

Jan 2005

GP Education for Child Protection and Children in Special Circumstances: Syllabus

Imperatives

The syllabus responds to:

- The New GMS Contract (1), the RCGP Position Statement (2), The Children Act 2004 (3), The National Service Framework for Children, Young People and Maternity Services (4), 'Common core of skills and knowledge for the Children's Workforce' (5)

AIMS

All GPs should be able to:

- Take an active and informed role at all stages of the child protection process (primary and secondary prevention, recognition, assessment and continuing management). (2)
- Contribute to promoting the welfare and safeguarding of children in primary care, including those who live in special circumstances (4)
- Work within multi agency context (4,5,6) sharing information appropriately (3)
- Understand the importance of parental issues, such as domestic violence, drug or alcohol misuse or mental ill health of carers. (2,4)

Practice leads: In addition to the above, each practice should identify a lead for children's issues (7) within their practices who should also be able to:

- Be responsible for the implementation of a whole practice response to children in special circumstances, with particular reference to children in need of child protection.

Named GPs: In addition to the above, GPs who are acting as Named GPs for a PCT (8) should also be able to

- Contribute to improving the general practice response to child protection issues and children in special circumstances.
- Contribute to the promotion and understanding of interagency working within the PHCT with respect to child protection issues and children in special circumstance.
- Contribute to and disseminate the findings of serious case reviews (part 8's)
- Take part in peer review

GPwSI: In addition to the above, GPs who have a GPwSI child protection role (9) should be able to demonstrate their role in

- Liaison,
- Leadership
- Education

Objectives:

- *ALL GP* would be expected to demonstrate (GP registrars to describe only for objectives 4 and 5) competence in objectives 1,2,3,4,5
- In addition, **practice leads** would be expected to demonstrate competence in objective 6
- In addition, **Named GPs** would be expected to demonstrate competence in objectives 7, 8 and 9
- In addition, **GPwSI** would be expected to demonstrate competence in objectives 10, 11 and 12.

Educational principles:

- Education should be effective and evidence based
- Education should be considered as a needs led and developmental/incremental process; knowledge and skills are built upon. The expectation is that GP registrars will be able to demonstrate learning at an entry level and be able to demonstrate competence in a limited number of areas. Experienced GPs should be able to demonstrate more detailed in depth learning in a more areas.
- Learning activities should be recorded and reflected upon as part of the GP's PDP and should contribute to the GP's annual appraisal.

Assumptions:

- A sound understanding of Child Development is assumed for all GPs.
- GPs work in primary health care teams, child protection and the care of children in special circumstances occurs in the context of the multi agency team.
- GPwSI are expected to be members of the RCGP and to be on the PCO child health Surveillance list.

Curriculum framework:

Is based on Framework from the Royal College of Physicians, London (10) and is designed to comply with the RCGP Curriculum Framework)

