

**A Framework of Competences
for the
Special Interest Module
in

Safeguarding Children
and Young People**

Version 1.1

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This guide is for trainees or other medical professionals interested in undertaking an RCPCH SPIN Module, and for educational supervisors supporting these individuals. We hope that this guide, along with the RCPCH SPIN web pages, will answer your questions and help you understand the requirements of this SPIN Module.

This is Version 1.1. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes
1.1	30th March 2017	Appendix 1 Paediatrics Standard Checklist (p22) Requirement 1.1 amended to include reference to Scottish equivalents and associate specialists.

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Section 1 Introduction

Who is this guide for?

This framework of competences is for doctors at Level 3 in their General Paediatric training who wish to develop an expertise in Safeguarding Children and Young People during Level 3 training, or for other doctors with suitable skills and expertise who wish to undertake an RCPCH SPIN Module e.g. a paediatric consultant. It is also a guide for tutors and educational supervisors.

This Special Interest Module (SPIN) includes all the competences listed at level 3 and level 4 of the intercollegiate document, Safeguarding children and young people: roles and competences for health care staff (3rd Edition, March 2014), and therefore Community Child Health (CCH) sub-specialists in particular may wish to undertake this SPIN Module post-CCT to supplement their training. GRID trainees are **not** eligible to undertake SPIN Modules*.

*Important note:

Whilst RCPCH does not usually permit GRID trainees to undertake SPIN Modules, an exception has been agreed for Level 3 trainees in Paediatrics (Community Child Health), allowing them to complete the additional competencies not covered in the full CCH curriculum. Trainees wishing to do this must have agreement from their supervisor. Any competencies not completed during training may still be completed post-CCT. This exception will only remain in place until the introduction of the new Paediatrics (Community Child Health) curriculum in Autumn 2017. Please contact spin@rcpch.ac.uk if you have any queries regarding your eligibility to complete this SPIN Module.

Please note, this module is not a substitute for, or a mechanism for, the attainment of Level 3 child safeguarding competences. Every paediatrician is expected to be competent at this level by the time they enter a permanent senior level post.

Why do I need it?

This guide gives you and your tutors/supervisors guidance about the competences you need to cover in addition to the Framework of Competences for Level 3 Training in General Paediatrics. It gives you a clear picture of what you have to achieve by the end of this module of training in order to have expertise in this area.

How do I use the guide?

You can use the guide on your own to help you identify areas of practice that you need to work on and those areas in which you feel fairly confident. You can talk to your tutor about the balance of your experiences and look for ways to ensure you cover all areas you need to. This guide should be used by Schools and Educational Supervisors to ensure that a programme of training is developed which will allow the doctor undertaking the SPIN to achieve these competences as part of their Level 3 training (for trainees), or their normal work pattern (for non-trainees). In determining this programme, liaison with the relevant CSAC is important. There is guidance for training and assessment in the module, which the programme must adhere to.

Undertaking a SPIN Module

This framework sets out the additional competences for the module which should be achieved by the end of Level 3 training. Trainees also have to achieve all the competences in the Level 3 General Paediatric Framework.

For trainees the SPIN training should be approximately equivalent to 12 months full time, or pro-rata for Less Than Full Time (LTFT) trainees. Some SPIN modules may require additional time to gain all competences; this is permissible up to 18 months full time, or 24 months for HDU. A component of the training could be in an unfilled GRID post that fulfils the paediatric standards for sub-specialty training (tertiary centre or large DGH) and the other competences could be acquired in posts in large or small DGHs.

Trainees should not need to take out of programme (OOP) to complete a SPIN module; there is the opportunity to undertake SPIN modules post CCT. Thus, undertaking a SPIN will **NOT** be considered as a basis for an OOP except in

exceptional circumstances **and** where both deaneries/LETBs agree and approve the SPIN module programme. These exceptional circumstances include applications from trainees where approved training in a particular special interest is not available in their current deanery/LETB. Permitting OOP for these exceptional circumstances provides a positive contribution to workforce planning in regions where limited approved SPIN modules are available. For example, smaller sub-specialties such as Nephrology or Immunology & Infectious Diseases (IID) may only be available in a limited number of deaneries/LETBs. In order for applications utilising OOP to be considered by the RCPCH, both deaneries/LETBs must agree and approve the SPIN module programme and provide clear justification as to why the module could not be completed in the trainee's current deanery/LETB.

