

# FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



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23 April 2025

## The Faculty of Forensic & Legal Medicine response to Equivalence in Police Custody Healthcare Report

The Faculty of Forensic & Legal Medicine (FFLM) welcomes the [Equivalence in Police Custody](#) report by Dr Gethin Rees and his team. This timely report sadly mirrors information received from our members as well as the FFLM's experience in trying to drive up standards. Previous research has recognised and highlighted this bleak picture of a 'postcode lottery' in the quality of healthcare in police custody.<sup>1,2</sup> A [publication](#) based on the FFLM member survey in 2019/20 also highlighted similar themes to those raised in this report.

It is worth noting that even back in 2017 the Forensic Science Regulator noted that "A specific risk has been identified in relation to commissioning of forensic medical examiners (FME) where not all procurement is specifying the appropriate level of FME training and qualification." Alarming, this situation hasn't changed.

The National Police Chiefs' Council (NPCC) Custody Group appears to be provider focussed with no provision of expert advice from suitably qualified individuals whose activity within the FFLM keeps them up to date and free from conflicts of interest.

There is a distinct lack of progress implementing the recommendations of Dame Elish Angiolini's [Report](#) of 2017. Commissioning should be to FFLM [quality standards](#) with an expectation that services will meet these both in the tendering process and if successful these contracts will be adequately monitored to ensure adherence. The government has previously recognised the FFLM as the relevant organisation for standard setting in police custody healthcare.<sup>3,4,5</sup>

Most providers have pursued a programme of internal training for their custody healthcare practitioners and adherence to national standards is not assessed by procuring organisations. There appears to be no consequences to providers who choose to depart from clear guidance even when it comes from the NPCC and healthcare professional organisations. Several coronial prevention of future death reports have highlighted this gap.

Performance of candidates in our postgraduate [examinations](#) reflects the highly variable nature of in-house training courses.

Nowhere else in the health economy are vulnerable patients asked to accept publicly funded healthcare without supervision under an accredited specialist. Highly trained nurses and paramedics in other settings will be trained to a masters level and receive the appropriate remuneration in recognition of the risk these roles carry.

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<sup>1</sup> Payne-James JJ, Anderson WR, Green PG, et al. [Provision of forensic medical services to police custody suites in England and Wales: current practice](#). J Forensic Leg Med 2009; 16: 189–195

<sup>2</sup> Kennedy KM, Payne-James GJ, Payne-James JJ, Green PG. [Provision of forensic healthcare services for police custodial settings in England, Wales and Northern Ireland: Current practice and implications for other services?](#) Med Sci Law. 2023 Jul;63(3):203-217. doi: 10.1177/00258024221136721. Epub 2022 Nov 14

<sup>3</sup> Hansard, March 18th 2009, Column 1164W [Forensic Science - Hansard - UK Parliament](#)

<sup>4</sup> The Report of the Taskforce on the Health Aspects of Violence Against Women and Children. March 2010.

[https://www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS\\_guide.pdf](https://www.health.org.uk/sites/default/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS_guide.pdf)

<sup>5</sup> Interim Government Response to the Report of the Taskforce on the Health Aspects of Violence Against Women and Children (VAWC). March 2010 <https://fflm.ac.uk/wp-content/uploads/2020/12/Interim-Government-Response-VAWG.pdf>

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The FFLM calls for a root and branch review of commissioning, standards, and training in police custody healthcare as well as a government commitment to engage to ensure that the needs of the criminal justice system are met. Without high quality care from trained and appropriately qualified clinicians in police custody there will be more deaths (indeed we have seen a year-on-year increase in these cases).

The state has an enhanced duty of care to those in its detention and commissioners must recognise this when awarding contracts.

Quality standards in police custody are vital, not just for basic humanitarian principles but also for criminal justice as a whole, without quality care evidence gained can be challenged and both suspects and complainants of crime suffer. Whilst the FFLM produces [quality standards for professionals working in police custody](#) they are routinely ignored. Without expert advice, commissioners are at risk of not recognising appropriate standards when balancing budgetary requirements with a safe service.

Clinicians working in police custody must be trained to a high standard and empowered to understand the importance of their independence, not just with regard to caring for a highly vulnerable patient group, but also in relation to their duties to the wider criminal justice system and the courts.

Even where a provider might wish to provide high quality care with a true multidisciplinary model of appropriately trained clinicians the commissioning environment hampers this. This will obviously be more expensive than a provider who is willing to put fewer, less experienced, staff on shift with reduced investment in training and thus, there is a downward pressure on quality for commissioned services.

