

1. GUIDANCE NOTES ON ASP MEDICAL EXAMINATIONS

Introduction

The Adult Support & Protection (Scotland) Act 2007, (hereafter referred to as ASP Act) Section 9, allows a health professional to conduct a medical examination of an adult thought to be at risk of harm.

A medical examination includes any physical, psychological or psychiatric assessment or examination.

This guidance is to detail the procedure to be adopted in non-emergency situations requiring a medical examination. **If the person is in urgent need of medical attention, take immediate action through normal emergency services.**

Who may request an examination where a crime is not suspected?

A medical examination may be requested by a Council Officer (normally a social worker). The reason as to why an examination is being requested and what questions such an examination might help to answer will be detailed in the ASP Medical Examination Request Form.

Who may conduct a medical examination?

A medical examination may only be carried out by a health professional as defined under ASP Act Section 52(2) as:

- a doctor;
- a nurse;
- midwife;

What is the purpose of a medical examination?

A medical examination may be required as part of a Council Officer's investigation for a number of reasons including:

- the adult's need of immediate medical treatment for a physical illness or mental disorder
- to provide evidence of harm to inform a criminal prosecution under police direction or application for an order to safeguard the adult
- to assess the adult's physical health needs
- to assess the adult's mental capacity

Examples of circumstances where a medical examination should be considered include:

- the adult has a physical injury which he or she states was inflicted by another person
- the adult has injuries where the explanation (from the adult or other person) is inconsistent with the injuries and an examination may provide a medical opinion as to whether or not harm has been inflicted
- the adult appears to have been subject to neglect or self-neglect
- the adult is ill or injured and no treatment has previously been sought

- there is an allegation or disclosure of sexual abuse and the type of assault may have left physical evidence (where this situation occurs during a medical examination for another purpose contact the Police who will initiate police procedure for Forensic Medical Examination).

A medical examination does not preclude a forensic medical examination being requested by the police but on occasion may inform the need for a forensic medical examination.

Where can a Medical examination be conducted?

A council officer may undertake a visit, under section 7 of the ASP Act, to jointly investigate concerns with, for example, a general practitioner or community nurse. This joint visit would be to assist an assessment of the risk to the adult.

The medical examination can take place either at a place being visited or at the premises where the adult has been taken, eg. GP Practice, under an assessment order granted under Section 11 of the ASP Act. The order also provides that a health professional will carry out an examination in private.

Does an individual have the right to refuse a medical examination?

The ASP Act Section 9(2) states that the person to be examined must be informed of their right to refuse to be examined before a medical examination is carried out.

Where it is not possible to obtain the informed consent of the adult because they lack the mental capacity or have difficulty communicating in order to provide consent, the Council Officer should contact the office of the Public Guardian to ascertain whether the person has completed a welfare power of attorney with relevant powers. Where no guardian or attorney has such powers, consideration may be given to whether it is appropriate to use the provisions of the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

Where consent to the medical examination is not obtained this along with the reason should be detailed by the health professional in the Medical Examination Report.

Medical examination findings

On completion of the medical examination, detail findings on the Medical Examination Request Form including response to any key questions requested by the Council Officer.

If there any further steps required following the medical examination, for example, referral to specialist service or police for forensic medical examination, then this requires to be actioned and documented in the form. The form should be retained in the adult's medical notes and a copy given to the Council Officer.

What happens if a crime is suspected and a medical examination is required?

A medical examination will only be undertaken by a Police Forensic Physician where the police are the lead agency making enquiry into a criminal act where the victim meets the criteria of an adult at risk and that complaint relates to intentional harm against that individual and consent has been obtained.

Where a crime is suspected or has occurred and an injury has been caused, contact

should be made with Grampian Police to establish the circumstances and crime involved in the particular case. Where a medical examination is then required this will be requested only by the Police Officer and carried out by a Police Forensic Physician (as per Flowchart on page 9).

The request for such a criminal medical examination will be done by the Police Officer who will complete the Criminal Medical Examination Request Form and once concluded by the Police Forensic Physician this will then be submitted with the reported case to the Procurator Fiscal. (see pages 12-13).

