# Literature and policy relevant to GP education in child protection

## 1. Research:

There is some research that deals directly with the issue of GP education in child protection.

### 1.1 GP registrars learning needs in Child Protection:

Bannon et al (1) report a questionnaire study conducted among 112 GP registrars in North Thames. Half (46%) had received no post-graduate training on child protection at all. Aspects of child protection more specific to primary care were not covered in training.

Key themes identified by participants included:

- What to do and say when abuse was suspected during the course of a consultation
- Awareness of local child protection guidelines and strategies for their implementation at practice level
- How to maintain working relationships with families during and after the child abuse investigative process
- Attendance at child protection case conferences and preparation of relevant reports.

Discussion with experienced child protection trainers (from the NSPCC) added other themes, most importantly

- An appreciation of interagency working
- Clinical indicators of child abuse and neglect
- Understanding of one's own personal attitude to children abuse and neglect and How this might influence clinician behaviour
- Knowledge of child protection process/procedures at national and local level.
- The legal framework for child protection.

From this, a model programme of three half-day sessions was developed and evaluated. The course resulted in significant changes in confidence, role clarity and knowledge.

### 1.2 GPs learning needs in child protection

1.2:1 A questionnaire survey (2) of 1000 post vocational training GPs in England identified training needs to be

- Improved standards of identification of abuse
- Improved understanding of the Legal aspects of child protection work.
- Procedures and thresholds for intervention when abuse was suspected
- Liaison and communication between agencies
- Improved performance/understanding re child protection case conferences (for example, report writing).
- Maintaining relationships with families who have been referred into the child protection system and understanding support mechanisms for families after a child protection investigation.

Learning needs identified were 'reactive rather than proactive' i.e. they focused on how the GP could identify and safeguard the child, without being criticized or subject to litigation. Dealing with child protection issues was the subject of substantial anxiety, in particular; GPs were concerned about the legal implications and about confidentially.

1.2:2 Bannon et al (3) identified perceived barriers to full participation in the child protection process through focus group work. GPs were found to be uncertain of what was required of them, that they could not define their own role in child protection and found child protection work significantly associated with anxiety. They acknowledged their un-met training needs and felt that these would be best met in a 'practice based, multidisciplinary, clinically orientated' seminar format.

1.2:3 Burton's (4) very detailed piece of action research showed that careful and detailed qualitative work reveals another area beyond the GP's perceived educational need to be reactive. By using a therapist, used to working with GPs to facilitate the focus groups, she identified within the GPs a need for reflective work, an examination of the personal/professional interface, and specific help to appreciate and value the roles of other professionals in child abuse work. Doctors in the study group expressed the wish to get to know their social work colleagues better, put a name to a face and to understand the roles of the other professionals more thoroughly.

1.2:4 Birchall and Hallett (5): The findings in Burton's action research (4) and Bannon's focus group study (3) contrasts with the rather negative conclusions of Birchall and Hallett regarding GPs. In Birchall and Hallett's study, social workers were found to be interested in a better understanding of the process of cooperation and health visitors and police wanted to understand the technical contributions of one another's disciplines. Doctors were not actually much interested in working in cooperation at all, leading Birchall and Hallett to express the view that perhaps, contrary to policy and much that has been written, GPs do not actually have an important role in child protection.
This rather depressing study should be seen in context; it was published in 1995 and the research conducted in 1991. The study actually only involved 66 GPs, the response rate to the GPs to the questionnaire was low, (38%) generalisability of the findings should therefore be questioned.

### 1.3 GP named doctor and GPwSI Child Protection:
No literature has been identified concerning the learning needs of these professionals in the child protection context.

### 1.4 Policy Performance Split:
Lupton (6) draws attention to an important policy performance split that confounds educational efforts. This research found the attitude of the GP is that there is little GP role beyond recognition. Other professionals view the GP role more in line with policy, that is that there is a role in prevention, detection, assessment and continuing management.