For consultants or career grade doctors a SPIN Module usually takes between 12 months and 5 years to complete. A component of the training could be in a tertiary centre or large DGH and the other competences could be acquired in posts in large or small DGHs.

Further guidance, including how to apply to undertake a SPIN Module, can be found on the [SPIN Module pages of the RCPCH website](#).

Progression

Following completion of Level 3 training and the Safeguarding SPIN module, the CCT holder should be competent to take up a post as a General Paediatrician or Community Child Health Paediatrician (dependent on CCT) with a Special Expertise in this area. It is expected that there will be a requirement in paediatric services for consultants with special expertise provided by the module, as each Trust is required to have a Named Doctor for Safeguarding. However, attaining this expertise through completion of the SPIN module is not a necessary requirement for such a post.

Assessment

The statements in this book have been expressed as learning objectives. These are the focus of your training. The CSAC will want to assess how well you have achieved these objectives and to be confident that you are fit to practise as a Consultant Paediatrician with expertise in Safeguarding.

The RCPCH Assessment Strategy (GMC approved) for Level 3 Training will be used. Trainees working with their educational supervisors should ensure that the Assessment Strategy is tailored to cover the area of Special Expertise as well as General Paediatrics and that learning and assessment are well documented within the e-portfolio. Further guidance on the range of assessment activities to be used is provided in Section 4 of this document.

References

The following sources are referenced throughout this document and have been used to support the development of this SPIN Module:

- Curriculum for Paediatric Training, Community Child Health, September 2010 (Revised and approved by GMC April 2015 and for implementation August 2015)¹
- Curriculum for Paediatric Training, General Paediatrics, September 2010²
- Safeguarding children and young people: Roles and competences for health care staff. Intercollegiate document, March 2014³
- Child Protection Companion RCPCH June 2013⁴
- Working Together to Safeguard Children, Department for Education, March 2015⁵
- Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse RCPCH FFLM October 2012⁶

Equality and Diversity

The RCPCH has a duty under the Equality Act 2010 to ensure that its curricula and assessments do not discriminate on the grounds of age, disability, gender

¹ <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/sub-specialty-training/communit>

² <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/general-paediatrics-training/ge#curriculum>

³ [http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20%20(3)_0.pdf)

⁴ www.rcpch.ac.uk/cpc

⁵ Or regional equivalents:

Scottish Government: National Guidance for Child Protection in Scotland (2014) <http://www.cne-siar.gov.uk/ChildProtectionCommittee/documents/Guidelines2014.pdf>

Welsh Assembly Government.: Children and young people: rights to action safeguarding children: working together under the children act 2004 (2006) <http://gov.wales/pubs/circulars/2007/nafwc1207en.pdf?lang=en>

Northern Ireland Department of Health, Social Services and Public Safety: Co-operating to safeguard children (May 2003) http://www.dhsspsni.gov.uk/co-operating_to_safeguard_children_may_2003.pdf

⁶ <http://fflm.ac.uk/upload/documents/1352802061.pdf>

reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

Care has been taken when authoring the SPIN Module curriculum to ensure as far as is reasonable and practicable that the requirements for those undertaking the module do not unnecessarily discriminate against any person on the basis of these characteristics, in line with the requirements of the Act.

Please contact the RCPCH Quality and Standards Manager if you have any concerns regarding to equality and diversity in relation to this SPIN Module curriculum.

Section 2 Competences in Safeguarding Children and Young People

All participants will be required to show they have achieved the following Level 3 and Level 4 safeguarding competences, taken directly from the intercollegiate document, Safeguarding children and young people: roles and competences for health care staff (3rd Edition, March 2014).

All Level 3 and many of the Level 4 competences are included in the revised 2010 Curriculum for Paediatric Training, Community Child Health. Where these competences have already been demonstrated as part of training, some or all of this prior experience may be counted towards completion of this SPIN Module. Level 4 intercollegiate competences that have not been included in the CCH curriculum have been marked with an *.

