

Forensic Specialties Accreditation Board
Annual Meeting Minutes
Baltimore, MD
February 15, 2025

Attn: Robin Ainsworth (RA), Ann Bunch (AB), Stephanie Domitrovich (SD), Demi Garvin (DG), Mark Goff (MG), David Khey (DK), John Nixon (zoom) (JN), Bethany Smith (BS), Peter Valentin (PV), Jim Williamson (JW), Sherry Williamson (SW)

Absent: Tracy Walraven

Guest: Meg O'Brien, Darlene Morin, Emily Will, Andrew Solvan

LQ did roll call

DK (**President's Report**) – recapped busy year, 3 CABs applied for reaccreditation; Conversations with forensic nursing certification body on applying for accreditation; FSAB doing everything it can in terms of best practices.

LQ (**Secretary's Report**) - Minutes approved as amended. KM made motion to approve, SD seconded, minutes approved. Reminded everyone to sign annual disclosure form and code of ethics.

MG (**Internal Audit Report**) - The IAC continued its 5-year audit plan, focusing on internal audits of complaints against CABs, the FSAB quality system, FSAB committees, and ongoing records management.

1. Complaints Against CABs:

- The IAC reviewed FSAB policies and procedures on complaints (Section 5.9 and Procedure 7).
- The audit revealed that no complaints had been filed in the last five years, but information on a 2023 complaint was discovered during the audit process.
- Findings showed that while the Complaint Review Committee (CRC) generally followed required procedures, there were a few exceptions.
- **Recommendation:** Future CRCs should consult the checklist and ensure compliance with policy procedures.

2. Audit of Committees:

- The IAC audited FSAB committees' creation, composition, and completion, referencing FSAB Bylaws and policies. The audit was limited to staffing and functioning, and missing records made some aspects of the audit difficult.

- **Recommendation:** The IAC suggests a review of committee member evaluations, as there were gaps in record availability to confirm this.

3. Audit of Quality System:

- The IAC reviewed FSAB's quality policies. Although a single mention of a quality policy was found in the FSAB Bylaws (Section 5.2), further references were lacking. The IAC suggested that FSAB's commitment to quality is aligned with ISO/IEC 17011 standards.
- **Recommendation:** A formal quality policy should be created, and future audits should follow a comprehensive checklist based on ISO/IEC 17011.

4. Ongoing Records Audit:

- The audit found many records missing or difficult to access. Records required by FSAB policies and ISO/IEC 17011 were found scattered across various director files and emails, posing a risk to the organization.
- **Recommendation:** The IAC recommends forming a Records Committee to centralize and organize FSAB records on a digital platform, ensuring proper archiving and compliance. A checklist should be used for yearly record management and verification.

This audit emphasized improving compliance, centralizing record-keeping, and reinforcing the quality system for better governance and risk management.

RA – can use checklist for dissemination of complaints against CABs

KM asked question about ad-hoc committee, not evaluated;

LQ – questions about communications chain on CABs, need email chains to be stored in ARC folder

SW – asked about checklist for CABs, check-list should be sent at start of accreditation process

JW made recommendation about only using FSAB email address for correspondence

DG (Management Review)

- **Conformity Assessment GAP Analysis:** Conducted in April 2024, gaps were found in several areas such as accreditation schemes, policies, and procedures. **Recommendation:** Review the GAP analysis and ensure Board responsiveness, making the report available on the FSAB website. Need to close the loop.
- **Audit Results:**
 - **Internal Audit:** Reviewed complaints, committees, quality systems, and records. **Recommendation:** Implement proposals like forming a Records Committee and adopting checklists.

- **Website Audit:** Several non-conformities were identified. **Recommendation:** Appoint a webmaster and address website issues (e.g., add meeting minutes, repair log-in, and update affiliate information). Must make sure login on website is working. Update Affiliate's information. Must make sure CABs certificates are uploaded.
- **Follow-up Actions from 2023-2024 Review:** Although the Administrative Management Team improved operations, Board member engagement needs improvement. **Recommendation: Directors should complete the Skills and Interests Survey, available with the job description.**
- **Meetings:**
 - **Annual Meeting** (February 2024): Action items deferred to the Executive Committee.
 - **Midyear Meeting** (June 2024): Action items also deferred to the Executive Committee.
- **FSAB Personnel:**
 - **Recommendations: Revision of Procedure 15 is needed to clarify workflow for monitoring personnel. A review of personnel records will take place in 2025.**
 - Directors' tenure and applications for the 2024 position reviewed.
- **Training:**
 - **External:** Director Valentin completed training on ISO/IEC 17024:2012.
 - **Internal:** ISO/IEC 17011:2017 training for Board and Administrative Management in February 2025.
- **Bylaws, Policy Manual, Procedures:** Revisions to several procedures were approved. **Recommendation: Further revisions to certain procedures to include scope.**
- **Outreach:** Revised informational materials will be used at the AAFS 2025 Conference.
- **CAB Feedback:** CAB feedback will be discussed at the annual meeting. **Recommendation: Clarify policies on feedback timing and review processes.**
- **Accreditation & ARC Activities:** ABMDI and IAAI applied for reaccreditation. ARCs will provide updates.
- **Complaints:** One complaint was received but unresolved due to procedural issues. **Recommendation: Revise Procedure 7 complaint handling procedures.**
- **Status of Preventive and Corrective Actions:** No new reports. **Recommendation: Implement controlled documents for corrective actions.**

