



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## **Forensic Dentistry Part 1: Human Identification and the Importance of Dental Records**

**Aim:** To provide an understanding of how forensic odontology contributes to the identification of deceased individuals, and to highlight the crucial importance of accurate and ethical dental record keeping in supporting this process.

**Objectives:** On completion of this verifiable CPD article, the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Outline the history of forensic odontology and its role in modern investigations.
- Explain how dental records are used to identify human remains.
- Identify legal, social, and ethical significance of confirming identity.
- Identify information that may be obtained through post-mortem dental examination which may aid in identification of the deceased.
- Understand the professional standards and legal requirements for accurate record keeping.

### **Introduction**

Forensic odontology, or forensic dentistry, is defined by the British Association for Forensic Odontology as “a branch of forensic medicine and, in the interests of justice, deals with the proper examination, handling and presentation of dental evidence in a court of law.”<sup>1</sup> It is the application of dental science in the interests of justice. It involves the examination, evaluation, and presentation of dental evidence to assist legal investigations, particularly in the identification of deceased individuals.

While few dental care professionals will ever be directly involved in such work, every clinician contributes indirectly by keeping accurate and comprehensive dental records that may one day support a forensic investigation.

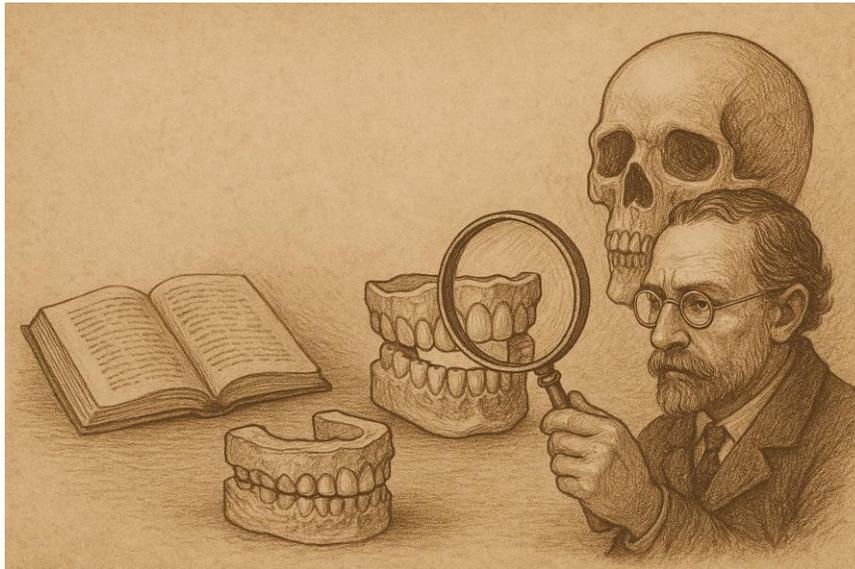
Forensic odontology may be utilised to:

- Examine and evaluate injuries to teeth, jaw, and oral tissues from various causes.
- Identify human remains.
- Identify individuals in mass fatalities.
- Assess bite mark injuries.

- Support safeguarding and abuse investigations.
- Age estimation and, in some cases, ancestry or sex.
- Provide expert opinion in civil or criminal proceedings.<sup>2</sup>

The accuracy of a dental professional's clinical records can be the key factor in establishing a person's identity when other methods, such as fingerprinting or visual recognition, are not possible.

