

# GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

SAFEGUARDING CHILDREN AND YOUNG PEOPLE



Primary Care Contracting

# FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, High Quality Care for All and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21<sup>st</sup> Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080956](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956)

Many PwSIs in safeguarding children and young people have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients*

([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in safeguarding children and young people . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

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## DEFINITION OF KEY TERMS IN THIS DOCUMENT

Throughout this document, the term **Safeguarding Children and Young People** replaces the term **Child Protection**, in recognition of the wider remit of safeguarding, and reflecting a change in terminology used by partner agencies.

The term **Safeguarding Children and Young People** encompasses both the protection of a child from maltreatment, and the prevention of impairment of the child's health or development (*Working Together*).<sup>8</sup>

# INTRODUCTION

Since the publication by the NSPCC in 2000 of data demonstrating the prevalence of abuse in our society,<sup>3</sup> and a succession of high-profile cases in which agencies caring for children have come in for criticism (including the Laming report into the death of Victoria Climbié<sup>4</sup>), the National Health Service has made a concerted effort to improve the safety of children within healthcare systems.

The report of the Bristol Inquiry<sup>5</sup> makes clear an expectation that practitioners providing services will be able to demonstrate relevant competences, and these have been described for Primary Care in the RCGP *Curriculum for General Practice: Being a General Practitioner*<sup>6</sup> (revised January 2007). Furthermore, the competences specifically needed by healthcare workers are described in the intercollegiate document *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* (RCPCH 2006)<sup>7</sup>.

The Royal College of General Practitioners has, for many years, advocated a strong role for the engagement and involvement of Primary Care clinicians in Safeguarding Children and Young People.<sup>8,9</sup> This advocacy mirrors the Government's view, expressed in *Working together to Safeguard Children 2006*<sup>10</sup> and in *Every Child Matters*.<sup>11</sup> Primary Care Organisations (PCOs), who must already have Designated and Named Doctors for Child Protection in place,<sup>12</sup> may wish to consider the recruitment of PwSIs in Safeguarding Children and Young People. The established role of PwSIs in the wider range of Primary Care services, such as Endoscopy, Dermatology and Ophthalmology, makes their role much more familiar to clinicians than that of Named Doctor.

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Child Protection* published by the Department of Health in 2003.

This guidance provides more detailed information to guide accreditors and practitioners towards the type of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests*

([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

This guidance, developed by a stakeholder group, relates only to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Safeguarding Children and Young People.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Safeguarding Children and Young People have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

It is important that the PwSI in Safeguarding Children and Young People works closely with the Local Safeguarding Children Boards (LSCBs) which replaced the Area Child Protection Committees under the Children Act 2004<sup>18</sup>. It is very important that all service providers and patients/carers are involved at all stages of service development.

**Commissioners should note that the training and personal development of practitioners with a special clinical interest need to be ongoing and will require support from specialist practitioners and/or access to relevant peer support.**

This framework does not preclude commissioners from developing specialist services using other practitioners, for example nurses or other allied health care professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework, eg, *Children, young people and maternity services*.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

It is extremely important that, in deciding which services to commission, commissioners include not only the views of professional groups, but the active participation of children, young people and their parents and families, as outlined in Chapter 7.

#### **IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF SAFEGUARDING CHILDREN**

Many GPs who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework.

# 1. PwSI SERVICE PROVISION

## 1.1 DEFINITION OF A PWSI

**PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.**

## 1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PWSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in the prevention, identification, care and safeguarding of children and young people.

The core activities relate to improving the understanding and capabilities of other practitioners to respond to suspected or actual cases of child abuse or maltreatment, and to work closely with other agencies and the local Safeguarding Children Boards - particularly the named and designated professionals, and practice lead clinicians. The PwSI may have a training, audit and liaison role within the PCO, build relationships and act as a bridge with local general practitioners bodies, such as the Local Medical Committee, the LSCB, and with other primary care practitioners.

Local guidelines for the service should reflect and incorporate nationally agreed guidelines, and as such the PwSI will demonstrate awareness of national relevant advice issued by organisations such as Department of Health, Department for Children Families and Schools, National Institute for Health and Clinical Excellence (NICE), General Medical Council, British Medical Association, Royal College of Paediatrics and Child Health and Royal College of General Practitioners.

