



Protecting children and young people

The responsibilities of all doctors

Working with doctors Working for patients

General
Medical
Council

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
 - Keep your professional knowledge and skills up to date.
 - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
 - Treat patients politely and considerately.
 - Respect patients' right to confidentiality.
- Work in partnership with patients.
 - Listen to, and respond to, their concerns and preferences.
 - Give patients the information they want or need in a way they can understand.
 - Respect patients' right to reach decisions with you about their treatment and care.
 - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Protecting children and young people: the responsibilities of all doctors

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This guidance was updated on 25 May 2018 to reflect the requirements of the General Data Protection Regulation and Data Protection Act 2018.

You can find the latest version of this guidance on our website at **www.gmc-uk.org/guidance**.

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All children and young people are entitled to protection from abuse and neglect. This guidance aims to help doctors keep children and young people safe, and to support doctors in what will always be a difficult area of practice.

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About this guidance

All children and young people¹ are entitled to protection from abuse and neglect. *Good medical practice*² places a duty on all doctors to protect and promote the health and well-being of children and young people. This means all doctors must act on any concerns they have about the safety or welfare of a child or young person.

Child protection is a difficult area of practice that can involve making decisions that are emotionally challenging, complicated by uncertainty and sometimes go against the wishes of parents.³ Doctors should work with parents and families, where possible, to make sure that children and young people receive the care and support they need. But in cases where the interests and wishes of parents may put the safety of the child or young person at risk, doctors must put the interests of the child or young person first.⁴ Failure to act when a child or young person is at risk can have serious consequences for both the child and their family.

This guidance aims to help doctors to protect children and young people who are living with their families or living away from home, including those being looked after by a local authority.

In this guidance 'abuse or neglect' means physical, emotional or sexual abuse, including fabricated or induced illness, and emotional or physical neglect, which has led, or may lead, to significant harm to a child or young person.^{5, 6, 7}

All doctors have a duty to keep up to date with, and follow, the relevant laws, codes of practice and guidance, including our advice in *Good medical practice*² and *0–18 years: guidance for all doctors*⁸ and our guidance on *Confidentiality: good practice in handling patient information*⁹ and consent.¹⁰ These booklets provide more advice on assessing capacity, and making decisions about treatment relating to the health of children and young people.

In this guidance, the terms 'you must' and 'you should' are used in the following ways.

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are explaining how to meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside a doctor's control that affect whether or how a doctor can follow this guidance.

It is vital that all doctors have the confidence to act if they believe that a child or young person may be being abused or neglected. Taking action will be justified, even if it turns out that the child or young person is not at risk of, or suffering, abuse or neglect, as long as the concerns are honestly held and reasonable, and the doctor takes action through appropriate channels. Doctors who make decisions based on the principles in this guidance will be able to justify their decisions and actions if we receive a complaint about their practice.¹¹

Principles for protecting children and young people

- 1 The following principles should guide all doctors who are concerned about the safety or welfare of a child or young person.
 - a **All children and young people have a right to be protected from abuse and neglect** – all doctors have a duty to act on any concerns they have about the safety or welfare of a child or young person.
 - b **All doctors must consider the needs and well-being of children and young people** – this includes doctors who treat adult patients.
 - c **Children and young people are individuals with rights** – doctors must not unfairly discriminate against a child or young person for any reason.¹²
 - d **Children and young people have a right to be involved in their own care** – this includes the right to receive information that is appropriate to their maturity and understanding, the right to be heard and the right to be involved in major decisions about them in line with their developing capacity (see the advice on assessing capacity in appendix 1 to this guidance).
 - e **Decisions made about children and young people must be made in their best interests** – the factors to be considered when assessing best interests are set out in appendix 2.

- f Children, young people and their families have a right to receive confidential medical care and advice** – but this must not prevent doctors from sharing information if this is necessary to protect children and young people from abuse or neglect.

- g Decisions about child protection are best made with others** – consulting with colleagues and other agencies that have appropriate expertise will protect and promote the best interests of children and young people.

- h Doctors must be competent and work within their competence to deal with child protection issues**¹³ – doctors must keep up to date with best practice through training that is appropriate to their role. Doctors must get advice from a named or designated professional or a lead clinician or, if they are not available, an experienced colleague if they are not sure how to meet their responsibilities to children and young people.¹⁴

Identifying those at risk of, or suffering, abuse or neglect

Key points

- Be aware of risk factors that have been linked to abuse and neglect and look out for signs that a child or young person may be at risk.
- If you are treating an adult patient, consider whether your patient poses a risk to children or young people.
- Keep an open mind and be objective when making decisions. Work in partnership with families where possible.
- If you are not sure about whether a child or young person is at risk or how best to act on your concerns, ask a named or designated professional or a lead clinician or, if they are not available, an experienced colleague for advice.

Roles of all doctors

- 2 You must consider the safety and welfare of children and young people, whether or not you routinely see them as patients. When you care for an adult patient, that patient must be your first concern, but you must also consider whether your patient poses a risk to children or young people. You must be aware of the risk factors that have been linked to abuse and neglect and look out for signs that the child or young person may be at risk.

Risk factors include having parents with mental health or substance-misuse issues, living in a home where domestic violence takes place, or living in poverty.¹⁵ But these circumstances do not necessarily lead to abuse or neglect, and child protection issues exist in all sections of society.

