

Existing Child Abuse Reporting Obligations for the Medical Profession

Officer for Child Protection RCPCH

General Medical Council

- Professional Body
- Quality assures medical training in the UK
- Registers newly qualified doctors with license to practice
- Revalidates all doctors to practice every 5 years

General Medical Council Ethical Guidance

- Good medical practice
- 0-18 years: guidance for all doctors
- Protecting children and young people: the responsibilities of all doctors

Protecting Children And Young People

Duty to report concerns of abuse and neglect

- All doctors have a duty to act on any concerns they
 have about the safety or welfare of a child, and must
 promptly tell an appropriate agency if there is concern
 that a child is at risk or, of suffering, abuse or neglect
 (Eg local authority children's services, NSPCC or the
 police)
- Concerns for a child not at risk of significant harm, but where abuse or neglect is possible, should be discussed with the named/designated professional or experienced colleague.

Protecting Children And Young People

Disclosure and information sharing

- Concerns can be shared even if risk of significant harm is not certain – there are possible consequences of not sharing
- Ask for consent to share unless there is a compelling reason not to – but do not delay disclosing information to obtain consent if it might put a child at risk of significant harm
- Information can be shared without consent if it is justified in the public interest or required by law
- Decisions to delay information sharing must be taken cautiously, and must be justified and recorded
- Concerns should be taken to the next level of authority if they
 are not acted on appropriately and the child is still at risk

National and Local guidance

- Working Together to Safeguard Children. July 2018
- Safeguarding children and young people roles and competencies for healthcare staff. March 2014
- Local Safeguarding Children Boards Policies and Procedures
- Healthcare Provider Policy and Procedures

Female Genital Mutilation

- There is a mandatory reporting duty on doctors to report known cases of FGM to the Police (from 31.10.2015)
- The penalty for a doctor failing to comply is being reported to the General Medical Council 'fitness to practice' panel

Monitoring of Child Abuse Reporting

Internal Monitoring within organisations

- Annual report to Board and Standard indicators/outcomes to organisation
- Serious incident reporting / Complaints
- Patient Safety Reporting software systems
- Serious Case Reviews / Learning Events
- Safeguarding MDT (multi-disciplinary team)
- Allegations against staff meetings (LADO)
- Annual Appraisal Medical Staff

Monitoring of Child Abuse Reporting

External monitoring of organisations

- Annual Report shared with commissioners
- Serious incidents reported to the Strategic Executive Information System (STEIS) overseen by NHS Improvement
- Serious Case Reviews to LSCBs / OFSTED / National Panel and published
- Section II Children Act 1989 challenge to LSCB partners
- CQC inspection of organisations with publication of outcome (CQC standards and Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework. July 2015)

Restrictions/penalties when obligations to report are not met

- Disciplinary procedure by employer, ranging from re-training, to suspension and dismissal. Often if serious, external assessment of doctor's actions is taken to ensure impartiality.
- General Medical Council 'fitness to practice' procedures following referral from employer, another professional, member of the public. A number of different penalties imposed up to removal of license to practice as a doctor.
- Possible action by the police?

Summary

- Ethical framework around reporting
- National and Local guidance around reporting
- Monitoring systems in place in health care organisations
- Child sexual abuse is treated in the same way as other forms of abuse (except possibly FGM)
- The issue can be the threshold of concern to report