## 2 Expert view:
### 2.1 'Learning from past experience' (7)
This recent review of Serious Case Reviews, resulting in death of serious injury of a child, draws attention to the 'variable levels of knowledge, of both risks of harm and procedures' in GPs

### 2.1 Victoria Climbie Inquiry (8):
- Recommendation no 87: ‘The Department of Health should seek to ensure that all GPs receive training in the recognition of deliberate harm to children and in the multi-disciplinary aspects of a child protection investigation, as part of their initial vocational training in general practice and at regular intervals of no less than three years thereafter’.

This recommendation has been accepted by the DH and is now incorporated in the clinical governance arrangements of PCTs.

### 2.2 Lauren Wright Review (9):
The Lauren Wright Independent Health Review emphasizes the need for child protection training, both as single agency training and in the interagency context, regularly updated throughout a GPs professional lifetime.

**2.3 RCGP Position Statement (10):**
The RCGP position statement on the Role of Primary Care in the Protection of Children from Abuse and Neglect reviews the literature and gives a good summary of the difficulties and reasons why GPs have in engaging with child protection. It states:

- 'All team members should receive basic child protection training along with three-yearly updates. Training should also address the importance of communication, both with professionals and with children as well as the need for accurate note keeping'.
- 'GPs have an important role to play throughout the child protection process- not just in the detection referral of cases, but also in assessment and continuing management'
- 'The concept that the needs of children are paramount should be make explicit in the undergraduate and postgraduate education and train of doctors. This should be combined with training that helps doctors understand the effects of early deprivation and trauma on the later adult personality and the concept of significant harm.'
- 'Although clinical signs and symptoms of child abuse or neglect are important, GPs also need the necessary skills and understanding of how to manage child protection issues in the consultation'

## 3. Policy/Law:

Generally, there is a lot of policy around the role and tasks of GPs in child protection.

**3.1 Policy on GP registrar training in child protection**
There are no specific (JCPGT) requirements for child protection for GP registrars and the matter has only passing reference in the curriculum agree between RCGP and RCPCH. (11). Knowledge of child protection is not an MRCGP requirement.

**3.2 Policy on GP training in Child Protection**
3.2:1 GMC
For all GPs, education needs to be seen in the context of GMC guidance on keeping up to date (12). The GMC also draws attention to the need to be aware that some parts of medical practice (and child protection is an example of such an area) are governed by law or are regulated by other statutory bodies. 'You must observe and keep up to date with the laws and statutory codes of practice which affect your work.'

3.2:2 The Law
With respect to child protection, The Children Act, 1989, places a statutory duty on all health services to help social services departments with their inquires. This message is also underpinned by the GMC guidance 'Confidentiality: Protecting and Providing Information' (13). The Children Act 2004 (14) includes duties (through PCTs) to co-operate with other agencies, duties to have arrangements and duties to information share to improve well being as this relates to protection from harm and neglect (section 10, 11 and 12).

3.2:3 'Every Child Matters'
Every Child Matters: Change for Children (16) is a 'shared programme' of change designed to improve outcomes for all children and young people. It takes forward the Government's vision of radical reform for children, young people and families. It proposes the implementation of a Common Core of skills, knowledge and competence for "the widest possible range of workers in children's services". The training implications related to this are expressed by the DfES in 'Common core of skills and knowledge for the Children's Workforce'. (16) ·

3.2:3 The DfES
‘Common core of skills and knowledge for the Children’s Workforce’ (16) sets out six proposed areas of training

- Child and young person development;
- Safeguarding children and promoting the welfare of children (this will focus on: understanding protocols for promoting and safeguarding the welfare of children and young people; knowing who to contact to express concerns; understanding protection factors; and understanding how children and young people manage risk themselves);
- Effective communication and engagement;
- Supporting transitions;
- Multi-agency working
- Sharing information

3.2:4 Working Together:
'Working Together to Safeguard Children' (17) sets out the roles and responsibilities of GPs with respect to both their own performance and that of their practice. In particular, attention is drawn to the role of the GP:

- GPs both promote the welfare (though health promotion and early intervention) and safeguard children (through the child protection and child in need process)
- GP are professional who work with children and their parents and are therefore well placed to recognize issues that affect ability to parent
- GPs have a pivotal role within the PHCT.