Intercollegiate competences (Level 3)

Core competences

By the end of the module in Safeguarding Children and Young People, you will:

- be able to draw on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect
- have professionally relevant core and case specific clinical competencies
- be able to document and report potential safeguarding concerns and to document history and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes
- be able to contribute to inter-agency assessments, the gathering and sharing of information and, where appropriate, analysis of risk
- be able to undertake regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review and supervision and as a component of refresher training)
- be able to contribute to serious case reviews/case management reviews/significant case reviews (including the child practice review process in

Wales), internal partnership and local forms of review, as well as child death review processes

- be able to work with other professionals and agencies, with children, young people and their families when there are safeguarding concerns
- be able to advise other agencies about the health management of individual children in child protection cases
- be able to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales) to improve practice
- be able to advise others on appropriate information sharing
- be able to demonstrate ability to assess and examine children for suspected abuse and neglect, document and provide reports with an opinion, where role includes conducting detailed assessments of child abuse and neglect.

Knowledge and Understanding

By the end of the module in Safeguarding Children and Young People, you will:

- be aware of the implications of legislation, inter-agency policy and national guidance
- understand the importance of children's rights in the safeguarding/child protection context and related legislation; in particular, to know the principles of the UN Convention on the Rights of the Child and how to apply these to your practice and work for the protection of these rights
- understand information sharing, confidentiality, consent and parental responsibility in relation to children and young people, particularly in relation to child protection medical examinations and the health needs of looked after children and their care status
- be aware of the role and remit of the Local Safeguarding Children Boards (LSCB)/the Safeguarding Board for Northern Ireland (SBNI) and the safeguarding panel of the health and social care trust/child protection committee in Scotland
- understand inter-agency frameworks and child protection assessment processes, including the use of relevant assessment frameworks in relation to children in need and the factors contributing to the three main components: a

child's developmental needs, a family and environmental factors and parenting capacity

- understand the processes and legislation for Looked After Children including after-care services
- understand the role of the Named and Designated professionals for child safeguarding and looked after children
- know about the role of the Medical Advisor on adoption and the role of local adoption panels
- have core knowledge (as appropriate to one's role) of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process.

Clinical Knowledge

By the end of the module in Safeguarding Children and Young People, you will:

- understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- know the evidence base, appropriate investigations and management of physical injuries including radiology, collection and chain of evidence requirements in relation to blood tests and other forensic samples and medical photography
- understand the importance of and how to ensure 'the chain of evidence'
- be able to recognise the signs of abuse in disabled children and know that this group is more vulnerable
- be able to recognise when additional expert advice such as radiology, neurosurgery, orthopaedics, ophthalmology and neurology are required
- know of the role of the forensic odontologist in relation to human bite marks
- understand the core and case-specific competences required for the medical assessment of cases of suspected sexual abuse and the role of the Forensic Physician (FP) – how it complements the role of the paediatrician - and SARC's (Sexual Assault Referral Centres) in this process
- understand the assessment of risk and harm
- understand the impact of family composition and socio-economic factors

(including income, housing and employment and a family's cultural and religious background) when assessing risk to a child or young person, and managing concerns

- understand the effects of parental behaviour on children and young people, and the interagency response required
- know the long-term effects of maltreatment and how these can be identified and prevented
- be aware of resources and services that may be available for such 'early help' within Health, Early Care, Social Services and other agencies, including the voluntary sector
- be aware of the difficulties faced by asylum seekers, refugees, unaccompanied children, travelling families and young carers
- know the range and efficacy of interventions for child maltreatment
- understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies (including the role and function of Multiagency Safeguarding Hubs or MASH)
- know the issues surrounding 'misdiagnosis' in safeguarding/child protection and the effective management of diagnostic uncertainty and risk
- have an understanding of Fabricated or Induced Illness (FII) by carer
- have an understanding of child trafficking, child exploitation and Female Genital Mutilation (FGM)
- know when to liaise with expert colleagues about the assessment and management of children and young people where there are concerns about maltreatment
- understand the needs and legal position of young people, particularly 16-18 year olds and the transition between children's and adult legal frameworks and service provision
- know the long term implications of being looked after
- know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- know what to do when there is an insufficient response from organisations or agencies
- understand procedures for proactively following up children and young people

who are not brought to outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

- have an understanding of the management of the death of a child or young person in the safeguarding context (including, where appropriate, structures and processes such as rapid response teams and Child Death Overview panels)
- understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines
- know about models of effective clinical supervision and peer support
- understand relevant national and international policies and the implications for practice
- understand how to manage allegations of child abuse by professionals.

