Forensic Science Regulator Statutory Code of Practice ('the Code') Gap Analysis

April 2023

Forensic Capability Network

Introduction – This Gap Analysis has been produced by combining and reviewing information provided by the Forensic Science Regulator (FSR), UKAS and Policing. It serves as an informative guide to support forensic units to transition from compliance with Issue 7 of the FSR non-statutory code to Issue 1 of the FSR Statutory Code. Whilst care has been taken to provide a full gap analysis, organisations using this gap analysis are recommended to review the FSR Statutory Code to determine their own compliance.

Summary – The majority of the FSR Code requirements remain largely unchanged from the previous non-statutory version. However, there are some major changes as highlighted throughout this document. A key change that will impact all forensic units is the addition of the Senior Accountable Individual role.

Acknowledgements – Thank you to Durham and Staffordshire Police for providing the FCN with their gap analysis documents.

Category	Definition
Minor	Minor update or slight change of emphasis to an existing requirement with minimal additional work anticipated to comply
Major	Major update or significant change of emphasis to an existing requirement with considerable additional work anticipated to comply

FSR Statutory Code Clause No.	Emphasis of Change	Required for UKAS Transition	Summary of text/extract from FSR Code	Comments (Activity/Consideration)
9.1.1 Scope	Minor	No	This has been broadened to cover any unit carrying out an FSA.	
14.1.1 Management requirements	Major	Yes	Where this Code specifies accreditation for an FSA, the forensic unit shall have a schedule of accreditation covering compliance with the applicable international standard(s) identified for the FSA and this Code. Provisions in this Code vary this requirement with regard to infrequently commissioned experts (Part E – Infrequently commissioned experts) and/or where the provisions for infrequently used methods apply (section 30.14, and what follows). The Regulator may suspend the accreditation requirements set; all such instances will be issued by the Regulator as guidance under s9 of the Act	Demonstration that the forensic unit has appropriate awareness (including the SAI and reporting staff) of the accreditation requirements for specific FSA within the Code that they undertake and the extent of their current UKAS Schedule of Accreditation.
14.1.2-3	Major	Yes	14.1.2 The forensic unit shall define all roles within the forensic unit that could influence the carrying out of the FSA or part thereof undertaken and detail the competencies for all activities required for these roles (section 28). 14.1.3 These roles include all those performing the following as part of an FSA or identified as influencing the undertaking of the FSA…	Roles as detailed in 4.1.3 are defined along with the competencies required.
14.1.4	Major	Yes	Where a role is supporting the delivery of the FSA within a forensic unit, but not directly undertaking the FSA (e.g. cleaning personnel with access to examination areas), role-specific awareness training (e.g. security, confidentiality, integrity, contamination control) shall be given and documented.	Role specific awareness training has been provided to staff supporting the delivery of the FSA.

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15 Senior Accountable Individual	Major	Yes	This is a new role for accountability of compliance with the FSA.	
15.1 Appointment	Major	Yes	15.1.1 Where a forensic unit is comprised of two or more practitioners, it shall appoint a senior manager (that being at the level of director, partner, board, chief officer or equivalent level of strategic leadership) to be the unit's SAI. 15.1.2 Where a forensic unit is comprised of only one practitioner that practitioner shall be the SAI.	Evidence of the appointment of a Senior Accountable Individual.
15.2 Role	Major	Yes	The SAI shall be accountable for the strategic leadership of the forensic unit's compliance with this Code and be accountable for risks related to any FSA undertaken by, or under the control of, the forensic unit from the date the Code comes into force. There should be particular focus on monitoring and mitigation of the risk of quality failures which could adversely affect an investigation or impede or prejudice the course of justice in any proceedings	Role of the SAI – demonstration that the appointee is appropriate and that details of the SAI have been provided to the Regulator.
15.3 Requirements	Major	Yes	Documented evidence of the appointment of the SIA. Each forensic unit shall have a document setting out the following for the SAI: a. The name of the SAI. b. The date of appointment of the SAI. c. The responsibilities of the SAI in relation to the Act. The SAI shall endorse the document which sets out their role and responsibilities from the date of taking on those responsibilities.	Provision of the document related to the responsibilities of the SAI.
16.1.2 c. Business Continuity	Minor	No	The business continuity procedures shall include an IT incident management plan for retrieval of critical data (section 32).	Involvement of IT to produce management plan for business continuity. Confirmation of backups in place.
16.1.6	Minor	No	The business continuity procedures shall be tested, for each area of work and/or site, at a frequency in proportion to risk (at least once in an accreditation cycle) and the results documented.	Focuses on risk as opposed to stating annually. Show scheduled business continuity tests.