Attention is also drawn to the need for child protection training and regular updates and the responsibility GPs, as employers, must ensure the education of those whom they employ.
Good practice with respect to note keeping and communication and knowledge and maintenance of local procedure are also highlighted. Working Together is currently being revised such that it more closely reflects The Children Act 2004.

3.2:5 Assessment Framework:
The 'Framework for the Assessment of Children in Need and their Families' (18) re emphasizes these roles and responsibilities and specifically underlines the 'paramountcy principle'' in the context of general practice ('While GPs have responsibilities to all their patients, the child is particularly vulnerable and the welfare of the child of paramount importance'. 5.23)

3.2:6 'Safeguarding Children', recent practice guidance from the Department of Health clarifies the position regarding information sharing, the child protection process and what is expected of practitioners within that process (19)

3.2:7 The NSF for Children Young People and Maternity Services:
Standard 5 of the NSF (20): “All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being harmed or who are likely to be harmed”.
The NSF (18) points out that children in need of child protection are not to be seen in isolation but should be placed in the context of children in special circumstance; issues strongly related to child protection, such as domestic violence, therefore have a high priority.

3.2:8 New Contract:
The New Contact Statutory Requirements state that (21) 'Individual healthcare professionals should be able to demonstrate that they comply with the national child protection guidance…'

**3.3 Policy on Named GP training in child protection:**
For named GPs **'**Working Together to Safeguard Children (17) sets out the tasks and expertise of a named doctor. The 'Jaqui Smith letter' (22) also sets out tasks of the named doctor.
GP named doctors are 'expected to have expertise in children's health and development, the nature of maltreatment and local arrangements for safeguarding children and promoting their welfare. They are an important source of advice and expertise for fellow professionals and other agencies and have an important role in promoting food professional practice….' Named doctors have to include child protection in their appraisal (22)

Named doctors have an important role in implementing PCT child protection activity. Activities of the named doctor include:

- Providing advice and expertise for colleagues
- Promoting good professional practice within the trust relating to safeguarding children
- Audit
- Clinical governance
- Internal case reviews and Serious Case Review (Part 8s)

There may be other activities defined by the PCT relating to the particular expertise

**3.4: Policy on GPwSI training in child protection (23).**
The Department of Health has produced frameworks for a number of GPwSI posts, including that of GPwSI Child Protection. It is acknowledged within this framework that the needs and wishes of the PCT and the skills of the GPwSI will to some extent dictate the work and therefore the competencies required.
In addition to the knowledge and skill expected of any GP, GPwSI are expected to have a role in education and training, liaison and leadership. Especial emphasis is laid on a thorough understanding of the interagency process and the challenges this presents to GPs.
Competencies are specifically described and are:

- [GP should be] on the PCO Child Health Surveillance List
- Have a sound understanding of
    - Child Development
    - How to recognize actual or suspected abuse or neglect as it presents in the general practice setting.
    - The legislative framework unpinning Child Protection
    - The operation of the child protection system at local level
    - Understanding of the Serious Case Review process (Part 8s)
    - National and local policy framework underpinning Child Protection.
    - RCGP position in relation to Child Protection
    - Roles and responsibilities of members of ACPC
    - Role and responsibilities of the named and designated doctors and nurses, and the roles and responsibilities of other key child protection personnel'
    - Interagency working.
    - Be able to contribute to training events within the PCO.

A minimum of 15 hours CPD in the special interest area is suggested. The GP should undergo annual appraisal and revalidation in the special interest and generalist areas.