If the allegation is of a serious sexual assault having taken place and with the adults informed consent, the medical examination will be carried out by a Police Forensic Physician as per Grampian Police existing 'Investigation of Rape and Serious Sexual Assault' Force Procedures and will take place at the recognised identified medical examination facilities.

If a Forensic Medical Examination is carried out then this procedure will require corroboration and for that reason will not be undertaken in private with the adult alone. This will be corroborated by an appropriate other health professional or Police Officer. This will be corroborated by an appropriate health professional or Police Officer depending on the nature of the examination.

Where it is unclear if a crime has occurred, a Police Forensic Physician **will not** undertake a medical examination to establish if a crime has taken place, however if the adult requires a medical examination this should be taken forward under the ASP Act as per the process involving a General Practitioner.

Where will a forensic medical examination take place?

Depending on the circumstances and the needs of the victim, the location of where the medical examination is to take place will be assessed and agreed by the Police Forensic Physician and Enquiry Officer, who may require to consult with other health/care professionals involved with the adult victim.

The preferred location for such a Forensic Medical Examination will be at the Woolmanhill medical examination facilities in Aberdeen currently used by Grampian Police.

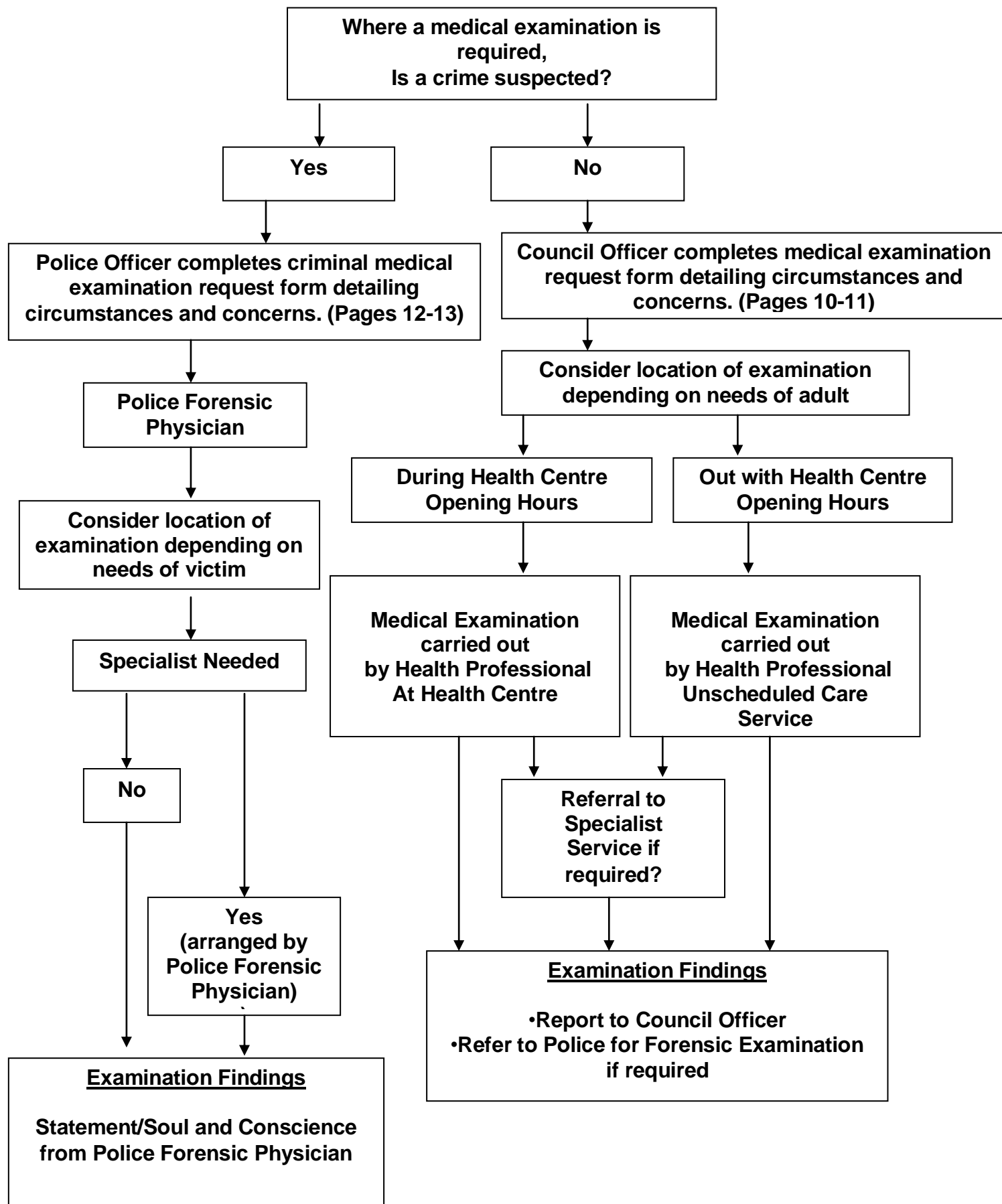
Forensic medical examination findings

On completion of the medical examination, the Police Forensic Physician will complete the Criminal Medical Examination Request Form (pages 12-13) including response to any key questions requested by the Council Officer.

If there any further steps required following the medical examination, for example, referral to specialist service or police for forensic medical examination, then this requires to be actioned and documented in the form. The form should be returned to the Police Officer making enquiry and will be forwarded to the Procurator Fiscal along with the Police Report.

2. ADULT PROTECTION – MEDICAL EXAMINATION PROCESS

If the person is in urgent need of medical attention – take immediate action through emergency services



3. MEDICAL EXAMINATION REQUEST FORM

Adult Support and Protection (Scotland) Act 2007 – Section 9 Medical Examination

