

Call for evidence on doctors' roles and responsibilities in child protection

July to September 2010

Summary

This call for evidence asks for your experiences and views on doctors' roles and responsibilities in child protection work. The call for evidence is the first step in the process of developing new General Medical Council (GMC) guidance for all doctors working in this complex and challenging area.

The call for evidence will run from Friday 30 July until Friday 24 September 2010. It is open to anyone with an interest who wishes to respond.

Background

The GMC¹ is developing new guidance for doctors to help them meet the standards of professional conduct and performance the GMC expects of them when their work relates to protecting children and young people from abuse and neglect. The GMC has set up a working group to gather evidence about doctors' roles and responsibilities in child protection work and to make recommendations about the guidance the GMC should issue.

The new guidance will expand on the advice we provide in our core guidance to doctors, *Good Medical Practice*, and its supporting documents.¹ It will promote good practice and enable doctors to work with the confidence that, where they comply with the guidance, their actions will not be subject to censure by the GMC. The new guidance will apply to all doctors who work to protect children, including for example, paediatricians and GPs, and its scope will be UK wide. We expect to hold a public consultation on the draft guidance in mid-2011 and to issue the new guidance at the end of 2011.

The focus of the guidance – and our call for evidence - is on the roles and responsibilities of doctors involved in child protection. But in preparing the guidance it is essential that we understand the current situation from the perspective of all those involved in this area of practice, including doctors and other health professionals, social workers, police, lawyers, children and young people, and their families and carers. We want to hear from people with a wide range of backgrounds and perspectives, including for example, people from Black and minority ethnic (BME) backgrounds, people with disabilities, Gypsy, Roma and Travelling communities, refugees, and asylum seekers.

We want to hear about what works well in practice, as well as any problems or concerns. We also want to hear about examples from your own experiences where possible.

¹ The GMC's core guidance, *Good Medical Practice*, sets out the principles of good practice and the standards expected of all doctors registered with the GMC. *Good Medical Practice* is supplemented by a range of more detailed guidance covering specific topics. The guidance documents relevant to doctors involved in child protection include:

- *0-18 years: guidance for all doctors*
- *Confidentiality*
- *Consent: patients and doctors making decisions together*
- *Acting as an expert witness*

You can access all of our guidance on the 'Guidance on good practice' pages of the GMC website at www.gmc-uk.org/guidance/index.asp

What the call for evidence does not cover

The GMC does not have powers to change court processes, local authority procedures, or legislation. Moreover, the scope of this project does not include the GMC's internal procedures for dealing with concerns about individual doctors' fitness to practise.

This project will not consider concerns or complaints about individual doctors. Advice on what to do if you are concerned about a doctor is on our website at www.gmc-uk.org/concerns/index.asp.

Please consider carefully whether it is necessary to submit information that identifies individuals – see our privacy statement on page 7 of this document for more information.

How to respond

Please send your response to us by **Friday 24 September 2010**.

The call for evidence is web-based – we hope that most respondents will submit their responses to the questions through the consultation pages that can be accessed through the GMC consultation website <https://gmc.e-consultation.net/econsult/default.aspx>.

Alternatively, you can send us your comments either –

by email to standards.consult@gmc-uk.org, or

by post to the Standards and Ethics Team, General Medical Council, Regent's Place, 350 Euston Road, London, NW1 3JN

Please limit your response for each question to 2 pages of text - a maximum of 10,000 characters (including spaces). This will assist us in analysing the responses we receive. Please do not send us any additional materials as we will contact you if we need any further information.

This document, including the questions for the call for evidence, is available in Welsh and is available on request in other languages and alternative formats such as large print or audio. If you would like to receive a copy of this document in another language or an alternative format please contact us on 020 7189 5404 or email us (using the address above) to discuss your specific requirements in more detail.

Please feel free to tell others about this call for evidence if you think they might be interested in responding.

Please read our privacy statement on page 7 of this document before submitting your response. It explains how we will process your information and asks you to tell us if you want us to treat your response as confidential.

Questions

We have identified five questions that we would particularly like to hear from you about. Please feel free to give us your views on as many or as few of the questions as you wish.

We would like to hear about your own experiences, remembering that the new guidance will focus on the role of doctors, including their relationships with other professionals, agencies, children and their families.

In responding to these questions we want to hear about all stages of the child protection process, from doctors identifying and acting on concerns that a child is, or may be, at risk of harm, through to giving evidence in court.

Consent and confidentiality

Doctors who work to protect children must keep the interests and needs of the child at the heart of what they do. This means listening to children and giving them information in a way they can understand; and examining or treating children with their consent, parental consent or other legal authority. It may also involve doctors sharing information about the child and family with other agencies or when acting as a witness giving evidence to the court in order to provide services for the family or to protect a child from abuse or neglect. In these circumstances, the child and their family may have conflicting interests.

Q1. What problems do you see in relation to consent and confidentiality when doctors work with children and their families where there are child protection concerns? If possible, please provide examples of good practice, or areas where problems commonly arise.