### History of Forensic Odontology



Throughout history, there is evidence of the distinctive nature of tooth arrangement and the legal implications of this.<sup>2</sup>

Harvey (1973) is reported to have traced one of the earliest recorded instances of dental identification to 66AD, when the severed head of the wife of the emperor Nero was identified by a rival from her black anterior tooth.<sup>2</sup> However, Paul Revere is credited as being the first US dentist to identify a person from dental features. Joseph Warren was a victim in the American Revolution in 1775 and was identified by Paul Revere by a silver and ivory bridge that he had made for the victim. As a result of the identification, Joseph Warren was reported to have been buried with full military honours.<sup>2,3</sup>

In the 19<sup>th</sup> century, the murder of Dr George Parkman in Boston became one of the first cases where dental evidence secured a conviction. A tea chest containing human remains was found in John Webster's place of work. Fragments of jaw were found, and parts of a maxillary and mandibular denture were identified by a dentist as belonging to George Parkman. It transpired that John Webster had owed George Parkman a considerable amount of money and the dental evidence was used to convict John Webster of murder.<sup>3</sup>

The 20<sup>th</sup> century brought scientific refinement to the field. One of the most famous examples was the identification of Adolf Hitler. There were rumours that he and his wife had escaped even though they had died in 1945 and their bodies were burnt

and buried by Russian soldiers. The rumours were dispelled when Hitler (figure 1) was identified by remnants of his mandible.<sup>3</sup>



Figure 1. Adolf Hitler was reported to have been identified by remnants of his mandible.

In the United Kingdom, the modern era of forensic odontology began with the establishment of the British Association for Forensic Odontology (BAFO) in 1982. BAFO has set professional standards, provided training for forensic odontologists, and supported the UK's Disaster Victim Identification (DVI) efforts. Since 1994, there have been recognised postgraduate courses in forensic odontology.<sup>4,5</sup>

### The Importance Of Identification

The confirmation of a deceased person's identity is not a mere formality. It has profound human, legal, and cultural importance.

- **Criminal-** Typically an investigation into a criminal death cannot begin until the victim has been positively identified.
- **Marriage-** Individuals from many religious backgrounds cannot remarry unless their partners are confirmed deceased.
- **Monetary-** The payment of pensions, life assurance and other benefits relies upon positive confirmation of death.
- **Burial-** Many religions require that a positive identification be made prior to burial in specific geographical sites.
- **Social-** Society's duty to preserve human rights and dignity beyond life begins with the basic premise of an identity.
- **Closure-** The identification of individuals missing for prolonged periods can bring peace and closure to family members.<sup>2</sup>

## How Dental Records Aid Identification



Teeth can withstand extreme temperature changes and decomposition. Dental records may be used to aid in identification of victims of mass disasters, missing persons, criminal acts, or murder investigations.<sup>3</sup> Identification through dental records may be required when an individual is too disfigured for a family identification to be either reliable or desirable.

Figure 2 depicts the essential elements for forensic identification. The methods of identification used will depend upon the circumstances of the individual case. However, dental evidence is a potentially important component of forensic identification.<sup>6</sup>