Skills

By the end of the module in Safeguarding Children and Young People, you will:

- be able to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person
- be able to assess, examine and manage children where there are child protection concerns appropriate to the level of training (includes the ability to undertake a child protection medical examination under supervision, using a standard proforma)
- be trained and competent in undertaking forensic sexual assault assessments in children and young people as set out in Guidelines for Paediatric Forensic examinations in relation to possible child sexual abuse (FFLM and RCPCH 2012)
- be able to work with children, young people and families where there are child protection concerns as part of the multi-disciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person
- be able to present safeguarding/child protection concerns verbally and in writing for professional and legal purposes as required (and as appropriate to role, including case conferences, court proceedings, core groups, strategy

meetings, interagency referral discussions, family group conferences, and for children, young people and families)

- be able to provide clinical support and supervision to junior colleagues and peers
- be able to contribute to inter-agency assessments and to undertake an assessment of risk when required
- be able to identify and outline the management of children and young people in need of support
- be able to act proactively to reduce the risk of child/young person maltreatment occurring
- be able to contribute to and make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice
- be able to participate in and chair multi-disciplinary and multi-agency meetings as required
- be able to apply lessons from serious case reviews/case management reviews/significant case reviews
- be able to contribute to risk assessments
- be able to compile chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources
- be able to contribute to a management plan for Fabricated or Induced Illness (FII)
- be able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated
- be able to assess (as appropriate to the role) the impact of parental issues on children, young people, and the family, including mental health, learning difficulties, substance misuse, and domestic abuse
- be able to complete the audit cycle and/or research related to safeguarding/child protection as part of appropriate clinical governance and quality assurance processes
- be able to obtain support and help in situations where there are problems requiring further expertise and experience

- be able to appear as a professional witness in civil and criminal proceedings.

Attitudes and values

By the end of the module in Safeguarding Children and Young People, you will:

- have an understanding of the ways in which one's own beliefs, experience and attitudes might influence professional involvement in child protection work and how to manage these
- understand the importance and benefits of working in an environment that supports professionals
- understand the potential personal impact of safeguarding/child protection work on professionals
- recognise when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience.

On pages 101 - 102 of the CCH curriculum and pages 131 – 132 of the General Paediatrics curriculum, there are tick boxes for the attainment of competences for acute presentations (physical injury, head injury, vaginal and rectal bleeding, self-harm, apnoeic episodes as an infant) and outpatient presentations (faltering growth, soiling/wetting/vaginal discharge, behavioural change, repeated or bizarre physical symptoms). These are specific competences that relate to many of the above competences.

Intercollegiate competences (Level 4)

Core competences

By the end of the module in Safeguarding Children and Young People, you will:

- be able to contribute as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols*
- be able to effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice

- be able to facilitate and contribute to own organisation audits, multi-agency audits and statutory inspections
- be able to work with the safeguarding/child protection team and partners in other agencies to
 - conduct safeguarding training needs analysis*, and
 - commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered*
- be able to undertake and contribute to serious case reviews/case management reviews/significant case reviews (including the child practice review process in Wales), individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertake chronologies and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies*
- be able to co-ordinate and contribute to implementation of action plans and the learning following the above reviews with the safeguarding team
- be able to work effectively with colleagues from other organisations, providing advice as appropriate
- be able to provide advice and information about safeguarding to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers*
- be able to provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases*
- be able to provide safeguarding/child protection supervision and lead or ensure appropriate reflective practice is embedded in the organisation, to include peer review*
- be able to participate in sub-groups, as required, of the LSCB/the safeguarding panel of the health and social care trust/the Health Board's child protection strategic group in Scotland/the safeguarding committee of the Health Board or Trust in Wales*
- be able to lead/oversee safeguarding quality assurance and improvement processes*
- be able to undertake risk assessments of the organisation's ability to

safeguard/protect children and young people*.