Patient Details TO BE COMPLETED BY COUNCIL OFFICER REQUESTING MEDICAL EXAMINATION WHEN A CRIME IS NOT SUSPECTED			
CHI Number	_____	Carefirst No	_____
Title	First Name(s)	Surname	_____
DOB	_____	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Patients Home Address			

Post Code			

Ethnicity	_____	Language	_____ Disability Y <input type="checkbox"/> N <input type="checkbox"/>

Health Professional's details		
Title	First Name(s)	Surname

Work Address		

Post Code		

Employer (if applicable)		

Circumstances and concerns resulting in request for medical examination including key questions to be addressed at examination TO BE COMPLETED BY COUNCIL OFFICER REQUESTING MEDICAL EXAMINATION	
Council Officer's Name	Designation

Local Authority Area	_____
Address	_____

Findings on Examination including response to key questions (please attach a

further sheet if necessary)

Are there any further steps required following this examination, of so what e.g. referral to specialist service or police for forensic medical examination (please state)?

- I confirm that I am a registered **medical practitioner / nurse / midwife** (delete as appropriate)

- I confirm that I have examined the patient who is an adult at risk of harm on (date) _____ at (address) _____

- I obtained/did not obtain the patient's consent to the examination (delete as appropriate)

If no consent received state reason why _____

- I **have / have not** attached a summary of my findings following examination (delete as appropriate)

Signed _____ Date _____

4. CRIMINAL MEDICAL EXAMINATION REQUEST FORM

Adult Support and Protection

Victim Details TO BE COMPLETED BY POLICE OFFICER REQUESTING MEDICAL EXAMINATION WHEN A CRIME IS SUSPECTED

Crime File Number			
Title	First Names(s)	Surname	
Date and Place of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Victim's Home Address			
Post Code			
Ethnicity	Language	Disability	Y <input type="checkbox"/> N <input type="checkbox"/>

Police Forensic Physician or other Professional's details

Title	First Name(s)	Surname
Business Address		
Post Code		

Circumstance of suspected crime resulting in request for medical examination including key questions to be addressed at examination TO BE COMPLETED BY POLICE OFFICER REQUESTING MEDICAL EXAMINATION

Police Officer's Name	Shoulder Number
Police Division	
Station	
Are there any further steps required following this examination that the Police Officer	

should be aware of, if so what e.g. referral to specialist service (please state)?

