

Rachael C. Griffin
Senior Coroner
Her Majestys Coroner for the County of Dorset
By email -

15 September 2022

Dear Ms Griffin,

Re; Consideration of epilepsy and mental health illness training for all staff and officers in police forces and update to the new recruit curriculum.

Firstly, on behalf of everyone at the College of Policing I wish to convey our deepest sympathy to Ms. Pope-Sutherland's family and friends for their loss and the tragedy of the circumstances of her death. I'd also like to thank you for your work to ensure learning results from this tragic incident.

We recognise that policing must have some medical knowledge and this is provided through our first aid programme. This programme and medical knowledge makes explicit links to our vulnerability training. **To ensure police responders are equipped to effectively respond to missing persons, our training focuses on managing the full spectrum of vulnerabilities through effective and proportionate risk management.** In reality, this means that College standards require front line responders to ask good questions that enable an informed understanding of the range of risks affecting a missing person, on a case by case basis, to identify their severity and impact. Additionally, police responders should seek information from informed sources, such as family or doctor, to understand the impact and degree of any medical conditions potentially affecting a missing person. When this training is combined with the guidance we set as Authorised Professional Practice the standard is proportionate and appropriate.

Additionally, the College is committed to providing the highest standards of training for those working in policing however, that training also must be accessible and practicable. Medical conditions can be very complex, those conditions in themselves can be variable and they do not exist in isolation. Different conditions have differing levels of severity that interact with the myriad of circumstances in which people go missing. The quantity of variables is simply too great to reasonably and effectively train.

- The number of medical conditions, the varying degrees of those medical conditions and the complexity of the circumstances in which people go missing persons, are too great to be trained to non-medical personnel.

We have recently considered this question in relation to other conditions, such as neuro diversity, and further concluded that seeking to give a higher level of expertise is unfortunately not practical. Policing deals with an almost limitless variety of incidents, some situations or medical issues may only being encountered by officers very rarely – their training would be almost irrelevant because of the time that had lapsed between the training and the time the knowledge was needed to deal with the incident.

- Additionally, such training would have to be subject to continuous professional development to ensure advancements are shared which would also be unrealistic.

I do appreciate this is not the response you were hoping for but after very careful consideration we have concluded that that our current approach is correct for policing. We believe that by encouraging better investigation of vulnerability and identification of the risks of harm that may arise, policing can better respond and deal more effectively with the needs of the public.

Yours sincerely

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Chief Executive Officer
College of Policing

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