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17.1.2 Independence, impartiality and integrity	Minor	Yes	Additional conflicts of interest identified or existing examples expanded upon: • having, or being perceived to have, an interest in the outcome of the case; • being asked (except where there is a clear legal reason for doing so) to limit the information being provided to the court, including, but not limited to, findings that contradict any issued report(s); • having not sought independent review of their critical findings; • having a close/significant personal or financial relationship with a party likely to be affected by the outcome of: • i. the practitioner's work; and/or • ii. the case;	Evidence that the additional potential conflicts of interest have been included in related documents. Any specific impartiality risks can be documented on a risk register.
17.1.4	Minor	Yes	A practitioner shall declare at once to the commissioning party where there may be a conflict of interest and there shall be a policy to address this eventuality.	Evidence that a policy is in place regarding declaration to the commissioning party regarding a conflict of interest.
17.1.6	Major	Yes	The required policies and procedures (section 17.1.1) should seek to control internal and external influence on the results of the FSA performed. To ensure that only information relevant to the examination/analysis is available to a practitioner, the process map required to assure data integrity (section 32.1.3d) should be used in the development of the procedure for the FSA. If identified as a risk, non task-relevant information should be held back until completion of the stage(s) which may be influenced by extraneous information. The process map should assess the risk of cognitive bias; the Regulator has published further guidance on this issue.	Evidence that the risk of availability of information to the practitioner has been appropriately considered at all stages of the FSAs, including the risk of cognitive bias. Evidence that (subject to the identification of a risk) processes are in place to hold back non-task-related information.
18.1.1 Confidentiality	Major	Yes	The procedures shall address the following: a. The material held by the forensic unit which is subject to an obligation of confidentiality. b. The nature of the confidentiality obligation and its application to all personnel and external service providers. c. The potential legal liability for breach of confidentiality. d. The conditions that may allow the confidentiality to be waived or legally overridden, and the process the forensic unit shall follow in such circumstances.	Evidence that relevant procedures include aspects detailed in a-d.

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19.1.2 Document Control	Minor	No	The retention period for obsolete/superseded documents should be defined, taking into account requirements from the commissioning party, regulatory requirements (such as the Criminal Procedure and Investigations Act 1996 [24], and this Code) and legal requirements. Retention for 30 years from the last time the technique the documents refer to was used and/or reported, may be required. (Brings footnote 34 into the main body of the text)	Retention policy which includes all forensic documentation.
20.1.3 Review of requests, tenders and/or contracts	Major	Yes	20.1.3 The issues to be addressed shall include how the following will apply before the work commences: a. Whether the forensic unit can legally perform the work (e.g. does it have all required licences etc). b. Whether the forensic unit has sufficient resource (amount and competence) to manage work and meet the requirements of the CJS. c. Whether the forensic unit meets the standards required for the work and can demonstrate compliance. d. Whether the practitioners have the level of background checks (e.g. security checks) the commissioning party requires for the work (section 27). e. Whether the proposed work would properly address the issues for the CJS.	Evidence that the issues to be addressed as listed in a-e are included in the associated procedures.
20.2 Developing an examination strategy	Major	Yes	The purpose of an examination strategy is to ensure that the FSA, or suite of FSAs, being applied is appropriate to the investigative questions or evaluative opinion (section 21) to be addressed. These can include, but are not limited to: a. identifying whether a crime has been committed; b. identifying or eliminating a suspect; c. investigating the accounts of suspects, complainants or witnesses; and/or d. establishing the sequence of events. The forensic unit shall have a policy that enables it, prior to commencing work. This policy may be included in an overarching SLA/contract for more routine case work/examination or developed in consultation with the commissioning party. Developing an examination strategy will require appropriate capture of relevant requires, planning, prioritisation and consideration for disclosure.	Evidence that the policy and process for developing an examination strategy includes all elements detailed, including the sequence of sampling / examination; phased disclosure of information; highlighting any limitations to the commissioning party and the CJS.
21 Evaluative opinions	Major	Yes	Establishing what is required and should be supplied or withheld to enable evaluative opinions to be provided. The process for formulating evaluative opinion is provided.	Evidence that where evaluative opinion is given that the requirements of this section are included in related procedures.

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21.1.1-5	Major	Yes	Where the forensic unit is commissioned to provide evaluative opinions, the following provisions of this section apply. The expert needs sufficient task-relevant information to determine appropriate propositions, select appropriate analyses and interpret the findings from those analyses. Other than that information, the expert does not need, and should not see, any non task-relevant information (such as information on previous convictions, reasons unrelated to the scientific examination/analysis (such as why investigators have identified a suspect), and any other extraneous information not relevant to the expert's task). On the basis of the case circumstances and any agreed key issue(s), the following, where they have been put forward by the prosecution and defence (or their representatives), shall be identified: a. The prosecution proposition(s). b. The defence proposition(s). There may be more than two propositions, but the evaluation will, in general, consider the propositions in pairs; each pair shall be mutually exclusive.	Evidence that where evaluative opinion is given that the requirements of this section are included in related procedures.
22.1.2 Externally provided services	Minor	Yes	Demonstration of fitness for purpose of externally provided materials is through initial validation and/or appropriate quality assurance of materials used in the method.	Evidence that the fitness for purpose of externally provided materials is being appropriately included in initial validation and through on-going quality assurance.
22.2-3	Minor	Yes	Replaces section on Subcontracting and goes into more detail: Forensic units shall have a policy and procedure(s), and retain records for: a. defining, reviewing and approving the forensic unit's requirements for using externally provided services; b. seeking and recording agreement from the commissioning party for the use of externally provided FSA services (in part or whole); c. specifying the requirements of the services to be obtained from the external provider; and d. ensuring that external providers conform to relevant requirements of this Code.	Evidence that policies and procedures to ensure that external providers conform to relevant requirements of the code. Including key aspects of the FSA as detailed in 22.2.3 a-c.
22.2.4	Minor	No	The forensic unit obtaining the externally provided services remains responsible for the overall quality of the work, including that of any external element. If the externally provided service is an FSA, the external provider will also be subject to this Code.	Provide evidence of steps taken to assure quality of services provided by external providers.

