

**Intercollegiate
Safeguarding Children and Young people: roles and competences for
health care staff**

Frequently Asked Questions

1. Isn't there discrepancy between Working Together 2010 "groups" v "levels"?

Working Together 2010 describes 8 training groups (not competences) whereas the ICD describes 6 competency levels, from which training requirements will be agreed. For example consultant paediatricians and GP principles are in group 4 WT training group, and trainees are in group 3. The expected ICD competencies are level 3. There is expected progression in their depth of experience and abilities to manage complexity within that level.

Levels" are common to all UK jurisdictions, whereas WT only covers England.

According to WT 2010, Commissioners may set expected levels of competencies for specific professional groups

2. Why have GPs been allocated level 3?

GPs are in group 3 WT and were previously expected to have ICD level 2 competency. Level 3 used to include specialist paediatrician competences (such as using a colposcope). It is now recognised that the complexity of relationships with child and young people patients and their parents and carers in the primary care context (see RCGP Curriculum section 8) requires level 3 competences. There will be a range of competences and confidence within this level; GPs are advised to discuss cases where there is uncertainty with a more experienced colleague, the lead safeguarding GP for the practice, the named GP or their defence organisation. (GMC guidance 0-18)

3. How do the ICD competences match the RCGP curriculum?

Level 3 competences and the RCGP curriculum

ICD competences level 3	Curriculum
<ul style="list-style-type: none"> • Draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect • Contributes to inter-agency assessments, the gathering of information and where appropriate analysis of risk • Makes urgent referrals where there are concerns about acute child sexual abuse in light of forensic evidence requirements • Documents concerns in a manner that is appropriate for safeguarding/child protection and legal processes 	<p>8. Specific problem solving skills – recognising children at risk 8 Primary Care Management – dealing effectively with the abuse of children and young people, safeguarding children and young people</p> <p>8. A comprehensive approach – confidentiality and making appropriate multiagency referrals.</p> <p>4.2 Information Management & Technology</p> <p>3.1 Clinical Governance</p>

<ul style="list-style-type: none"> • Undertakes regular documented reviews of own safeguarding/child protection practice (in various ways, such as through audit, case discussion, peer review, and supervision) <p>Additional specialist competences for paediatricians, GPs, children’s nurses, school nurses, child and adolescent mental health nurses, children’s learning disability nurses, midwives and health visitors</p> <ul style="list-style-type: none"> • Works with other professionals and agencies, with children, young people and their families when there are safeguarding/child protection concerns • Contributes to serious case reviews/case management reviews/significant case reviews, and child death review processes • Advises other agencies about the health management of individual child protection cases • Applies the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice • Advises others on appropriate information sharing. 	<p>8. A comprehensive approach</p> <p>3.1 Clinical Governance – Primary Care Management</p> <p>8. Holistic approach</p> <p>3.1 Clinical Governance</p> <p>8. A comprehensive approach</p> <p>3.1 Clinical Governance</p>
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4. What are the Lead GP’s responsibilities?

Most practices will wish to appoint a lead GP in safeguarding and child health. The lead GP should be able to support and advise all members of the practice, including practice staff, on matters connected with safeguarding and child protection. They should work with the practice manager in implementing a safeguarding practice plan and a training matrix for staff, liaising with the named GP and local authorities over local policies, updates and audits.

5. What about inspection and monitoring?

Individual professionals will maintain updated portfolios and CPD records with evidence of completion of training and examples of reflective practice for appraisals, revalidation and other professional systems. Organisations will maintain updated records for reporting to the regulatory authorities

5. What is safeguarding?

The term safeguarding and promoting the welfare of children is defined in Working Together (2010) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully (page 34).

6. What is good medical practice?

The GMC guidance (GMC, 2006) describes the duties of doctors and outlines the expectations that all doctors must retain their competence (both clinical and wider professional) throughout their working lives. To achieve this they must work with colleagues and patients to maintain and improve the quality of their work and promote patient safety. This involves providing a written record of information and evidence drawn from their medical practice, reflecting on standards, taking part in regular audit and systems review and responding constructively in accordance with the Core standards expected within Revalidation (GMC, 2010). Unlike other professionals involved with Safeguarding, the GMC and professional bodies do not mandate that doctors undertake either specific peer view of cases or supervision of practice, although these may be the most appropriate options for some individuals to maintain ongoing competence.

7. Is level 3 safeguarding training going to take up a lot of my time?

No. Clinicians at level 3 only need to receive a refresher training equivalent to 3–4 PAs over a three-year period. This training can also form part of clinicians' CPD activities and can be carried out either once every three years or in an annual phased approach. For professionals that are only required to obtain core competencies at level 3, the refresher training will last approximately 1-1 1/2 PAs over a three-year period.

References

General Medical Council *Good Medical Practice* 2006

http://www.gmc-uk.org/guidance/good_medical_practice.asp [accessed 31/7/2010]

General Medical Council 2007. 0-18 years: guidance for doctors. www.gmc-uk.org/guidance/ethical_guidance/children_guidance_56_63_child_protection.asp

General Medical Council 2010 Working Framework for Appraisal and assessment www.gmc-uk.org/revalidation/doctors/revalidation_gmp_framework.asp ACCESSED 31/08/2010

RCGP *Safeguarding children and young people a toolkit for General Practice* 2009 www.rcgp.org.uk/clinical_and_research/circ/safeguarding_children_toolkit

RCPCH 2006 Child Protection companion
http://www.rcpch.ac.uk/doc.aspx?id_Resource=1533