- 3** Identifying signs of abuse or neglect early and taking action quickly are important in protecting children and young people. Working in partnership with parents and families can help children and young people to get the care and support they need to be healthy, safe and happy, and to achieve their potential. You should look out for signs that a family may need extra support, and provide such support if that is part of your role, or refer the family to other health or local authority children's services so they can get appropriate help.¹⁶
- 4** You must know what to do if you are concerned that a child or young person is at risk of, or is suffering, abuse or neglect or, in the case of a pregnant patient, that the child will be at risk of abuse or neglect after birth. This means you should have a working knowledge of local procedures for protecting children and young people in your area.¹⁷ You should know who your named or designated professional or lead clinician is, or you should have identified an experienced colleague to go to for advice, and know how to contact them.
- 5** You must act on any concerns you have about a child or young person who may be at risk of, or suffering, abuse or neglect (see paragraphs 32–38).

Roles of doctors who work with children or young people

- 6** If you work with children or young people, you must have the knowledge and skills to recognise signs and symptoms of abuse and neglect, and to take appropriate and prompt action if necessary.
- 7** You must be open-minded when considering the possible cause of an injury or other signs that may suggest that a child or young person is being abused or neglected. For example, as part of the differential diagnosis you should consider whether an uncommon condition, including a genetic condition, might have caused or contributed to the child's or young person's injury or symptoms. You must also make sure that the clinical needs of children and young people continue to be met and are not overshadowed by child protection concerns.
- 8** You should work with parents and families, where possible, to make sure that children and young people are receiving the care and support they need. This is especially important for children and young people who are living in particularly stressful circumstances – for example, because they are caring for a parent or their parent is in hospital. You should be aware of services in your area that could provide appropriate help, including, for example, services provided by voluntary groups.
- 9** In some cases, it may be difficult to identify where parents' freedom to bring up their children in line with their religious and cultural practices or beliefs becomes a cause for concern about a child's or young person's physical or emotional well-being.¹⁸ You should develop your understanding of the practices and beliefs of the different cultural and religious communities you serve.

- 10** You must make sure your own cultural or religious background does not affect your objectivity. When deciding whether to raise child protection concerns with parents or with other agencies, you must consider the issues impartially and make sure your personal views about parents' and other adults' religious and cultural practices or beliefs do not affect your decisions about them or their family. If in doubt, you should ask for advice from a professional or voluntary organisation that has experience in working with a particular community. Or you should ask for advice from a named or designated professional or a lead clinician or, if they are not available, an experienced colleague.
- 11** If, having discussed the issues with the parents, you still have concerns that a child or young person is at risk of, or is suffering, abuse or neglect, whatever the cause, you must tell an appropriate agency (see the guidance in paragraphs 32–38).
- 12** If you are a named or designated professional or a lead clinician, you should make sure your colleagues know what help you can offer and how to contact you for advice and support.

Communication and support

Key points

- Listen to children and young people and consider their views when making decisions.
- Use communication methods that are appropriate to your patient group. Make reasonable adjustments to provide information that children, young people and their parents want or need to know, in a way they can understand.
- Tell children, young people and their parents when you have concerns about abuse or neglect, and how you will act on these concerns, unless doing this may put the child or young person, or anyone else, at risk of harm.
- Get advice if you are not sure what risks are associated with telling parents about your concerns and how best to manage such risks.

Meeting communication needs

- 13** Meeting the language and communication needs of children, young person and parents is important in any aspect of care, but it is especially important if you suspect abuse or neglect. If you know in advance that child protection concerns will be discussed during a consultation, you should make sure arrangements are in place to meet the language and communication needs of the child or young person and their parents. This might include, for example, using an independent advocate or interpreter. If you suspect abuse or neglect, you must not rely on children or other family members to interpret for the parents or depend on parents to interpret for the child or young person.

- 14** You should be able to use methods of communication that are appropriate to your patient group. For example, if you are communicating with very young children or people with learning disabilities, you should be prepared to use methods such as age-appropriate language, flash cards or signs to communicate effectively. Advice and support from organisations with specialist knowledge of specific disabilities can help you to meet the language or communication needs of children, young people or parents who have particular disabilities.

Communicating with children and young people

- 15** Children and young people are individuals with rights that you must respect. You must listen to children and young people and talk directly to them, taking into account their age and maturity. You must answer their questions honestly and make sure they know who they can go to for help or support (see pages 57–58 of this guidance for examples of organisations that can give advice and support).
- 16** You must take children’s and young people’s views seriously and not dismiss their concerns, fears or views because of their age. Even if children are not mature enough to make decisions for themselves, their views and preferences are still important and you must take them into account when assessing their best interests. For more advice, see paragraphs 14–21 of *0–18 years: guidance for all doctors*.⁸

- 17** In some cases, having a parent in the room during a consultation may discourage a child or young person from being open about what has happened to them, or about any concerns or fears they have. In these circumstances, you should consider speaking to the child or young person without the parent present, in a suitable environment and with appropriate support available to them – for example, by having another health professional, an experienced colleague or a support person present.

Communicating with parents

- 18** Good communication with parents is essential. Parents generally want what is best for their children and are experts in identifying when their child's behaviour is not normal for them and may be due to ill health. You should acknowledge parents' understanding of their children's health, particularly where a child's age or disability makes it difficult to communicate with them.
- 19** Most people do not intentionally harm children in their care. But a small number of parents abuse or neglect their children and are dishonest when telling you about events or their lifestyle. You must listen carefully to parents, children and young people, explore inconsistent accounts and keep an open mind about the cause of a child's or young person's injury or another sign that may suggest abuse or neglect.