## 4 References:


1. Bannon MJ, Carter YH. Meeting the training needs of GP registrars in child abuse and neglect. Child Abuse Review 2001; 10: 254-261.
2. Bannon MJ, Carter YH, Barwell F, Hicks C. Perceptions held by general practitioners in England regarding their training needs in child abuse and neglect. Child Abuse Review 1999; 8: 276-283
3. Bannon MJ, Carter YH, Barwell F, Hicks C. Perceptions held by general practitioners in England regarding their training needs in child abuse and neglect. Child Abuse Review 1999; 8: 276-83
4. Burton K. Child protection issues in general practice- an action research project to improve inter-professional practice. Research Section Essex Social Services. 1996
5. Birchall E, Hallett C. Working together in child protection. HMSO London 1995
6. Lupton C. North N, Kahn P. What role for the general practitioner in child protection? BJGP 2000; 50: 977-981)
7. Learning from past experience A review of serious case reviews. DH June 2002 http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003094&chk=HU%2Ba/c
8. The Victoria Climbie Inquiry. http://www.victoria-climbie-inquiry.org.uk/finreport/downloadreport.htm
9. Summary Report of the Independent Health Review into the death of Lauren Wright. Norfolk Health Authority March 2002. http://www.nscha.nhs.uk/scripts/default.asp?site_id=117&id=5327
10. The Role of Primary Care in the Protection of Children from Abuse and Neglect. Position Paper for the Royal College of General Practitioners. October 2002. www.rcgp.org
11. Royal College of General Practitioners and Royal College of Paediatrics and Child Health 1997. The Paediatric Component of Vocational Training for General Practice. RCGP. London.
12. GMC Good Medical Practice Third edition May 2001
13. GMC 'Confidentiality: Protecting and Providing Information': 2000 http://www.gmc-uk.org/standards/secret.htm )
14. Children Act 2004 http://www.hmso.gov.uk/acts/acts2004/40031--c.htm#10 Chapter 31, sections 10,11 and 12. TSO www.tso.uk/bookshop
15. Every Child Matters; Change for children (Green Paper) http://www.everychildmatters.gov.uk
16. Common core of skills and knowledge for the Children's Workforce DfES http://www.dfes.gov.uk/commoncore/back.shtml
17. Working Together to Safeguard Children' (WTOG) http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4007781&chk=BUYMa8
18. Framework for the Assessment of Children in Need and their Families. DH, Stationary Office, London 2000. http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003256&chk=Fss1ka
19. Safeguarding Children What to do if you're worried a child is being abused Children's services guidance DH May 2003 http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003420&chk=kgC8Ap
20. The National Service Framework for Children, Young People and Maternity Services http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en
21. The New Contact http://www.bma.org.uk/ap.nsf/Content/investinggp Annex B Contractual and statutory requirements no 20
22. The Jaqui Smith letter of January 2001 DH http://www.dh.gov.uk/assetRoot/04/01/36/22/04013622.pdf

23. Guidelines for the appointment of General Practitioner with a Special Interest in the Delivery of Clinical Services. Child Protection. April 2003 http://www.gpwsi.org/frameworks.htm

1,2,3 and 6 peer reviewed scientific Jn.
4 internal report (included because of interest of findings and quality of methodology)
5 DH commissioned research, published but non-peer reviewed (note small sample, low response rate)
6 Research published in peer reviewed quality journal
7 DH research/review
8 Public Inquiry
9 Independent Health Review, expert opinion, summary only available, full report confidential.
10 Expert view RCGP
11 Expert view RCGP/RCPCH.
12, 13 GMC guidance
14 Law
15 Government green paper
16 DfES relating to implementation of 14 and 15
17 Practice guidance, DH
18 Practice guidance DH
19 Practice guidance DH
20 National Service Framework.
21 New GP contract, statutory requirements
22 DH guidance/instructions to PCTs
23 DH advisory commissioned from RCGP.