<ul style="list-style-type: none"> • I confirm that I am a Police Forensic Physician or Registered Medical Practitioner (delete as appropriate)
<ul style="list-style-type: none"> • I confirm that I have examined the patient who is an adult at risk of harm on (date) _____ at (location) _____
<ul style="list-style-type: none"> • I obtained/did not obtain the patient's consent to the examination (delete as appropriate) If no consent received state reason why (i.e. capacity)
<ul style="list-style-type: none"> • I have submitted/ will be submitting/no requirement to submit/ a Soul and Conscience following examination (delete as appropriate)

Forensic Physician's Name: _____

Signed _____ Date _____

5. CONSIDERATIONS

- Resource and financial implication for the undertaking of medical examinations under the ASP Act. When the health professional (e.g. GP) has an expectation that a fee should be payable to carry out such medical examinations, it is proposed that the respective Local Authority would fund medical examinations as the lead agency for non criminal ASP investigations.
- Implications of non-criminal medical examinations being undertaken by the practice where the person is registered.
- The location for medical examinations in criminal investigations between Police Forensic Physician, Enquiry Officer and any other appropriate person involved in the care of the adult.
- Training and education to support doctors, nurses and midwives to enable them to carry out the duties required of them under the ASP Act.
- Development of accessible information on medical examinations to support the adult.
- Data sharing implications will require to be robustly covered by the planned ASP Information Sharing Protocol.

6. NEXT STEPS

Scottish Government officers have advised that, as a matter of urgency, they are considering action and guidance at national level, and with professional organisations such as the BMA, how to address these issues.

This proposal is essential to support the adoption of a clear process for the provision of medical examination under the ASP Act in Grampian.

In parallel with the consultation process, medical examinations will continue to be required when there is an identified need. During the consultation process, to ensure that an adult is not placed at risk of further harm due to the absence of a medical examination, it is hoped that the proposed process will guide professionals until we can fully implement an agreed process.

7. RESPONDING TO ASP MEDICAL EXAMINATION : CONSULTATION QUESTIONS

- a) Does the proposal adequately cover the process required for all ASP medical examinations?
- b) Do you agree with the non- criminal process of referral?
- c) Do you agree with the criminal process of referral?
- d) Are there any additional aspects that should be considered for inclusion in either process?
- e) Have you a view on the considerations highlighted in the document ;
 - Resource and financial implication for the undertaking of medical examinations under the ASP Act. When the health professional (e.g. GP) has an expectation that a fee should be payable to carry out such medical examinations, it is proposed that the respective Local Authority would fund medical examinations as the lead agency for non criminal ASP investigations.
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 - Data sharing implications (will require to be addressed by an ASP Information Sharing Protocol).
- f) Are there any other factors that need to be considered?
- g) Do you have any other views on the this proposal?

**RESPONDING TO CONSULTATION ON THE MULTI-AGENCY PROTOCOL
FOR ADULT SUPPORT AND PROTECTION MEDICAL EXAMINATIONS
IN THE GRAMPIAN AREA**

RESPONDENT INFORMATION FORM

Please return this form with your response to ensure that we handle your response appropriately.

1. NAME

Title Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ *Please tick as appropriate*

Surname

Forename

2. POSTAL ADDRESS

Postcode	Phone	Email

3. PERMISSIONS

a) Do you agree to your response being made available if requested?

Please tick as appropriate ☐ **Yes** ☐ **No**

b) Where confidentiality is not requested, please indicate how your response should be made available.