It is very important that all service providers, children, young people, parents and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Partner agencies from whom referrals will be accepted
- Referral pathways in both directions
- Indicative response time
- Communication pathways
- Requirements for consultation with children and young people

- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency
- Appropriate care pathways to manage patients if they present unexpectedly to the service

### 1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents ([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of relevant national advice issued by organisations such as:

- RCGP *Safeguarding Children and Young People: A Toolkit for General Practice*  
[http://www.rcgp.org.uk/PDF/CIR\\_Toolkit%20document%20final%20edit.pdf](http://www.rcgp.org.uk/PDF/CIR_Toolkit%20document%20final%20edit.pdf)

#### **In addition:**

The service model should take account of nationally agreed guidance, in particular:

- National Service Framework for Children, Young People and Maternity Services
- Local child protection framework
- Local Safeguarding Children Boards

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

[www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH\\_4139717](http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717)

## 2. INFRASTRUCTURE REQUIRED

### 2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications set by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Location of the service, suitability, accessibility and support
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism
- How the service links with the commissioner's requirements

### 2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Safeguarding Children and Young People include the following:

- Direct access to support and supervision from child protection specialists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to, and support from, local consultant paediatricians and / or named or designated professionals
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4086665&chk=jXDWU6](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6)

## 2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in *Implementing care closer to home: convenient quality care for patients* ([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.

# 3. THE COMPETENCES REQUIRED

## 3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum ([www.rcgp-curriculum.org.uk](http://www.rcgp-curriculum.org.uk)) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work
- Conformity to the PCO's Safe Recruitment policy, eg, Enhanced Criminal Records Bureau (CRB) check

## 3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Safeguarding Children and Young People will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others which relate only to a GP or pharmacy role. The competences for both roles can be drawn from the same overall list in Appendix 1.

Every Child Matters defines a set of *Common Core Skills and Knowledge for the Children's Workforce*,<sup>16</sup> needed by people whose work brings them into regular contact with children, young people and families. It will enable multi-disciplinary teams and volunteers to work together more effectively in the interests of the child.

In addition to these, the Royal College of Paediatrics and Child Health has published, on behalf of other professional bodies including the RCGP, a list of the expected roles and competences<sup>7</sup> of a range of staff working with children in health care.

In addition to the above competences a PwSI in Safeguarding Children and Young People would be expected to be on the PCO Child Health Surveillance (CHS) list and be able to contribute to training events within the PCO.

*It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.*

Key skill areas for a PwSI in Safeguarding Children and Young People are listed below:

- Effective communication and engagement with children, young people and families
- Child and young person development
- Safeguarding and promoting the welfare of the child
- Supporting transitions
- Multi-agency working
- Sharing information

The full table of competences can be found in Appendix 1.

# 4. TEACHING AND LEARNING

## 4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in relevant departments and professional specialties, eg, attachment to a community paediatric unit under the supervision of a specialist practitioner
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other non-consultant career grade post under the supervision of a specialist or consultant in safeguarding children and young people in the secondary care service
- Under supervision of a specialist clinician to include experience of seeing cases, attendance at Local Safeguarding Children Board meetings, Child Protection Case Conferences and multi-agency training and educational meetings
- As part of a vocational training programme
- During the Foundation Year 2 post
- As a clinical placement agreed locally
- As part of a recognised university course
- Delivery of training to relevant safeguarding special interest professional groups
- Successful completion of a diploma or equivalent
- Participation in recognised training by an appropriate medical Royal College, eg, RCPCH Level 2 training<sup>7</sup>, RCGP Master classes
- An educational role within the community supporting the development of safeguarding in local primary care
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

Many universities are developing training modules that include theoretical training followed by supervised practice and formal competence-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competence-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for PwSIs.

## 5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Significant event analysis
- Reports from colleagues, parents and children, and professionals in the multi-disciplinary team using 360-degree appraisal tools<sup>23,24</sup>
- Case note review
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences
- A periodic case note review by the education supervisor

Further information regarding the above assessment tools can be found in Appendix 2.