ALLGPS

Learning Objectives	Subject matter includes	Teaching/learning method (exemplars)	Assessment (exemplars)	Evidence of competence for inclusion in PDP (exemplars)
<p>1. ROLE: Can demonstrate their own role within child protection in the general practice setting.</p>	<ul style="list-style-type: none"> • Role of the GP in child protection, (primary prevention, early recognition, detection, assessment, continuing management, secondary prevention) • Role of the primary health care team and other agencies, such as social services and police within child protection. • Difficulties and barriers, feelings, • Duties of the doctor. • Putting the child's needs first ('Paramourncy' principle). 	<p>Attendance at recognized and relevant course, either in house, within the VTS, within postgraduate education or as part of ACPC [LSCB] or other recognized training.</p> <p>May be supplemented by evidence of additional reading, reflection or case study.</p> <p>May be supplemented by time spent with named or designated staff.</p> <p>Case study to demonstrate working within the PHCT and in the multi-agency team where there is a child protection issues and/ or discussion(s) with other members of the PHCT, such as health visitors, and through discussion with other multi-agency team members, such as social workers.</p>	<p>Able to describe GP role in child protection agrees with and can explain 'paramourncy' principle.</p> <p>Able to demonstrate understanding of joint working within PHCT and able to demonstrate effective interagency working.</p> <p>Able to describe some of the dilemmas of child protection in the general practice context.</p>	<p>Confirmation of attendance at recognized and relevant course. Identification of learning need within PDP or through appraisal and appropriate courses or personal study to meet learning gaps identified. Evidence of personal study and reflection. Case study has evidence of reflective learning. Discussion is recorded and reflected</p>
<p>2. RECOGNITION: Can demonstrate how child protection issues present in the general practice setting and describe how to recognize them</p>	<ul style="list-style-type: none"> • Recognition of child abuse and neglect as it presents in the general practice setting. • Definitions of child abuse. Morbidity, mortality and possible outcomes, long term and short term sequel. 	<p>As above</p>	<p>Able to describe examples of child protection concerns as they present in the general practice setting</p> <p>Can describe and define the types of abuse</p> <p>Can demonstrate knowledge of incidence, prevalence, morbidity and mortality</p>	<p>As above</p>

<p>3. REFERRAL: Can demonstrate how to refer a child where there is a child protection concern Can demonstrate how to communicate with parents where there is a concern</p>	<ul style="list-style-type: none"> • Referral pathways, protocols, • Information sharing. • Legal and ethical framework • Confidentiality within and outside the practice. • Knowledge of child protection procedures in keeping with their status and role. • Support and advice networks • Communication skills relevant to child protection. • Maintaining relationship with families where there is a child protection concern. 	<p>As above plus attendance at relevant courses, preferably multi-agency.</p> <p>Courses or personal study such as RCGP confidentiality teaching pack.</p> <p>Personal study or case study</p> <p>Study of written information concerning referral.</p> <p>Consultation skills teaching, especially that around dealing with difficult or challenging situations.</p>	<p>Able to describe referral and advice pathways and procedures Able to describe where and how to seek advice in difficult/grey cases Able to describe basis on which information is shared and the legal and ethical framework in which this takes place. Able to describe how to and when to seek consent and when not to.</p> <p>Able to demonstrate ability to deal with (simulated or real) cases (referral pathways, safety netting) Able to demonstrate relevant consultation skills (role play)</p>	<p>Has read and has ready access to information concerning referral, local protocols, national guidance, Can demonstrate practice confidentiality agreement or information sharing protocol and has reflected upon the content of this. Has read about and can demonstrate reflective learning on confidentiality and information sharing.</p> <p>Confirmation of attendance at relevant courses.</p>
<p>4. Children in special circumstances: Can explain this term and demonstrate (GP registrars to describe) how it relates to general practice. Can demonstrate (GP registrars to describe) the GP role, the recognition and the referral of children in special circumstances.</p>	<ul style="list-style-type: none"> • Parental health issues effects of mental health problems, drug/alcohol misuse etc. • Parenting in difficult circumstances, such as: children/families who are asylum seeking, traveller's health, where there is domestic violence. • Health of Looked after Children (LAC) • Very young parents and children who are carers. 	<p>As above</p>	<p>Able to demonstrate knowledge of associated problems (drug and alcohol abuse, mental health problems, domestic violence) Able to demonstrate knowledge of parenting in difficult circumstances and of causes and effects of being a child in special circumstances. Able to describe health issues related to LAC</p>	<p>Confirmation of attendance at recognized and relevant course. Identification of learning need within PDP or through appraisal and appropriate courses or personal study to meet learning gaps identified. Evidence of personal study and reflection. Discussion with relevant professionals such as health visitors, school nurses, named and designated staff, specialist services for looked after children, specialist services</p>