- 20** You should normally discuss any concerns you have about a child's or young person's safety or welfare with their parents. You should only withhold information about your concerns, or about a decision to make a referral, if you believe that telling the parents may increase the risk of harm to the child or young person or anyone else. If this is difficult to judge, or you are not sure about the best way to approach the situation, you should ask for advice from a designated or named professional or a lead clinician or, if they are not available, an experienced colleague.
- 21** When discussing your concerns with parents, you should explain that doctors have a professional duty to raise their concerns if they think a child or young person is at risk of abuse or neglect. You should explain what actions you intend to take, including if you are contacting the local authority children's services. You should give the parents this information when you first become concerned about a child's or young person's safety or welfare and throughout a family's involvement in child protection procedures.
- 22** You must keep parents informed about what is happening, give them opportunities to ask questions and be willing to answer their questions openly and honestly. Being open and honest with families when concerns are raised about a child's or young person's safety or welfare, and avoiding judgemental comments or allocating blame, can encourage families to cooperate and help children and young people stay with their families in safety. You should give parents information about where they can get extra support and independent advice (see pages 57–58 of this guidance for examples of organisations that can give advice and support).

Working in partnership

Key points

- Understand the roles of other professionals and agencies responsible for protecting children and young people and work in partnership with them.
- Contribute to child protection procedures and provide relevant information to child protection meetings if you are not able to go to them.
- Know who your named or designated professional or lead clinician is and how to contact them.

Working jointly with others and communicating effectively

- 23** You must work with and communicate effectively with colleagues in your team and organisation and with other professionals and agencies. This includes health visitors, other nurses, social workers and the police.
- 24** You should understand and respect the child protection roles, responsibilities, policies and practices of other agencies and professionals and cooperate with them. You must be clear about your own role and responsibilities in protecting children and young people, and be ready to explain this to colleagues and other professionals.

- 25** You should make sure you have effective systems for communicating with health visitors, child protection leads and other statutory agencies, either on a regular basis or as the need arises. You must know who to contact and how to contact them.

Participating in child protection procedures

- 26** If you are asked to take part in child protection procedures, you must cooperate fully. This should include going to child protection conferences, strategy meetings and case reviews to provide information and give your opinion. You may be able to make a contribution, even if you have no specific concerns (for example, general practitioners are sometimes able to share unique insights into a child's or young person's family).
- 27** If meetings are called at short notice or at inconvenient times, you should still try to go. If this is not possible, you must try to provide relevant information about the child or young person and their family to the meeting, either through a telephone or video conference, in a written report or by discussing the information with another professional (for example, the health visitor), so they can give an oral report at the meeting.

Confidentiality and sharing information

Key points

- Tell an appropriate agency promptly if you are concerned that a child or young person is at risk of, or is suffering, abuse or neglect. Get advice if you are concerned about the possibility of abuse or neglect, but do not believe that the child or young person is at risk of significant harm.
- Ask for consent to share information unless there is a compelling reason for not doing so. Information can be shared without consent if it is justified in the public interest or required by law. Do not delay disclosing information to obtain consent if that might put children or young people at risk of significant harm. Do not ask for consent if you have already decided to disclose information in the public interest.
- Tell your patient what information has been shared, with whom and why, unless doing this would put the child, young person or anyone else at increased risk.
- Get advice if you are not sure what information to share, who to share it with or how best to manage any risk associated with sharing information.

The principles of confidentiality

- 28** Confidentiality is central to the trust between doctors and patients and an essential part of good care. Without assurances about confidentiality, children and young people, as well as adults, may be reluctant to get medical attention or to give doctors the information they need to provide good care.

- 29** Teenagers may be particularly concerned about keeping confidential information from their parents, schools, children’s services, the police and other statutory agencies. Young people, parents and other adults receiving psychiatric care, and other vulnerable people might have similarly increased concerns about sharing confidential information.
- 30** But sharing information appropriately is essential to providing safe, effective care, both for the individual and for the wider community. It is also at the heart of effective child protection. It is vital that all doctors have the confidence to act on their concerns about the possible abuse or neglect of a child or young person.
- 31** Confidentiality is not an absolute duty.⁹ You can share confidential information about a person if any of the following apply.
- a** You must do so by law¹⁹ or in response to a court order.²⁰
 - b** The person the information relates to has given you their consent to share the information (or a person with parental responsibility has given consent if the information is about a child who does not have the capacity to give consent).²¹
 - c** It is justified in the public interest – for example, if the benefits to a child or young person that will arise from sharing the information outweigh both the public and the individual’s interest in keeping the information confidential.

Sharing information about those at risk

32 You must tell an appropriate agency, such as your local authority children's services, the NSPCC or the police, promptly if you are concerned that a child or young person is at risk of, or is suffering, abuse or neglect unless it is not in their best interests to do so (see paragraphs 39 and 40). You do not need to be certain that the child or young person is at risk of significant harm to take this step. If a child or young person is at risk of, or is suffering, abuse or neglect, the possible consequences of not sharing relevant information will, in the overwhelming majority of cases, outweigh any harm that sharing your concerns with an appropriate agency might cause.

33 When telling an appropriate agency about your concerns, you should provide information about both of the following:

- a** the identities of the child or young person, their parents and any other person who may pose a risk to them
- b** the reasons for your concerns, including information about the child's or young person's health, and any relevant information about their parents or carers.

34 You should ask for consent before sharing confidential information unless there is a compelling reason for not doing so. For example, because:

- a** delay in sharing relevant information with an appropriate person or authority would increase the risk of harm to the child or young person

- b** asking for consent may increase the risk of harm to the child, young person, you or anyone else
 - c** you have already decided that disclosure is justified in the public interest.
- 35** You should ask the child or young person for consent if they have the capacity to give it. If not, you should ask a person with parental responsibility. You should also ask for consent from any adults you want to share information about. When asking for consent, you should explain why you want to share information and how it will benefit the child or young person. You should also explain all of the following:
 - a** what information you will share
 - b** who you will share it with
 - c** how the information will be used
 - d** where they can go for independent advice and support (see pages 57–58 of this guidance for examples of organisations).