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23.1.3 Control of non-conforming FSA related work	Minor	No	The forensic unit shall inform the Regulator about any non-conforming work if it has potential to disaffect the commissioning party such that it could attract adverse public comment, be against the public interest or lead to a miscarriage of justice, and the Regulator shall be provided with a report on the review of the non-conformity.	Wording changed from 'significantly disaffected' in v7 to just 'disaffected' in the Statutory Code. Include this policy in non-conforming work SOP.
23.1.4	Minor	No	Examples of non-conformances, or circumstances that indicate non-conformance may have occurred, include, but are not limited to (NEW EXAMPLES): b. a method being found to be producing erroneous results; f. any fault identified in standards/reference materials, equipment or reagents; k. withdrawal of security clearance from personnel; Changes to existing text: c: removal of 'exhibits' e: staff now 'personnel' Example j replaced by new example f g: elaboration on non-conformances regarding contamination.	Ensure that should they occur new examples are recorded as non-conformances.
23.1.5	Minor	Yes	The forensic unit shall maintain a record of non-conformances which: e. details reviews of opportunities where similar non-conformances may occur and the preventative actions taken; f. records any evaluation of the corrective action; and	Confirmation that procedures for management of non-conforming work include the aspects as detailed in 23.1.5 e and f; and 23.1.6
23.1.6	Minor	Yes	Initially the significance of a non-conformity in relation to the impact on the results shall be evaluated and its root cause identified. This review shall include assessment of any impact on casework already reported, remedial action required on the individual non-conformity, as well as whether the root cause analysis points to wider systemic issues which could indicate risk of reoccurrence or previously unidentified occurrence.	Confirmation that procedures for management of non-conforming work include the aspects as detailed in 23.1.5 e and f; and 23.1.6
23.1.7	Minor	No	The Regulator shall be notified at the earliest opportunity once an issue has been confirmed as a quality failure rather than after a potentially prolonged review. Basic information on the incident and likely timescale for the review may be sufficient at the notification stage	Elaborates on existing instructions to ensure early notification.

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23.2.3	Minor	Yes	Contact details and instructions for notifying the Regulator. The forensic unit shall inform the Regulator via FSREnquiries@forensicscienceregulator.gov.uk or the address given at www.gov.uk/government/organisations/forensic-science-regulator at the earliest opportunity about any complaint or non-conforming work in respect of FSAs if it has significantly disaffected any relevant party such that it could attract adverse public comment, be against the public interest, or lead to a miscarriage of justice. The policies and procedures relating to complaints shall also indicate the escalation criteria and the individual/role holder responsible for notifying the Regulator.	Evidence that procedures have been updated to include routes for escalation to the FSR.
24 Regulator's consideration of quality issues 24.2-5	Minor	Yes	The Regulator may become aware of quality issues in a forensic unit by complaints, non conformances, notification by a party, information in the public domain. Where the Regulator is considering a potential quality issue in a forensic unit, once the forensic unit is notified of this, the forensic unit shall cooperate with the Regulator to the maximum extent possible including providing, as far as permitted by law, all information sought by the Regulator or potentially relevant to the Regulator's consideration. The forensic unit shall also ensure sufficient resources are employed to address the issue in an agreed timescale. The existence of a Regulator's investigation or compliance action (i.e. the issue of a compliance notice, the application for and/or granting of an injunction, the initiation of contempt proceedings or finding of contempt) may need to be disclosed in reports (section 37.1.6). Similarly, the fact that a Regulator's investigation or compliance action has previously taken place may need to be disclosed in reports.	Evidence of update to policies and procedures regarding cooperation with the FSR and potential impact on reporting.
25.2.4 Technical records	Minor	Yes	Image capture may be used as part of contemporaneous notes. There shall be a procedure in place for image use, which shall draw distinction between general image records and images taken at high resolution and/or to scale for downstream examination/analysis, comparison and interpretation.	Evidence that procedures for image use include distinction between general records and records used for comparison etc.
25.2.8	Minor	No	25.2.8 Hard-copy records generated by the forensic unit and used as part of the case file shall use a system which indicates completeness, e.g. through pagination using a page numbering system which indicates the total number of pages or an index sheet with this information (see ILAC-G19 section 3.5): d. Assurance of adequate control of electronic records will also need to be demonstrated.	Expansion of previous section 16.2.7.