# 6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in safeguarding children and young people.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

## 6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD) and, for GPs, would be expected to form part of their annual appraisal.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in their Local Safeguarding Children's Board
- Contribute to local clinical audits

## PwSI IN SAFEGUARDING CHILDREN AND YOUNG PEOPLE PORTFOLIO

The portfolio should provide a track record of providing high quality care in safeguarding children and young people in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in safeguarding children and young people
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

## 6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Access to the PwSI service by children and families, and by LSCB partner agencies
- Availability and distribution of local safeguarding guidelines in GP Practices

## 6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance (<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

# 7. VOICE OF THE CHILD

Healthcare organisations and professionals both have responsibilities to listen to the voices of children and carers.<sup>25</sup>

*“Children and young people are individuals with rights that should be respected. This means listening to them and taking into account what they have to say about things that affect them. It also means respecting their decisions and confidentiality.”*

*General Medical Council 2007*

## 7.1 THE CHILD OR YOUNG PERSON

In 2002, the report of the Commission for Healthcare Inspection into Safeguarding Children and Young People<sup>26</sup> emphasised the need for organisations to take account of the needs and wishes of children and young people in planning services. The Children’s Voices Project 2004,<sup>27</sup> which arose out of the CHI inspection, concluded:

*“Commissioners asked that children and young people’s views be sought in any future work involving children and young people to ensure they influence the development of future inspection methodologies.”*

Working Together 2006<sup>10</sup> further charges that health bodies develop:

*“A culture of listening to and engaging in dialogue with children - seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or development of services.”*

## 7.2 THE PARENT OR CARER

Whilst recognising the importance of listening to the voices of children and young people, it is important to recognise that that voice of the child will often be expressed through that of their parents and carers. Organisations should endeavour to be clear about which voice is which.

## 7.3 VULNERABLE CHILDREN

Professionals and commissioners should take particular account of the voice of vulnerable children and young people, both in the setup and the delivery of their services, especially those looked after by local authorities, and those with a disability.

## 7.4 SELF-ASSESSMENT AUDIT

Since the publication of the Laming Report in 2002 healthcare organisations have been charged to examine the appropriateness of the services which they provide for children and young people.

Working Together 2006<sup>10,12</sup> sets out duties for Safeguarding Children Boards (of which Primary Care Organisations are statutory partner agencies) to review the compliance of partner agencies with Section 11 of the Children Act 2004<sup>18</sup>[see Section 2.4].

*“PCTs are expected to ensure that safeguarding and promoting the welfare of children are integral to clinical governance and audit arrangements. Service specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures.”*

*Working Together 2006*

# APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Safeguarding Children and Young People have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification.

<b>Domain</b>	<b>RCGP GP Curriculum Statement 8: Children &amp; Young People</b>	<b>RCPCH Specialist Competences</b>	<b>Assessment Tools (some, not all)</b>
<b>Primary Care safeguarding</b>	<p><b>The following are GENERIC competences:</b> The competent Practitioner as <b>generalist</b> will:</p> <ul style="list-style-type: none"> <li>• utilise the primary care consultation to bring about an effective doctor-child-family relationship;</li> <li>• work effectively with colleagues across professional boundaries;</li> <li>• work with children &amp; young people, respecting their autonomy;</li> <li>• work with families, recognising the child-focused nature of safeguarding, but also the value of the family unit;</li> <li>• deal effectively with abuse of children and young people, by:               <ul style="list-style-type: none"> <li>- recognising signs of abuse;</li> <li>- responding appropriately to disclosures of abuse;</li> <li>- recording clinical observations clearly; and</li> <li>- referring to appropriate agencies.</li> </ul> </li> <li>• provide continuity of care to meet the needs of the child or young person and family.</li> </ul> <p>The competent Practitioner as <b>specialist</b> will:</p> <ul style="list-style-type: none"> <li>• be familiar with national guidance on safeguarding children;</li> <li>• be familiar with local safeguarding guidance and procedures;</li> <li>• be familiar with the assessment of the needs of a child;</li> <li>• be familiar with the Local Safeguarding Children Board, its remit, and how to contact members;</li> <li>• be able to contribute to the processes of the LSCB, such as Child Death Review.</li> </ul>	<p><b>The following are SPECIFIC competences:</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the implications of key national document/reports/guidelines/best practice.</li> <li>• Aware of Local Safeguarding Children's Board [or equivalents] and its remit.</li> <li>• Know how to access the child index (register)</li> <li>• Aware of resources that may be available within health and other agencies, including the voluntary sector, to support families in need.</li> <li>• Advanced understanding of child care law, confidentiality and consent.</li> <li>• Good understanding of forensic procedures</li> <li>• Understand multi-agency frameworks and child protection assessment processes, including the assessment of risk using of the Common Assessment Framework.</li> <li>• Ability to contribute to serious case reviews, management reviews or equivalent processes</li> <li>• Be able to work [as part of the multi-disciplinary team] with children, young people and their families where there are child protection concerns.</li> <li>• To be able to chair LSCB [or equivalent] subgroups.</li> <li>• Advise and inform the Board, Directors, Senior Managers and practitioners regarding child protection/safeguarding (specialist/expert advice, both proactive and reactive).</li> </ul>	<p>Evidence of knowledge acquired; DOPS Reflective practice</p>