Sharing information without consent

- 36** You can share confidential information without consent if it is required by law, or directed by a court, or if the benefits to a child or young person that will arise from sharing the information outweigh both the public and the individual's interest in keeping the information confidential. You must weigh the harm that is likely to arise from not sharing the information against the possible harm, both to the person and to the overall trust between doctors and patients of all ages, arising from releasing that information.
- 37** If a child or young person with capacity, or a parent, objects to information being disclosed, you should consider their reasons, and weigh the possible consequences of not sharing the information against the harm that sharing the information might cause. If a child or young person is at risk of, or is suffering, abuse or neglect, it will usually be in their best interests to share information with the appropriate agency.
- 38** If you share information without consent, you should explain why you have done so to the people the information relates to, and provide the information described in paragraph 35, unless doing this would put the child, young person or anyone else at increased risk. You should also record your decision as set out in paragraph 54.

Delay in sharing information

- 39** Any decision to delay sharing information with an appropriate agency where a child or young person is at risk of, or is suffering, abuse or neglect must be taken cautiously and only in circumstances where the increased risk to the safety or welfare of the child or young person clearly outweighs the benefits of sharing information. You must be able to justify your decision. You must record the decision not to immediately share information, along with your reasons and any advice you have received.
- 40** If, exceptionally, you decide that sharing information immediately with the local authority children's services or another appropriate agency would not be in the child's or young person's best interests, you should discuss this with the child or young person, or their parents. You must keep in contact with the child or young person and regularly review the decision to delay sharing information. You must try to make sure that the child or young person gets the care and support they need.
- 41** **In sharing concerns about possible abuse or neglect, you are not making the final decision about how best to protect a child or young person.** That is the role of the local authority children's services and, ultimately, the courts. Even if it turns out that the child or young person is not at risk of, or suffering, abuse or neglect, sharing information will be justified as long as your concerns are honestly held and reasonable, you share the information with the appropriate agency, and you only share relevant information.

Following up your concerns

- 42** You should follow up your concerns and take them to the next level of authority if you believe that the person or agency you told about your concerns has not acted on them appropriately and a child or young person is still at risk of, or is suffering, abuse or neglect.

Minor concerns that might be part of a wider picture

- 43** Risks to children's or young people's safety and welfare often become apparent only when a number of people share what seem to be minor concerns. This may include people from different agencies. If a child's or young person's condition or behaviour leads you to consider abuse or neglect as one possible explanation, but you do not think that they are at risk of significant harm, you should discuss your concerns with your named or designated professional or lead clinician or, if they are not available, an experienced colleague. If possible, you should do this without revealing the identity of the child or young person.

- 44** If your discussions do not provide a clear view about the possibility of abuse or neglect, you should consider sharing limited relevant information with other agencies that are in contact with the child or young person to decide whether there is a risk that would justify sharing further information. Relevant information would include the identity of the child or young person and a brief summary of the cause for concern. You must ask for consent to do this as described in paragraph 35. If the person or people you ask refuse to give consent, you should assess whether the possible benefits of sharing information outweigh those of keeping the information confidential as described as in paragraph 37.
- 45** If you are not satisfied that sharing information is justified in the circumstances, you should regularly review the position, considering the safety and welfare of the child or young person. You should encourage the parents, or child or young person, to get help and support. If you later become concerned that the child or young person is at risk of, or is suffering, abuse or neglect, you must tell an appropriate agency as set out in paragraph 32.

Responding to requests for information

- 46** You should consider all requests for information for child protection purposes seriously and quickly, bearing in mind that refusing to give this information, or a delay in doing so, could increase the risk of harm to a child or young person or undermine efforts to protect them.
- 47** You must respond fully and quickly to a court order asking for information. You must also cooperate with requests for information needed for formal reviews²² carried out after a child or young person has died or been seriously harmed and abuse or neglect is known, or is suspected, to have been a factor. The purpose of such a review is to learn lessons from mistakes and to improve systems and services for children and young people. You should also cooperate with procedures set up to protect the public from violent and sex offenders.²³
- 48** Before sharing confidential information, you should do all of the following.
- a** Check the identity of the person who has asked for the information – for example, by calling them back if you receive a telephone request from a person or agency you do not recognise.
 - b** Check that the request is valid, understand why the person or agency is asking for the information, what information they need, and how they may use the information in the future.
 - c** Make sure that you have met one of the conditions for sharing information set out in paragraph 31.

- 49** You should only share information that is relevant to the request. This will include information about the child or young person, their parents and any other relevant people in contact with the child or young person. Relevant information will include family risk factors, such as drug and alcohol misuse, or previous instances of abuse or neglect, but you should not usually share complete records.²⁴ If you share information without consent you should follow the advice in paragraph 38.
- 50** If you are not sure whether to share information, you should discuss your concerns and the best way to manage any risk to a child or young person with your named or designated professional or lead clinician or, if they are not available, an experienced colleague.

Sharing information in the healthcare team/others providing care

- 51** If a child or young person who is suspected to be at risk of, or suffering, abuse or neglect is referred for specialist healthcare, you should make sure that you include relevant information about the child protection concerns in the referral. You should tell the child or young person, or parents, what has been shared and with whom unless doing this would put the child, young person or anyone else at increased risk.

Keeping records

Key points

- Keep clear, accurate and legible records.
- Make records at the time the events happen, or as soon as possible afterwards.
- Record your concerns, including any minor concerns, and the details of any action you have taken, information you have shared and decisions you have made relating to those concerns.
- Make sure information that may be relevant to keeping a child or young person safe is available to other clinicians providing care to them.

What you should record

52 You must keep clear, accurate and legible records. You must record your concerns, including minor ones, in the child's or young person's records (and in their parents' records if you have access to them). You must also record clinical findings, decisions you have made, actions you have taken, information you have given and received, and conversations you have had with the child, young person, their parents or other family members. You must make the records at the time that the events you are recording happen, or as soon as possible afterwards.

