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| Subject:        | <b>Assessment of the services provided by the Forensic Child Abuse Center (FPKM)</b>  |
| Summary:        | The Forensic Medical Child Abuse Center asked CVZ to assess whether the various activities of the FPKM can be regarded as medical care in the sense of the <i>Zorgverzekeringswet</i> (Zvw), and if so, whether it is somatic care or mental health care. According to CVZ, based on information provided by the FPKM and the report <i>Forensic-medical expertise in the approach to child abuse: Supply and Demand</i> , issued by the DSP-group (December 2011), care provided by the FPKM is not medical care in the sense of the Zvw. The specialized injury examination performed by the FPKM focuses specifically on “actively detecting (for legal purposes) and recording injuries (via tapes, photographs, use of forensic tools)”. This is distinct from the examination and care normally provided by paediatricians. In 2009 the IGZ proposed that each regional hospital should have a multidisciplinary team specialised in cases of child abuse. This has been realised in almost all hospitals. CVZ can only conclude that the activities of the FPKM do not fulfil the demand for medical care as defined in the aims of the Zvw. |
| Type of ruling: | SpZ = Zvw Outcome of Assessment   |
| Date:           | 16 May 2012   |
| Issued to:      | Health care provider<br>VWS   |
| Care form:      | Medical care  |

The full text is as follows.

### 1. Reason/introduction

In a letter dated 24 January 2012, on the advice of the Ministry of WVS, the Forensic Medical Child Abuse Center (FPKM) asked for an assessment of the services provided by the FPKM. The FPKM wanted to know whether the various activities of the FPKM could be regarded as medical care in the sense of the *Zorgverzekeringswet* (Zvw), and if so, whether it is somatic care or mental health care. The last-mentioned relates to the funding system that may apply.

Enclosed with the request was a memo dated 13 December 2011 relating to the FPKM Memorandum on behalf of the Work Consultation Maintenance Parties (WOP).

In response to the request and the enclosed memo, CVZ requested more details from the FPKM. The FPKM responded to our request by letter dated 1 March 2012. A discussion subsequently took place on 10 April 2012. The FPKM replied to the questions CVZ asked at that meeting in a letter dated 17 April 2012.

### 2. Services/activities of the FPKM

The various activities of the FPKM are:

Peer consultation

The FPKM replies to questions by e-mail or by telephone, e.g., by helping to assess photographs, providing scientifically substantiated information or sending a differential diagnosis.

Policlinical examination of injuries

The FPKM carries out a specialized, forensic-paediatric, head-to-foot examination of a child at the policlinic in Utrecht or on location, whereby the child is supervised and prepared by a forensic nurse.

Investigation and reporting

If necessary, the FPKM carries out additional examinations necessary for complex forensic-medical clarification, by collecting relevant supportive information, contextual data, scientific literature, etc.

During the discussion on 10 April 2012, the FPKM explained the nature of the FPKM's tasks. The FPKM determines injury diagnosis 7X24 hours, on location, if necessary. Requests for a diagnosis are received mainly via the AMK [Child Abuse Hotline], G.P.s and paediatricians. FPKM paediatric forensic doctors draw up their reports for the requesting party independently. There is no question of a treatment relationship (WGBO does not apply). The treating party (the requesting doctor) does have a treatment relationship (and does not wish to disrupt this relationship) and is bound by medical professional secrecy.

The FPKM examination focuses on the cause of injuries, the origin of injuries. The independent examination can be used in criminal proceedings.

As agreed, during the discussion, the FPKM gave a detailed response to the question as to why their examination is health care.

The memo enclosed with the letter dated 17 April 2012 states: "Forensic-medical examination is pre-eminently intended as an independent means to establish, interpret and legally translate medical facts, so it is necessary for adequate risk-appraisal."

### 3. CVZ's opinion

According to CVZ, on the grounds of the information provided by the FPKM and the report *Forensic-medical expertise in the approach to child abuse: Supply and Demand* of the DSP-group (December 2011), the work done by the FPKM cannot be defined as care in the sense of the Zvw. Medical care within the framework of the Zvw focuses on a disorder (diagnostics and treatment) and on recovery or prevention of exacerbation of a disorder.

The specialised examination of injuries carried out by the FPKM focuses on "actively detecting (for legal purposes) and recording (tapes, photographs, use of forensic tools) injuries".<sup>1</sup>

This is distinct from the examination and care normally provided by paediatricians. In 2009 the IGZ proposed that each regional hospital should have a multidisciplinary team specialised in cases of child abuse. This has been realised in almost all hospitals.<sup>2</sup> CVZ can only conclude that the activities of the FPKM do not fulfil the demand for medical care as defined in the aims of the Zvw.

This does not detract from the relevance of investigations carried out by the FPKM.

For more information, please contact the author: MKroes@cvz.nl

*The original text of this **Outcome of Assessment** of CVZ was in Dutch. Although great care was taken in translating the text from Dutch to*

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<sup>1</sup> See p. 39 of the Report *Forensic-medical expertise in the approach to child abuse: Supply and Demand*

<sup>2</sup> See p. 30 of the Report *Forensic-medical expertise in the approach to child abuse: Supply and Demand*

*English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of CVZ's Outcome of Assessment. Furthermore, CVZ points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.*