Knowledge and understanding

By the end of the module in Safeguarding Children and Young People, you will:

- be aware of best practice in safeguarding/child protection
- be aware of latest research evidence and the implications for practice
- have an advanced understanding of child-care legislation, information sharing, information governance, confidentiality and consent including guidance from professional bodies
- have a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in the maltreatment of children and young people
- have an advanced knowledge of relevant national and international issues, policies and implications for practice
- understand the commissioning and planning of safeguarding/child protection health services*
- know the difference between the professional and expert role in the court process
- know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards.

Skills

By the end of the module in Safeguarding Children and Young People, you will:

- be able to give advice about safeguarding/child protection policy and legal frameworks
- be able to support colleagues in challenging views offered by other professionals, as appropriate
- be able to advise other agencies about the health management of child protection concerns
- be able to analyse and evaluate information and evidence to inform inter-agency decision-making across the organisation
- be able to participate in a serious case review/case management

review/significant case review or other locally determined review, leading internal management reviews as part of this

- be able to support others across the organisation in compiling a chronology and review about individual children/young people, and in summarising and interpreting information from a range of sources
- be able to develop a management plan for Fabricated and Induced Illness (FII) and to support colleagues involved in individual cases
- be able to lead service reviews, under supervision*
- be able to establish safeguarding/child protection quality assurance measures and processes*
- be able to undertake training needs analysis, and to teach and educate health service professionals*
- be able to review, evaluate and update local guidance and policy in light of research findings
- be able to advise and inform others about national and international issues and policies and the implications for practice
- be able to deal with the media and organisational public relations concerning safeguarding/child protection*
- be able to work effectively with colleagues in regional safeguarding/child protection clinical networks*.

Section 3 Practical Procedures and Investigations in Safeguarding Children and Young People

Practical Procedures and Investigations

Doctors undertaking this SPIN Module are expected to meet the practical safeguarding competencies within the Level 3 CCH curriculum⁷. Where these competences have already been demonstrated as part of Level 3 training, some or all of this prior experience may be counted towards completion of this SPIN Module. Please see the generic SPIN Module guidance on the RCPCH website for more detail of how and when past experience can be considered.

In addition, the following core (and case specific) competencies in the examination of children with suspected sexual abuse are required.

By the end of the module in Safeguarding Children and Young People you will:

- understand the range of forensic procedures and investigations in children and young people with suspected sexual abuse and how these relate to clinical and legal requirements
- be competent in ensuring the chain of evidence
- be competent at using a colposcope for the examination of children suspected of being sexually abused or who might have undergone or be at risk of FGM
- be competent at obtaining good quality photo-documentation
- know how to ensure safe storage of intimate images⁸
- know how to assess risk, prophylaxis (both to those at risk and post-exposure), screening and management in relation to sexually transmitted infection (see Chapter 11 of The Physical Signs of Child Sexual Abuse – ‘the Purple Book’⁹).

⁷The current version of the Community Child Health curriculum is available to download at <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/sub-specialty-training/communit>.

⁸http://www.rcpch.ac.uk/system/files/protected/page/Service%20Specification%20for%20the%20clinical%20evaluation%20of%20CYP%20who%20may%20have%20been%20sexually%20abused_September_2015_FINAL.pdf

⁹ <http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/published-rcpch/physical-signs-child-sexual>

Section 4 Assessment Strategy for Safeguarding Children and Young People

Assessment Guidance

Paediatric trainees undertaking a SPIN are expected to follow the Level 3 training assessment strategy, as outlined below. Trainees are advised to check the RCPCH website for further information on how to carry out these assessments and what is expected from those involved in the process. Non-trainees undertaking SPIN must demonstrate evidence against all competencies, but are not bound by the trainee assessment strategy. However, some of the assessments below e.g. multi-source feedback, may still be accessible and relevant.