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26.3 Open checking and blind checking	Minor	Yes	Open checks where objective evidence supplied. 'Checks shall be performed blind, i.e. without knowledge of the original result, when: a. the critical finding check is the only substantive quality control procedure for checking that finding; and/or b. the finding or opinion to be checked is based on the experience of the practitioner rather than direct objective data. Where findings are fully supported by objective data then the critical finding check may proceed as an open check, i.e. it can be carried out with knowledge of the original finding.	Confirmation that the checks that are in place have been reviewed by appropriate staff and are appropriately meeting requirements for open checking and blind checking.
26.6 Difference resolution	Minor	Yes	26.6.1 The checking and primary review process may lead to a difference of opinion between the initial and reviewing practitioner. The forensic unit shall have a documented procedure for resolving that difference and reaching a conclusion in such cases. Any disagreement shall be recorded and, when possible, a consensus conclusion agreed upon, with reasons declared. The forensic unit shall have a process in place to resolve differing opinions for the circumstance in which no such consensus can be reached, including how the issue is raised in the expert's report. A difference of opinion should not be confused with an error. When an error has been established, either technical or administrative, a non-conformance shall be raised.	Evidence to demonstrate that procedures are in place for difference resolution and that these are compliant with 26.6
26.7.2	Minor	No	The frequency of audits should take account of the stability of the QMS and the length of time the QMS has been in place, the size of the forensic unit, the complexity of the work being audited, the frequency of use of specific technical methods or procedures, and the potential consequences of non-compliance with the requirements. The value of occasional unannounced audits should also be considered.	Previously the requirement was at least once every 4 years
27.1.1 Personnel requirements	Minor	Yes	The forensic unit shall ensure appropriate security clearance is maintained by all personnel and contractors.	Evidence that a mechanism is in place to ensure appropriate security clearance is maintained for personnel and contractors.
27.1.2	Minor	No	The required level of clearance for prolonged or unsupervised access to case material is usually 'Security Check' or 'Non-Police Personnel Vetting level 3' [33], or equivalent. The clearance level required may, however, be varied in writing by the commissioning party, the controller of the data or the SAI of the commissioning party (where the party and the forensic unit are part of the same organisation).	Provide evidence of policy and – have logs available for inspection

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27.1.3	Minor	No	The forensic unit shall agree with the commissioning parties the level of background checks required for personnel with access to information and items/exhibits during the review of requests, tenders and contracts (section 20).	Include in a policy.
27.1.4	Minor	No	The confidentiality agreements should cover the intellectual property of the forensic unit and all information relating to casework and shall not conflict with any disclosure requirements.	Policy to cover confidentiality agreements and intellectual property relating to casework.
27.2.2 Standards of conduct	Minor	Yes	There is no specific requirement for familiarisation with the standards of conduct for personnel not directly conducting any aspect of an FSA or supporting the delivery of FSAs, or with legitimate access to items, records or areas where examinations are carried out. However, such personnel should be made familiar with issues relevant to their role, including access permissions such as security, continuity, contamination control, and the security and confidentiality requirements set out in section 27.1.4.	Evidence of a policy regarding the familiarisation of support staff with the standards of conduct.
28 Competence	Minor	Yes	Greatly expanded section Details what should be included in a competency framework, competency for reporting and the details to be recorded in a competency record. The forensic unit and/or individual practitioners conducting FSAs shall maintain, and keep readily available, records of education, training, skills, and experience. Records of continuous professional development may also be kept. Records shall be kept in sufficient detail to provide evidence of suitable training and formal competence assessment. The way competence is developed, achieved, demonstrated and maintained shall be documented, and the forensic unit shall have a policy for retention of training materials, training and competence assessment records in line with the policy for retention of case files.	Evidence of the review of the procedures for the management of competence to assure that all aspects detailed have been included.
29.2 Non-dedicated work areas	Minor	Yes	Covers carrying out accredited work away from the accredited location (e.g., home working) and the steps and precautions that should be considered/carried out prior to authorisation for the activity. This does not include examination of recovered vehicles at a third-party facility.	Includes home working. Evidence that the SAI is aware that any activity conducted in a non-dedicated work area is not accredited unless reflected specifically on the schedule of accreditation.