<p>5. Multi agency: Can demonstrate (GP registrars to describe) how to work in the multi agency team and its function and explain the relevance of multi-agency working within context of child protection and children in special circumstances Can demonstrate (GP registrars to describe) effective interagency working</p>	<ul style="list-style-type: none"> • Importance of multi-agency working to promote and safeguard the welfare of children. • Assessment framework • Planning and providing support for vulnerable children. • Case conferences and case reviews. • Preparation of reports for conferences and reviews 	<p>Attendance at multi agency courses. Personal study, case study. Portfolio of cases.</p>	<p>Can show examples of multi-agency working.</p>	<p>for traveller families, refugees, domestic violence coordinators or other staff working in this field. Case study has evidence of reflective learning. Discussion is recorded and reflected</p> <p>Confirmation of attendance at relevant multi-agency course, personal or case study demonstrates reflective practice and is included in PDP. Case study of interagency working.</p>
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PRACTICE LEADS: ABOVE PLUS:

Learning Objectives	Subject matter includes	Teaching/learning method (exemplars)	Assessment (exemplars)	Evidence of competence for inclusion in PDP (exemplars)
<p>6. The GP or other health professional acting as lead, can demonstrate the practice's response to children in special circumstances, including those in need of child protection.</p>	<ul style="list-style-type: none"> • Practice audit • Inclusion by the practice, of child protection cases in the practice critical event system • Identification by the practice of children in special circumstances, tracking within the practice system of these children. • Health promotional interventions related to CSC • Implementation PCT policy relating to child protection and children in special circumstances. 	<p>Small group learning with other practice leads. Attendance at courses. Personal study, in house practice learning events, case study, and interagency training events.</p>	<p>Use of CHAI Child Protection audit tool. Can demonstrate evidence of whole practice response to CSC and child protection. For example can demonstrate ready access to information concerning referral, local protocols, and national guidance: can demonstrate practice confidentiality agreement or access to local information sharing protocol: can demonstrate in house guidelines and show that they are implemented; can show that practice complies with PCT guidance.</p>	<p>Completion of CHAI Child Protection audit tool. Audit, critical incident study, description of practice response to children in special circumstances/ children in need of child protection. Evidence of implementation of PCT policy. Evidence of creation and implementation of in house practice protocols</p>

NAMED GPS: ABOVE PLUS:

Learning Objectives	Subject matter includes	Teaching/learning method (exemplars)	Assessment (exemplars)	Evidence of competence for inclusion in PDP (exemplars)
<p>7. Working with Designated and Named doctors and nurses, the Named GP can demonstrate promotion of good practice in General practice and other parts of the PHCT</p> <p>8 Working with Designated and Named doctors and nurses, Named GP can demonstrate participation in audit Working with Designated and Named doctors and nurses, GP can demonstrate steps to ensure child protection included in PCT clinical governance activity.</p> <p>9. Serious case reviews: With the support of Designated/named doctors and nurses, the Named GP can demonstrate participation in serious case reviews</p>	<ul style="list-style-type: none"> Support of colleagues involved in or recently involved in child protection case or with child in special circumstances. Support of poorly performing colleagues and practices. Encouragement of colleagues and practices performing well. Contribute to educational activities of PCO or within primary care education. PCT clinical governance activity as it relates to child protection and children in special circumstances for example, through audit, implementation of local and national guidelines and protocols. Review of the circumstances and general practice aspects of the death or serious injuries of a child where the criteria for a serious case review are met. 	<p>Small groups work with other named GPs, one to one teaching sessions with named or designated staff. Personal study. Maintenance of a portfolio Attendance at courses. Personal study, small group work with other named GPs, discussions with named or designated staff.</p> <p>Small group or 1:1 work with clinical governance lead, public health consultant or other. Work within PCO child protection team.</p> <p>'Shadowing' or observation of named or designated staff involved in serious case review. Taking part in case review under supervision. Case study. Attendance at courses. Study of past serious case reviews (peer reviewed literature, DH publications)</p>	<p>Able to demonstrate and evaluate support of colleagues.</p> <p>Can demonstrate audit of practice activity within PCT Can describe design, development and implementation of local guidelines and (in simple terms) assess the effectiveness of the guidelines</p> <p>Takes part in serious case review or management review. Reflects upon this and discusses this in appropriate setting, such as peer review session.</p>	<p>NB named doctors are subject to appraisal re child protection. Educational interventions evaluated and reflected on. Portfolio or evidence of activity included in PDP. Discussions with colleagues recorded and reflected on and included in PDP. Evidence of attendance at courses.</p> <p>Audit included in PDP</p> <p>Case review included in PDP Evidence of attendance at relevant courses. Evidence of reading/reflection on past serious case reviews.</p>