Within the current work based assessment requirements for Level 3 training, paediatric trainees undertaking the special interest module of assessment are recommended to undertake at least the following number of assessments specially related to Safeguarding Children and Young People:

Assessment type	Frequency
Paediatric Case Based Discussion (ePaedCbD):	4 per year
Paediatric Mini Clinical Evaluation Exercise (ePaedMiniCeX)	2 per year
Directly Observed Procedure Skills (DOPS)	1 per relevant procedure
Direct observation of communication (DOC)	3 per year
Multi-Source Feedback (ePaedMSF)	1 per year (as part of appraisal/ revalidation process)

Content of work based assessments

ePaedMiniCeX assessments must include at least one involving taking consent and at least one case of CSA.

ePaedCbD assessment should cover a range of cases including at least 2 complex cases e.g. difficulty with consent, uncertain findings, requirement to attend court etc.

DOPS assessment should be of a CSA examination, including forensic sampling under supervision.

DOCs should include at least one witness statement/court report. Further evidence which should be provided and may be completed as a DOCs includes:

- A written, detailed chronology for at least 1 complex case
- Contribution to a health report for a serious case review, significant case review/internal management review and/or a child protection related clinical incident (minimum of 1).

ePaedMSF should include feedback from at least 12 health professionals (consultants, seniors, peers, junior doctors, nurses, allied health professionals) including from a Safeguarding Children and Young People specialist and/or a Paediatrician with a special interest in Safeguarding, as well as general paediatrics to provide feedback on work performance.

Further evidence which should be provided within the e-portfolio includes:

- Contribution to a child in need assessment
- Participation in a child death review process
- Regular (ie monthly) attendance at peer review meetings to present their cases and receive feedback. The RCPCH service specification for the clinical evaluation of children and young people who may have been sexually abused (2015)¹⁰ recommends at least 4 CSA peer reviews per year.

¹⁰

http://www.rcpch.ac.uk/system/files/protected/page/Service%20Specification%20for%20the%20clinical%20evaluation%20of%20CYP%20who%20may%20have%20been%20sexually%20abused_September_2015_FINAL.pdf

Appendix 1: Paediatrics Standards Checklist

Speciality: Special Interest Module in Safeguarding Children and Young People

These standards were derived to assist in the assessment of the paediatric training standards in your deanery.

The Programme (which may consist of several posts) should provide:

1. Supervision	✓/X
<p>1.1 A clinical supervisor who is a consultant paediatrician working in, or having recently worked in, safeguarding children or child protection as a Named Doctor (in Scotland, Paediatrician with a special interest in child protection) or Designated Doctor (in Scotland, Lead Paediatrician in child protection).</p> <p>The 'consultant' could also be a senior paediatrician such as an associate specialist who acts as consultant in his/her weekly programme and is therefore 'equivalent to a consultant' and who has particular expertise in child protection and is recognised as such by the employer and working colleagues. All supervisors should be trained in assessment and appraisal, and have sufficient time allocated to undertake this work.</p>	
1.2 Evidence that the assessment strategy is being delivered.	
1.3 Trainers who receive appropriate training on the delivery of the assessment strategy.	
1.4 There is appropriate supervision to ensure patient safety.	
2. Other Personnel	✓/X
2.1 A minimum of two Consultants with a special interest in safeguarding to support and supervise.	
2.2 At least one ST4 – 8 within the department.	
2.3 Access to specialist expertise in paediatric neurology, Emergency Department (ED), Paediatric Intensive Care Unit (PICU), paediatric radiology, paediatric orthopaedics, ophthalmology, Child and Adolescent Mental Health Service (CAMHS) and services for the disabled, and named and designated doctors, nurses, midwives and managers.	
3. Service requirements and facilities	✓/X
<p>3.1 Specialty specific requirements of subspecialty department:</p> <ul style="list-style-type: none"> Robust models of multi-disciplinary working and inter-agency working 	