## Report Recommendations

With respect to the recommendations made by the report we have the following thoughts.

### **Recommendation One: HCPs to be properly embedded within all custody suites.**

The FFLM agrees and this should include consideration as to the best staffing levels and skill mix of doctors, nurses and paramedics with the ability to escalate to a specialist in Forensic & Legal Medicine.

### **Recommendation Two: All healthcare providers to sign up to a standardised medication list and PGD.**

The FFLM agrees. The FFLM has previously campaigned for agreed core standards in line with our quality standards but received personal communication from NHS England and NPCC representatives who were reluctant to enforce standards on providers in case they terminated contracts.

FFLM guidance on [safe and secure administration of medication in police custody](#) which has been published since 2010 and regularly updated covers a range of recommendations on management of medication in police custody.

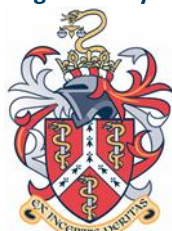
A standardised medication list is also available for providers and commissioners in FFLM guidance on [Operational procedures & equipment for clinical & forensic examination rooms in police stations](#).

### **Recommendation Three: Healthcare providers to remind HCPs that there does not exist a guideline that recommends waiting for six hours of detention before medicating.**

The FFLM agrees. This is a persistent myth that is repeatedly challenged by the FFLM but appears to still be taught by some commissioned services. The FFLM would never approve any training course which contained such outmoded, inhumane, and inappropriate recommendations.

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## **Recommendation Four: Staff within police custody to be trained to approach detained persons with professional curiosity rather than scepticism. Listening and trusting detained persons' accounts with professional curiosity would promote interactions more akin to trauma-informed practice.**

The FFLM agrees. The FFLM introductory course in general forensic medicine spends a significant amount of time exploring ethical approaches to detainees and where there may be challenges compared to traditional care settings. It repeatedly stresses that the standard of clinical treatment is expected to be equivalent to those not in custody.

Unfortunately, this course is not mandatory and any individuals wishing to attend have to self-fund. Providers, instead, undertake in house training which can be of variable quality. Although the FFLM offers quality assurance and CPD approval of courses, this is only taken up sporadically.

The FFLM recommends that instead, a single, externally delivered, national course is mandated for all clinicians working in police custody with commissioned services being able to provide relevant tailoring to their policies and procedures post core training. This would potentially lead to cost savings as providers would not have to retrain clinicians as contracts rotate.

This approach has been taken by [NPCC Less Lethal Weapons](#) to ensure that clinicians working in police custody have the necessary training to assess those exposed to TASER although not all providers have engaged with the requirement, and some continue to train in-house.

## **Recommendation Five: Methadone to be accessible in police custody to all on a rehabilitation treatment programme. To enable this, custody teams to develop robust relationships with local pharmacy and drug services to ensure swift provision of methadone when caring for a drug dependent detainee.**

The FFLM agrees. [Detainees with substance use disorders in police custody: Guidelines for clinical management \(5th edition\)](#), co-published between the FFLM and the Royal College of Psychiatrists explicitly states that these relationships must be formed between local pharmacies, prisons and drug services by the provider in police custody. It also clearly states that

“Wherever possible (and where clinically appropriate), methadone or buprenorphine treatment should be continued for anyone detained in police custody and already stable on such medication in the community.

**It is unacceptable to have a rule to automatically withhold opiate replacement therapy in police custody.”**

## **Recommendation Six: Alcohol and drug dependent detained persons to be acknowledged as vulnerable and provided with an Appropriate Adult.**

The FFLM agrees. This is also explored in depth in the FFLM introductory course and highlighted in guidance on assessment of fitness to be interviewed and in the [detainees with substance misuse disorders in police custody](#) publication described above.

## **Recommendation Seven: Consistent referral of support services to detained persons.**

The FFLM agrees. High quality national training and commissioning of services to appropriate standards would ensure that a national approach was taken.

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## Conclusion

It is imperative the care of detainees in police custody receives the attention and oversight it requires. The FFLM continues to promote the profile of this extremely high-risk area of clinical practice but recognises that there is a continuing lack of engagement from those who have the power to improve the situation. This situation could immediately be improved by a statutory requirement for organisations to respond to coronial prevention of future death reports.

The FFLM, since its inception, has stated that clinical forensic & legal medicine (of which custodial medicine is part) should be formally recognised as a specialty in its own right. This would ensure detainees have access to appropriately trained specialist clinicians capable of providing safe, high-quality care. There must be equivalence of care between those in custody and any other setting.