- 53** If you share information, you must record this in the child's or young person's records. If you share information about members of the child's or young person's family, you should include this in their records if you have access to them. You should include details of the information you shared, who you shared it with and why. You should also include whether consent was given and, if so, who gave it.
- 54** If you share confidential information with or without consent, you must record the reasons for your decision. You must record any steps you have taken to seek consent, to inform them about the disclosure, or your reasons for not doing so, and details of any advice you have received.
- 55** If, after getting advice, you decide not to share information, you must be prepared to justify that decision. You must record your decision and your reasons for not sharing information.
- 56** Medical records are made to support safe and effective care but they may be used for other purposes. For example, they may be used when making decisions about a child's or young person's safety or welfare, as they can help build up a picture over time. They may also be used as evidence in court. It is particularly important that records relating to the possible abuse or neglect of a child or young person are full, accurate, dated and timed, and distinguish between clinical findings, your opinions and information provided by others. You should clearly record any continuing uncertainty about the risk of abuse or neglect to a child or young person because this information may be relevant if put together with other information about the child or young person or their family.

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- 57** If there is not enough evidence to support your concerns that a child or young person is being abused or neglected, or the evidence shows that your concerns are not correct, you should record this clearly in the child's or young person's medical record and in their parents' records. You should explain to the child or young person and their parents why information about these events will remain on their medical records.

Storage and access to records

- 58** You should store information or records from other organisations, such as minutes from child protection conferences, with the child's or young person's medical record, or make sure that this information will be available to clinicians who may take over the care of the child or young person. If you provide care for several family members, you should include information about family relationships in their medical records, or links between the records of a child or young person and their parents, siblings or other people they have close contact with.
- 59** Patients, including children and young people, have a legal right to see their own medical records unless this would be likely to cause serious harm to their physical or mental health or to that of someone else. A parent may see their child's medical records if the child or young person gives their consent, or does not have the capacity to give consent, and it does not go against the child's best interests. For more advice, see paragraphs 53–55 of *0–18 years: guidance for all doctors*.⁵

- 60** If you are responsible for storing and disposing of medical records, you must make sure this is done in line with official guidance on managing records, including the retention schedules published by the UK health departments. This applies whether or not you work in the National Health Service (NHS).

Child protection examinations

Key points

- Get consent or other legal authorisation to carry out a child protection examination.
- Make sure the person giving consent understands the purpose of the examination, what it will involve and how the results of the examination might be used.
- Respect a child's or young person's decision to refuse an examination.
- Avoid repeated examinations of a child or young person.

Carrying out a child protection examination

61 This guidance provides advice specifically on child protection examinations. A child protection examination is carried out to look for signs that a child or young person has been abused or neglected. This is different from a clinical examination, which aims to establish what is wrong with the child or young person and what treatment may be needed. We provide guidance on getting consent for clinical examinations, investigations or treatment of children and young people in *0–18 years: guidance for all doctors*.⁵

62 Before carrying out a child protection examination, you must be satisfied that it is necessary and appropriate in the circumstances. You should be clear about what it is designed to achieve and whether the outcome is likely to affect the proposed course of action. You should consider giving the child or young person the option of having another adult present during the examination (this might be a parent, or an independent chaperone, as appropriate).²⁵ You must avoid repeated examinations as these may be harmful to the child or young person.

Asking for consent

- 63** You need consent or other legal authorisation to carry out any child protection examination, including a psychiatric or psychological assessment. You can get consent or authorisation from:
- a** a child or young person who has the maturity and understanding to make the decision²⁶
 - b** a person with parental responsibility if the child or young person does not have the capacity to give consent (it is usually enough to have consent from one person with parental responsibility)
 - c** the courts – for example, the family courts or the High Court.

- 64** You must be satisfied that the person giving consent understands the purpose of the examination and what it will involve. This includes whether photographs or other images will be taken and how the results of the examination might be used – for example, as evidence in court.^{27, 28} You must explain to the person that they have the right to refuse consent, and what may happen if they do this. You must record the discussion in the child or young person’s medical record.
- 65** If the police or another agency tells you that a person with parental responsibility has given consent, you should check that the person has been given the information described in paragraph 64.
- 66** You must keep to the terms of the consent. For example, if someone has given consent for images to be taken for forensic purposes, you should not use the images for other purposes – such as education or training – unless you get separate consent to do this.
- 67** Advice on testing children and young people for a serious communicable disease is set out in paragraphs 16–18 of our explanatory guidance *Confidentiality: disclosing information about serious communicable diseases*.^{28, 30}

When consent is not given

- 68** If a child or young person who has the capacity to consent refuses a child protection examination, you should discuss with them their views and concerns about the examination or what might happen afterwards. But you must respect their decision, even if this may affect the quality of forensic evidence available. Children and young people who are given the information and support they need, and allowed to make decisions for themselves, may later change their decision.
- 69** Sometimes a child or young person may refuse consent because they are afraid of the person who is abusing them, or because they are under pressure to refuse. If you suspect this, you should consider the risk of harm to the child or young person and discuss your concerns with your named or designated professional or lead clinician or, if they are not available, an experienced colleague. If you are concerned about the safety or welfare of the child or young person, you must follow the advice set out in paragraphs 32–38.
- 70** If a child or young person refuses, or their parents refuse, to give their consent to a child protection examination that you believe is necessary, and you believe that the child or young person is at immediate risk of harm, you should contact the police and local authority children's services, which may take emergency action to protect them. If you judge that the risk is not immediate, you should follow the advice set out in paragraphs 32–38.

Training and development

Key points

- Know what to do if you are concerned that a child or young person is at risk of, or is suffering, abuse or neglect.
- Maintain the knowledge and skills to protect children and young people at a level that is appropriate to your role.

