

# FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



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Registered Charity No 1119599

03 June 2024

## **FFLM Position Statement on the Management of Non-Police (self-) Forensic Records (Forensic Notes, Samples and Photographs)**

### **Introduction**

Rape or sexual assault are serious crimes following which an individual may choose to have a forensic medical examination (FME) to receive appropriate care and secure forensic evidence. This may be arranged after reporting the incident to the police, or as a non-police or self-referral, through a sexual assault referral centre (SARC), in England, Wales or Northern Ireland, or a sexual assault self-referral co-ordination service, (SARCS), in Scotland.

The FFLM has produced guidance on the management of the forensic samples when the police are not (yet) involved, see: [SARC Storage of Forensic Samples & the Human Tissue Act: Frequently Asked Questions](#).

It is essential that patients contacting a SARC or SARCS are provided with appropriate information and advice, at the time of presentation. Should they attend for an FME, the guidance covers what should be explained in the consent process. This includes, but is not limited to, how the samples and records will be securely stored, along with the time frame within which the samples will be stored and comply with the Human Tissue Act, or other relevant legislation. Each service must have a clear protocol and standard operating procedure, (SOP), which covers key issues.

### **The Issue**

The FFLM has been made aware of an issue arising, in England, in relation to the ongoing secure storage of forensic samples, e.g. swabs, urine, blood and clothing, when the contract, issued by commissioners of such services, changes, and is given to a new service provider.

The FFLM notes the following:

- For the patient who has an FME: they will see the service and the site, and not necessarily the organisation which is providing the service;
- It is self-evident that the samples are inextricably linked to the forensic medical records which the clinician creates, when taking a history and noting the examinations findings, for example documenting injuries, and vice versa;
- Both the forensic medical records and the forensic samples are part of the forensic evidence, which may be used in a prosecution, should the police be involved, subsequently, for example, forensic analysis by a forensic scientist cannot be undertaken in isolation, without the background information from the FME, itself.

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## Conclusion

Therefore, the FFLM is of the view that:

- The forensic samples and the forensic medical records (written and/or electronic), which may include photographs and intimate images should be managed together. Separating these records (between services/providers) is not best practice and is a risk for patient safety and future possible prosecutions.
- The commissioners of sexual assault services **must** ensure that, in any commissioning of and contract issued for a service, the management and storage of non-police (self-) referral forensic samples and the associated records is explicitly addressed and they are managed together and not separated.

Professor Cath White, Lead for Sexual Offence Medicine

Professor Margaret Stark, Chair of the Forensic Science Sub-Committee

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