

# Named Doctor for Child Protection<sup>1</sup>

## Model Job Description and Competencies

In August 2019, RCPCH published *Safeguarding children and young people: roles and competencies for paediatricians* to ensure that our members fully understand the competencies that are required of them at Level 3 and 3+ (paediatricians and paediatricians in training).

The content here in this document has been taken from the full intercollegiate document *Safeguarding children and young people: roles and competencies for healthcare staff*, published by the Royal College of Nursing in January 2019. It describes the competencies for those working at Level 4 as well as setting out the model job description for these roles.

## Model Job Description

*The information contained in this section has been taken from Appendix 2 of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. Fourth Edition, 2019. RCN: London.*

All healthcare staff need education, support and leadership both locally and nationally in order to fulfil their duties to safeguard and protect children and young people. This document provides additional guidance and aids interpretation of the competence statements in the competency framework. The generic model job descriptions can be amended as appropriate according to national and local context.

**It should be noted that the Named and Designated professional are distinct roles and as such must be separate post holders.**

**It should also be noted that these roles are dedicated posts and should not be combined with responsibilities for adult safeguarding or looked-after children.**

The job descriptions of specialist professionals should reflect an appropriate workload, covering both roles and responsibilities for child protection and for the rest of their work. Job descriptions should be agreed by the employing organisation.

All provider organisations should have a named doctor or nurse for child protection, a named midwife (in organisations delivering maternity services), a named health professional in ambulance organisations and named GP for organisations commissioning

---

<sup>1</sup> In Scotland child protection advisors and lead clinicians undertake this function.

primary care. In England, GP surgeries are expected to have a lead GP for safeguarding children. In Scotland, child protection advisors and lead clinicians undertake this function.

## **1. Person specification**

The post holder must have an enhanced disclosure check. Named and designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The named doctor should:

1. Hold consultant status or a senior post with equivalent training and experience
2. Have completed higher professional training (or achieved equivalent training and experience) in paediatrics or child and adolescent psychiatry. In exceptional circumstances where the organisation has no children's services, the Named doctor should be a practising clinician, who has status within the organisation, have evidenced safeguarding/child protection training to level 3, and who has regular supervision from the designated doctor for the area
3. Have considerable clinical experience of assessing and examining children and young people as appropriate to the role to include safeguarding (or risk assessment of adult mental health patients in relation to safeguarding)
4. Be currently practising (or have held an active clinical position in the previous two years) in the field of safeguarding/child protection and be of good professional standing
5. Have an understanding of legal and forensic medicine as it relates to safeguarding/child protection.

## **2. Duties**

1. Support all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children and young people.
2. Be responsible to and accountable within the managerial framework of the employing organisation.
3. At all times and in relation to the roles and responsibilities listed, work as a member of the organisation's safeguarding/child protection team.

## **3. Inter-agency responsibilities**

- a) Participate in multi-agency subgroups of the LSP/the safeguarding panel of the health and social care trust/the area child protection committee, the area multidisciplinary health group and the trust/organisation safeguarding committees.
- b) Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to safeguarding/child protection.

## **4. Leadership and advisory role**

- a) Support and advise the board of the healthcare organisation about safeguarding/child protection.
- b) Contribute to the planning and strategic organisation of safeguarding/child protection services.

- c) Work with other specialist safeguarding/ child protection professionals on planning and developing a strategy for safeguarding/child protection services.
- d) Ensure advice is available to the full range of specialties within the organisation<sup>2</sup> on the day-to-day management of children and families where there are safeguarding/child protection concerns.<sup>3</sup>
- e) Provide advice (direct and indirect) to colleagues on the assessment, treatment and clinical services for all forms of child maltreatment including neglect, emotional and physical abuse, fabricated or induced illness (FII), child sexual abuse, honour-based violence, trafficking, sexual exploitation, detention and within the prevent strategy.

## 5. Clinical role (where relevant)

- a) Support and advise colleagues in the clinical assessment and care of children and young people where there are safeguarding/child protection concerns, as part of own clinical role, whilst being clear about others personal clinical professional accountability.
- b) Support and advise other professionals on the management of all forms of child maltreatment, including relevant legal frameworks and documentation.
- c) Assess and evaluate evidence, write reports and present information to child protection conferences and related meetings.
- d) Provide advice and signposting to other professionals about legal processes, key research and policy documents.

