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IICSA Independent Inquiry into Child Sexual Abuse

1. The RCGP welcomes the opportunity to respond to the IICSA Independent Inquiry into Child Sexual Abuse.
2. The Royal College of General Practitioners ("the College") is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The College is an independent professional body with expertise in patient-centred generalist clinical care.
3. The College would like to thank Dr Vimal Tiwari, Dr Joy Shacklock and Dr Matt Hoghton for their contributions to this response.
4. Children are usually seen as out-patients in general practice and GPs are rarely responsible for children in residential settings due to the small number of residential children's homes or homes for the disabled.
5. The risks in helping to prevent child sexual abuse in healthcare settings include unsafe staff recruitment; unchaperoned consultations; inappropriate use of IT facilities by staff; and delay or failure to respond to patient or staff concerns regarding members of staff or organisational practices.

Question 1: Please outline the steps your organisation has taken since 2015 to prevent children from being sexually abused in healthcare settings.

6. Since 1 April 2013 it has been a requirement for all general medical practices to register with the Care Quality Commission (CQC). Registration places a duty on GPs to ensure no patient is harmed during delivery of primary care services. The CQC safeguarding children requirements are set out in 'Nigel's surgery 33: Safeguarding children'[1].
7. Practices are expected to provide evidence of effective safeguarding practice through the implementation of child safeguarding policies and procedures which include:
    - the appointment of a GP safeguarding lead and deputy to oversee all matters relating to child safeguarding within their practice;
    - safe staff recruitment with appropriate use of the Disclosure and Barring Service to ensure known offenders are not employed in capacities which might endanger patients; and
    - a robust chaperone policy which considers the needs of unaccompanied minors presenting for healthcare.

Question 2: How well does the current legislative framework prevent the sexual abuse of children within healthcare settings?

8. Current legislation was developed in reaction to a succession of cases of serious maltreatment, often resulting in fatalities. There are several pieces of legislation relating to the welfare of children in the care of local authorities including adoption, fostering and care homes but there does not appear to be any reference to the welfare of children in healthcare settings.

Question 3: To what extent do the sanctions available to regulatory bodies ensure that children receiving health care and treatment are protected from sexual abuse? This includes the regulators of both:

a. organisations providing healthcare services; and

9. GP surgeries are subject to comprehensive CQC inspections although these only currently occur every three years. The standards of assessment relating to child safeguarding are variable and inconsistent depending on the training and expertise of individual inspectors.

[1] http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-33-safeguarding-children

b. professionals delivering care and treatment.

10. Health care professionals are subject to the requirements of their regulatory bodies, in the case of GPs this is the General Medical Council (GMC) which has published several guidance documents including '0-18[2]' and 'Protecting Children and Young People[3]'.

Question 4: Are health professionals and health sector leaders provided with adequate training, support and guidance on the issue?

11. The College made great progress in encouraging child safeguarding education for GPs from 2004 to 2014 with the publication of three editions of the RCGP/NSPCC Safeguarding Children Toolkit. It is widely used in teaching across the country and is referenced by the GMC and CQC.

12. Whilst the toolkit has been helpful for the level 4 trained GPs, the College is producing a more accessible and practical quick essentials guide for GPs to complement the 2014 toolkit. The College has worked closely alongside the NSPCC on this as well as representation on the steering group from the Institute of Health Visiting and NHSE amongst others. This is currently in draft format and is being consulted on.

13. The College has carried out annual spotlight projects on safeguarding from 2016-17 and 2017-18. Level 4 trained GPs have had access to a safeguarding forum hosted by the College. In most practices, the safeguarding lead will cover both child and adult protection

14. There is sufficient child safeguarding content within the MRCGP curriculum but this has never been underpinned by a standardised child safeguarding educational programme. Educational provision for trainee GPs remains dependent on individual course organisers or often on lay administrators.

Question 5: How effectively are organisations and people held to account for the effective prevention of child sexual abuse in healthcare settings?

15. Within general practice, safeguarding education and processes are variable across the country, partially related to differences in contract management and commissioning arrangements. Arrangements for support for GPs working in high risk settings such as out of hours and walk in settings need to be improved.

16. Safeguarding systems are becoming embedded in areas where there are effective named safeguarding GPs, but there is wide geographical disparity. Requirements are being developed where CCGs have taken on fully delegated commissioning local contractual arrangements with greater emphasis on safeguarding.

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[2] http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_index.asp
[3] http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp

Question 6: To what extent do the responsibilities of health sector organisations to work with partner agencies help to prevent child sexual abuse in healthcare settings?

17. This also varies across the country depending on financial resources and local threshold documents. In some local authorities, partnership arrangements work very well with social care providing an accessible service. In other areas, the threshold for acceptance of referrals appear to be set too high to be of benefit to primary care, with GPs becoming used to referrals being rejected.

Question 7: What impact (if any) have reforms of the health sector in England and Wales over recent years had on the effective prevention of child sexual abuse in healthcare settings?

18. The fragmentation of the health sector since the enactment of the Health and Social Care Act 2012 has led to uncertainty about where responsibility and accountability for child safeguarding lies within the health system. The NHS England safeguarding policy does not provide clarity.

19. Effectiveness has become dependent on local leadership and where NHS England Safeguarding Leads have sufficient knowledge and experience of child safeguarding, good systems and processes have been put in place.

Question 8: What do you see as being the major opportunities for organisations in the health sector to prevent the sexual abuse of children in healthcare settings?

20. Organisations should implement systems and processes to ensure safe staff recruitment. There is also an opportunity to educate staff to raise awareness of the risks and enable them to identify red flags.

21. Organisations should also put systems and processes in place which prevent vulnerable patients from the possibility of abuse. For example, all clinics should be documented; clinic contacts should be recorded; effective chaperone training and provision; health professionals should not be expected or required to work on their own; and surveillance of premises out of hours.

Question 9: What needs to happen to ensure that organisations in the health sector best protect children receiving health care and treatment from being sexually abused?

22. The current registration and regulatory requirements for health professionals need more consistent monitoring and scrutiny.

Question 10: Please describe the whistleblowing measures you have in place and how you assess their effectiveness.

23. GPs are expected to report all concerns about staff to the local authority designated officer (LADO). In Wales, the role of the LADO is taken up by a 'Designated Senior Manager' in Children's Services/Social Services.

24. Local authorities frequently comment on the very low numbers of referrals received from general practice. This is because many GPs are unaware of the existence of these reporting requirements. There is no evidence that whistleblowing measures in general practice are effective.