Please remember to limit your response to 2 pages.

Relationships with parents,² carers and the wider family

Doctors must ensure that a child's safety and welfare is paramount and takes priority over other considerations. But they should also ensure that the child's family members are treated with dignity and respect, take account of the rights of family members, for example to make decisions about their lives and lifestyle, and provide additional support or help they may need.

Q2. Do you agree with this? If possible, please provide examples of circumstances where a child's and family's needs and rights have been met and respected in the context of child protection proceedings, or occasions where they have been in conflict and how this conflict was managed by doctors.

Please remember to limit your response to 2 pages

Doctors working in partnership

Doctors are expected to work as part of a team alongside other health professionals when they provide treatment and care to a child or young person. Doctors are expected to cooperate with other agencies, such as services for children and young people and the police, where abuse or neglect of a child or young person is suspected or known. Doctors may also be asked to work with colleagues when giving evidence to a court, for example when the court asks experts for all the parties on a case to advise the court on issues on which they agree or disagree.

Q3. What are your views or experiences about how well doctors work with other doctors, professionals and agencies, when there is the possibility of harm to a child?

Please remember to limit your response to 2 pages

Q4. In your experience, what factors help or hinder clarity about who has what roles and responsibilities to protect children and young people? This might include, for example, local working arrangements, and apply to doctors working in different areas of practice, or the way doctors work with other professionals.

Please remember to limit your response to 2 pages

² References to 'Parents' means anyone holding parental responsibility. For example, if a child is 'looked after' parents share parental responsibility with a local authority. A foster carer does not hold parental responsibility if a child is placed with them under a fostering arrangement but they do if they are a child's special guardian or hold a residence order. For further details about who can hold parental responsibility please refer to appendix 2 of *0-18 years: guidance for all doctors*. You can access this at www.gmc-uk.org/guidance/ethical_guidance/children_guidance_appendix_2.asp

Doctors' knowledge skills and experience

The GMC's guidance requires doctors to keep their knowledge and skills up to date, recognise and work within the limits of their competence, and consult and take advice from colleagues where appropriate. These requirements apply to doctors' clinical knowledge and skills and to other professional activities, for example acting as a professional or expert witness in the family court. All doctors have some role in protecting children, but some have additional, specialised knowledge and skills to undertake specific tasks in protecting children.

Q5. What training and other support do doctors need to undertake their particular roles in child protection, for example, in preparing and training to give evidence to the family court? If possible, please provide examples where doctors are (or are not) receiving appropriate training or other support.

Please remember to limit your response to 2 pages

Other issues of interest

Q6. Is there anything else you would like us to consider when deciding the scope and content of guidance we give to doctors about child protection issues? For example:

- a. the factors that affect doctors' readiness to raise concerns of suspected child abuse or neglect or to act as a professional or expert witness.
- b. any gaps or issues lacking clarity in existing guidance available to doctors on child protection issues, from the GMC or other professional and government bodies.

Please remember to limit your response to 2 pages

Privacy statement

Please read this privacy statement before submitting your response.

Sharing concerns about a professional

If we receive information about an identifiable doctor or other professional that raises concerns about their fitness to practise, we may need to take action or disclose relevant information to an appropriate body.

Sharing information outside the remit of this work

We understand that issues overlap, and you may need to provide us with background information that is not directly within the remit of this work. Any information of this kind provided in the evidence will be collated, and forwarded to the appropriate body, dealing appropriately with any sensitive or confidential information. Other bodies might include for example, the Family Justice Council, the Department for Education (and/or government bodies across the UK), or other regulators or professional bodies.

Sharing information from family court proceedings

You will need permission of the court in order to share information or disclose any papers relating to proceedings about children that were held in private. Please contact us if this seriously compromises the information you wish to provide.

Freedom of Information

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by telling us to treat your response as confidential.

Please tell us if you want us to treat your response as confidential.

Data Protection

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the responses to the call for evidence. Any reports published using this information will not contain any personal identifiable information. We may provide anonymised responses to the call for evidence to third parties for quality assurance or approved research projects on request.

Your details

In your response, please tell us your name, organisation (if applicable), and address.

We would also be grateful if you could answer the following three questions in your response:

- a. Would you like to be contacted about the GMC's public consultation on the new guidance (we expect this to take place over spring and summer 2011)?
- b. Are you responding as an individual or on behalf of an organisation?
- c. If you are responding as an individual, which of the following categories best describe you?
 - i Doctor
 - ii Medial student
 - iii Member of the public or patient
 - iv Other healthcare professional
 - v Social worker
 - vi Lawyer
 - vii Other (please give details)

ⁱ The General Medical Council registers and licenses doctors to practise medicine in the UK. Our purpose is summed up in the phrase: *Regulating doctors, Ensuring Good Medical Practice*.

The law gives us four main functions:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education and training
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

To fulfil these functions we provide guidance on standards of professional conduct for all doctors working in the UK.