

Compliance with the Forensic Science Regulator Statutory Code - Responsibilities of the Senior Accountable Individual

The Forensic Science Regulator Act and the Statutory Code

The Forensic Science Regulator Act 2021 (the Act) places the role of the Forensic Science Regulator (the Regulator) on a statutory footing and requires the Regulator to produce a code of practice (the Code). The Code defines what constitutes a Forensic Science Activity (FSA) and the Regulator's expectations with respect to the associated quality standards that any forensic unit undertaking the FSA should meet, for example, accreditation to an internationally recognised standard.

Forensic units (legal entities or defined parts of an entity) providing forensic services to the Criminal Justice System must ensure that they are aware of the requirements of the Code and take any necessary action to ensure that they comply.

Compliance with the Code, or a lack of it, shall be declared in any reports produced by forensic units. This declaration allows users of the reports, for example, the courts, investigators, or the defence, to determine if the expectations of the Code have been met, or where a lack of compliance is declared, how this could impact on the information being presented and its admissibility in court.

The Code indicates that the Senior Accountable Individual (SAI) is accountable for the strategic leadership of the forensic unit's compliance with the Code.

Responsibilities of the Senior Accountable Individual

The Code requires that a forensic unit appoints a senior manager to be the Senior Accountable Individual (SAI), and that they shall be equivalent to a director, partner, board level, chief officer, or equivalent level of strategic leadership.

The Code indicates that the SAI shall be accountable for the strategic leadership of the forensic unit's compliance with the Code, and as such is therefore also responsible and accountable for the progress toward gaining any required accreditation and for the on-going maintenance of that accreditation in line with the expectations of the Code.

Additional responsibilities of the SAI as detailed in the Code include:

- Management of risk relating to any FSA undertaken – including monitoring and mitigation of the risk of quality failures which could adversely affect an investigation or impeded or prejudice the course of justice in any proceedings.
- Accountability for any investigation or compliance action by the Regulator; and being the route for communication related to these aspects of the Act.
- Decisions and deployment of resources to address quality matters in the forensic unit.
- Endorsement of the use of case work items and/or data in development work or validation.
- To ensure that support services outside the forensic unit assist with compliance and the demonstration of compliance, for example, IT or IS departments.
- Fulfilling the role of top management (or equivalent) as detailed in international standards.
- Endorsement of the organisations own document that sets out the name, date of appointment and responsibilities of the SAI in relation to the Act.

What is accreditation?

Accreditation is the formal recognition that an organisation is competent to perform specific processes, activities, or tasks in a reliable, credible, and accurate manner. Accreditation involves the assessment of the competence and impartiality of an organisation and the compliance of their work to nationally and internationally recognised standards or schemes, such as ISO/IEC 17025 for laboratory testing and ISO/IEC 17020 for incident scene examination.

Accreditation requires forensic units to demonstrate the following:

- Impartiality in relation to the performance of testing / inspection
- Methods that are appropriately validated and demonstrated as fit for purpose
- Equipment that is calibrated, checked, and maintained to ensure that it operates effectively
- Staff that are demonstrably competent and mechanisms to maintain this on an on-going basis
- Samples are handled and stored to maintain integrity

Therefore, accreditation benefits both the forensic units, and the commissioners of forensic science, as it demonstrates compliance with defined standards and best practice.

Accreditation is very specific to the technical activities it covers under the relevant standard; for example, just because a forensic unit is accredited for fingerprint enhancement, it does not necessarily mean it is also accredited for conducting the comparison of any fingermarks that are recovered. Therefore, the scope of the organisation, detailed as the individual technical activities, is critical to demonstrating compliance where accreditation is required.

In addition to the technical activities, a forensic unit can request that compliance with the core requirements of the Code is included within their assessment by UKAS and where compliance is demonstrated this will be included in the schedule of accreditation.

The scope of the specific activities covered by accreditation are listed on the forensic unit's schedule of accreditation, which is published on the UKAS website.

Who is UKAS?

UKAS is the sole national accreditation body of the UK, recognised by the government to assess and declare the competence of an organisation against internationally agreed standards such as ISO/IEC 17025 and ISO/IEC 17020.

The Forensic Science Regulator recognises UKAS's position as the UK's sole national accreditation body and as such includes reference to UKAS, and related specific UKAS publications, within the Code.

Achieving compliance with the Code

It is anticipated that once the Code comes into effect the Regulator will request declarations of compliance, or an associated plan to achieve compliance, including detailed timescales, from the SAI for any FSA that the forensic unit undertakes and to which the Code applies.

Forensic units are therefore required to review the Code and determine if they undertake an FSA that requires accreditation to be held, and if so, whether they either need to apply to gain an initial accreditation or, if they are already accredited, whether their current scope of accreditation needs to be extended to align with the expectations of the Regulator. An extension could be to include additional technical activities or to include compliance with the core Code requirements on their schedule of accreditation.

It is anticipated that there will be considerable demand from forensic units wishing to increase their scope of accreditation and therefore early engagement with UKAS to discuss any plans and associated timescales is advised. It should be noted that the process of gaining accreditation can, depending on readiness, take between 6-18 months.

The SAI and UKAS

It is critical that the person who is identified as the SAI for a forensic unit can appropriately fulfil the role as anticipated by the Regulator. To ensure that this is the case UKAS will review who has been appointed as the SAI and during the UKAS assessments verify the suitability of the appointment, seek evidence to demonstrate their appropriate engagement with the management system and if required may discuss with them any significant issues identified during the assessment such that the SAI can consider this within their overall management of risk.

Further information

For more information about UKAS and their role as the UK National Accreditation Body visit the UKAS website at www.ukas.com.

Extending the scope of accreditation

If you are an already accredited forensic unit and would like to extend your scope of accreditation the appropriate forms can be found on the UKAS website [UKAS Application Forms](#).

To find an accredited forensic unit

If you would like to find an accredited forensic unit or review the schedules of accreditation of any specific organisation, then please visit the UKAS website. [Search UKAS accredited organisations](#).