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29.3.2 Contamination avoidance, monitoring and detection	Minor	No	The steps in establishing procedures relevant to data contamination control are detailed as data integrity issues in section 32.1, which includes a similar hazard or risk-based analysis of the entire method as is detailed in section 29.3.2a–e for trace material (contact, particulate and physical). With new methods involving data or digital media, steps in establishing procedures relevant to data contamination control shall include steps a, b and e … although if items/exhibits are likely to also require trace evidence analysis this should be conducted first, or all these issues may still apply.	Update SOPs, policies, cleaning logs and show physical measures taken (i.e., separate workspaces) in the workplace relevant to the nature of the FSAs undertaken for the prevention, monitoring and detection of contamination that could interfere with the analyte of interest to be tested
29.3.3	Minor	No	Further precautions that should be included within the processes and procedures for the management of contamination for trace material	Scenarios could be included within SOPs/Guidance Notes or given as part of training. Related training materials should be retained (i.e., presentations)
29.3.5	Minor	Yes	The forensic unit shall identify areas of work, including scenes, where personnel are required to provide samples, for inclusion on contamination elimination databases relevant to the nature of the work undertaken in areas they access (e.g., biological material/DNA recovery and analysis, friction ridge detail recovery) and for any results found in casework to be screened against. These databases may be locally or remotely maintained.	Policy or procedure detailing the areas where personnel are required to provide elimination samples.
30.1.4 Methods and method validation	Minor	No	Section 14.1.3 of this Code requires roles involved in development, validation and verification to be defined and competencies specified. Personnel will often be practitioners (i.e. perform the FSA) but may be other personnel who are deemed competent.	Evidence to be documented and available e.g., within Validation Plan
30.3.6	Minor	Yes	To ensure validation studies are conducted on the final method, there should be a clear boundary between development and validation. It is important that any significant outcomes indicating any of the acceptance criteria are not met are not corrected for in the method during validation, but that the method is declared to have failed validation. Following such a failure either: a. the method shall be abandoned; or b. the method shall be amended (if that is possible while maintaining the required standards), and the validation study evaluated and repeated.	Evidence of policy / procedure regarding failure of method validation.
30.3.7	Minor	Yes	Evaluation of the change may mean the entire validation study needs to be repeated, or that elements of the original study remain suitable to provide objective evidence depending on the nature or, more importantly, the stage of the method that is changed.	Evidence of policy / procedure regarding failure of method validation.

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30.3.8	Minor	Yes	If validation needs to be repeated, it should be considered whether using the same dataset or item would risk optimising the method to the validation sample set itself.	Evidence of policy / procedure regarding failure of method validation.
30.3.9	Minor	Yes	If a method is amended during validation, then the validation is invalid. The procedure should include consideration of how to prevent inadvertent re-entering of the development process once validation has started.	Evidence of policy / procedure regarding failure of method validation.
30.6.2 Risk assessment of the method	Minor	No	The forensic unit should define the risk assessment method it will use. This Code requires risk assessment in various sections, including in contamination (section 29.3.2) and control of data (section 32.1.3). The methodology recommended in both is based upon process mapping and identifying the critical control points for the risks or failure modes [41] at those stages. One process map may be used to cover the whole method against different risks, and may be used to evaluate, or at least identify, potential contributions to uncertainty. Brings together recommendations to use process mapping for risk assessment from multiple sections of previous Codes.	Provide process maps or similar evidence to show risk has been considered throughout the process.
30.6.5	Minor	Yes	Given the risks involved in the use of casework items/exhibits and/or data, the SAI for the forensic unit shall be informed of the proposed use and of the information contained in the Regulator's publication on the use of casework material.	Evidence of a process to inform SAI if casework items / data to be used in method validation.
30.9.3	Minor	No	Legal advice may be required for the use of casework material where the exemption in relevant legislation 'for law enforcement purposes' may not apply.	Records of legal advice being sought prior to the use of casework where the exemption does not apply should be available.
30.11.1 Validation of interpretive methods	Minor	No	Removal of: External recognition with a recognised and relevant professional body	Ensure that practitioners demonstrate that they can provide consistent, reproducible, valid, and reliable results that are compatible with the results of other practitioners using the options covered by a-c.
30.12.4	Minor	No	If the method is to be deployed in a different manner than the study that provided the data, and the forensic unit intends to review the specification against that study, the differences require to be risk-assessed and may prompt a fuller validation study.	This is a rewording and combination of previous sections. Evidence should be reflected in the Validation Plan.
30.12.6	Minor	No	For methods not validated for incident scene use as portable, or validated to be part of an agreed deployment (i.e. sections 108.3.13–108.3.15), validation with the new site or deployment is required. This is the case even if the validation study was performed by the same forensic unit but the validation was not conducted at the site that will be using the method.	This is a rewording and combination of previous sections. Evidence should be reflected in the Validation Plan.

