

Forensic Specialties Accreditation Board Annual Meeting Minutes
Orlando, FL
February 12, 2023

Attending: Robin Ainsworth (RA), Ann Bunch (AB), Stephanie Domitrovich (SD), Demi Garvin (DG), Mark Goff (MG), David Khey (DK), Ken Melson (KM), Larry Quarino (LQ), Bethany Smith (BS), Marina Stajic (MS), Peter Valentin (PV), Jim Williamson (JW), Sherry Williamson (SW)

Guest: Ted Burkes, Carl McClary (joined at 12:54)

Meeting commenced at 8:05

AB opened the meeting by welcoming Jim and Sherry Williamson, and guest Ted Burke.

The meeting agenda was approved (DG made motion, KM seconded).

Revised minutes from the annual meeting in 2021 and minutes from the 2022 annual meeting were approved (SD made motion, DG seconded).

Roll call (LQ), quorum established.

President's Report (AB)

AB reviewed the work performed and accomplishments during her time as a board member. She thanked Board for the hard work in the past year with four CAB's being reaccredited. Also thanked the Internal Audit Committee for their work in the last year. A list of accomplished (adoption of mission and vision adopted, revised by-laws, revised Policy Manual, and Procedures) in the last year were later given.

AB mentioned that both the ABC and ABFA will up for reaccreditation in 2023.

Annual reports were eventually all received in 2022 with follow-up to each ARC regarding non-conformity but none as of this date have responded. Going forward, more Board oversight of nonconformities on annual reports and on applications for accreditation and reaccreditation need to be addressed (*Action Item 1*)

No exam surveillance at 2023 annual AAFS meeting needs to be performed since the two CABs who do give exams at the annual meeting (ABFT, ABC) were reviewed in 2022.

Future goals included outreach to international CABs, continue work on updating application which is still at committee level, regular review of standards, and self-declaration of compliance with ISO 17011.

AB thanked Jim Adcock, Karin Athanas, and Peter Alexander for their service as Board members. KM mentioned that after meeting AB will serve FSAB as Immediate Past President.

Vice President's Report and Management Review (DG)

In addition to reviewing her report, DG provided several action items for the Board's review.

Action Item #2 – A Conformity Assessment Body (CAB) feedback survey needs to be developed/distributed.

Action Item #3 - An informational letter/pamphlet/infographic for outreach purposes needs to be developed/distributed.

Action Item #4 – Ongoing revision of Application for Accreditation/Reaccreditation needs to be completed.

Action Item #5 - Procedures 4, 7, 9, 14, 16, 17 should be updated to include a scope.

Action Item #6 - A review of the website found that the BFDE reaccreditation certificate has not been posted. Information powerpoint on website should also be updated. DG asked for all directors to make sure they can access individual log-in for website.

Action Item #7 - Procedure 18 should be reformatted without the line numbers visible in the left-hand margin.

Action Item #8 – Going forward, the required Agreement on Terms and Conditions for Forensic Specialties Accreditation Board (FSAB) Accreditation needs to be signed by FSAB and CAB representatives at the start of the accreditation/reaccreditation process.

Action Item #9 – As per Procedure 9, the feedback survey and performance evaluations have not been developed and should receive a high priority in 2023.

Action item #10 – The Skills and Interest Survey should be evaluated as a method of identifying how best to engage individual Board members based on their skills and interests.

Action item #11 – It is recommended that CAB survey and Director/Affiliate evaluation tools receive a high priority in 2023.

Action Item #12 - Procedure 15 needs to be clarified as to how, and to whom, review and recommendations to CABs are to be communicated post-review.

DG reported that there are no appeals at this time. There were also no complaints against FSAB in 2022.

As per the Vice President’s report, a review of the midyear meeting was presented.

The Administrative Management Team will participate in external training in May 2023. KM developed in-house training incorporating FSAB policies, policies, and procedures. Satisfactory participation in external and internal training are being tracked.

Action Item #13 -The FSAB should ensure that all personnel participate in external and in-house training in a timely fashion and in assigned Board activities.

Action Item #14 - The midyear contract review with BT professionals is due in March 2023.

Action Item #15 – Executive Team needs to be changed to Administrative Manager on website (top of website and under “contact”).

Action Item #16 – The FSAB should focus efforts on its public/stakeholder interface particularly the application process and communication with accredited CABs, interested parties, and stakeholders.

Action Item #17 -The FSAB should ensure that all personnel participate in external and in-house training in a timely fashion and in assigned Board activities.

