Confidentiality: Protecting and Providing Information</i></p> <p><i>Acting as an expert witness</i></p> <p><i>Tutorials</i></p>

Module two cont'd

Objective 2: To be able to take an accurate and appropriate history of the incident

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>Understand the core principles of:</p> <ul style="list-style-type: none"> - Mental Capacity Act [2005] - Sexual Offences Act [2003] <p>Hearsay evidence</p> <p>Understand the police process including awareness and consequences of the use of closed and open questions</p>		<p>Take and document a relevant history of event from police/complainant including:</p> <ul style="list-style-type: none"> - Use of proformas - Avoiding leading questions 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	

Objective 3: To be able to take an accurate and relevant medical history

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p><u>MEDICAL</u></p> <p>Be able to take a competent and relevant medical history including:</p> <ul style="list-style-type: none"> – Medical/ surgical – Dermatological – Gynaecological/sexual/contraceptive – Paediatric/adolescent – Bowel – Dermatological – Mental health, including self-harm – Allergies – Current medications, including use of over the counter – Recreational drugs (including alcohol) – Address safeguarding needs of complainant and other children where appropriate <p>Be able to identify common drug interactions.</p> <p>Know the common effect of drugs/alcohol and post traumatic stress on recollection of events and medical history</p> <p>Practitioner</p> <p>GMC guidance on confidentiality and consent</p> <p>Level of expertise</p> <p>Health and safety</p>	<p>Ability to communicate in a sensitive and empathic manner</p>	<p>Demonstrate ability to acquire a psychiatric history using a standardised approach</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Tutorials in obtaining a psychiatric history</i></p>

MODULE THREE: EXAMINATION

Objective 1: To be able to carry out a thorough, sensitive examination with regards to the therapeutic needs of a person complaining of or suspected to be a victim of a sexual assault

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Recognition, assessment and management relating to:</p> <ul style="list-style-type: none"> – life threatening conditions (first aid) – Mental state including suicide risk – Intoxication or withdrawal of drugs. <p>Describe normal genital and anal anatomy and recognize abnormalities and their aetiologies including</p> <ul style="list-style-type: none"> – Congenital – Pathological – Infection – Surgical – And injuries (including healed injuries) <p>Explain normal child development and factors which may affect this, including the effects of age and hormonal status on development especially of genitalia including:</p> <ul style="list-style-type: none"> – Normal ano-genital anatomy – Normal variations and common congenital abnormalities – Tanner staging 	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Demonstrate the use of open questions when gaining a mental state examination</p>	<p>On a case by case basis ensure appropriate approach to examination including:</p> <ul style="list-style-type: none"> – Selection of an appropriate environment – Preparation of necessary equipment, paperwork, and other materials e.g. swabs prior to commencing physical examination – Flexibility as the examination progresses <p>–</p> <p>Be able to recognise and manage any medical problems that need immediate urgent medical treatment including:</p> <ul style="list-style-type: none"> – Provision of basic life support. – Summons of appropriate and timely help – Transfer of complainant to services providing appropriate care <p>Risk identification including basic assessment of mental state.</p> <p>Be able to recognise common signs and symptoms of intoxication or withdrawal of drugs</p> <p>Be able to carry out a full physical examination that</p> <ul style="list-style-type: none"> – Takes account of possible on going medical problems – Takes account of injuries which may be due to assault 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p> <p><i>Training in conducting mental state examinations</i></p> <p><i>Training in the structured assessment of risk of self-harm and suicide</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
<p>The issues pertinent to adolescent e.g.</p> <ul style="list-style-type: none"> - Risk taking behaviours - Common mental health problems eg self harm, eating disorders, depression <p>And how that will effect your assessment and management</p> <p>Signs and symptoms of STIs</p> <p>Relevant surface anatomy e.g. correct terminology for anatomical reference points</p> <p>Definition and recognition of differing types of injury including:</p> <ul style="list-style-type: none"> - The presence or absence of factors which may affect their aging (including the problems of different degrees of pigmentation) - The differential diagnosis of findings e.g. dermatological conditions that may mimic injury. <p>Management of forensic evidence including:</p> <ul style="list-style-type: none"> - Current persistence data - Recovery methods of trace evidence - Issues of cross contamination <p>Role of photo documentation including:</p> <ul style="list-style-type: none"> - Potential uses and limitations - Use of highly sensitive images and issues regarding consent, how and when they are taken, 		<ul style="list-style-type: none"> - Accurately identifies and documents injuries so as to aid in the determination of their possible causation and age. - Thoroughly and accurately documents positive and negative findings with regards to the known account of the alleged assault. <p>Be able to take appropriate forensic samples and ensure</p> <ul style="list-style-type: none"> - Minimal cross contamination - Appropriate labelling and packaging of forensic and /or STI samples with regard to the chain of evidence and admissibility of evidence. <p>Be proficient in</p> <ul style="list-style-type: none"> - The use of a speculum for vaginal examination - The use of a proctoscope for rectal examination - Venepuncture <p>Be able to take or arrange appropriate photo documentation that ensures</p> <ul style="list-style-type: none"> - Admissibility as evidence - Preservation of confidentiality of the complainant storage of those images is in keeping with local protocols for highly sensitive images <p>Be able to communicate examination findings</p> <ul style="list-style-type: none"> - To the complainant including the natural history and or implications of both positive and negative findings - To those with a need to know within the limits of the consent process. 			