<p>with regular meetings to enable trainees to participate in joint working as part of a team with primary care, local authorities, education, social services, police and voluntary agencies.</p> <ul style="list-style-type: none"> • Clinic facilities must have disabled access and be adequate for the assessment of children, including examination couches, appropriate scales, height measures, colposcope with facilities for photo-documentation forensic facilities and nursing support as appropriate. 	
<p>3.2 Specialty specific requirements of related clinical departments that are involved in delivery of the curriculum:</p> <ul style="list-style-type: none"> • Child Sexual Abuse specialist services including a 'hub' or 'spoke' and on call rota for acute cases.¹¹ • Access to a specialist facility for training in examination of children where Female Genital Mutilation (FGM) is suspected or where a child is considered 'at risk' for FGM. 	
<p>3.3 Specialty specific requirements of service departments relevant to delivery of curriculum (e.g. investigation departments, Paediatric Audiovestibular Medicine (PAMs) departments, surgery or anaesthesia):</p> <ul style="list-style-type: none"> • Access to investigation facilities e.g. haematology, biochemistry, specialist metabolic, immunology, microbiology, x-ray, CT, MRI, medical illustration. 	
<p>3.4 Specialty specific requirements of clinical networks:</p> <ul style="list-style-type: none"> • Access to specialist expertise in paediatric ophthalmology, forensic odontology, burns (preferably a dedicated children's burns unit), dermatology with expertise in safeguarding. 	

4. Educational activities and training ✓/X

<p>4.1 Specialty specific clinical exposure required to provide sufficient learning opportunities:</p> <ul style="list-style-type: none"> • Trainees should participate in a full range of child protection and safeguarding work. This includes examination and assessment of the individual child (emergency and routine), report writing, attendance at strategy meetings and child protection case conferences, child death meetings (SUDI process), long term follow up of cases, preparation of court reports and attendance at court (may be for observation only), in the order of 30 new cases, including 10 - 20 followed through the multiagency process. • Opportunities to participate in the examination and assessment of children who may have been sexually abused (acute and historical), with supervision from a consultant (in the order of 6 cases). If this proves difficult due to lack of access, cases may include attendance at peer review in addition to cases seen under direct supervision. 	
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¹¹

http://www.rcpch.ac.uk/system/files/protected/page/Service%20Specification%20for%20the%20clinical%20evaluation%20of%20CYP%20who%20may%20have%20been%20sexually%20abused_September_2015_FINAL.pdf

<ul style="list-style-type: none"> • Contribute to a child in need assessment (in the order of 5 cases). • Write a detailed chronology for at least 1 complex case. • Contribute to a health report for serious case review, internal management review and/or child protection related clinical incident (minimum 1). • Participate in child death process (minimum 1). • Regular attendance at peer review meetings to present their cases and receive feedback (RCPCH Peer Review guidance (2012) recommends monthly attendance, and the RCPCH service specification for the clinical evaluation of children and young people who may have been sexually abused (2015) recommends at least 4 CSA peer reviews per year). 	
<p>4.2 Specialty specific requirements for structured training opportunities to include courses: This should include:</p> <ul style="list-style-type: none"> • Training the trainers e.g. trainer ALSG/CPRR course • Court skills training e.g. RCPCH course • Mini pupillage with Family Courts or equivalent (1 day or more) • Children’s rights training • Observe duty Social Worker or attend a MASH (1 day). • Risk assessment training • Forensic skills • RCPCH Child Protection: Examination to Court course 	
<p>4.3 Specialty specific requirements for other experiential learning (excluding clinics and ward rounds):</p> <ul style="list-style-type: none"> • Attendance at an adoption panel and opportunities to undertake clinical assessment of children placed for adoption and/or looked after children. 	

5. Working patterns	✓/X
5.1 Safe cover arrangements for paediatric department out of hours in line with RCPCH guidance.	
5.2 Evidence of compliance with existing employment rules to working time.	
5.3 Working intensity and pattern that is appropriate for learning.	
5.4 Access to sub-specialty training time which allows achievement of the competences throughout the programme.	
5.5 This post forms part of a complete paediatric training programme which provides a minimum of five years of acute clinical experience, including out of hours. (Trainees only).	

