**NHS Education for Scotland**

**GPST Scotland Deanery**

**Level 3 Child Safeguarding Information**

Updated 2018

With acknowledgement and thanks to Dr Alison Pirie for her work behind this document during her NES Educational fellowship year ending 2017

**Introduction**

By the end of training, all trainees must have demonstrated level 3 competence in safeguarding children and young people. Child safeguarding encompasses child protection, as well as describing a broader approach to promoting child welfare. The GMC have published [guidance](http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp) (1) on protecting children and young people for GPs. In addition, the [RCGP website](http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/cpr-aed-and-out-of-hours-requirements.aspx) (2) states that:

*“all GPs should be competent in dealing with safeguarding. This includes recognising the clinical features, knowing about local arrangements for child protection, referring effectively and playing a part in assessment and continuing management, including prevention of further abuse. GPStRs need to satisfy the GMC and the public that they have the appropriate knowledge, clinical skills and understanding of child safeguarding to be able to apply these skills should the need arise. By the completion of ST3, as with CPR and AED training, GPSTRs are required to have demonstrated level 3 competences in safeguarding children within their ePortfolio. This should normally include reflection in their learning log which demonstrates their understanding of child safeguarding throughout their training and any relevant courses, elearning modules or conferences attended.”*

It is likely that you will already have a breadth of knowledge and skills in this area from your training in medical school and previous hospital work, all of which is valuable. The purpose of this document is to help you identify areas for further development, and to provide suggestions of how to approach any learning needs you identify. The document contains a non-exhaustive list of learning opportunities in this area and explains how these might link to other areas of the RCGP curriculum. It is written for current trainees, but hopefully it will help educational supervisors to support their trainees in fulfilling this curriculum area.

**What is level 3 child safeguarding?**

The [intercollegiate guidance](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20%283%29_0.pdf) (3) provides a full explanation of what the requirements are for relevant health professionals. The guidance provides a list of Knowledge, Skills and Attitudes and Values for General Practitioners at level 3 (pages 17-21). These outcomes should be achieved in addition to the competences outlined in levels 1 and 2 in the guidance document.

**How do I evidence this?**

You do not need to provide evidence for each individual level 3 competence listed in the intercollegiate guidance document. The important thing is that you and your educational supervisor agree that you have covered this sufficiently, through both your previous experience and any additional learning during your training.

You might find it helpful to review the outcomes for level 3 competence in the intercollegiate guidance and create one or more PDPs to address any gaps you identify.

Use the e-portfolio as a tool to record your learning activities and reflections. If you complete an e-module or course, be sure to upload any certificates, as well as reflections on what you have learned.

The Deanery Assessment Reference Group have published [guidance for satisfactory progression at ARCP](http://www.rcgp.org.uk/training-exams/mrcgp-information-for-deaneries-supervisors-and-trainers.aspx) (4), which states that:

*“The trainee should clearly record the evidence for Safeguarding Children within the ePortfolio e.g. by using a learning log entry entitled “Safeguarding Children”. There should be evidence of both knowledge and practical learning with appropriate reflection.”*

As such, whilst an e-module can provide useful knowledge of child safeguarding and protection management, it should be supplemented with some practical learning.

**Certificates of evidence and the e-portfolio**

RCGP require certified evidence of Child Safeguarding to level 3 at final ARCP to allow the award of a CCT.  Certification can be from a course attended or an on-line module.  Where formal learning has taken place to meet the requirements for level 3 and a certificate has not been issued, NHS Education for Scotland has produced a certificate that can be completed by the trainee and countersigned by the Educational Supervisor.   This can be found at [insert link]

Certificates require to be uploaded as an attachment in your learning log under the heading Courses/certificates and labelled Safeguarding Children.  This must be present for final ARCP.

**Opportunities in primary care placements**

**Induction** – Induction is a valuable time to meet your practice team and learn about the systems in place in the practice. Your GP practice placements may be in different health boards, so take this time to identify local child protection contacts.

**Health visitor** – If you have the opportunity, spending time with the health visitor might give you some insight into the families in your practice with ongoing child protection concerns. Even if you cannot spend time with the health visitor, you might wish to ask them about the families they are involved with at an early stage in your placement.

**Midwife/family nurse** – Both midwives and family nurses have a role in supporting women during and after pregnancy (Family nurses usually support young mothers under the age of 19). Safeguarding issues are often identified during pregnancy, so case planning may be started prior to the birth of a vulnerable baby. Spending time with these team members might allow you to see the process for identifying and managing cases of concern during or immediately after pregnancy.

**Team meetings** – Most practices will have 3 monthly meetings about families of concern, which the health visitor will attend. If your educational programme allows, attending these can again highlight families with child protection concerns, or who are otherwise receiving additional support. These meetings can include updates on any changes to local procedures.