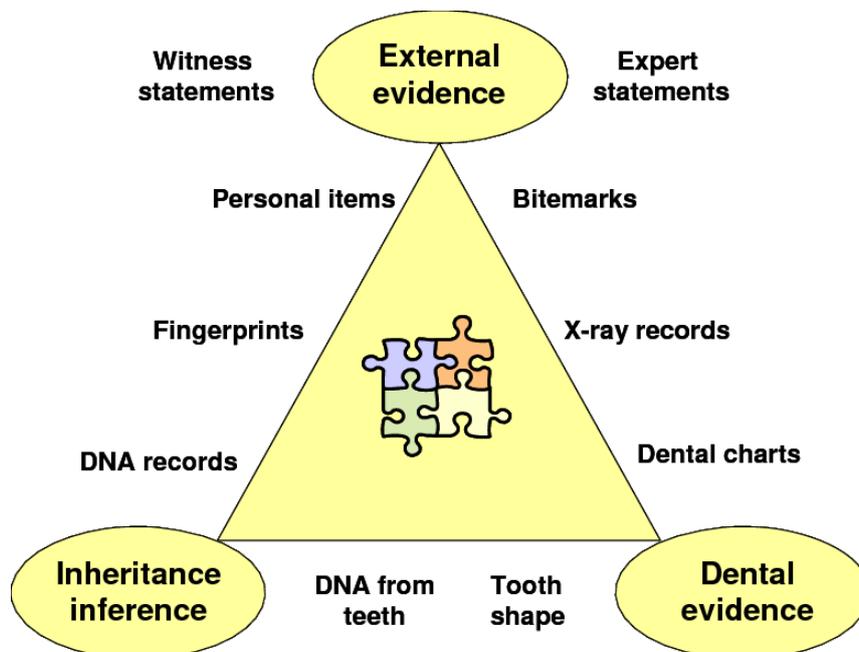


Fig 2. The essential elements of evidence for forensic identification of e.g. victims or culprits of crime or accidents.<sup>6</sup>

In 2004, approximately 46% of the victims of the tsunami in Thailand were identified using dental evidence (fig. 3), highlighting the international importance of dental records. Hundreds of dentists were involved for over a year in all countries where the main impact was felt. The process involved collaboration between different professions and disciplines and also across national boundaries.<sup>6</sup>

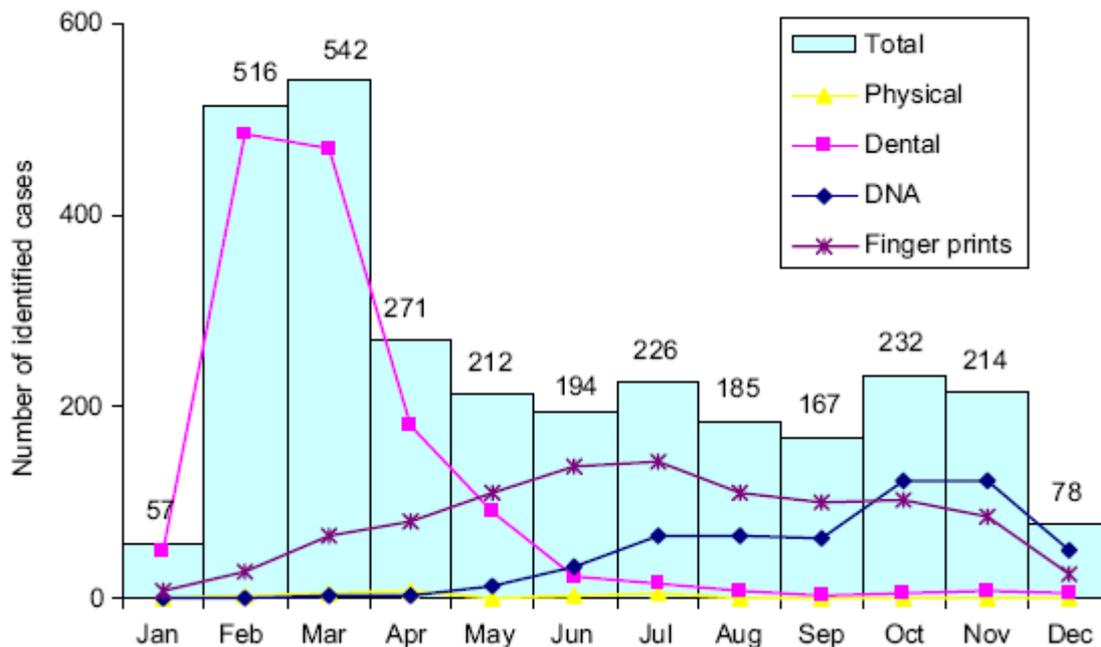


Fig 3. Principal identification tools after the December 2004 tsunami for the victims in Thailand, where 46% of the identifications were based on dental evidence.<sup>6</sup>

Some of the Grenfell Tower victims of 2017 were identified by their dental records, where visual or fingerprint identification was impossible. One of these included an 11-year-old girl.