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30.14 Infrequently used methods	Major	Yes	Expanded section.	Evidence of policy and process for management of infrequently used methods in compliance with requirements including frequency of use.
30.14.2	Major	Yes	Methods used less than once in every three-month period across a forensic unit in separate cases are considered to be infrequently used.	Update definition of infrequent as the three month requirement was not previously included within the Codes.
30.16.2 Assessment of acceptance criteria compliance	Minor	No	The personnel may be employed by the forensic unit, contracted by the forensic unit to carry out the evaluation, or be wholly independent of the forensic unit. If employed by the forensic unit, the evaluator/authoriser would need to be able to demonstrate the appropriate level of independence.	More specific about who can carry out the independent evaluation of validation. Evidence should be reflected in the Validation Plan and Report.
30.16.4	Minor	No	For any major breakthroughs or novel uses of existing science, it would be useful to inform the Regulator, who may advise on the most expedient method of ensuring that the CJS requirements are understood.	This was previously a footnote and is now in the core Code itself. Process should be documented and shared with personnel.
30.17.4 Validation report	Minor	No	'…will be kept for a period in line with the forensic unit's retention policy for such documents.'	Puts the emphasis on the unit to establish what their retention policy will be. This should be documented and provided for review.
30.18.2 Statement of validation completion	Minor	No	The SAI may delegate authority for approving and signing off the method as validated or perform the function themselves. Either way, the scope of the validation being signed off as approved must be clear.	The SAI is now responsible for signing but can delegate. Policy should be documented.
32.1.2 Control of data	Major	Yes	'These procedures should apply within all environments the FSA is performed or output stored, including remote sites such as authorised home-based working environments.'	Evidence of procedures in place that include all environments the FSA is performed.
32.1.3	Major	Yes	The forensic unit shall perform a risk assessment around the control of data that should include process mapping to identify critical control stages requiring specific protection steps to prevent loss, degradation, and unauthorised access.	Evidence of the risk assessment around the control of data and the identification of critical control stages. Evidence that risk assessments include the steps detailed within a-e.

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32.1.5	Minor	Yes	'In the case of nationally provided and managed services (e.g. Police National Computer) that are outside the control of the forensic unit, the forensic unit shall consider, and document, the risk to the forensic unit and any mitigation introduced to control that risk.'	Evidence of the consideration and documentation of the risk of nationally provided and managed services and the mitigation introduced.
32.1.6	Minor	Yes	'Whilst these clauses indicate forensic units, where the forensic unit is within a larger organisation, achieving or demonstrating compliance may require some liaison with the organisation's Information Security/Technology departments. The SAI is responsible for ensuring compliance with this Code and should be senior enough to ensure support services in larger organisations that are outside the forensic unit's control assist with compliance and/or demonstration of compliance if required (section 15).'	Evidence that the SAI is aware that they have responsibility for compliance and to ensure that support services in larger organisations assist with this.
32.4.5 Access control to electronic information	Minor	No	The administrative duty may include periodic access to e-mails/or the Internet to download software patches or perform a software update; however, the risks of this open access should be controlled.	Additional risks identified that were not included in the previous Codes. Policy should be provided with roles and responsibilities clearly defined.
32.7.1 Management of removable storage media	Minor	Yes	Procedures for management of removable storage media used by the forensic unit to transfer data (e.g. memory cards, USB drives, optical media) shall include controls related to issue and their use. These procedures shall include wiping/reformatting of the storage media appropriate to the FSA the media is used in (i.e. typically using a defined secure or forensic method). These procedures are for the general transfer of electronic information and do not relate to item/exhibit and evidence handling.	Evidence of procedures for wiping / re-formatting of storage media appropriate to the FSA.
32.7.2	Minor	No	…and those users to whom those computers are issued should be made aware of the permitted interfaces.	For the avoidance of doubt personnel should be aware of what they are authorised to do. This could be stated in an SOP/policy/training record or be delivered as part of training and documented.
32.11.1 Use of cloud-based services	Minor	No	b. determine and document the boundary of the cloud and the network perimeter (if the cloud-based services are entirely contained within the forensic units' own network boundary, all the requirements in this section should be considered);	Document clear (perhaps non-technical for clarity) policy available to cover use. Consideration should be given to Business Continuity requirements.