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

Yes, make my response available, but not my name and address ☐

Yes, make my response and name available, but not my address ☐

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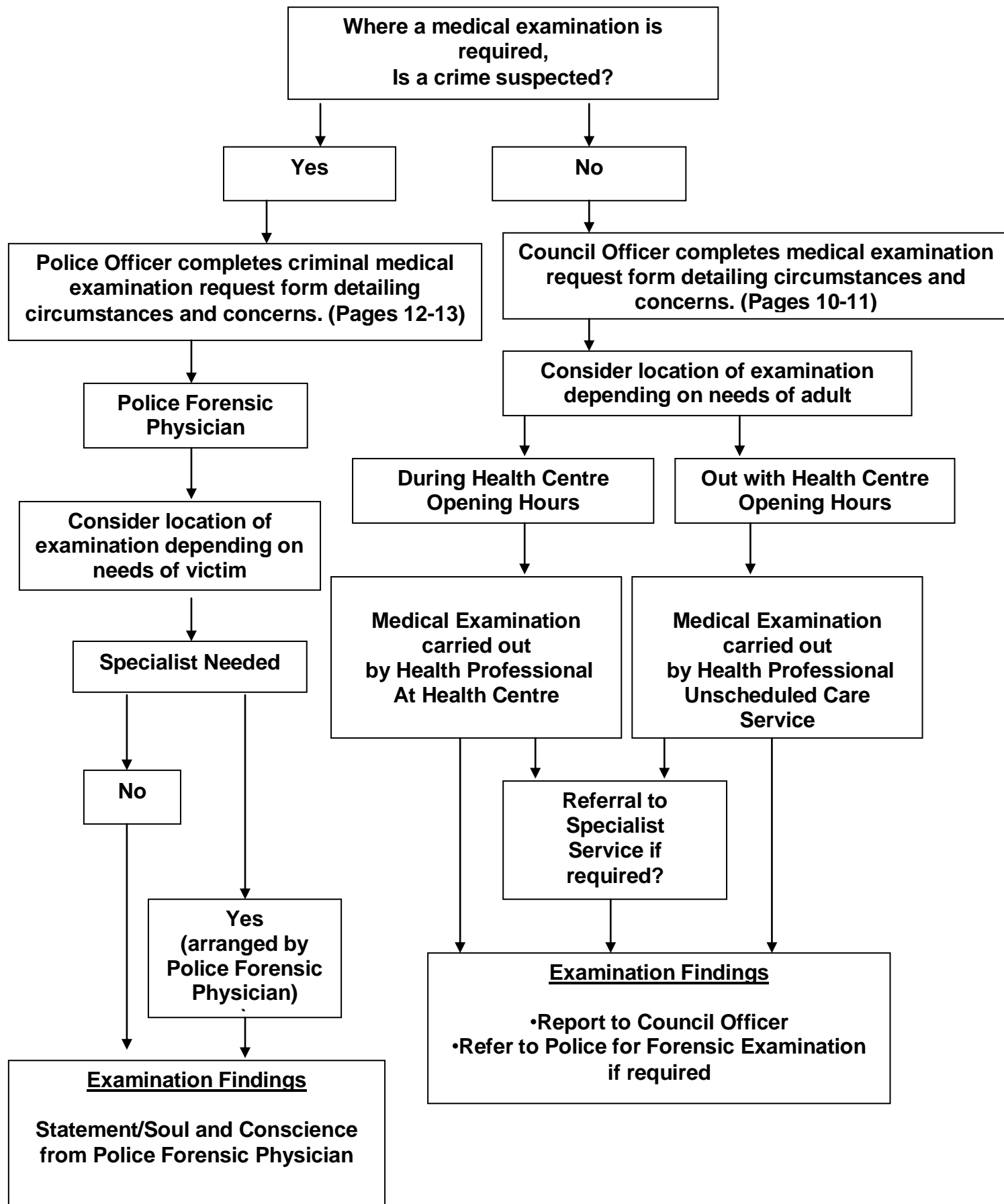
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9. ADULT PROTECTION – MEDICAL EXAMINATION PROCESS

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10. MEDICAL EXAMINATION REQUEST FORM

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CHI Number	_____	Carefirst No	_____
Title	First Name(s)	Surname	_____
DOB	_____	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Patients Home Address			

Post Code			

Ethnicity	_____	Language	_____ Disability Y <input type="checkbox"/> N <input type="checkbox"/>

Health Professional's details		
Title	First Name(s)	Surname

Work Address		

Post Code		

Employer (if applicable)		

Circumstances and concerns resulting in request for medical examination including key questions to be addressed at examination TO BE COMPLETED BY COUNCIL OFFICER REQUESTING MEDICAL EXAMINATION	

Council Officer's Name	Designation
_____	_____
Local Authority Area	_____
Address	_____

Findings on Examination including response to key questions (please attach a further sheet if necessary)

Are there any further steps required following this examination, of so what e.g. referral to specialist service or police for forensic medical examination (please state)?