More recently, in June 2025, an Air India flight en route to Gatwick tragically crashed minutes after take-off. The identification of the victims relied on multiple forensic methods, including DNA analysis, skeletal examination, and dental identification.<sup>7</sup>

Individuals may be identified by comparing post-mortem (after death) dental records with ante-mortem (prior to death) dental records. Typically, human remains are found and reported to the police who then initiate a request for dental identification. Often a presumptive or tentative identification is available (i.e., wallet or driving licence may be found on the body) and, this will enable ante-mortem records to be located. In other instances, the geographical location in which the body is found or other physical characteristics and circumstantial evidence, may enable a putative identification to be made, frequently using data from the missing persons' database. Ante-mortem records are then obtained from the dentist.<sup>8</sup>

Dental records used for identification comparison may include:

- Digital or film radiographs

- Charting and treatment notes
- Study Models
- Detailed Dental Charting
- Clinical Photographs and digital images
- Notes on oral pathology, restorations and protheses.

Dental comparisons have a high degree of reliability and simplicity. Teeth are the most durable organ in the body and can be heated to temperatures of 1600 degrees Centigrade without appreciable loss of microstructure. Clearly, individuals with numerous or complex dental treatments are easier to identify than those who have not had as much clinical intervention.<sup>8</sup> Table 1. shows the features examined during comparative dental identification.<sup>8</sup>

<p><b>Teeth</b></p> <ul style="list-style-type: none"> <li>• Erupted</li> <li>• Unerupted</li> <li>• Impacted</li> </ul> <p><b>Missing Teeth</b></p> <ul style="list-style-type: none"> <li>• Congenitally</li> <li>• Lost antemortem</li> <li>• Lost post-mortem</li> </ul> <p><b>Tooth Type</b></p> <ul style="list-style-type: none"> <li>• Permanent</li> <li>• Deciduous</li> <li>• Mixed</li> <li>• Retained Primary</li> <li>• Supernumerary</li> </ul> <p><b>Tooth Position</b></p> <ul style="list-style-type: none"> <li>• Malposition</li> </ul> <p><b>Crown Morphology</b></p> <ul style="list-style-type: none"> <li>• Size and shape</li> <li>• Enamel thickness</li> <li>• Contact points</li> <li>• Racial variations</li> <li>• Peg laterals</li> </ul>	<p><b>Crown Pathology</b></p> <ul style="list-style-type: none"> <li>• Caries</li> <li>• Attrition, abrasion, erosion</li> <li>• Atypical variations, enamel pearls, peg laterals etc.</li> <li>• Dentigerous cyst</li> </ul> <p><b>Root Morphology</b></p> <ul style="list-style-type: none"> <li>• Dilaceration</li> <li>• Root fracture</li> <li>• Hypercementosis</li> <li>• Root resorption</li> <li>• Root hemi sections</li> </ul> <p><b>Pulp Chamber/Root Canal Morphology</b></p> <ul style="list-style-type: none"> <li>• Pulp stones, dystrophic</li> <li>• calcification</li> <li>• Root canal therapy</li> <li>• Retrofills</li> <li>• Apicectomy</li> </ul>	<p><b>Periapical Pathology</b></p> <ul style="list-style-type: none"> <li>• Abscess, granuloma or</li> <li>• Cysts</li> <li>• Cementomas</li> <li>• Condensing osteitis</li> </ul> <p><b>Dental Restorations</b></p> <ul style="list-style-type: none"> <li>• Metallic-Full coverage/non full coverage</li> <li>• Laminates</li> <li>• Full coverage</li> <li>• Dental implants</li> <li>• Bridges</li> <li>• Partial/full removable prosthesis</li> </ul> <p><b>Periodontal Tissues</b></p> <ul style="list-style-type: none"> <li>• Gingival, recession,</li> <li>• focal/diffuse, enlargements, interproximal craters</li> <li>• Colour- inflammatory changes, physiological (racial) or pathological pigmentation</li> <li>• Plaque and calculus deposits</li> </ul>
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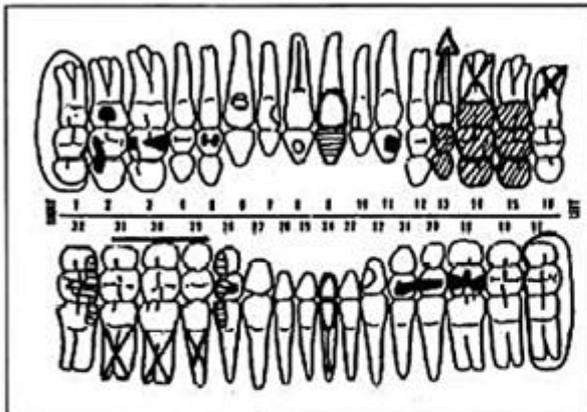
Table 1: Features examined during comparative dental examination