Maintaining your knowledge and skills

- 71** You must develop and maintain the knowledge and skills to protect children and young people at a level that is appropriate to your role. Information about the level of child protection training that is needed for different roles, and how often doctors should receive that training, is provided in *Safeguarding children and young people: roles and competences for health care staff*.²⁹ You should also take part in training on how to communicate effectively with a wide range of groups of parents, children and young people.
- 72** If you work with children and young people, you should reflect regularly on your own performance in protecting children and young people, and your contributions to any teams in which you work. You should ask for, and be prepared to act on, feedback through audit, case discussion, peer review and supervision. You should contact your named or designated professional or lead clinician for advice about opportunities to discuss and learn from child protection cases in your local area.

- 73** If you work with adults, you should make sure you are able to identify risk factors in their environment that might raise concerns about abuse or neglect and whether patients pose a risk to children or young people close to them.

Learning from others

- 74** If opportunities are available, you should learn from other colleagues and professionals – for example, by taking part in multidisciplinary training or by sharing best practice and skills. You should also try to develop your knowledge and understanding of issues facing certain groups of people, such as the communication needs of different groups of disabled people.
- 75** If you are a named or designated doctor, a lead clinician or a medical director in a primary care trust, clinical commissioning group or other setting, you should support your colleagues in identifying training and development opportunities.

Doctors giving evidence in court

Key points

- The first duty of all witnesses is to the court.
- Give evidence that is impartial, honest and not misleading.
- Only give testimony and express opinions about issues that are within your professional competence.
- Work within the timescales set by the court.

Duties of all witnesses

76 Whether you are acting as an expert witness or a witness of fact, you have a duty to the court and this overrides any obligation to the person who is instructing or paying you.³⁰ This means you have a duty to act independently and to be honest, trustworthy, objective and impartial. You must not allow your views³¹ about a person to affect the evidence or advice you give.

77 You must understand your role as a witness throughout the court process. You must cooperate with case management, making sure you meet the timescales for producing reports, and going to conferences, meetings or court hearings.

- 78** When giving evidence or writing reports, you must restrict your statements to areas in which you have relevant knowledge or direct experience.
- 79** You must make sure that any report that you write, or evidence you give, is accurate and not misleading. This means you must take reasonable steps to check the accuracy of any information you give, and to make sure that you include all relevant information.
- 80** People who do not have a medical background may rely on your advice and evidence to help them make decisions. Where it is possible to do so without misleading anyone, you should use language and terminology that people who are not medically qualified will understand. You should explain any abbreviations and medical or other technical terminology that you use. Diagrams with explanatory labels can be useful.

Giving evidence as a witness of fact (professional witness)

- 81** Witnesses of fact (also known as professional witnesses) provide professional evidence of their clinical findings, observations and actions, and the reasons for them.
- 82** As a witness of fact, your written and oral evidence should be clear and concise, and must be based on clinical records and notes made at the relevant period of time. You may include some opinion about the findings – for example, about how an injury to a child or young person has been caused – but you should make clear what is factual evidence and what is your opinion based on your professional judgement and experience.

Giving evidence as an expert witness

- 83** The role of an expert witness is to help the court on specialist or technical matters that are within the witness's expertise. Courts find the evidence of expert doctors extremely important in judicial proceedings. An expert witness is able to consider all the evidence available, including defence statements and reports, before forming and providing an opinion to the court.
- 84** You must make sure you understand exactly what questions you are being asked to answer. If your instructions are unclear, you should ask the solicitor instructing you to explain. If the instructions are still not clear, you should not provide expert advice or opinion.
- 85** You must only give expert testimony and opinions about issues that are within your professional competence.³² If a particular question or issue falls outside your area of expertise, you should either refuse to answer or answer to the best of your ability but make it clear that you consider the matter to be outside your competence.³³

- 86** You must give an objective, unbiased opinion and be able to state the facts or assumptions on which it is based. If there is a range of opinions on an issue, you should summarise the range of opinions and explain how you arrived at your own view. If you do not have enough information on which to reach a conclusion on a particular point, or if your opinion is qualified (for example, as a result of conflicting evidence), you must make this clear.³⁴
- 87** If you are asked to give an opinion about a person without the opportunity to consult with or examine them, you should explain any limits that this may place on your opinion. You should be able to justify the decision to provide your opinion.
- 88** If, at any stage, you change your view on any relevant matter, you have a duty to make sure the solicitor instructing you, the other party and the judge are made aware of this without delay. You should tell your instructing solicitor, who should tell the other people who need to know. If the solicitor fails to do this, you should tell the court about your change of view. If you are not sure about what to do, you should ask the court or get legal advice.
- 89** You must respect the skills and contributions of other professionals giving expert evidence, and not allow their behaviour to affect your professional opinion.

Notes and records

90 You must make full and accurate notes of meetings or interviews with the child or young person and other people involved in the case at the time that an event happens or as soon as possible afterwards. Any notes or reports you make must be written fairly and impartially.

Keeping up to date

91 You must keep up to date in your specialist area of practice. You must understand and keep to the law and codes of practice that affect your role as an expert witness. In particular, you should make sure you understand:

- a** how to write a report that follows the procedures set out by the courts
- b** how to give oral evidence.

92 If you have expertise and experience in acting as an expert witness, you should be willing to share your knowledge with colleagues who might be called to give evidence in court to help build their confidence and willingness to give evidence in the future.