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
<p>storage, confidentiality and disclosure</p> <p>Legal</p> <p>Requirements of documentation e.g. dated, timed signed</p> <p>Management of forensic samples including:</p> <ul style="list-style-type: none"> - Labelling and storage - Maintaining the integrity of the chain of evidence <p>Management of information gathering during the forensic examination including:</p> <ul style="list-style-type: none"> - The significance and response to additional information given during the examination, either spontaneously or as a result of additional history taking in the light of examination findings - Revalidation of consent as the examination progresses <p>Practitioner</p> <p>The risk of vicarious trauma to self and others e.g. self awareness</p> <p>Role of chaperone</p> <p>Personal safety</p> <p>Minimisation of risks of transmission of infectious diseases e.g. good infection control</p>					

MODULE FOUR: AFTERCARE

Objective 1: To be able to provide appropriate:

- information and guidance to complainants about aftercare
- immediate care at the time of the forensic examination
- ongoing follow-up and support for a complainant, including referral to other agencies

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>The risk of unplanned pregnancy</p> <p>Risk of pregnancy depending on timing of incident from Last menstrual period (LMP) within menstrual cycle and any on-going contraception</p> <p>Types of post coital contraception available and their efficacy, side effects and risks</p> <p>Contraindications to methods and interaction with other medication</p> <p>Rules governing use with respect to</p> <ul style="list-style-type: none"> - LMP - Other unprotected sex or previous use of hormonal Emergency contraception in same menstrual cycle - Vomiting after hormonal contraception - Management after use <p>Local services and referral pathways for contraception</p>	<p>Ability to be sensitive to emotional state of complainant and tailor advice and communication appropriately</p> <p>Ability to discuss risks with complainants about risks of ill-health relating to sexual assault, and the side effects, efficacy and risks of treatment</p> <p>Ability to provide appropriate medication</p> <p>Ability to formulate management plan for on-going care, including involving complainant in decision-making and ensuring they understand it eg written and verbal information</p> <p>Ability to access and provide appropriate written information</p> <p>Ability to liaise with other agencies</p>	<p>Provide appropriate aftercare for a complainant who has been sexually assaulted, including:</p> <ul style="list-style-type: none"> - Informing regarding the risks of unintended pregnancy and acquisition of sexually transmitted infection and blood-borne viruses - Provision of pregnancy testing, hormonal contraception and prophylactic interventions (eg antibiotics/antivirals and vaccines) according to local/national guidelines with discussion of side effects, efficacy and risks - Discussion of importance of on-going medical care and important triggers to access services - Formulate and implement plan for follow-up including referral to other services 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work/case-based discussion</i></p> <p><i>Attachments in community reproductive and sexual health, and genitourinary medicine services</i></p> <p><i>Appropriate courses approved by examiners such as Sexually Transmitted Infections Foundation course, Diploma of Faculty of Family Planning course</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
<p>The risks of sexually transmissible infection (STI)</p> <p>Risks of acquisition of STI according to nature of assault</p> <p>Incubation periods, natural history and management of chlamydia, gonorrhoea and <i>Trichomonas vaginalis</i></p> <p>Antibiotic prophylaxis recommended for complainants of sexual assault including</p> <ul style="list-style-type: none"> – Side effects – Contraindications to treatments and interaction with other medication – Local services and referral pathways for on-going care relating to STIs <p>The risks of blood-borne viruses (BBVs)</p> <p>Knowledge of local services, protocols and referral pathways for immediate and on-going care relating to BBVs</p> <p>Risks of acquisition of HIV according to nature of assault and risk status of assailant</p> <p>Use of post-exposure prophylaxis for HIV including:</p> <ul style="list-style-type: none"> – At what level of risk it should be offered and when – Organisation of commencement of medication, – Efficacy, side effects, drug interactions and risks of post-exposure prophylaxis following sexual exposure (PEPSE) 					

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
<p>Use of Hepatitis B vaccination to reduce acquisition including:</p> <ul style="list-style-type: none"> - To whom it should be offered - Timing for commencement - Accelerated courses for vaccination <p>The risk of psychological morbidity</p> <p>Recognition of range of psychological responses to experience of sexual assault; including the most commonly found mental disorders eg. depressive disorders, acute stress reaction, adjustment disorder, post-traumatic stress disorder</p> <p>The importance of optimal early management and its relation to long term outcomes</p> <p>informing the complainant of the range of responses and their normality</p> <p>Local services and referral pathways for on-going care relating to psychological morbidity including mental health services, GP and voluntary agencies</p> <p>Managing unintended pregnancy</p> <p>Diagnosis according to timing of incident</p> <ul style="list-style-type: none"> - Using a pregnancy test including the need to repeat if too soon - Disclosure of pregnancy - Possible outcomes for historical incident including termination, 					