**Case discussion/CBD** – It is almost certain that you will encounter a case featuring a child protection concern during your training. This may be when you are seeing a parent rather than a child, for example a patient with drug or alcohol issues. You might find it helpful to discuss how you manage these cases with your educational supervisor, and you could consider suggesting such a case as a CBD. Issues that might arise from these cases could include ethical considerations around confidentiality, and how to include relevant team members.

**Case conferences** – Attending a case conference may not be possible if you are not directly involved in a child protection case. However, should the opportunity arise for you to attend a conference, consider taking the chance to see how these run, and what information various team members provide for during the meeting.

**Writing case reports** – Even if you are unable to attend a case conference, you might be asked to submit evidence for discussion by other members reviewing a case. This is a competence expected for level 3 child safeguarding. If it is appropriate for you to be writing a report for this reason, try to gain feedback from your supervisors on the quality of your report. Again, this might raise issues of confidentiality when deciding on the content of your report.

**Practice swaps** – During your training, you may be allocated to one or two practices throughout in your training period to allow experience of a different demographic. If you feel that you would like to experience working in a different environment before the end of your training, this may be arranged in your local region. Practice swapsshould be for educational reasons, for example allowing you exposure to a more affluent or deprived area, or an area which has a different way of delivering paediatric services.

In South-East, practice swaps can be arranged with your peers, but are only possible in ST3 after you have completed your final ESR review in June or July. In North, earlier swaps are sometimes encouraged. In the West trainees are usually allocated to the same practice for ST1 and 3, and are allowed peer-arranged practice swaps in ST3 usually for 1-2 weeks. In the East, practice swaps can be arranged with your peers towards the end of ST3.

**Other community learning opportunities**

During your time in general practice, you will have contact with multiple community based teams who each play a role in supporting vulnerable children and families. Below are some examples of services that you could consider spending time with. If you discuss this with your educational supervisor, they could guide you to the local services that might be most relevant.

**Alcohol and drug team –** The local alcohol and drug teams have systems in place to support vulnerable families.

**Community child health –** Community paediatricians often have an active involvement in child protection cases. You may be able to attend a clinic if you contact the local team.

**Sexual health –** Sexual health clinics can be the first point of contact for adolescents affected by sexual abuse. The local clinic might be able to provide you with information on how to manage similar presentations.

**Social work –** Spending time with social work might be possible, although it is likely to be more beneficial if you can spend time with them during direct client contact.

**Other third sector organisations –** There are a vast multitude of local organisations that provide support to families in need. Some organisations are willing to attend GP practices to provide training. Organising a teaching session by one of these groups for your practice could also help demonstrate your leadership skills.

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| Possible RCGP competence areas |
| These activities have the potential to cover multiple areas of the curriculum. Competences likely to be covered are:Clinical managementPractising holistically Organisation, management and leadershipWorking with colleagues and in teamsCommunity orientationMaintaining performance, learning and teachingMaintaining an ethical approach to practice |

**Opportunities in Educational Release Programme**

The educational release programmes across general practice in Scotland deanery will usually have teaching and/or educational materials available on child protection. Some examples of these are given below.

**PBSGL module –**There is also a PBSGL module titled Child Protection that your study groups might opt to do in either ST1 or ST3. Discussing this topic in your group will also allow you to learn from your peers about cases they have experienced.

**South-East**

ST1 ERP – During the ST1 ERP programme there is a scheduled session on child protection with a Lothian based paediatrician.

ST3 ERP – In your ST3 ERP group you will cover the topic of vulnerable patients – including child protection & Looked After and Accommodated Children (LAAC)/fostering.

**West**

ST1 and 2 while in hospital posts:  Beardmore Teaching Day session on “Prescribing and Child Protection”

ST1 or 3 while in GP posts: Paediatric update course includes child safeguarding teaching

ST 1 and 3 while in GP post day release – local sessions on child safeguarding may be organised as part of the programme.

**North**

All trainees are expected to attend a Level 3 face-to-face child protection training course at any point in their GP training programme.  This is provided as part of the Educational Release programme.

**East**

ST1 ERP - As part of the introductory programme in ST1 there is a scheduled session on child protection

ST3 ERP - During the ST3 ERP programme there is a level 3 multidisciplinary session organised by the Child Protection Team

**Other Local Teaching**

Hospital-based Teaching**.** There are teaching programmes run by hospital departments for paediatric trainees that are often available to all GPSTs. These will usually include child safeguarding cases. For those who cannot attend in person, some may have video conference links these will need to be arranged). Details of the programme and available locations should be obtained through local resources, or by contacting the GP unit in your region.

**Opportunities in hospital posts**

Paediatrics posts might offer opportunities to attend significant case reviews and other arranged learning activities on this topic. Again, these may have a secondary care focus, so try to think about how they will help you in primary care.