The forensic dentist will provide an accurate post-mortem record which will include charting and written description of the dental structures and radiographs. Figures 4 and 5 provide an example of an ante-mortem and post-mortem dental chart.

ANTEMORTEM DENTAL RECORD

NAME: FROST, JACK, R SSN: 333-33-3333 RANK: LT, USN  
 SEX: M RACE: C AGE: 31 XRAY TYPE & DATE: B/w 10/97 Para 01/96  
 EXAMINERS: A.B. SMITH, CAPT, DC, USN DATE RECONSTRUCTED: 12 DEC 97  
P.J. BOATE, CDR, DC, USN RECORD SUPPLIED BY: NDC PENSACOLA FL

RESTORATIONS & MISSING TEETH



DESCRIPTION/COMPUTER CODES

1. U
2. OL-AM, F-AM
3. MO-AM, DO-AM
4. PN
5. O.O-AM
6. F-CO
7. M-CO
8. L-IR, RF
9. CV
10. MI-CO
11. D-AM
12. PN
13. FP-CV, RF-AP
14. FP-X
15. FP-CF
16. X
17. U
18. MODL-C
19. MOD-AM
20. MO-AM
21. DO-AM
22. ML-CO
23. PN
24. CT-RF
25. PN
26. PN
27. PN
28. DOFL-GI
29. RP-X
30. RP-X
31. RP-X
32. MOFL-GI

AM AMALGAM	CF CROWN FULL
GI GOLD INLAY	CP CROWN PARTIAL
GF GOLD FOIL	CV CROWN VENEER
SS ANY OTHER METAL REST	FP FIXED PARTIAL
CO COMPOSITE RESIN	RP REMOVABLE PARTIAL
JM JAW FRAGMENT MISSING	CD COMPLETE DENTURE
TA TRAUMATIC AVULSION	M MESIAL
FX FRACTURED CROWN	D DISTAL
RT ROOT TIP	O OCCLUSAL
PN PRESENT NOT RESTORED	I INCISAL
RO ROTATED	F FACIAL
RF ROOT CANAL FILLING	L LINGUAL
AP APICTECTOMY	C CARRIES
IR INTERMEDIATE REST	U UNERUPTED
CT CROWN TEMPORARY	X EXTRACTED