## 6. Co-ordination and communication

- a) Work closely with other specialist safeguarding/child protection professionals across the healthcare services.<sup>4</sup>
- b) Ensure the outcomes of health advisory group discussions at an organisational level are communicated to the safeguarding/child protection team and other staff, as appropriate.
- c) Work closely with the board-level executive lead for safeguarding/child protection within the healthcare organisation.
- d) Liaise with professional leads from other agencies, such as education and children's social care.

## 7. Governance: policies and procedures

- a) Ensure that the healthcare organisation has safeguarding/child protection policies and procedures in line with legislation, national guidance, and the guidance of the LSP/the safeguarding panel of the health and social care trust/ the child protection committee.
- b) Contribute to the dissemination and implementation of organisational policies and procedures.
- c) Encourage case discussion, reflective practice, and the monitoring of significant events at a local level.

---

<sup>2</sup> Including, but not limited to, primary healthcare, Accident and Emergency (A&E), orthopaedics, obstetrics, gynaecology, child and adult psychiatry

<sup>3</sup> The range of specialties will be specific to the organisation in which the named professional works - for example, in a secondary care setting this may include, ophthalmology, A&E, obstetrics, and orthopaedics, while in a community setting this may include general practice, health visiting, mental health, drug and alcohol abuse, housing, and learning disability.

<sup>4</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

## 8. Training

- a) Work with specialist safeguarding/ child protection professionals across healthcare services<sup>5</sup> and with the training sub-groups of the LSP/the safeguarding panel of the health and social care trust/the child protection committee to agree and promote training needs and priorities.
- b) Ensure that every site of the health organisation has a training strategy in line with national and local expectations.
- c) Contribute to the delivery of training for health staff and inter-agency training.
- d) Evaluate training and adapt provision according to feedback from participants.
- e) Tailor provision to meet the learning needs of participants.

## 9. Monitoring

- a) Advise employers on the implementation of effective systems of audit.
- b) Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards.
- c) Contribute, as clinically appropriate, to serious case reviews/case management reviews/significant case reviews, and individual management reviews/ individual agency reviews/internal management reviews.
- d) Disseminate lessons learnt from serious case reviews/case management reviews/significant case reviews, and advise on the implementation of recommendations.

## 10. Supervision

- a) Provide/ensure provision of effective safeguarding/child protection appraisal, support, peer review and supervision for colleagues in the organisation.
- b) Contribute to safeguarding/child protection case supervision/peer review.

## 11. Personal development

- a) Meet the organisation's and the professional body's requirements for training attendance.
- b) Attend relevant local, regional, and national continuing professional development activities to maintain competencies.
- c) Receive regular safeguarding/child protection supervision/peer review and undertake reflective practice.
- d) Recognise the potential personal impact of working in safeguarding/child protection on self and others, and seek support and help when necessary.

## 12. Appraisal and job planning

- a) Receive annual appraisal as per the requirement by the regulatory body, from a professional trained in effective appraisal. Where the appraiser has no specialist knowledge of safeguarding/ child protection or the knowledge of the individual's professional context and framework<sup>6</sup> they should seek input into the process from the designated professional.
- b) Named doctors should receive an annual job plan review to include objective setting for the safeguarding element of the post. Input from the designated doctor

---

<sup>5</sup> This also includes Public Health and LA commissioning, and private healthcare and Independent provider.

<sup>6</sup> The appraiser should consult with someone with specialist child protection knowledge and experience.

should be encouraged to ensure objectives cover the safeguarding element of the post.

### 13. Accountability

- a) Be accountable to the chief executive of the employing body.
- b) Report to the medical director, nurse director or board lead with primary responsibility for children's services and safeguarding within the organisation.

### 14. Authority

1. Should have the authority to carry out all of the above duties on behalf of the employing body and should be supported in so doing by the organisation and by colleagues.