<b>Knowledge base</b>	<p>The competent Practitioner will:</p> <ul style="list-style-type: none"> <li>• recognise and manage common and/or important conditions: <ul style="list-style-type: none"> <li>- Child abuse, deprivation;</li> <li>- Mental health problems;</li> <li>- Neuro-developmental problems;</li> <li>- Psychological problems;</li> <li>- Illness.</li> </ul> </li> <li>• recognise and advise on preventive aspects of health: <ul style="list-style-type: none"> <li>- Healthy diet, exercise;</li> <li>- Accident prevention;</li> <li>- Sexual health, risk-taking;</li> <li>- Immunisation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Be able to identify and outline the management of children in need.</li> <li>• Be able to advise other agencies about the health management of child protection concerns.</li> <li>• Be able to give advice on child protection policy.</li> </ul>	<p>Further training; Evidence of knowledge acquired; Portfolio/logbook; Knowledge based assessment.</p>
<b>Person-centred care</b>	<p>The competent Practitioner will:</p> <ul style="list-style-type: none"> <li>• allow children and young people to participate in making informed decisions regarding their care, according to their level of understanding and autonomy;</li> <li>• undertake relevant examinations of children &amp; young people:</li> <li>• give information to children, young people and parents in a clear way;</li> <li>• provide support for fathers and mothers without discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>• Be able to establish child protection quality assurance measures/processes.</li> <li>• Be able to undertake training needs analysis, teach and educate health service professionals.</li> </ul>	<p>DOPS; OSCE; mini-CEX; Video.</p>
<b>Specific problem-solving skills</b>	<p>The competent Practitioner will:</p> <ul style="list-style-type: none"> <li>• demonstrate knowledge of the prevalence of illness in the community;</li> <li>• demonstrate knowledge of normal development of child and young person;</li> <li>• demonstrate knowledge of risk factors which make children vulnerable;</li> <li>• recognise the significance of non-attendance, both in terms of: <ul style="list-style-type: none"> <li>- the vulnerability of a child;</li> <li>- the fitness for purpose of health care services.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Be able to instigate measures to reduce the risk of child abuse occurring.</li> <li>• Be able to make considered judgements about how to act to safeguard and promote a child or young person's welfare.</li> </ul>	<p>DOPS; OSCE; mini-CEX; Video.</p>
<b>Comprehensive approach</b>	<p>The competent Practitioner will:</p> <ul style="list-style-type: none"> <li>• manage simultaneously both acute and chronic problems in the child, young person and family;</li> <li>• provide access for young people to confidential contraceptive and sexual health advice services that are tailored to meet their needs;</li> <li>• provide support for parents who have special needs;</li> <li>• provide support for parents who have problems with: <ul style="list-style-type: none"> <li>- substance misuse;</li> <li>- mental health problems;</li> <li>- domestic violence;</li> <li>- being teenage mothers;</li> <li>- severe chronic or short-term conditions that affect their capacity to parent their children.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Know what to do when there is an insufficient response from other organisations or agencies, while maintaining the focus on what is in the child or young person's best interests.</li> <li>• Puts into practice knowledge of how to improve child resilience and reduce risks of harm.</li> <li>• Be able to make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.</li> </ul>	<p>Reflective practice; 360 degree appraisal; Significant event analysis; Case note review.</p>