Information security

93 You must take all reasonable steps to read all relevant papers and keep them secure while in your possession.

- 94** If you receive information about a person and have reason to believe that they have not given consent for the information to be shared, you should return the information to the person instructing you and seek confirmation that consent has been given.
- 95** You should not reveal confidential information to anyone who is not involved in the court proceedings, unless one of the following is true.
- a** The person the information relates to gives their consent (and there are no other restrictions or limits on sharing the information).
 - b** You must do so by law.
 - c** You are ordered to do so by a court or tribunal.
 - d** Your overriding duty to the court and the administration of justice means that you must reveal the information.

Conflicts of interest

- 96** If there is a possible conflict of interest – for example, you have been professionally or personally involved with one of the people involved in the case in the past, or you have a personal interest in the case – you must make sure the people instructing you, the other party and the judge are made aware of this without delay. You should follow the process for communicating with the court set out in paragraph 88 to do this. You may continue to act as an expert witness only if the court decides the conflict of interest will not affect the case.

Appendix 1 – Assessing the capacity of a child or young person

- 1** For any investigations or treatments you propose, you must decide whether a child or young person is able to understand what is involved, why you need to carry out the investigation or treatment, and what the possible consequences are. They must also understand the consequences of not having the investigation or treatment. They can consent to the investigation or treatment only if they are able to understand, retain, use and weigh up this information, and explain their decision to others. This means you must make sure that a child or young person has received all the relevant information and that it has been thoroughly discussed with them before deciding whether or not they have the capacity to consent to the investigation or treatment.

- 2** The capacity to consent depends more on a child's or young person's ability to understand and weigh up the options than on their age. When assessing their capacity to consent, you should bear both of the following points in mind.
 - a** You can presume that a young person has the capacity to consent at the age of 16 years.

 - b** A person younger than 16 years may have the capacity to consent, depending on their maturity and ability to understand what is involved.³⁵

- 3** It is important that you assess each child's or young person's maturity and understanding, and consider the complexity and importance of the decision to be made. You should remember that a child or young person who has the capacity to consent to straightforward, relatively risk-free treatment may not necessarily have the capacity to consent to complex treatment involving high risks or serious consequences. A child's or young person's capacity to consent can also be affected by their physical and emotional development and by changes in their health and treatment.

Appendix 2 – Assessing best interests

- 1** The ‘best interests’ of a child or young person should be the guiding principle in all decisions that may affect them. Assessing a child’s or young person’s best interests will include what is clinically indicated in a particular case. You should also consider:
 - a** the views of the child or young person, as far as they can express them, including any preferences they have given in the past
 - b** the views of the parents
 - c** the views of other people close to the child or young person
 - d** the cultural, religious or other beliefs and values of the child or young person or their parents
 - e** the views of other healthcare professionals involved in providing care to the child or young person, and of any other professionals who have an interest in their welfare
 - f** which choice, if there is more than one, will least restrict the child’s or young person’s future options.

- 2** This is not a complete list. The importance you attach to each point will depend on the circumstances, and you should consider any other relevant information. You should not make unjustified assumptions about a child’s or young person’s best interests based on irrelevant or discriminatory factors, such as their behaviour, appearance or disability.

Definitions of children, young people and parents

Who are children and young people?

This guidance relates to children and young people from birth until their 18th birthday.

We use the term 'children' to refer to younger children who do not have the maturity and understanding to make important decisions for themselves.

We use the term 'young people' to refer to older or more experienced children who are more likely to be able to make these decisions for themselves.

Parents and parental responsibility

In this guidance, references to 'parents' mean people with parental responsibility and other people who care for or look after children or young people. This might include other family members or adults who live in the same household.

A 'person with parental responsibility' means someone with the rights and responsibilities that parents have in law for their child, including the right to consent to medical treatment for them, up to the age of 18 years in England, Wales and Northern Ireland, and up to 16 years in Scotland.

Mothers and married fathers have parental responsibility, and so do unmarried fathers of children registered since 15 April 2002 in Northern Ireland, since 1 December 2003 in England and Wales and since 4 May 2006 in Scotland, as long as the father is named on the child's birth certificate.

An unmarried father whose child's birth was registered before these dates, or afterwards if they are not named on the child's birth certificate, does not automatically have parental responsibility. He can gain parental responsibility by reregistering a birth, by entering into a parental responsibility agreement with the child's mother or by getting a parental responsibility order from the courts. Married step-parents and registered civil partners can gain parental responsibility in the same ways.

Parents do not lose parental responsibility if they divorce. If a child is taken into local authority care under a care order, their parents share parental responsibility with the local authority. If the child is in voluntary care, the local authority has no parental responsibility. Parents lose parental responsibility if a child is adopted. Parental responsibility can be restricted by a court order.

Adoptive parents have parental responsibility, as does a person appointed as a child's testamentary guardian or special guardian, or a person given a residence order. Local authorities have parental responsibility if there is a care order relating to a child.

You may need to get legal advice if you are not sure who has parental responsibility for a child.

The only parental responsibility that continues until the age of 18 years in Scotland is the responsibility to provide guidance to the child.³⁶ The Act refers to parental rights and responsibilities. In this guidance, references to 'parental responsibility' mean parental rights and responsibilities in Scotland.

* See section 1(1)(b)(ii) and section 1(2)(b) of the *Children (Scotland) Act 1995*.