### 15. Resources required for the post

Professionals' roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their child safeguarding responsibilities effectively.<sup>7</sup>

- a) The time required to undertake the tasks outlined in this job description will depend on the size and needs of the population, the number of staff, the number and type of directorates/ operational units covered by the healthcare organisation, whether the organisation provides tertiary services and the level of development of local safeguarding/child protection structures, process and function<sup>8</sup>
- b) The healthcare organisation should supply dedicated secretarial and administrative support for named professionals.
- c) The employing body should ensure that during a serious case review/ case management review/significant case review the professional is relieved of some of their other duties. The employing body should delegate these appropriately to ensure that the work of the specialist safeguarding/child protection professional is still carried out effectively.
- d) The healthcare organisation should supply additional support when the professional is undertaking an individual management review/individual agency review/internal management review, as part of a serious case review/case management review/significant case review.
- e) Given the stressful nature of the work, the healthcare organisation should provide safeguarding/child protection focused support and supervision for the specialist professional.

---

<sup>7</sup> There should be a named doctor and named nurse in every healthcare organisation, and a named midwife within all Maternity Units. In ambulance organisations there should be a named health professional.

<sup>8</sup> Co-operating to Safeguard (2003), 3.22, p22 'it is essential that both board (under review) designated and Trust named nurses have their time protected to enable them to fulfil the demand of their child protection roles'.

The table below is a minimum guide to the resources required for the role.

## Named safeguarding doctor's programmed activities\* per year

Activity	*A programmed activity (PA) is equal to approximately four hours of work		
	Meetings per annum (in PAs)	Admin per annum (in PAs)	Notes
LSP sub committees	4	2	
Health Professionals' Advisory Group	4	2	
Trust/organisation's safeguarding committee	4	2	
Serious case reviews	6	6	This equates to participating in one review per year
Training	12	12	
Quality assurance, for example, audit, etc.	6	6	
Peer review	12		
Meeting with designated personnel	12		
Sub total	60	30	=90
Total		<b>Total per annum (PAs) = 90</b> 2-2.5 programme activities (PAs) per week (calculated within 42 working weeks)	
<b>Note</b>			
<p>Job plans are negotiable on an annual basis and doctors should ensure they have good evidence with well structured job plan diaries if there is a need to alter the dedicated time to reflect their named duties. Named duties should be clearly identified in the job plan as additional responsibilities and separate from clinical duties. They may also include, for example, clinical child protection work. Supporting professional activities within the job plan should also include time for CPD and development for the named doctor role.</p> <p>PAs should take into account the local team infrastructure of designated and named professionals, admin and other local support, the numbers and requirements for attendance at subgroups/committees and the numbers of SCRs and the expertise of the individual. Other factors that should be considered include the local deprivation indices, the local child population (under 18), the numbers of children subject to child protection plans and whether the organisation provides tertiary care.</p>			

This outline is based on the duties and responsibilities of the named professional described in:

### In England

1. Department for Education. Working Together to Safeguard Children. 2018: [www.gov.uk/government/publications/workingtogether-to-safeguard-children--2](http://www.gov.uk/government/publications/workingtogether-to-safeguard-children--2) [accessed 20/9/18]
2. Children Act 1989: [www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents) [accessed 20/9/18]

3. Laming. The Victoria Climbié Inquiry: Report of an Inquiry. 2003: [www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming](http://www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming) [accessed 20/9/18]
4. Female Genital Mutilation Act 2003: [www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga\\_20030031\\_en.pdf](http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf) [accessed 20/9/18]
5. Children Act 2004: [www.legislation.gov.uk/ukpga/2004/31/contents](http://www.legislation.gov.uk/ukpga/2004/31/contents) [accessed 20/9/18]
6. Children and Young Persons Act 2008: [www.legislation.gov.uk/ukpga/2008/23/contents](http://www.legislation.gov.uk/ukpga/2008/23/contents) [accessed 20/9/18]
7. Children and Families Act 2014: [www.legislation.gov.uk/ukpga/2014/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted) [accessed 20/9/18]
8. Children and Social Work Act 2017: [www.legislation.gov.uk/ukpga/2017/16/contents/enacted](http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted) [accessed 20/9/18]
9. Royal College of General Practice. Safeguarding children and young people a toolkit for General Practice. 2014: [www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguardingchildren-toolkit-for-general-practice.aspx](http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguardingchildren-toolkit-for-general-practice.aspx) [accessed 20/9/18]