REMARKS: BILATERAL MANDIBULAR TORI

Fig 4. An example of an antemortem dental chart.<sup>3</sup>

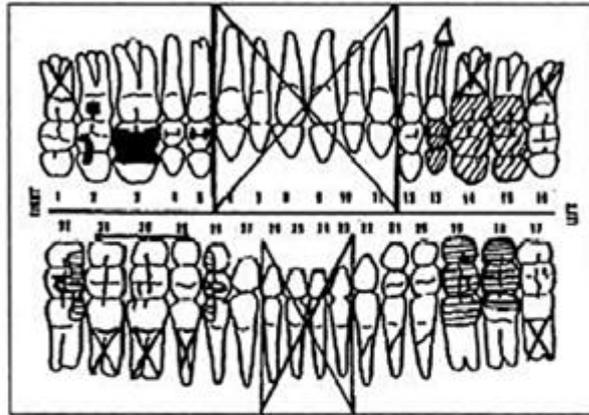
POSTMORTEM DENTAL RECORD

RECOVERY NUMBER A-713 EST. AGE: UNK RACE: UNK SEX: UNK DATE: 12 DEC 97  
 EXAMINERS: A. B. SMITH, CAPT, DC, USN PLACE OF EXAMINATION: NAVAL AIR  
P. T. BOATE, CDR, DC, USN STATION, PENSACOLA, FL

DESCRIPTION/COMPUTER CODES

1. X
2. OL-AM ; F-AM
3. MODL-AM
4. PN
5. O.O-AM
6. JM
7. JM
8. JM
9. JM
10. JM
11. JM
12. PN
13. FP-CV, RF-AP
14. FP-X
15. FP-CF
16. X
17. X
18. CP
19. CF
20. FX
21. FX
22. FX
23. TA
24. TA
25. TA
26. TA
27. PN
28. DOFL-GI
29. RP-X
30. RP-X
31. RP-X
32. MOFL-GI

RESTORATIONS & MISSING TEETH



CAPMI SYMBOLS

AM AMALGAM	CF CROWN FULL
GI GOLD INLAY	CP CROWN PARTIAL
GF GOLD FOIL	CV CROWN VENEER
SS ANY OTHER METAL REST	FP FIXED PARTIAL
CO COMPOSITE RESIN	RP REMOVABLE PARTIAL
JM JAW FRAGMENT MISSING	CD COMPLETE DENTURE
TA TRAUMATIC AVULSION	M MESIAL
FX FRACTURED CROWN	D DISTAL
RT ROOT TIP	O OCCLUSAL
PN PRESENT NOT RESTORED	I INCISAL
RO ROTATED	F FACIAL
RF ROOT CANAL FILLING	L LINGUAL
AP APICOECTOMY	C CARIES
IR INTERMEDIATE REST	U UNERUPTED
CT CROWN TEMPORARY	X EXTRACTED

REMARKS: BILATERAL MANDIBULAR TORI

Fig.5 An example of a postmortem dental chart. <sup>3</sup>

If, at the time of charting, ante-mortem radiographs are available, post-mortem radiographs should be taken to replicate the angle of these. Radiographs not taken digitally, should be marked with a rubber-dam punch to ensure that the ante-mortem and post-mortem radiographs do not get confused - one hole for ante-mortem radiographs and two holes for post-mortem radiographs.<sup>2,8</sup> Any potential discrepancies should be noted and can be divided into those that can be explained

and those that cannot be explained. Figure 6 provides an example of a different case. Discrepancies can be noted between the ante-mortem and post-mortem radiographs. However, these discrepancies can be attributed to the time lapse between the two sets of films.<sup>8</sup>