Action Item #18 – FSAB should review records retention policy

Action Item #19 – FSAB should consider implementing a CAB information session (virtual or in-person).

DG reminded board members to send current CV to LQ.

Secretary's Report (LQ)

LQ stated that minutes will be sent to JW two weeks after a draft has been sent to Board members for review. LQ also stated that work with JW on document organization and retention using dropbox is on-going. Majority of requested documents for internal review audit were not found.

Treasurer's Report (BS)

BS working with JW presented Board with line-item budget. Projected expenditures were based on past experience.

Line-item budget approved (KM motion, MG seconded).

KM asked about revenue/expenses. BS reported as of December 22, FSAB revenue was approximately \$4,000 higher in revenue. FSAB has approximately \$130,000 in account.

Public Member Report (KM)

KM reviewed work done at midterm EC meeting including revisions to policy, procedures, and by-laws language.

ARC Reports

IBFES (DK)

DK reported only reaccreditation process with IBFES with particular focus on dialogue with CAB regarding examination process.

ABFDE (BS)

BS stated that ABFDE meets minimum standards for reaccreditation. New policies have been put in place but have not been in used as of yet in practice. One example cited was that management review needed to be established.

ABFO (PV)

PV stated that some processes and practices are ad-hoc but Arc recommends reaccreditation.

Board moved into executive session to discuss CABs (BS made motion, KM seconded).

Board came out of executive committee to vote on reaccreditation of each CAB.

IBFES – Motion in favor of reaccreditation made by DK, KM seconded. Nine in favor, 0 not in favor (board members not eligible to vote were not included in voting tally).

DK will let CAB know outcome, AB to write letter to CAB regarding terms of accreditation; certificate to be produced.

ABFDE – Motion in favor of reaccreditation made by BS, SD seconded. Seven in favor, 0 not in favor (board members not eligible to vote were not included in voting tally).

Ted Burkes was informed of the outcome (left room during vote). AB to write letter to CAB regarding terms of accreditation; certificate to be produced.

ABFO – Motion in favor of reaccreditation made by PV, SD seconded. Nine voted in favor, 0 not in favor. PV will let CAB know outcome, AB to write letter to CAB regarding terms of accreditation; certificate to be produced.

Action Item #20 - ARC chairs for all 2022 reaccreditations listed actions that need to be taken on their respective CABs. Namely surveillance, but in some cases ARCs highlighted specific things they were concerned about. A mechanism through either the Surveillance Committee or EC needs to be developed to monitor compliance.

Website and Drop Box

AB gave review of website.

Web designed Eric Willingham needs to have information from Directors to provide access to back side of website, Eric's first email went to spam folder of some Director, Email sent 12-29-22.

DM suggested listing terms of service next to each director's name on website.

KM suggested that Terms and Conditions document be placed under "Accreditation Application" on website.

KM suggested forms in dropbox need to be pdf to prevent editing.

AB suggested that document access in drop box need to be read only except for Secretary and Administrative Manager.

AB asked ARC and Committee Chairs from the past year to complete SWOT forms (Strengths what went well, Weaknesses what went bad, Opportunity areas for improvement, Threats what are concerns and inherent risks). Forms need to be sent to LQ for document storage in dropbox.

Training

KM went through training exam, purpose of exam was to get familiar with standards, policy, and by-laws. Discussion included difference between management review, audit, and internal audit. In addition, discussion on meaning of role that FSAB should play in determining scientific validity of CAB ensued.

KM continued training with presentation of scenarios.

Carl McClary came in as visitor at 12:54PM

Application Revision

Board agreed that application should follow standard number. Sherry to continue with application revision.

Review of Standards

Review of Standards 5.3.3, 5.3.3.1, and 5.3.3.2 occurred regarding formal training requirement for experience-based CABS. In particular, the 50% requirement of all certificate holders undergoing a formal training process conflicted with language in 5.3.3 and whether it conflicts with the mission of FSAB. Discussion included Ted Burkes and Carl McClary.

KM moved for FSAB President to study how many CABS rely on experience-based and academic-based training with a particular focus on standards 5.3.3, 5.3.3.1, and 5.3.3.2 by April 1 to EC (*Action Item #21*). In addition, AB asked that an ad-hoc committee or the IAC will perform a full review of standards in 2023. (*Action Item #22*).

Review of Language in Policy Manual (KM)

KM discussed the difference in definition of accreditation logo (3.3) and accreditation symbol (3.5).

3.5 should be revised to read as follows: “symbol used by accredited CABs to indicate their accredited status” - AB made motion, PV seconded. Motion passed by unanimous vote (11 to 0).