<b>Community orientation</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>manage the health needs of patients and their families, and of the community in which they live, in balance with available resources.</li> </ul>	<ul style="list-style-type: none"> <li>Be able to advise other agencies regarding the health management of child protection concerns.</li> </ul>	360 degree appraisal
<b>Holistic approach</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>promote physical health, mental health and emotional wellbeing by encouraging children, young people and their families to develop healthy lifestyles.</li> </ul>		Case note review; mini-CEX; Video.
<b>Contextual aspects</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>understand how workload issues raised by the problems of children and young people impact on services in Primary Care;</li> <li>understand the importance of public health in identifying the health needs of the whole population.</li> </ul>		360 degree appraisal
<b>Attitudinal aspects</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>understand the need to respect children's: <ul style="list-style-type: none"> <li>human rights;</li> <li>preferences;</li> <li>spiritual beliefs;</li> <li>health beliefs;</li> <li>right to confidentiality.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Be aware of how own beliefs, experience and attitudes might influence professional involvement in child protection work.</li> <li>Be able to confidently challenge practice and support colleagues in challenging perceived views offered by other professionals.</li> </ul>	Reflective practice; mini-CEX; Video.
<b>Scientific aspects</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>be able to access information on evidence about effectiveness of interventions and medicines;</li> <li>be able to communicate that information to children young people and families;</li> <li>be able to use audit to produce information about needs and services to children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>Be aware of latest research perspectives and implications for practice.</li> <li>Be able to review, evaluate and update local guidance in light of research findings.</li> <li>Be able to develop robust internal child protection policy/guidelines/protocols.</li> <li>To lead/oversee child protection quality assurance and improvement processes.</li> </ul>	Reflective practice; 360 degree appraisal; OSCE.
<b>Psychomotor skills</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>be able to perform core skills: <ul style="list-style-type: none"> <li>examination of the newborn child;</li> <li>examination of the six-week old child;</li> <li>BLS [basic life support] in infants, children and young people.</li> </ul> </li> <li>be able to create verbal or written reports which describe the needs of a child or young person.</li> </ul>	<ul style="list-style-type: none"> <li>Be able to present child protection concerns verbally and in writing for case conferences/court proceedings, core groups, strategy meetings and family group conferences.</li> </ul>	OSCE; DOPS.
<b>Education and Training (Statement 3: Teaching, Mentoring, Clinical Supervision)</b>	The competent Practitioner will: <ul style="list-style-type: none"> <li>understand how adults learn;</li> <li>demonstrate an awareness of the differing learning styles of individuals;</li> <li>demonstrate a learner-centred approach to teaching;</li> <li>conduct an educational needs</li> </ul>	<ul style="list-style-type: none"> <li>Undertake child protection training needs analysis and plan, design, deliver and evaluate multi-agency and in-house child protection training in partnership with others.</li> <li>Able to cascade information, and an appropriate level, throughout the health service.</li> </ul>	Logbook/Portfolio; Reflective practice; Observed skills, professional conduct, attitudes.

	<p>analysis;</p> <ul style="list-style-type: none"> <li>• design an educational programme appropriate to the identified needs of a learner;</li> <li>• plan and structure a teaching episode appropriately for the learners concerned;</li> <li>• demonstrate the ability to facilitate the learning of a small group;</li> <li>• deliver a presentation clearly and effectively, identifying the needs of the audience;</li> <li>• demonstrate the effective use of IM&amp;T in teaching;</li> <li>• demonstrate the willingness to ask for and learn from feedback;</li> <li>• contribute positively to a culture of teaching and learning within an organisation;</li> <li>• understand the benefits of interprofessional and multiprofessional learning;</li> <li>• demonstrate the ability to give effective feedback to a colleague;</li> <li>• understand the nature and purpose of mentoring and of clinical and educational supervision;</li> <li>• recognise the relationship between teaching activities and reflective practice;</li> <li>• identify the different forms that mentoring and clinical supervision (formal and informal) can take, and also the benefits and limitations of these;</li> <li>• demonstrate the ability to ask for , organise, receive and also give forms of mentorship and supervision appropriate to each career stage.</li> </ul>	<ul style="list-style-type: none"> <li>• Be able to teach/train, and assure the competence of health service personnel.</li> </ul>	
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*The GP Curriculum 2007*

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*Safeguarding Children & Young People: Roles and Competences for Health Care Staff*

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# APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice. The recommended clinical assessment tools are the modified mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills).

