

Recording of
false injuries.
ANNEX 7

**ASSOCIATION OF CHIEF POLICE OFFICERS OF ENGLAND, WALES
AND NORTHERN IRELAND**

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PERSONNEL MANAGEMENT

4 June 2001

Dear Chief Constable,

POLICE REFERRALS TO GENERAL PRACTITIONERS

In my capacity as Chairman of ACPO's Personnel Management Committee I have been working with the Cabinet Office's Public Sector Team (PST) in their project to reduce the burden of red tape and bureaucracy in the public sector. You may recall that the team conducted a project on police paperwork, which was launched by Mo Mowlam and Charles Clarke last April. (Further details can be found on <http://www.cabinet-office.gov.uk/regulation/PublicSector/Reports.htm>)

More recently the team has published a report on reducing the amount of unnecessary paperwork that GPs have to contend with (a copy of the report is available at the website address shown above). An issue that features in the report, which was raised by GPs themselves, is the practice of some police forces directing people (who require no medical treatment) from police stations to their GP in order for evidence of an assault or injury to be recorded, by the GP, on that person's medical record. The Cabinet Office has agreed with GPs and ACPO that the documentation of injuries in these circumstances is not an appropriate use of GPs time.

I appreciate that this practice may not be routine or necessarily widespread, but as the report demonstrates it appears to be creating a significant burden on GPs. I suspect that the problem to which GPs refer goes back to the time when common assaults were not prosecuted by the police and, therefore, individuals would be advised to obtain medical evidence in order that they should be capable of starting their own prosecution if they were so minded. However, common assaults are now prosecuted by the police and so the rationale for referring individuals to their GP solely for the documentation of minor injuries no longer exists.

As set out in Home Office Circular 24/98, it is suggested that where someone presents with a minor injury from a suspected assault a statement should be made describing the injuries, and where practicable the injuries should be photographed by a scenes of crime officer. They might be examined by a forensic medical examiner (FME) in circumstances where the injury is not, by any common sense judgement, of a minor nature.

A copy of the relevant extract from HOC 24/98 is attached.

Yours sincerely,

Paul Whitehouse
Chairman

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EXTRACT FROM HOME OFFICE CIRCULAR 24/98 :

Prosecuting offences of ABH without medical reports

10. A number of offences where ABH is charged can be prosecuted without the need for a medical report. Such reports are costly and often cause significant delay. Guidance, agreed by the Trials Issues Group is being issued to all agencies on the need to question whether such a report is necessary. The guidance has been drawn to the notice of the Law Society and the Bar Council. The guidance also applies to cases of common assault where, under the *Offences Against the Persons Charging Standard*, the degree of harm envisaged is likely to be of a more minor nature.

11. A medical report may be unnecessary if the injury is, by any common sense judgement, of a minor nature, is apparently uncomplicated and likely to be temporary. It should be adequately described in a statement from the victim and, if practicable, a police officer. A quality coloured photograph should be provided wherever possible. If an officer has any remaining doubts, a guilty plea, or likely guilty plea, may tip the balance against ordering a medical report.

12. Otherwise a medical report is likely to be required and should be obtained as soon as possible. Nothing should be done to discourage a victim from obtaining proper medical treatment. This guidance is solely concerned as to whether a medical report is required for criminal proceedings.