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
<p data-bbox="138 272 359 297">miscarriage or child</p> <p data-bbox="86 329 485 410">Informing the complainant regarding options according to gestation, if pregnant</p> <p data-bbox="86 443 527 524">Local services and referral pathways for on-going care relating to unintended pregnancy</p>					

MODULE FIVE: STATEMENT

Objective 1: To be able to write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>The structure of the courts in the UK</p> <p>The burden of proof in different legal proceedings.</p> <p>The core principles of</p> <ul style="list-style-type: none"> – Criminal Procedure Rules – Civil Procedure Rules <p>The roles of witnesses including:</p> <ul style="list-style-type: none"> – Witness to fact – Professional Witness – Expert Witness <p>The rules of Hearsay evidence</p> <p>Writing a witness statement including:</p> <ul style="list-style-type: none"> – Construction according to its intended use – Technical accuracy – Appropriateness of expression of opinions – Clarity between fact and opinion 	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Compliance with time limits set for preparation and production of witness statement.</p>	<p>Be able to write a statement that is appropriate for the purpose for which it has been requested, including the appropriateness of the expression of opinions</p> <p>Give technically accurate information in terms understandable to a lay person.</p> <p>Use contemporaneous notes as the basis for the report and clearly indicate all sources of information</p> <p>Include appropriate body diagrams as part of the witness statement.</p> <p>Be able to indicate in the statement when disclosure of information held has not been complete.</p> <p>Where an opinion has been requested and it is appropriate to give that opinion, be able to clearly separate fact and opinion and be able to</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>EMQ</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisation</i></p> <p><i>Court skills course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> - Use of terms understood by lay persons <p>Importance of contemporaneous notes in writing the statement and identification of all sources of information</p> <p>History of the allegation as given</p> <p>Incomplete disclosure of information held</p> <p>Concordance of content of contemporaneous medical notes and content of witness statement</p> <p>Inclusion of an appropriate medical history</p> <p>Inclusion of an account of the examination and both positive and negative findings</p> <p>The use of body diagrams</p> <p>Take account of</p> <ul style="list-style-type: none"> - Mental Capacity Act - Sexual Offences Act - Offences Against the Person Act - Legal definitions of consent - Issues around disclosure of highly sensitive images. <p>GMC guidelines on confidentiality</p> <p>Level of expertise</p> <p>Time management</p> <p>Resources including an accurate and</p>		<p>express an opinion within the limits of expertise</p>		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
relevant curriculum vitae, access to secure electronic storage					

MODULE SIX: THE COURT

Objective 1: To prepare and give effective oral evidence in court within the limits of expertise

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>GMC Guidelines on confidentiality</p> <p>Be able to identify any medical or technical information and issues:</p> <ul style="list-style-type: none"> – Raised in any pre-trial disclosure or conference, OR – Raised in the content of your witness statement. <p>And be able to consolidate your knowledge about them.</p> <p>Be able to identify possible challenges arising from the content of your witness statement.</p> <p>Understanding the court</p> <p>Attendance at court including:</p> <ul style="list-style-type: none"> – Court procedure – The anatomy of a trial <p>Giving evidence including:</p> <ul style="list-style-type: none"> – Pre trial disclosure – The role of the participants in a trial – The different roles of the witness 	<p>Communication skills including clarity with sensitivity to the knowledge and understanding of the person /persons with whom you are communicating and the setting</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality time management</p>	<p>To be able to identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.</p> <p>To be able to participate in informed discussion with lawyers and experts about the medical and technical information and issues.</p> <p>Be able to present oral evidence in court including responding to cross-examination and to questions and challenges arising from evidence given in court.</p> <p>Be able to explain in lay terms the content of a witness statement</p> <p>Be able to use simple aids e.g. body maps, when giving oral evidence in Court.</p> <p>Appreciate and stay within limits of expertise in respect of professional and expert witnesses</p>	<p>Case portfolio</p> <p>NICBD</p> <p>Written statement under controlled conditions</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p> <p><i>Court Skills Course</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence		Suggested training and support
<p>to fact, the professional witness and the expert witness</p> <p>Core principles of:</p> <ul style="list-style-type: none"> - Limitations of confidentiality - Rules of Evidence - Hearsay Evidence <p>The powers of the court with respect to witnesses.</p> <p>Presentation</p> <p>Time Management</p>					

Professor Trevor Beedham
Chairman DFCASA
Committee of Management