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33.1.1 Reference collections and databases	Minor	Yes	Forensic units shall maintain a record of all reference collections and databases (including, but not limited to, those internally developed, commercially developed, or remotely accessed) used to: a. make inferences and interpretation; b. support the validation of search algorithms, training and proficiency testing in-house (i.e. ground truth data); and c. support the investigation or control of contamination (e.g. staff elimination databases and/or contamination elimination databases).	Evidence that the record maintained of all reference collections and databases includes refence collections used to support validation, training, and PT; and to support the investigation of contamination.
34.2.2 Measurement traceability	Minor	No	If the output from measuring or recording equipment (including photographic) is used for evidential purposes, then there should be traceable records related to the calibration/suitability of the equipment used.	Retain records.
35.1.1 Handling of items/exhibits	Major	Yes	Any actions prior to the forensic unit being requested to attend a scene or the forensic unit taking control of items/exhibits are outside the control of the forensic unit. The forensic unit shall have processes to capture any information provided about the scene or submitted items/exhibits that might have an impact on the examination or subsequent analysis.	Evidence of processes for the capture of observations about the scene / items received that may impact on subsequent analysis.
35.2 Items/exhibits at a scene	Major	Yes	Before items/exhibits are recovered from a scene, the practitioner shall assess the scene and consider on-site conditions and whether necessary competencies are held to ensure effective recovery… Practitioners shall have relevant procedures to minimise the risk of cross-contamination between different scenes, items/exhibits, suspects, witnesses, and complainants. The forensic unit shall have documented procedures for exhibit handling. Consideration needs to be given to anti-contamination measures. exhibit labelling and descriptions. Chain of custody records must be kept. All items/exhibits and associated documentation generated during scene examination shall be checked by someone competent to do.	Where the accredited scope includes scene-based activity - evidence to be provided (for example through an internal audit) that the forensic unit has reviewed their scene procedures to ensure all requirements are met.
35.3.1 Receipt of cases and items/exhibits at the forensic unit	Minor	No	The procedure for checking and booking in items should include consideration of maintenance of the chain of custody in urgent instances. This is particularly important for cases involving controlled substances/items.	A submission and exhibit handling policy or process should be in place covering this.

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35.3.3	Minor	Yes	…and communicated to the commissioning party in such a manner to facilitate changes to the commissioning party's submission process to minimise similar rejections in future.	Evidence that the submission process includes contacting the commissioning party if a submission is rejected.
35.3.5	Minor	Yes	…the SAI shall notify the Regulator of this investigation at its outset. The SAI shall decide the appropriate escalation based on the outcome of the investigation (which may include criminal investigation).	Evidence of the update to the process for investigation of tampering to include the role of the SAI.
35.4.1 Item / exhibit handling, protection and storage	Minor	Yes	35.4.1 The forensic unit shall ensure that item/exhibit handling policies and procedures address continuity requirements including, but not limited to, that: g. only personnel authorised by management shall have access to the retained materials; and h. movement of material in and out of the facility shall be properly recorded (section 29.1).	Evidence that processes are in place to ensure that only personnel authorised by management have access to retained materials.
35.4.2	Minor	Yes	The forensic unit shall store the item/exhibit in a manner which prevents or minimises deterioration. This shall include any temporary storage, such as in a vehicle, whilst awaiting transfer to a facility. Temporary storage facilities should also be assessed to ensure that the integrity and security of the item/exhibit is not compromised.	Evidence of the inclusion of any temporary stores / vehicles etc. within appropriate procedures.
35.5.3 Item/exhibit return and disposal	Minor	No	Human tissue held by the police or a forensic unit as part of the CJS process is, generally, outside the provisions of the Human Tissue Act 2004 [78] (see s39 of that Act). However, it is important that such tissue is managed appropriately; the guidance issued by the Human Tissue Authority is of value in determining appropriate processes. When the tissue ceases to be required for CJS purposes it may become subject to the provisions of the Human Tissue Act 2004 [78]. The codes and guidance issued by the Human Tissue Authority should be considered when such situations arise.	Processes in place should consider requirements around human tissue.

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36.1.3 Assuring the quality of results	Minor	No	When selecting a PT provider, the forensic unit should consider the following: a. The competence of a PT provider, e.g.: i. compliance with the requirements of ISO 17043:2010, e.g. accreditation; ii. track record in delivering such schemes; iii. reliability of the assigned values; and iv. fitness for purpose of criteria for proficiency assessment. b. Whether the parameters included in the scheme are similar to those of items/exhibits encountered in the everyday practice of the forensic unit. c. Whether the strategies for data collection and examination/analysis applied by the PT provider are suitable for the needs of the forensic unit. d. Whether the method used for assessing the participants' performance is clearly described by the PT provider and understood by the forensic unit.	Thorough instructions provided for what should be considered when selecting PT providers. Document considerations in a Policy. Ensure added to Suppliers List.
36.1.6	Minor	No	Records should include: a. full details of the examinations/analysis undertaken; b. results and conclusions obtained; c. an indication that performance has been reviewed; and d. details of any corrective action undertaken.	Records of inter-laboratory comparison participation should be retained and available for inspection.
37.1.4	Minor	No	Practitioners called as expert witnesses act as independent advisors to the court and this role creates obligations to the court which override any duty to the commissioning party (or anyone else).	This was always the case but is now included in the Code. The Standards of Conduct from the Code should be included in induction training and any refresher training.
37.2 Declarations of compliance and non-compliance with required standards	Major	Yes	This Code incorporates the FSA definitions so a practitioner will be compliant with this Code only if they also comply with requirements set out in the relevant FSA and FSA specific requirements, where appropriate. For example, if the FSA requires accreditation to ISO/IEC 17025 and inclusion of this Code on the schedule of accreditation, but the practitioner's forensic unit only holds accreditation to ISO/IEC 17025 without including this Code, then it is not fully compliant and the practitioner must disclose this. All practitioners reporting on FSAs shall declare/disclose compliance with this Code as outlined in section 37.2.2. The Regulator may issue guidance on making declarations.	Evidence that reporting procedures have been updated to reflect the new declarations of compliance and mitigating steps.