6. Specific Post requirements	✓/X
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<p>6.1 Enabled to learn new, necessary skills, and covering the required curriculum.</p> <ul style="list-style-type: none"> • Assessment of child sexual abuse including forensic examination, investigation and prevention for sexually transmitted disease, contraception and ongoing health needs. • Multiagency working with police, forensic practitioners, social services and counselling services. 	
<p>6.2 Specialty specific marker conditions trainee should be exposed to:</p> <ul style="list-style-type: none"> • Trainees should participate in the full range of child protection and safeguarding work. 	
<p>6.3 Specialty specific skills/procedures trainee needs to complete:</p> <ul style="list-style-type: none"> • Examination for child sexual abuse including colposcopy with photo documentation. 	

7. Access to clinics and ward rounds and long term care of patients ✓/X

7.1 Specialty specific numbers and types of clinics expected to attend (including outreach clinics):

- Regular participation in daytime and out of hours child protection rota, in the order of 1 day per week or 1 week in 4.

7.2 Specialty specific combined clinics expected to attend:

- At least 1 clinic per month which could include CAMHS, genito-urinary medicine, adolescent gynaecology, FGM, young people's clinic.

7.3 Specialty specific involvement in service for vulnerable children service for 16-18 year olds:

- Observe services seeing this age group e.g. youth offending teams, looked after children teams, family planning clinics, sexual health clinics.

8. Meetings ✓/X

8.1 Specialty specific multi-professional meetings expected to be exposed to:

- Observation of the work of the Local Safeguarding Board /Child Protection Committee and sub-committees and involvement with one Serious/Significant Case Review.
- Attend meeting for the multi-agency risk assessment of domestic violence.
- Multiagency work including rapid response SUDIC and Child Death Overview Panel.
- Regular meeting to enable trainees to actively participate in strategic and joint working as part of multiagency teams e.g. LSCB, Serious Case Reviews, and Trust safeguarding meetings.

9. Clinical governance		✓/X
9.1 Evidence of trainee's participation in clinical governance (eg regular peer review attendance, completing an audit related to safeguarding, attendance at serious/significant case reviews and/or critical incident meetings in relation to safeguarding).		
9.2 Evidence of trainee's participation in clinical guideline development.		
9.3 Adequate opportunity to develop a safeguarding audit or other clinical governance activity.		
9.4 Observe a debriefing meeting, e.g. emergency department/PICU.		

10. Teaching, appraising and assessing		✓/X
10.1 Opportunities for delivering, developing and evaluating formal and informal teaching (e.g. mandatory child protection training programme in health, multiagency training, trainer on ALSG/CPRR training or other appropriate training, lessons learnt from serious/significant case reviews, training needs analysis).		
10.2 Opportunities to be involved in the appraisal and assessment of others.		
10.3 Opportunity for involvement in supervision of others.		
10.4 Opportunity to be supported and to give support to others.		

11. Research		✓/X
11.1 Provide opportunities to be involved in clinical research.		

12. Management		✓/X
12.1 Opportunities to be involved in management e.g. participation in management meetings and projects e.g. implementation of recommendations from serious case reviews/significant case reviews.		
12.2 Challenging others and working with others showing evidence of negotiating skills (escalation policy).		
12.3 Develop, update and/or implement evidence based care pathway.		
12.4 Participate in health organisation safeguarding children structure and clinical governance programme.		
12.5 Observe/participate in the work with commissioners and with local management, national inspections within health e.g. Care Quality Commission and including in partnership with other agencies e.g. Joint area review.		

In memory of Dr Michelle Zalkin 1973-2013

In 2007, Michelle Zalkin planned her training to become a consultant community paediatrician with an interest in Child Safeguarding and for this to be recognised she decided there needed to be a SPIN Module. Through her amazing talent, determination and passion, she wrote the skills and competencies which form the basis for this updated 2015 SPIN in safeguarding. Her hard work and dedication is greatly appreciated by the College, the Safeguarding SPIN development team and all paediatricians, children and their families who will benefit.

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- Child Protection Special Interest Group
- General Paediatrics College Specialty Advisory Committee

If you require further information regarding RCPCH SPIN Modules please see the SPIN pages of the RCPCH website (www.RCPCH.ac.uk), or e-mail spin@RCPCH.ac.uk