GPwSI: ABOVE PLUS:

Objectives	Subject matter includes	Teaching/learning method (exemplars)	Assessment (exemplars)	Evidence of competence for inclusion in PDP (exemplars)
<p>10 Liaison: Working along side Designated Staff, GPwSI able to demonstrate evidence of liaison role</p> <p>11 Leadership: GPwSI able to demonstrate evidence of providing professional leadership</p> <p>12 Education and training: GPwSI able to demonstrate participate in evidence based education.</p>	<ul style="list-style-type: none"> • Working with Designated staff, act as link between ACPC (LSCBs), PCOs and LMC and other relevant. • Working with Designated staff, provide advice to GPs on the preparation of reports for social services, child protection conferences, court, etc. • Support of practitioners in relation to safeguarding children and child protection • Resource for serious case reviews (Part 8's) • Contribute with others, such as the designated professionals towards improving skills and knowledge within the PCO. • Disseminating good practice. • Support the development of literature for GPs. • Contribute to writing of local guidelines and ensure that local child protection guidelines developed by the ACPC are available and understood. 	<p>Attendance at ACPC, PCO and other meetings. Liaison with primary care educators, joint planning and delivery of courses with GP Tudors, course organizers.</p> <p>Joint planning and delivery of courses with designated and named staff.</p> <p>Assist colleagues, initially under supervision of designated staff.</p> <p>One to one discussions, case studies, clinical supervision.</p> <p>Undertake serious case review under supervision and with discussions with Designated staff.</p> <p>Liaison with primary care educators, joint planning and delivery of courses with GP Tudors, course organizers.</p> <p>Joint planning and delivery of courses with designated and named staff.</p> <p>Working with practitioners to identify and describe good practice, for example, participatory development of good practice guidance.</p> <p>Participating in/facilitating practice based child protection teaching.</p>	<p>Educational methods are effective and evidence based</p> <p>Audit of GP child protection activity (confidence, availability and knowledge of guidelines).</p>	<p>General: Personal development portfolio. Evidence of how learning needs have been met and maintained.</p> <p>Evidence of programme of CPD and education (15 hours a year is recommended)</p> <p>Revalidation and appraisal in the in the specialist interest area.</p> <p>Evidence of attendance at relevant courses.</p> <p>Educational interventions are described and evaluated against objectives and reviewed within appraisal or clinical supervision.</p>

References:

1. The New GMS Contract 2003 (annex B, section 20)
<http://www.bma.org.uk/ap.nsf/Content/investingggp>
2. RCGP Position Statement <http://www.rcgp.org.uk/corporate/position/childprotection.pdf>)
3. The Children Act 2004, chapter 31, sections 10 and 11 and 12 TSO; London
4. The National Service Framework for Children, Young People and Maternity Services (NSF)
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en>
5. Common core of skills and knowledge for the Children's Workforce.
DfES, December 2004
<http://www.dfes.gov.uk/commoncore/back.shtml>
6. Working Together
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4007781&chk=BUYMa8
7. 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
8. The Jaqui Smith letter of January 2002 DH <http://www.dh.gov.uk/assetRoot/04/01/36/22/04013622.pdf>
Child Protection Responsibilities of PCTs
- 9 Guidance for the appointment of GPwSI (<http://www.gpws.org/frameworks.htm>)
10. Framework from the Royal College of Physicians, London. (www.rcplondon.ac.uk/files/curricformat.doc)