Although you may not have completed a paediatrics post during your training, you will likely have exposure to children and young people in other areas such as accident and emergency. You might also be involved with managing child protection concerns in adult hospital posts whilst treating parents of children. When you encounter these situations, consider how the skills you have learned might be transferred to the primary care setting.

**Online modules and toolkits**

This interactive resource is hosted by NES Knowledge Network, and includes access to a Core Competency Framework and an on-line module. <http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/learning-spaces/child-online-protection.aspx>

[**E-LfH**](http://www.e-lfh.org.uk/programmes/safeguarding-children/)(5) **–** A module on Child Safeguarding has been created in partnership with various other organisations, including RCPCH and RCGP**.** It has content applicable to level 3 safeguarding competences. Once registered with E-LfH, you can also access a module on Female Genital Mutilation.

[**RCGP toolkit**](http://www.rcgp.org.uk/clinical-and-research/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx)(6)**-** RCGP have a toolkit with NSPCC, which particularly focuses on the GP’s role in child safeguarding.

**Courses**

[**CPD connect**](http://www.cpdconnect.nhs.scot/courses/)(7) **–** NES CPD Connect run courses that cover some of the key level 3 safeguarding competencies.

**Other Useful Links**

**National Resources**

[**Getting it Right for Every Child (GIRFEC)**](http://www.gov.scot/Topics/People/Young-People/gettingitright/what-is-girfec)(8)– Government website explaining GIRFEC and roles of professionals.

[**Legislation in Scotland via NSPCC**](https://www.nspcc.org.uk/preventing-abuse/child-protection-system/scotland/legislation-policy-guidance/)(9) – Summary of relevant legislation around Child Protection procedures in Scotland.

[**Children’s Hearings Scotland**](http://www.chscotland.gov.uk)(10) – Information on the Scottish Children’s Hearing system.

**Local Resources**

**South-East**

Edinburgh and Lothians Child protection: Link to downloadable guidance on local procedures in Child Protection, Child Sexual Exploitation, Female Genital Mutilation and families with Drug and Alcohol problems. Applicable to Edinburgh, Midlothian, East Lothian and West Lothian Councils. The Child Protection Procedures document has local contact details for each area.

<http://www.edinburgh.gov.uk/downloads/download/93/child_protection_for_professionals>

Fife Child protection: Information on Fife Child Protection Committee.

<https://www.fifedirect.org.uk/minisites/index.cfm?fuseaction=page.display&pageid=1C461129-B14B-2737-675345959E11A9B9&siteID=AA73CD9C-E7FE-C7EA-06436BFC786E1C8E>

http://www.fifechildprotection.org.uk/minisites/index.cfm?fuseaction=page.display&pageid=5C8A3FA2-F091-A0B3-6CA6A35C4DCE744F&siteid=AA73CD9C-E7FE-C7EA-06436BFC786E1C8E

Borders Child protection: – Information on Borders Child Protection team.

<https://www.scotborders.gov.uk/info/20054/children_and_families/596/child_protection>

**West**

Glasgow Child protection:

 <https://www.glasgowchildprotection.org.uk/index.aspx?articleid=1653>

GG&C Health Board:

 <http://www.nhsggc.org.uk/about-us/professional-support-sites/child-protection-unit/>

Lanarkshire:

 <http://www.nhslanarkshire.org.uk/Services/ChildProtection/Pages/default.aspx>

Ayrshire and Arran:

<http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/child-protection/regional-child-protection-mcns/west-of-scotland-child-protection-network/local-service-information/ayrshire-and-arran.aspx>

Forth Valley:

<https://nhsforthvalley.com/health-services/az-of-services/childrens-services/child-protection/>

Dumfries & Galloway:

<http://www.dumgal.gov.uk/article/15965/Child-protection-resources>

**North**

For local Child Protection guidance, and details of who to contact locally, access your local Child Protection Committee websites as follows:

Aberdeen: <http://www.aberdeencity.gov.uk/childprotection/>

Aberdeenshire: <http://www.girfec-aberdeenshire.org/child-protection/>

Moray Child: <http://www.moray.gov.uk/moray_standard/page_55497.html>

Highland: <http://hcpc.scot/>

Shetland: <http://www.safershetland.com/child-protection>

Orkney: <http://www.orkney.gov.uk/Service-Directory/S/the-orkney-child-protection-committee.htm>

Western Isles: <http://www.cne-siar.gov.uk/childProtectionCommittee/cpcommittee/index.asp>

**East**

**Tayside: http://staffnet.tayside.scot.nhs.uk/OurWebsites/ChildProtection/index.htm**

**References and website details**

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3. Royal College of Paediatrics and Child Health. Safeguarding Children and Young people : roles and competences for health care staff. Intercollegiate Document. 2014;(March). Available from: http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding Children - Roles and Competences for Healthcare Staff 02 0 (3)\_0.pdf

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