### In Scotland

1. Scottish Government. Child Protection Guidance for Health Professionals. 2013: [www.gov.scot/Resource/0041/00411543.pdf](http://www.gov.scot/Resource/0041/00411543.pdf) [accessed 20/9/18]
2. Children (Scotland) Act 1995: [www.legislation.gov.uk/ukpga/1995/36/contents](http://www.legislation.gov.uk/ukpga/1995/36/contents) [accessed 20/9/18]
3. The Age of Legal Capacity (Scotland) Act 1991: [www.legislation.gov.uk/ukpga/1991/50/contents](http://www.legislation.gov.uk/ukpga/1991/50/contents) [accessed 20/9/18]
4. Protecting children and young people Framework of Standards 2004: [www.gov.scot/Publications/2004/03/19102/34603](http://www.gov.scot/Publications/2004/03/19102/34603) [accessed 20/9/18]
5. Scottish Government. Getting it right for every child. 2017: [www.gov.scot/Topics/People/Young-People/gettingitright/publications](http://www.gov.scot/Topics/People/Young-People/gettingitright/publications) [accessed 20/9/18]
6. Scottish Government. Children and Young People's (Scotland) Act 2014: [www.legislation.gov.uk/asp/2014/8/contents](http://www.legislation.gov.uk/asp/2014/8/contents) [accessed 20/9/18]

### In Northern Ireland

1. Department of Health. Co-operating to Safeguard Children. 2017: [www.health-ni.gov.uk/publications/co-operating-safeguardchildren-and-young-people-northernireland](http://www.health-ni.gov.uk/publications/co-operating-safeguardchildren-and-young-people-northernireland) [accessed 20/9/18]
2. Children (Northern Ireland) Order 1995: [www.legislation.gov.uk/nisi/1995/755/contents/made](http://www.legislation.gov.uk/nisi/1995/755/contents/made) [accessed 20/9/18]
3. Department of Health. Safeguarding Board for Northern Ireland Procedures Manual. 2018: [www.proceduresonline.com/sbni](http://www.proceduresonline.com/sbni) [accessed 20/9/18]
4. Protection of Children & Vulnerable Adults (NI) Order (2003): [www.legislation.gov.uk/nisi/2003/417/contents/made](http://www.legislation.gov.uk/nisi/2003/417/contents/made) [accessed 20/9/18]
5. Laming. The Victoria Climbié Inquiry: Report of an Inquiry. 2003: [www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming](http://www.gov.uk/government/publications/the-victoriaclimbie-inquiry-report-of-an-inquiry-by-lord-laming) [accessed 20/9/18]
6. Department of Health. Standards for Child Protection Services. 2008: [www.health-ni.gov.uk/publications/standards-childprotection-services](http://www.health-ni.gov.uk/publications/standards-childprotection-services) [accessed 20/9/18]

7. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007: [www.legislation.gov.uk/nisi/2007/1351/contents](http://www.legislation.gov.uk/nisi/2007/1351/contents) [accessed 20/9/18]
8. Safeguarding Board Act (Northern Ireland) 2011: [www.legislation.gov.uk/niu/2011/7/ contents](http://www.legislation.gov.uk/niu/2011/7/contents) [accessed 20/9/18]