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37.3.1	Minor	Yes	Forensic units shall promptly and as soon as practicable report to the Regulator any suspension, withdrawal, or change in their accreditation status (and/or the accreditation status of any external forensic unit sub-contracted to provide FSAs to the forensic unit) where the suspension, withdrawal or change in accreditation means that the forensic unit is no longer compliant with the Code…	Evidence of the mechanism to be used to update the FSR with respect to any change in accreditation status.
37.3.2	Major	Yes	The forensic unit shall inform the commissioning party and prosecution authorities identifying all cases affected by the change in accreditation status, making specific reference to s4 of the Act and noting that any work reported in statements or reports that are affected are no longer compliant with the Code. The forensic unit shall set out in its report to the Regulator the basis and reasons for the suspension, withdrawal or change in accreditation; actions taken and impact. The forensic unit shall use appropriate and risk-based strategies to consider where amendments to witness reports are required as a result of changes to accreditation status or compliance with the Code. Regulator may advise the forensic unit in determining what amendments to reports are appropriate.	Evidence of the process to be taken should there be a change in accreditation status, to include mechanism to update commissioning party and prosecuting authorities; and the format of reports to the FSR.
38.1.1 Types of report in the CJS	Major	Yes	Forensic units, or practitioners working in forensic units, may be required to provide reports to support the judicial process. All reports require a statement of compliance with the Code; this includes, but is not limited to: a. Forensic Information Reports (MG22A). b. Streamlined Forensic Reports (SFR1 and SFR2) c. Factual reports. d. Expert reports e. Certificates.	Evidence that related procedures will ensure that all types of report will include a statement of compliance.

FSR Statutory Code Clause No.	Emphasis of Change	Required for UKAS Transition	Summary of text/extract from FSR Code	Comments (Activity/Consideration)
39.2.1 Evaluative opinions	Major	Yes	39.2.1 A forensic unit providing evaluative opinion evidence shall meet the following requirements: a. The policies and procedure for case assessment and interpretation shall be part of the QMS. b. The policies and procedures for making reports of evaluative opinion shall be part of the QMS (LAB 13, section 6.4 [90]). c. The method for evaluation shall be validated according to this Code. d. The policies and procedures shall require that there is clarity in any report as to the source(s) of data used in forming the evaluative opinion (LAB 13, section 6.21 [90] and Part 19 of the Criminal Practice Rules [35]). e. Experts providing evaluative opinion shall be demonstrably competent to do so (LAB 13, sections 6.6, 6.13 and 6.14 [90], ILAC G19 section 4.8.3 [4] (see also section 28.2.4 of this Code). f. Any statistical models and assumptions involved in the evaluation shall be clear to the CJS and shall be valid (LAB 13, section 6.10 [90]). g. Processes for the peer review of evaluation shall be part of the QMS (ILAC G19, section 4.8.2 [4]).	Evidence that policies and procedures are in place that meet the requirements a-g.
40.2.2 Secondary case review	Major	Yes	A forensic unit instructed or required to assist in a case review shall have defined policies and procedures to facilitate access by the forensic unit undertaking the review to the extent authorised or required.	Evidence of defined policies and procedures to facilitate access by the forensic unit undertaking a secondary review.
40.2.4	Minor	Yes	A forensic unit commissioned to perform a case review shall ensure that any additional tests or examinations are conducted in accordance with the requirements set out in this Code, or any deviations recorded and declared.	Evidence that processes for secondary review would ensure that any additional tests or examinations required are conducted in compliance with the Code.
42.1.1-10 Retention, recording, revelation and disclosure	Major	Yes	Practitioners and forensic units shall comply with legal obligations on retention of evidence, revelation to commissioning party and disclosure. Units must have a retention policy with appropriate retention requirements related to FSA's, training material, competency records, full records, and obsolete, superseded documents, non-conformities and complaints all satisfying the requirements in the Code. Only authorised personnel shall have access to the retained material and be movement be recorded.	Evidence to be provided (for example, through an internal audit) of a review of relevant retention policies to ensure all aspects detailed are included.

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44 Accreditation	Minor	No	All forensic units undertaking an FSA to which this Code applies are bound by this Code to the extent set out in the FSA specific requirements. Requirement for accreditation may require application of ILAC-G19:06/2022. Acquiring adequate demonstrable data for new methods to be introduced to a forensic unit should consider discussing options with UKAS which could include parallel or duplicate processing. Infrequently used techniques do not require accreditation. In exigent circumstances, where a method that is not on the schedule of accreditation but would need accreditation but needs to be used, it must be made clear to the commissioning party that the method has no accreditation and be declared in reports.	Document within a policy. Retain and provide details of declarations to the commissioning party. Consider as part of risk management. Log and review frequency of use of 'infrequently used techniques' to justify continued status.