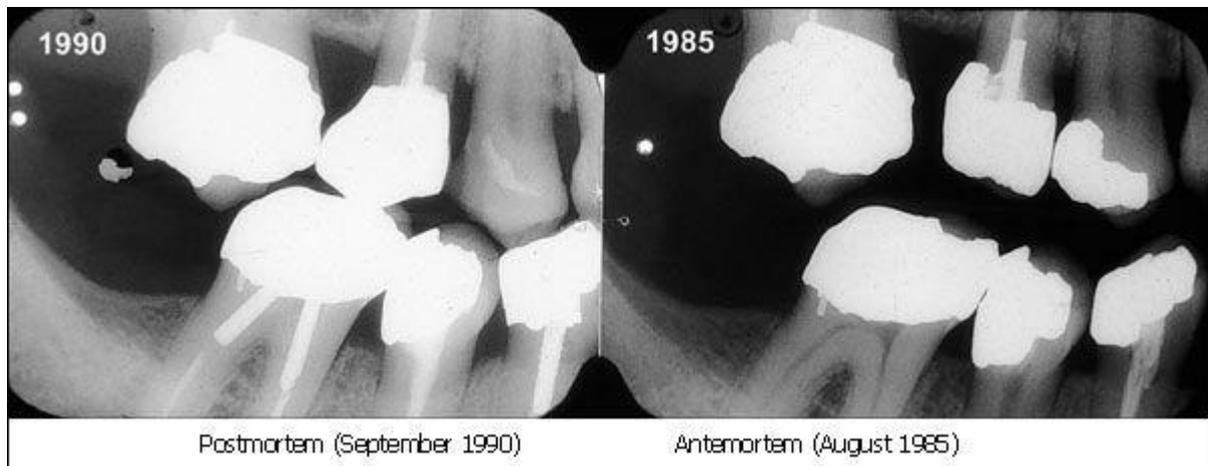


Fig 6. An example of antemortem and post-mortem radiographs where discrepancies can be noted but explained.<sup>8</sup>

Modern digital systems have improved both the speed and clarity of the process.

It is important to note that there is no minimum number of teeth or features that are required for a positive identification. In many cases a single tooth can be used if it contains sufficient unique features.

The British Association of Forensic Odontology has provided guidance outlining the possible conclusions that may be drawn during an identification process:

**Established:** Identity is confirmed beyond reasonable doubt.

**Probable:** Identity is strongly suggested.

**Possible:** Identity is suggested.

**Exclusion:** Irreconcilable differences exist.

**Insufficient:** Insufficient information available to make a comparison.<sup>9</sup>

### Reconstructive Post-mortem profiling: When Records are Missing

If ante-mortem records are not available, a forensic odontologist can narrow the search by providing a dental profiling report. It may be possible to determine:

- **Age at death** - This can be estimated through examining arthritic changes in the TMJ, attritional wear, root dentine transparency, growth and development of dentition.
- **Sex** - Morphology, crown size, root lengths are characteristic of male and female sexes. There are also differences in skull patterns.
- **Race and ethnicity** - No single or combination of trait can be considered completely diagnostic. However, many of the best traits are found in the mid face skeleton such as:

- The area of nose, mouth, and cheek bones
- Shape of cranium, lateral projection of zygomatic arches
- Shape, contour of orbits and nasal aperture
- Shape of dental arches
- Facial profiles

Advances in technology now allow 3D scanning and computer- assisted facial reconstruction to be carried out. Facial reconstruction aims to produce a reasonable likeness to the deceased. <sup>10</sup>

## DNA



Although teeth are mainly valued for their structural and restorative uniqueness, they are also an excellent source of DNA. The dental pulp and dentine protect genetic material from heat, moisture, and decomposition.

DNA analysis is now routine in forensic odontology and complements visual and dental comparison methods. Both nuclear DNA and mitochondrial DNA can be extracted from teeth, depending on the condition of the remains. <sup>10</sup>

Recent advances such as Next-Generation Sequencing (NGS) and Forensic Genetic Genealogy (FGG) have transformed identification in challenging cases. These technologies have been used to solve cold cases where traditional methods failed. <sup>11</sup>

However, ethical considerations remain central. Forensic use of DNA must comply with the UK Data Protection Act 2018 and GDPR, ensuring samples are stored and analysed responsibly and only for lawful purposes. <sup>12</sup>

## Accurate Clinical Record Keeping



The number of victims identified with the help of forensic odontology in various mass disasters in the world highlights the necessity of keeping proper dental records.