## In Wales

1. Welsh Assembly Government. Safeguarding Children - Working Together Under the Children Act 2004. 2007: <https://gov.wales/topics/health/publications/socialcare/circular/nafwc1207/?lang=en> [accessed 20/9/18]
2. National Assembly for Wales. The review of safeguards for children and young people treated and cared for by the NHS in Wales. Too serious a thing. Carlile Review. [www.wales.nhs.uk/ publications/English\\_text.pdf](http://www.wales.nhs.uk/publications/English_text.pdf) [accessed 20/9/18]
3. Welsh Assembly Government. Response to the Victoria Climbié Inquiry. 2003: [www.assembly.wales/7882ab83c56dce6467f09d29bed126b6.pdf](http://www.assembly.wales/7882ab83c56dce6467f09d29bed126b6.pdf) [accessed 20/9/18]
4. All Local Safeguarding Children Boards in Wales. All Wales Child Protection Procedures: [www.childreninwales.org.uk/policydocument/wales-child-protectionprocedures-2008/](http://www.childreninwales.org.uk/policydocument/wales-child-protectionprocedures-2008/) [accessed 20/9/18]
5. Protecting Children in Wales. Guidance for Arrangements for Multi-Agency Child Practice Reviews. Jan 2013: [www.wales.nhs.uk/ governance-emanual/child-practicereviews](http://www.wales.nhs.uk/governance-emanual/child-practicereviews) [accessed 20/9/18]
6. The Social Services and Wellbeing Act (Wales) 2014: [www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf) [accessed 20/9/18]
7. Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015: [www.legislation.gov.uk/anaw/2015/3/contents/ enacted](http://www.legislation.gov.uk/anaw/2015/3/contents/enacted) [accessed 20/9/18]

## Competency Framework

*The information contained in this section has been taken from pages 50-53 of Safeguarding Children and Young People: roles and competences for health care staff – an intercollegiate document. Fourth Edition, 2019. RCN: London.*

Named Doctors<sup>9</sup> should have core competencies, knowledge, skills and attitudes as outlined for Levels 1-3, in addition to Level 4

### Core competencies<sup>10</sup>

- As outlined for Level 1, 2 and 3.
- Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols.
- Able to effectively communicate local safeguarding knowledge, research and findings from audits, challenge poor practice and address areas where there is an identified training/development opportunity.
- Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections.
- Works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered.
- Undertakes and contributes to serious case reviews/case management reviews/significant case reviews (in Wales child practice reviews)/domestic homicide reviews which include children individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies.
- Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding/child protection team.
- Works effectively with colleagues from other organisations, providing advice as appropriate.
- Provides advice and information about safeguarding/child protection to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.

---

<sup>9</sup> In Scotland, comparable specialist functions are performed by paediatricians with a special interest in child protection.

<sup>10</sup> National Workforce competencies: PH02.06 Work in partnership with others to protect the public's health and well-being from specific risks; HI 127 Develop evidence based Clinical guidelines; PH03.00 Develop quality and risk management within an evaluative culture; MSC B8 Ensure compliance with legal, regulatory, ethical and social requirements; DANOS BC4 Assure your organisation delivers quality services; ENTO L3 Identify individual learning aims and programmes (also HI 37); ENTO L1 Develop a strategy and plan for learning and development; ENTO L4 Design learning Programmes (also HI 39); ENTO L6 Develop training Sessions (also HI 40); ENTO L10 Enable able learning through presentations (also HI 42); MSC A3 Develop your personal networks.

- Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.
- Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- Participates in sub-groups, as required, of the LSP/the safeguarding panel of the health and social care trust/the child protection committee in Scotland/the safeguarding committee of the health board or trust in Wales.
- Leads/oversees safeguarding/child protection quality assurance and improvement processes.
- Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people.

### Knowledge, skills, attitudes and values

Level 4 professionals should have the knowledge, skills and attitudes outlined for levels 1, 2 and 3 (core and also specialist where appropriate), and be able to demonstrate the following areas.

#### Knowledge

- Aware of best practice and emerging practice in safeguarding/child protection.
- Aware of latest safeguarding/child protection research evidence, how to access and the implications for practice.
- Advanced understanding of childcare 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.
- Have an advanced knowledge and understanding of own organisational structures/arrangement in order to be able to challenge and advocate within policies and procedures and practice for safeguarding.
- Understand the commissioning and planning of safeguarding/child protection health services.
- Know about the professional and experts' role in the court process and the role of the reporter to the Children's Panel and the Children's Hearing System.
- 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

- Able to give advice about safeguarding/child protection policy and legal frameworks.
- Able to support colleagues in the escalation process and in challenging views offered by other professionals, as appropriate.
- Able to advise other agencies about the health management of child protection concerns.