KM also made a motion to remove the word “Regular” (as in Regular Directors) from Policy 4.2.7.d.2. KM made motion, AB seconded. Motion passed by unanimous vote (11 to 0).

LQ will make changes to Policy Manual and send to SW for upload to website.

Internal Audit Committee Report (MG)

MG outlined the audit in terms of record retention policies and procedures, budget and fiscal policies and procedures, and fees. Documentation in each area for two random years in the last ten years were requested from LQ and JW. About half of the documentation requested was actually found.

MG offered two recommendations going forward:

Recommendation 1: Continuing on the current track with a 5-year look back (10 years for document retention). The functions to be audited will be the FSAB Website, Application and Reapplication Policies and Procedures, and Member Cabs Needs/Perception of FSAB. This track will continue to be obstructed by gaps in the record that will take up to additional 9 years to overcome.

Recommendation 2: Change the Internal Audit Committee focus and conduct yearly compliance audits for the previous year. This would entail the creation of document retention and audit checklists to ensure that the majority of the scope of the previous year’s functions are audited. This option can also identify weaknesses in the short term before they become a long-term weakness. Procedure 2 requires each function to be audited every 5 years, so the 5-year schedule can be applied to some functions that may not need to be audited every year, such as the Quality System or member organization needs and perceptions of the FSAB.

The Board agreed to go forward with Recommendation 2 in 2023 using the following schedule (*Action Item #23*):

ACTIVITY TO BE AUDITED DATE RECORDS

RETENTION POLICIES/PROCEDURES 2022-2023

BUDGET & FISCAL POLICIES/PROCEDURES 2022-2023

FEES 2022-2023

WEBSITE 2023-2024
APPLICATION & REAPPLICATION POLICIES/PROCEDURES 2023-2024
MEMBER CABS NEEDS/PERCEPTIONS OF FSAB 2023-2024
COMPLAINT PROCESS 2024-2025
FSAB COMMITTEES 2024-2025
FSAB QUALITY SYSTEM 2024-2025
FSAB FUNDING EFFORTS 2025-2026
FSAB LEGAL ISSUES 2025-2026
SECURITY AND CONFIDENTIALITY POLICY/PROCEDURES 2025-2026
STANDARDS ACTIVITIES 2026-2027
APPLICATION REVIEW POLICIES/PROCEDURES 2026-2027
RISK CONSIDERATION CONTAINED IN POLICIES/PROCEDURES 2026-2027

Outreach (AB)

AB mentioned outreach efforts being made internationally. DK suggested a presentation at the International Association of Forensic Sciences meeting in Australia and DG suggested a presentation at the International Association of Forensic Toxicologists meeting in Italy. JW suggested outreach to the International Association of Forensic Accountants and LQ suggested outreach to certifying bodies in forensic nursing.

Self-Declaration (AB)

Self-declaration of FSAB compliance with ISO 17011 (via ISO 17051) is aspiration (process includes recognition by third party). AB suggested a gap analysis in the near term performed by subject matter experts to see how close FSAB conforms.

Nominating Committee (MS)

MS offered John Nixon from IBFES in nomination for regular member, PV and LQ for subsequent term as regular members, and DK for subsequent term as public member.

MS also presented nominees for the Executive Committee for 2023:

President – David Khey

Vice President – Demi Garvin

Secretary – Lawrence Quarino

Treasurer – Bethany Smith

Public Member – Ken Melson, Stephanie Domitrovich

KM made a motion to add the word “contested” to the following sentence in the section on voting in Procedure 18 to read:

*All **contested** elected positions are voted on individually by secret ballot.*

DG seconded. The vote passed unanimously 11-0. LQ will make change and send to SW for upload to website.

SD withdrew her nomination for Public Member to the Executive Committee.

The following votes were taken separately:

John Nixon (regular member): SD made motion, DM seconded. Vote was unanimous in the affirmative, 11-0.

LQ, PV (subsequent term for Regular Member) and DK (subsequent term for Public Member)

SD made motion, MS seconded. Vote was unanimous in the affirmative, 11-0.

Slate of Nominees to Executive Committee

President – David Khey

Vice President – Demi Garvin

Secretary – Lawrence Quarino

Treasurer – Bethany Smith

Public Member – Ken Melson

SD made motion, MS seconded. Vote was unanimous in the affirmative, 11-0.

Motion to adjourn made by SD. MG seconded. Motion passed 11-0.

Respectfully recorded,

Lawrence Quarino

Secretary

February 13, 2023

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