The following notes are intended to support the effective use of these assessment tools:

- It is strongly recommended that a series of clinical assessments (eg, using a modified mini-CEX or video assessment or other face-to-face assessment) takes place four times during the period of training prior to the PwSI becoming accredited.
- It is suggested that one assessment session should be undertaken for each 12 sessions worked with a minimum of one session every six months.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist or consultant, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions. Stating minimum numbers of each assessment in a set time period (such as every six months) provides greater comparability; a combination of such sessions could include: one MSF every three years, one knowledge review every three years, two DOPS / mini-CEX every six months, an annual audit of written notes / histology reports.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback
- It is expected that one of the assessments should include a review of case notes and, for those offering a surgical service, a review of histology reports (to consider appropriateness of procedure, completeness of excision, etc)
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel

- Practitioners will be expected to demonstrate evidence of 360-degree review, including feedback from children, young people, families and other agencies

Helpful general and specialty-specific guidance for the use of DOPS and mini-CEX can be found at the following link:

[www.ichmt.org.uk/assessment/performanceAssessmentDocs.asp](http://www.ichmt.org.uk/assessment/performanceAssessmentDocs.asp)

# APPENDIX 3: LINKS TO OTHER RESOURCES

## USEFUL DOCUMENTS

1. Department of Health. *Our health, our care, our say: a new direction for community services*. 2006 London TSO  
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3. Cawson P et al. *Child Maltreatment in the United Kingdom [Second Report]*; NSPCC: London; 2002  
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4. Laming H. *The Victoria Climbié Inquiry*. The Stationery Office: London; 2003.  
<http://www.victoria-climbié-inquiry.org.uk/finreport/downloadreport.htm>
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<http://www.rcpch.ac.uk/Health-Services/Child-Protection/Child-Protection-Publications>
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9. Bannon M & Carter Y. *The Role of Primary Care in the Protection of Children from Abuse and Neglect*. A Position Paper for the Royal College of General Practitioners. RCGP London 2002

10. Department for Education & Skills. *Working Together to Safeguard Children 2006*. London: HMSO <http://www.everychildmatters.gov.uk/workingtogether/> Accessed 26.8.07
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12. Department for Education and Skills. *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 – updated Mar 2007* <http://www.everychildmatters.gov.uk/resources-and-practice/IG00042/> Accessed 8.9.07
13. Royal College of General Practitioners. *Safeguarding Children & Young People: A Toolkit for General Practice*. RCGP London 2007 [in publication]
14. Department of Health *Implementing care closer to home: convenient quality care for patients Part 3: The accreditation of GPs and Pharmacists with Special Interests 2007* [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074430](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074430)
15. Department of Health. *Guidelines for the appointment of GPwSI in the Delivery of Clinical Services: Child Protection*. 2003 London, TSO. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006629](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006629)
16. Department for Education and Skills. *Common Core of skills and knowledge for the Children's Workforce*. 2004 <http://www.dfes.gov.uk/commoncore/index.shtml> Accessed 26.8.07
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21. National Health Service Executive. *Primary and Social Care Premises, Planning and Design Guidance* 2007 <http://www.primarycarecontracting.nhs.uk/planning-and-design-guidance.php>
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# APPENDIX 4: GLOSSARY

We have created a glossary of some of the frequently used acronyms in this document. They are listed below for your easy reference.

<b>BLS</b>	Basic Life Support
<b>CEX</b>	Mini Clinical Examination
<b>CHI</b>	Commission for Health Improvement (now known as Healthcare Commission)
<b>CHS</b>	Child Health Surveillance
<b>CPD</b>	Continuing Professional Development
<b>CRB</b>	Criminal Records Bureau
<b>DOPS</b>	Direct Observation of Practical Skills
<b>GPwSI</b>	General Practitioner with a Special Interest
<b>IM&amp;T</b>	Information Management and Technology
<b>LSCB</b>	Local Safeguarding Children Boards
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>NSPCC</b>	National Society for the Prevention of Cruelty to Children
<b>OSCE</b>	Objective Structured Clinical Examination
<b>PBC</b>	Practice Based Commissioning
<b>PCO</b>	Primary Care Organisations
<b>PCT</b>	Primary Care Trust
<b>PwSI</b>	Practitioner with a Special Interest
<b>RCGP</b>	Royal College of General Practitioners
<b>RCPCH</b>	Royal College of Paediatrics and Child Health

# APPENDIX 5: MEMBERSHIP OF SAFEGUARDING CHILDREN AND YOUNG PEOPLE PwSI STAKEHOLDER GROUP

**We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:**

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