Record keeping in dentistry is a crucial aspect of patient care, legal compliance, and professional responsibility. Good record keeping is a requisite of competent professional practice. Dentists and dental care professionals must maintain accurate and up-to-date records for each patient. Guidelines for record keeping are provided by the General Dental Council (GDC).<sup>13</sup>

Dental records should comprise many (or all) of the following:

- Personal information
- Medical history
- Examination and treatment notes
- Social history
- Radiographs
- Results of other investigations
- Photographs
- Study models
- Audiovisual findings
- Note of diagnosis
- Treatment options, discussion with patient, and treatment options offered but declined
- Evidence of consent
- Treatment Plan
- Treatment notes
- Laboratory prescriptions
- Prosthesis, statement of manufacture
- Correspondence
- Payment history <sup>14</sup>

The General Dental Council Standards Guidance which would be relevant in the case of forensic identification includes the following:

You **must**:

**4.1** Make and keep contemporaneous, complete, and accurate patient records.

Protect the confidentiality of patients' information and only use it for the purpose for which it was given.

**4.2** Protect the confidentiality of patients' information and only use it for the purpose for which it was given.

**4.3** Only release a patient's information without their consent in exceptional circumstances.

**4.5** Keep patients' information secure at all times, whether your records are held on paper or electronically.

**4.1.2** Understand and meet your responsibilities in relation to patient information in line with current legislation. You must follow appropriate national advice on retaining, storing and disposing of patient records.

**4.1.4** Make sure that all documentation that records your work, including patient records, is clear, legible, accurate, and can be readily understood by others. You must also record the name or initials of the treating clinician. <sup>13</sup>

The NHS advice on retention in England and Wales recommends that records should be retained for 11 years and children's records should be retained until the 25th birthday or 26th birthday if the patient was 17 years when treatment was completed. <sup>15</sup>

The Scottish Government provides the recommended clinical record retention period for dental records and advises to keep records for 10 years for adults or up to the 25<sup>th</sup>/26<sup>th</sup> birthday rule, whichever is longer for children. <sup>16</sup>

In Northern Ireland, the guidance on record retention from the Department of Health can be accessed from the following link: <https://www.health-ni.gov.uk/sites/default/files/publications/health/gmgr-disposal-schedule.pdf>.

## Releasing Records



The General Dental Council Standards Guidance which would be relevant in the case of forensic identification includes the following:

**4.2.8** You must keep patient information confidential even after patients die.

4.3.1 In exceptional circumstances, you may be justified in releasing confidential patient information without their consent if doing so is in the best interests of the public or the patient.

4.3.4 You can be ordered by a court, or you can be under a statutory duty, to release information about a patient without their permission. If this happens, you should only release the minimum amount of information necessary to comply with the court order or statutory duty.

4.3.5 In any circumstance where you decide to release confidential information, you must document your reasons and be prepared to explain and justify your decision and actions.<sup>13</sup>

The HM Coroner, the relatives or police may call upon the dentist to provide dental records to aid in identification of a deceased person. It must be remembered that police officers have no statutory rights to inspect or remove a patient's records without their consent. However, the law allows for special circumstances, and it is reasonable to hand over an individual's record if it enables them to be identified or excluded. The consent of the nearest relative or estate executor may be sought, and the defence union should be contacted for advice.<sup>2</sup>

## Conclusion

Forensic odontology plays a vital role in the identification of deceased individuals, particularly when visual recognition or fingerprint analysis is impossible. The resilience and individuality of dental structures make them one of the most reliable tools in disaster victim identification, criminal investigations, and humanitarian contexts.

While relatively few dental professionals will ever participate directly in forensic investigations, every clinician contributes indirectly through the quality of their record keeping. Accurate, comprehensive, and contemporaneous dental records are not only essential for patient care and legal compliance but may also provide the key to establishing a person's identity, bringing closure to families and supporting the course of justice.

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### **Personal Development Plan and Reflective Learning**

This CPD is linked to the following GDC Enhanced CPD Development Outcomes:

**C. Maintenance and development of knowledge and skill within your field of practice.**

**D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.**

Reflective learning is a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now be given the option of answering some reflective learning questions, before your certificate is generated. Examples will be provided. Please remember that you can update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further Reading

[British Association for Forensic Odontology](#)

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