- I confirm that I am a registered **medical practitioner / nurse / midwife** (delete as appropriate)
- I confirm that I have examined the patient who is an adult at risk of harm on (date) _____ at (address) _____
- I obtained/did not obtain the patient's consent to the examination (delete as appropriate)

If no consent received state reason why _____
- I **have / have not** attached a summary of my findings following examination (delete as appropriate)

Signed _____ Date _____

11. CRIMINAL MEDICAL EXAMINATION REQUEST FORM

Adult Support and Protection

Victim Details TO BE COMPLETED BY POLICE OFFICER REQUESTING MEDICAL EXAMINATION WHEN A CRIME IS SUSPECTED			
Crime File Number	_____		
Title _____	First Names(s) _____	Surname _____	
Date and Place of Birth _____	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Victim's Home Address	_____ _____		
Post Code	_____		
Ethnicity _____	Language _____	Disability	Y <input type="checkbox"/> N <input type="checkbox"/>

Police Forensic Physician or other Professional's details			
Title _____	First Name(s) _____	Surname _____	
Business Address	_____ _____		
Post Code	_____		

Circumstance of suspected crime resulting in request for medical examination including key questions to be addressed at examination TO BE COMPLETED BY POLICE OFFICER REQUESTING MEDICAL EXAMINATION	
Police Officer's Name _____	Shoulder Number _____
Police Division _____	
Station _____	

Are there any further steps required following this examination that the Police Officer should be aware of, if so what e.g. referral to specialist service (please state)?

- I confirm that I am a Police Forensic Physician or Registered Medical Practitioner **(delete as appropriate)**

- I confirm that I have examined the patient who is an adult at risk of harm on (date) _____ at (location) _____

- I obtained/did not obtain the patient's consent to the examination **(delete as appropriate)**

If no consent received state reason why (i.e. capacity)

- I have submitted/ will be submitting/no requirement to submit/ a Soul and Conscience following examination **(delete as appropriate)**

Forensic Physician's Name: _____

Signed _____ Date _____

12. CONSIDERATIONS

- Resource and financial implication for the undertaking of medical examinations under the ASP Act. When the health professional (e.g. GP) has an expectation that a fee should be payable to carry out such medical examinations, it is proposed that the respective Local Authority would fund medical examinations as the lead agency for non criminal ASP investigations.
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- Development of accessible information on medical examinations to support the adult.
- Data sharing implications will require to be robustly covered by the planned ASP Information Sharing Protocol.

13. NEXT STEPS

Scottish Government officers have advised that, as a matter of urgency, they are considering action and guidance at national level, and with professional organisations such as the BMA, how to address these issues.

This proposal is essential to support the adoption of a clear process for the provision of medical examination under the ASP Act in Grampian.

In parallel with the consultation process, medical examinations will continue to be required when there is an identified need. During the consultation process, to ensure that an adult is not placed at risk of further harm due to the absence of a medical examination, it is hoped that the proposed process will guide professionals until we can fully implement an agreed process.

14. RESPONDING TO ASP MEDICAL EXAMINATION : CONSULTATION QUESTIONS

- h) Does the proposal adequately cover the process required for all ASP medical examinations?
- i) Do you agree with the non- criminal process of referral?
- j) Do you agree with the criminal process of referral?
- k) Are there any additional aspects that should be considered for inclusion in either process?
- l) Have you a view on the considerations highlighted in the document ;
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- n) Do you have any other views on the this proposal?

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RESPONDENT INFORMATION FORM

Please return this form with your response to ensure that we handle your response appropriately.

4. NAME

Title Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ *Please tick as appropriate*

Surname

Forename

5. POSTAL ADDRESS

Postcode	Phone	Email

6. PERMISSIONS

a) Do you agree to your response being made available if requested?

Please tick as appropriate ☐ **Yes** ☐ **No**

b) Where confidentiality is not requested, please indicate how your response should be made available.

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

Yes, make my response available, but not my name and address ☐

Yes, make my response and name available, but not my address ☐