

3 December 2009

Gateway reference number 13083

Dear PCT Chief Executive

Subject: Safeguarding children and primary medical care

You will be aware of the recent report: *'The Protection of Children in England: - A Progress Report,'* (Lord Laming, March 2009), which challenges leaders of local services to "accept their responsibility to translate policy, legislation and guidance into day to day practice on the frontline of every service". Recommendation 34 contained specific actions to ensure all GP providers comply with child protection legislation and to ensure that all individual GPs have the necessary skills and training to carry out their duties.

This letter seeks to provide clarity on the specific actions PCTs should take with regard to their primary medical services, to outline the actions that GPs themselves should be taking and the steps that PCTs should take to support GPs. The BMA and RCGP have written to individual practitioners on this issue too; a copy of that letter is attached.

The statutory guidance on making arrangements to safeguarding and promote the welfare of children under section 11 of the Children Act 2004 (updated March 2007) states that:

"Where private or voluntary organisations are commissioned to provide services on behalf of one of the persons or bodies listed at paragraphs (a) to (m) of section 11(1) [this list includes PCTs], the agreement under which the arrangements are made should require that the private or voluntary organisation concerned takes this guidance into account in the provision of the services and, if they decide to depart from it, have clear reasons for doing so.

"Where private or voluntary organisations come into contact with or offer services to children otherwise than under contract with a person or body listed under section 11(1) they should as a matter of good practice take account of this guidance and follow it as far as possible, but they are not required to have regard to this guidance."

The NHS Chief Executive's letter on 16 July 2009 (Gateway reference number: 12228) echoed this message by stating that PCTs should ensure that they have robust and appropriate performance monitoring systems in place with all providers in relation to safeguarding. The letter also said that PCTs should ensure GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding children.

You will therefore wish to ensure appropriate monitoring systems are in place with all providers, including those providing primary medical care in all settings during in-hours and out-of-hours, in relation to safeguarding.

Whilst there is no specific statutory requirement on GPs to comply with child protection legislation, the statutory guidance issued under the Children Act 2004 Act, *Working Together to Safeguard Children* (updated 2006) states that:

“All GPs have a duty to maintain their skills in the recognition of abuse, and to be familiar with the procedures to be followed if abuse is suspected. GPs should take part in training about safeguarding and promoting the welfare of children, and should have regular updates as part of their post-graduate educational programme. As employers, they should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ are given the opportunity to attend local courses in safeguarding and promoting the welfare of children, or ensure that safeguarding training is provided within the team.”

As part of your monitoring arrangements, you may wish to discuss with GPs how they are taking forward this duty within their practices. Within that discussion, you will wish to consider how you can support GP practices, for instance by assistance with protected time for, and access to, training in child protection. There is a range of support available for each level of child protection training, including the e-learning options developed by the RCGP.

You will also wish to consider how feedback from GP appraisals regarding safeguarding is collated to inform the on going development of safeguarding locally. Further work is underway nationally to update the GP appraisal framework and align it more closely to the Good Medical Practice (GMP) framework, which is intended to specifically include safeguarding of children. The GMC intend to include the GMP as part of their consultation on revalidation in February 2010.

The PCT may wish to audit attendance at case conferences by GPs. GPs often do not get the opportunity or the time to attend such case conferences. This audit could inform what further support, including encouraging alternative, more practical methods of increased communications between individual practitioners and the named doctor, is required to facilitate appropriate participation.

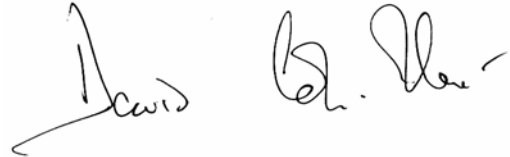
You also have a role to play in helping to improve appropriate information sharing between social services and GPs on child protection matters. You may wish to liaise with your local medical committee on how best to achieve this.

We trust that you will give this important agenda the priority it rightly deserves. If you have any specific questions then please contact: Alan Bell, Team Leader - Vulnerable Children at childrenfamiliesmaternity@dh.gsi.gov.uk or Jill Matthews, Director of Primary Care and Community Strategy at pccsteam@dh.gsi.gov.uk.

Yours faithfully



Dr Sheila Shribman
National Clinical Director
for Children



Dr David Colin-Thomé
National Clinical Director
for Primary Care

BMA House, Tavistock Square, London, WC1H 9JP

E jgoodway@bma.org.uk



TO: All GPs

**General Practitioners
Committee**

Our Ref: LB/SF/JG

23 November 2009

Dear Colleague

Child protection: maintaining your skills

Following the publication of the Laming Report, we are writing to all NHS GPs on the issue of child protection. Protection of children is a clear duty for all GPs.

There is currently some confusion over what GPs have to do to show that they are trained to undertake their normal child protection role. GPs who are UK-qualified will have undertaken child protection training as part of their training curriculum. No further certification is required, although all GPs have a duty to remain up-to-date with child protection matters. Non-UK trained doctors are likely to be required to demonstrate that they have been appropriately trained in child protection in order to be allowed to join a PCO's performers' list. Thus, additional training and certification may be required for non-UK trained doctors to be able to work as an NHS GP in the UK.

As noted above, all GPs have a duty to remain up-to-date. This is set out in the GMC's *Good Medical Practice*. As a GP's work is likely to include child protection, you must maintain your skills and competence in this area in line with GMC guidance. There are various ways that this can be achieved – for example, by attendance at courses, by distance learning, practice team meetings, etc. To assist GPs and their practice staff (who need to be similarly up-to-date) in this, the English Department of Health will be reminding PCTs of the need to provide protected time for, and access to, training in child protection (which may be in the form of online resources).

We would encourage you to take advantage of this for your own benefit and for the benefit of your patients.

Child protection: resourcing and contractual issues

Child protection work should be resourced by PCOs under the collaborative arrangements. Details of this and the contractual arrangements are available on the BMA website for BMA members at:

www.bma.org.uk/employmentandcontracts/fees/medcertsandreports.jsp. The protection of a child must always take precedence over any resourcing or contractual issues.

Chief Executive/Secretary: Tony Bourne

British Medical Association
bma.org.uk

Yours faithfully



DR LAURENCE BUCKMAN
Chairman
General Practitioners Committee



PROFESSOR STEVE FIELD
Chairman of Council
Royal College of General Practitioners