Forensic Science Regulator
Overseeing Quality

Medical Forensics Specialist Group

Minutes of the sixth meeting held on 05 September 2018, at 5, St Philip's Place, Colmore Row, Birmingham

1. Welcome and introductions

1.1 The Chair welcomed all to the meeting. See Annex A for a list of representatives present.

2.0 Project presentation - Assessing the presumptive testing at Sexual Assault Referral Centres (SARCs)

2.1 Two representatives from Liverpool John Moores University attended the meeting and provided a presentation on their proposed project 'Assessing the Presumptive Testing at Sexual Assault Referral Centres (SARCs). It was highlighted that the project was currently in its early stages, and the presenters wished to obtain initial feedback from MFSG members.

2.2 The aim of the project was to determine whether performing presumptive tests to detect the presence of semen and other male specific DNA earlier in the sexual assault casework workflow could help improve the mental health of patients awaiting test results. The current process saw presumptive tests being performed by a forensic science provider (FSP) after samples obtained at the SARC were submitted to the FSP by the police. The project would also aim to identify whether receiving early results of the presumptive testing, could help support patient decisions on whether they would like to progress the case through the criminal justice system. It was suggested under the current process, patients could wait up to 4-6 weeks to hear if any semen or male-specific DNA was detected in their samples.

2.3 The project would be conducted in two phases. Phase 1 of the project would be an academic-led research study based at Liverpool John Moores University. Part of the first phase of the study was to produce a questionnaire to capture SARC staff's thoughts on the utility of earlier presumptive testing. This had already been completed and results revealed 85% of SARC staff believed that having the presumptive tests take place earlier in the workflow could improve the mental well-being of the patient.

2.4 The next stage of Phase 1 would be for mock samples to be used to screen the different rapid-detection systems and test the accuracy of the rapid presumptive tests, ensuring the researchers had selected the most suitable test. To conduct these experiments, pre- and post-coital samples would be collected from volunteer couples. An in-depth study would then be conducted on a selected number of presumptive tests, which would assess sensitivity and test robustness using the post coital samples. The results from phase 1 were to be analysed and assessed before commencing phase 2.

2.5 Phase 2 of the project would seek views of live patients on performing presumptive tests at SARCs via a questionnaire which would be sent to a limited number of SARCs. The feedback obtained from the questionnaire would allow the researchers to predict if there would be an improvement to the victim's mental health and identify the most appropriate way to explain presumptive test results to patients. Once the results of the questionnaire had been collected and analysed, a single SARC would be selected for the presumptive tests to be performed on volunteer patients. Patients who choose to participate in the research would be given a questionnaire seeking to understand whether performing presumptive tests earlier in the workflow at the SARC had a positive or negative impact on their mental health, and if this helped them with their case further. It was confirmed ethical approval is still pending for this phase of the project.

2.6 The researchers outlined some of the risks associated with the project:

- funding had not yet been secured to start the work;
- a low number of volunteers may be obtained in Phase 1 to provide post-coital samples;
- a potential low response-rate to the questionnaires designed for Phase 2; and
- a potential lack of live casework samples from patients in Phase 2;

2.7 Generally, members were supportive of the research proposal. A member from the Hampshire Police Force had conducted a similar trial that was halted due to an observed high percentage of DNA case samples obtained at SARCs not containing semen. In addition, feedback was received from SARCs and medical examiners who felt including presumptive testing earlier into an already complex process would be a challenge.

2.8 A member queried whether couple volunteers would be trained on how to collect and store samples. It was explained that the volunteers would be provided with guidance on how to collect and store the samples including timeframes for collection. The samples would be stored at home and brought to the laboratory the next day, where they would be tested and frozen. It was suggested by members the researchers could also investigate the possibility of obtaining swab samples from sexual health clinics via the NHS.

3.0 FSR's SARC standard review

3.1 The members were presented with a draft quality standard for FSR's SARCs standard and were asked for their comments. The scope of the standard was to clarify that the requirements applied to both police-referred and self-referral cases when collecting evidence from a complainant.

3.2 Some members felt the definition for the term 'forensic sampling' should include the absence or presence of injuries and scars as the examination involved more than sampling. The Regulator explained that the standard would not apply to clinical examinations that would assess injuries and scars amongst other things, as medical examination was not within the Regulator's remit. This could however be included as background information. It was decided that medical examination should be referred to as forensic medical examination.

3.3 A diagram in the standard outlining an adult complainant's journey from alleged offence to court (via medical examination and sample collection facilities) would need to be updated to ensure the relevant standards; Codes and guidance were appropriately referenced.

3.4 It was agreed that the deadline for SARCs to meet the standard would be October 2021. To be accredited to ISO 15189 by UKAS the SARC would need to have an initial assessment. Continued accreditation would be subject to the outcome of annual surveillance visits with a reassessment to renew accreditation every four years.