- **Contracts:** FSAB has a contract with BT Professional Solutions. **Recommendation:** Add insurance services and conduct a financial audit in 2025.
- **Trends in non-conformities –**
 - A. Accreditation Application and Reaccreditation Process: Document usability, layout, and content remain a challenge for CABs and ARCs. In August 2024, an ad hoc Application Committee met in Atlanta, GA to draft revisions to the application. The Administrative Management Team will be tasked with creation of the electronic form and implementation of DocuSign® upon board approval of the revised application.
Recommendation: Reconvene the Application Committee to address a timeline and workflow needed for completion.
 - B. The Agreement on Terms and Conditions for Forensic Specialties Accreditation Board (FSAB) Accreditation was not signed by ABMDI and FSAB representatives in conjunction with the reaccreditation activities. This document must be completed by both parties prior to the application process. It is located on the FSAB website with the current accreditation application. FSAB Management Review 2024-2025.
Recommendation: Revise PM Section 7.0 and Procedure 4: Guidance for Parties Interested in Accreditation to include this requirement. Format as a controlled document.
 - C. The BT Professionals contract was reviewed and a performance evaluation was published to the Board in July 2023. The contract and performance evaluation for 2024 will be reviewed during the 2025 AAFS Annual Meeting.
Recommendation: Develop a controlled document for performance evaluations.
 - D. Recommendation: A procedure for SWOT evaluations and a corresponding controlled document should be developed and implemented.**
 - E. Bylaws, Policy Manual, and Procedures reviews and draft revisions are conducted by the Policy and Procedures Review Committee.
Recommendation: Create an ad hoc Controlled Documents Committee to review all existing controlled documents (other than those identified above) and develop drafts of new documents as needed (refer to the “Proposed Controlled Documents” elsewhere in this review)
- **Risk Assessment:** Several risks were identified, including accreditation application processes, ARC/surveillance activities, and records management. **Recommendations: Centralize records, conduct SWOT evaluations, and ensure personnel training.**

Morin and O’Brien (ABFDE) -ask questions about 2023 annual meeting minutes

Question 1 – which CABS are considered experimental? Answer: ABMDI.

Question 2 – as of this meeting, ad-hoc committee on standards have not been created but is recommended.

Forensic Nursing Certification Board – Dr. Patricia Speck, Dr. Elizabeth Dowdell, Dr. Deborah St. Germain joined via zoom.

St. Germain described certification through the American Board for Specialty Nursing Certification. Provided context for why FSAB appeals to them.

RA (Surveillance Committee Report)

Asked for feedback from CABs. Received comment from 1.

ABFA told 2 certificates that grandfathering will no longer be allowed.

JW (Financial Report)

Fiscal year March 1-Feb 28

One CAB has not paid annual fee.

Proposed budget 30,850 Revenue over expenses 2,186

DG made a recommendation for external audit.

DK approved 4 nights covered for each director for current meeting.

Bethany made motion to approve budget minus \$500 (1 CAB renewal instead of 2 listed in report) with possible in-person application meeting expense and training for new directors; SD seconded. Report approved.

BM: Next Application Committee meeting will be through zoom. Standard review needs to happen before application completion.

KM asked SW if there was a way to download all Procedures on website simultaneously. MG suggested this is more easily done on dropbox.

AB (Nominations Report)

Term limited/not continuing: SD, Tracy Walraven

Nominations for FSAB Director Subsequent term (Regular Director)

Subsequent term (Regular Director) Robin Ainsworth

New term (Regular Director) Bridget M. Kinnear,. Robert M. Sears, Brittany Walter

Motion for approval of slate of Directors offered by PV , BM seconded. Motion approved.

DK will notify new directors – term starts 3/1

Nominations for Executive Committee

President: David Khey, Public Director

Vice President: Demetra Garvin, Director

Secretary: Lawrence Quarino, Director

Public Director to the Executive Committee: Kenneth Melson, Public Director

DG made motion to approve, MG seconded, Slate approved (DK, DG, LQ, KM abstained)

Secret ballot for Treasurer, JN and BM were candidates, BM won ballot

Application update:

BM: summarized application meeting in Atlanta; tried to clarify language; SW suggested sample response; new application needs to be beta tested in some form, PV suggested review of glossary

Standard review by mid-year (standards committee to be formed), application by fall

SD (**AMBDI**) provided a review of on-site visit; site team found no deficiencies to FSAB standards

KM moved for group to go into executive session to discuss report, BS left room

Motion to reaccredit AMBDI made by PV, MG second, vote was unanimous. ARC members did not vote.

LQ (**IAAI**) gave update on reaccreditation application. After much discussion LQ made motion for Provisional Accreditation, MG seconded – no opposed after contested discussion.

KM (**ATF**) update. ATP accreditation requires IAAI accreditation since ATF certification requires IAAI certification. Progress has been slow. ATF does not have the resources for a site visit. ATF application has been completed but remediation is needed.

LQ suggested a meeting with CABs with FSAB for an information session, can be done virtually.

Out of executive session.

KM gave report on GDPR. May have implications for CABs with international members. Best practices is to comply with GDPR. DK – since we don't share personal information with CABs, GDPR does not apply to FSAB. Will confer with ISO on issue.

Meeting adjourned 2-15-25