- Able to analyse and evaluate information and evidence to inform inter-agency decision making across the organisation.
- Able to participate in a serious case review (in Wales - child practice reviews)/ domestic homicide reviews which include children/ case management review/significant case or other locally determined review, leading internal management reviews as part of this.
- Able to support others across the organisation in writing a chronology and review about individual children/young people, and in summarising and interpreting information from a range of sources.
- Able to develop a management plan for fabricated and induced illness (FII) and to support colleagues involved in individual cases.
- Able to lead service reviews of child protection cases and processes.
- Able to establish safeguarding/child protection quality assurance measures and processes.
- Able to undertake training needs analysis, and to teach and educate health service professionals.
- Able to review, evaluate and update local guidance and policy in light of research findings.
- Able to advise and inform others about national and international issues and policies and the implications for practice.
- Able to deal with the media and organisational public relations concerning safeguarding/child protection.
- Able to work effectively with colleagues in regional safeguarding/child protection clinical networks.
- Able to work closely with adult safeguarding colleagues to ensure effective safeguarding across the whole organisation.

#### **Attitudes and values**

- As outlined in level 1, 2 and 3.

#### **Education and training requirements**

- Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.<sup>11</sup> This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training.<sup>12</sup>
- Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded).
- Named professionals should complete a management programme with a focus on leadership and change management<sup>13</sup> within three years of taking up their post.
- Named professionals responsible for training of doctors are expected to have appropriate education for this role.<sup>14</sup>

<sup>11</sup> Training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach.

<sup>12</sup> Those undertaking level 4 training do not need to repeat level 1, 2 or 3 training as it is anticipated that an update will be encompassed in level 4 training.

<sup>13</sup> This could be delivered by health boards/authorities, in house or external organisations

<sup>14</sup> [www.gmc-uk.org/education/standards-guidance-and-curricula](http://www.gmc-uk.org/education/standards-guidance-and-curricula) and [www.gmc-uk.org/-/media/documents/Standards\\_for\\_curricula\\_and\\_assessment\\_systems\\_1114\\_superseded\\_0517.pdf\\_48904896.pdf](http://www.gmc-uk.org/-/media/documents/Standards_for_curricula_and_assessment_systems_1114_superseded_0517.pdf_48904896.pdf)

- Additional training programmes such as the newly developed Royal College of Paediatrics and Child Health level 4/5 training for paediatricians should be undertaken within one year of taking up the post.
- Training at level 4 will include the update and training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4.

### Learning outcomes

- To be able to contribute to the development of robust internal safeguarding/child protection policy, guidelines, and protocols as a member of the safeguarding team.
- To be able to discuss, share and apply the best practice and knowledge in safeguarding/ child protection including:
  - the latest research evidence and the implications for practice
  - learning lessons and cascading and sharing information with others
  - an advanced understanding of childcare legislation, information sharing, information governance, confidentiality and consent
  - 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
  - an advanced knowledge of relevant national and international issues, policies and their implications for practice
  - understanding the professional and experts' role in the court process.
- To know how to implement and audit the effectiveness of safeguarding/child protection services on an organisational level against current national guidelines and quality standards.
- To be able to effectively communicate local safeguarding knowledge, research and findings from audits.
- To know how to conduct a safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered as part of a safeguarding/child protection team which may include partners in other agencies.
- To know how to undertake and contribute to serious case reviews (in Wales - child practice reviews)/domestic homicide reviews which include children/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, this will include the undertaking and analysis of chronologies, the development of action plans where appropriate, and leading internal management reviews as part of this.
- To be able to work effectively with colleagues from other organisations, providing advice as appropriate eg, concerning safeguarding/ child protection policy and legal frameworks, the health management of child protection concerns.
- To be able to work effectively with colleagues in regional safeguarding/child protection clinical networks.
- To be able to work effectively with adult safeguarding colleagues both locally and regionally.
- To 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.
- To know how to provide specialist advice to practitioners, both proactively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.

- To be able to support colleagues in challenging views offered by other professionals, as appropriate.
- To be able to be a trained provider of safeguarding/child protection supervision and/or support.
- To be able to lead/oversee safeguarding quality assurance and improvement processes.
- To be able to undertake risk assessments of organisational ability to safeguard/protect children and young people.
- To know how to lead service reviews of individual cases and processes.
- To know how to deal with the media and organisational public relations concerning safeguarding/child protection.