3.5 It was agreed that expert witnesses should be provided with appropriate training, to reach the required level of competence, and that the organisation the expert witness was employed by should be responsible for maintaining competence.

3.6 Air flow and air quality within the facility was mentioned. The air movement within and between rooms should be managed to minimise the risk of contamination from environmental DNA[1]. Where new build and building modifications were required, it would most likely take longer to meet the deadline. The FSRU lead would insert into the standard appropriate requirements to cover such instances.

3.7 It was queried whether paediatricians should be consulted in sexual offences involving children. It was agreed by the group that a paediatrician should be consulted for all children under 18 years old who disclose sexual offences Where the complainant is a child the General Medical Council (GMC) 2012 *Protecting children and young people: the responsibilities of all doctors* should be used, and consent for forensic medical examination should be referred to the Royal College of Paediatrics and Child Health (RCPCH) guidance.

3.8 It was felt that policies and procedures should be in place for DNA elimination samples to be obtained from all practitioners working within the facility who come into contact with complainants. This should also include all attendees present at the forensic medical examination. These samples should be available for DNA elimination database or checks as appropriate.

3.10 The facility should have a policy and procedure in place for the capture, storage and transfer of images. These images should be disclosed for criminal justice service (CJS), which would include trial and appeals processes.

3.11 The facility should have a process where statements and reports are quality checked by a colleague. A critical conclusion check for the report or statement should be completed by a second competent individual.

Action 1: Representative from Royal College of Paediatrics and Child Health to share their critical conclusion checking procedure.

4.0 FSR's SARC guidance review

4.1 Members were asked to discuss and provide comments on this draft guidance for SARCs.

4.2 It was noted the guidance for education and training for forensic practitioners, forensic nurses, and paramedics has since been updated. A member has agreed to provide a link to the updated reference.

[1] FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*. Available at: https://www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance

Action 2: Representative from UK Association Forensic Nurses to provide a reference to the updated FFLM Guidance around education and training.

4.3 Anti-contamination processes were discussed. It was highlighted that a designated DNA clean area within a SARC facility should also include the bathroom/toilet and pre-examination area in addition to the forensic medical examination room. It was queried whether wearing a gown when examining patients had more advantages than wearing over sleeves (which can be worn over the scrubs and cover exposed skin). The guidance developed suggested the outer clothing should be disposable and long sleeved to cover bare skin in order to minimise contamination.

4.4 It was recommended that colposcope should be used to record relevant injuries and findings in all child examinations (up to age 16) and in adults where appropriate[2].

4.5 Members were asked to provide any further feedback on both documents within 2 weeks, after which time the documents would be prepared and published for public consultation. Members would be notified when the consultation was live and were asked to share the documents with their professional bodies and colleagues for their feedback.

Action 3: Members to provide any further feedback on the SARC standard and guidance documents to the FSRU team within 2 weeks of the meeting.

5.0 AOB

5.1 It was proposed that as the Health Justice Trailblazer group was now approved and regulated by the Department of Health and Social Care that they could provide useful contributions to the group. It was agreed for the chair to be invited to join the group.

Action 4: Representative from UK Association Forensic Nurses to provide contact details for the Health Justice Trailblazer group so they could be invited to join the group.

5.2 The Forensic practitioner for sexual assaults apprenticeship had gone through several public consultations and would be approved by the end of 2018. The first apprenticeships could commence in early 2019.

5.3 The NHS sexual assault abuse strategy was published in April 2018. A national event was due to be held at King's College on the 22nd November. Members were asked to inform Hong Tan if they were interested in attending.

Action 5: Members to let NHS England representative know if they would like to attend the NHS sexual assault abuse strategy event.

5.4 The BBC were producing a documentary on SARCs, however it is not known when it would be shown.

6.0 Date of the next meeting

[2] It is essential that high quality photo documentation be obtained during a paediatric forensic examination. If this is not obtained the practitioner must document in his/her notes the reasons for this. A single doctor can conduct a paediatric forensic examination provided he/she has all the necessary skills.

6.1 The date of the next meeting was confirmed as the 09 January 2019 in Birmingham.

Annex A

Organisation Representatives Present:

Independent National Forensic Advisor (chair)
UK Accreditation Service (UKAS)
The Havens London
Criminal Case Review Commission
UK Association Forensic Nurses
Care Quality Commission
NHS England - Health & Justice Specialised Commissioning
Royal College of Paediatrics and Child Health
Forensic Science Regulator
Forensic Science Regulation Unit
Forensic Science Regulation Unit
Home Office Science Secretariat
Hampshire Constabulary

Apologies:

Faculty of Forensic Legal Medicine
The Chartered Society of Forensic Sciences
NPCC lead -Rape Working Group
Department of Health and Social Care
General Medical Council
Police Service Northern Ireland
Police Scotland