Other sources of information and guidance

National law, guidance and reviews

Children Act 1989 available at

www.legislation.gov.uk/ukpga/1989/41/contents

Children Act 2004 available at

www.legislation.gov.uk/ukpga/2004/31/contents

Children (Scotland) Act 1995 available at

www.legislation.gov.uk/ukpga/1995/36/contents

Children (Northern Ireland) Order 1995 available at

www.legislation.gov.uk/nisi/1995/755/contents

Department for Education (2013) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children* HM Government, available at **www.gov.uk/government/publications/working-together-to-safeguard-children**

Area Child Protection Committees (2005) *Regional child protection policy and procedures* Area Child Protection Committees, available at **www.dhsspsni.gov.uk/acpcregionalstrategy.pdf**

The Scottish Government (2010) *National guidance for child protection in Scotland 2010* Edinburgh, The Scottish Government, available at **www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf**

Munro E (2011) *The Munro review of child protection: final report: a child-centred system* Norwich, The Stationery Office, available at www.gov.uk/government/collections/munro-review

Toolkits and readers

Royal College of Paediatrics and Child Health (2006) *Child protection companion* London, Royal College of Paediatrics and Child Health, available at www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/ChildProtCompL.pdf

Royal College of Paediatrics and Child Health (2007) *Child protection reader: recognition and response in child protection* London, Royal College of Paediatrics and Child Health, available at www.rcpch.ac.uk/child-health/standards-care/child-protection/publications/child-protection-publications

Royal College of Paediatrics and Child Health, Association of Chief Police Officers, Faculty of Forensic and Legal Medicine (2010) *Guidance for best practice for the management of intimate images that may become evidence in court* London, Faculty of Forensic and Legal Medicine, available at www.rcpch.ac.uk/child-health/standards-care/child-protection/publications/child-protection-publications

Royal College of General Practitioners, National Society for the Prevention of Cruelty to Children (2011) *Safeguarding children and young people: a toolkit for General Practice* Royal College of General Practitioners, National Society for the Prevention of Cruelty to Children, available at **www.rcgp.org.uk/clinical-and-research/clinical-resources/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx**

Royal College of Paediatrics and Child Health in collaboration with the Royal College of Physicians of London and its Faculty of Forensic and Legal Medicine (2008) *The physical signs of child sexual abuse: an evidence-based review and guidance for best practice* London, Royal College of Paediatrics and Child Health, available at **www.rcpch.ac.uk/csa**

National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment* London, National Institute for Health and Clinical Excellence, available at **www.nice.org.uk/guidance/CG89**

Training

Royal College of Paediatrics and Child Health, et al (2010) *Safeguarding children and young people: roles and competences for healthcare staff: intercollegiate report* London, Royal College of Paediatrics and Child Health, available at **www.rcpch.ac.uk/child-health/standards-care/child-protection/publications/child-protection-publications**

Giving evidence in court

British Medical Association (2008) *Expert witness guidance* London, British Medical Association

The Right Honourable Justice Wall (2007) *A handbook for expert witnesses in Children Act cases* Bristol, Jordans, 2nd edn

Useful information available online

The Academy of Medical Royal Colleges
www.aomrc.org.uk

The Civil Justice Council
www.judiciary.gov.uk/about-the-judiciary/advisory-bodies/cjc

Family Justice Council
www.judiciary.gov.uk/about-the-judiciary/advisory-bodies/fjc

The Crown Prosecution Service (Disclosure manual)
www.cps.gov.uk/legal/d_to_g/disclosure_manual/

The Scottish Children's Reporter Administration
www.scra.gov.uk

Sources of independent advice and support for parents and families

The **NSPCC** is a national charity campaigning on behalf of children and young people. The NSPCC has helplines that children and adults can ring for advice and support. Children and young people can call ChildLine on 0800 1111. Adults can call 0808 800 5000 for help and advice.

www.nspcc.org.uk

The **Family Rights Group** (FRG) provides free confidential advice and support to families whose children are involved with local authority children's services. Families can call its advice service free on 0808 801 0366 or send an email to advice@frg.org.uk. FRG also has a range of free advice sheets on its website.

www.frg.org.uk

The **Coram Children's Legal Centre** (CCLC) provides free legal information, advice and representation to children and young people, and their families, and to carers and professionals. Families can call its advice service free on 08088 020 008 for legal advice on any topic.

www.childrenslegalcentre.com

The **law societies** provide internet-based search facilities to help people find solicitors.

England and Wales: **www.lawsociety.org.uk**

Scotland: **www.lawscot.org.uk**

Northern Ireland: **www.lawsoc-ni.org**

Citizens Advice is an independent organisation providing free, confidential and impartial advice on all subjects to anyone. There is also advice and information on its website.

www.citizensadvice.org.uk

Family Lives is a national charity providing help and support on all aspects of family life. It has a confidential service called Parentline (0800 800 2222), which parents can call for free from landlines and most mobiles for information, advice, guidance and support on any aspect of parenting and family life.

www.familylives.org.uk

Home-Start UK is a nationwide charity supporting children and families through a network of volunteers.

www.home-start.org.uk

Family Action is a charity providing practical, emotional and financial support to disadvantaged and socially isolated families.

www.family-action.org.uk

References

- 1 This guidance is concerned with children and young people from birth until their 18th birthday (see the definitions of children, young people and parents of this guidance).
- 2 General Medical Council (2013) *Good medical practice* London, General Medical Council, paragraphs 27.
- 3 References to 'parents' in this guidance include people who care for or look after children or young people. This might include carers, other family members or adults who live in the same household (see the definitions of 'children', 'young people' and 'parents' of this guidance).
- 4 See *JD v East Berkshire Community Health Trust & Ors* [2005] UKHL 23 (21 April 2005) paragraphs 85, 87.
- 5 Department for Children, Schools and Families (2010) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children* Nottingham, HM Government.
- 6 The Scottish Government (2010) *National guidance for child protection in Scotland 2010* (pdf) Edinburgh, The Scottish Government.
- 7 *Area Child Protection Committees (2005) Regional child protection policy and procedures area* (pdf) Child Protection Committees.
- 8 General Medical Council (2007) *0–18 years: guidance for all doctors* London, General Medical Council.
- 9 General Medical Council (2017) *Confidentiality: good practice in handling patient information* London, General Medical Council, available at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality.

- 10 General Medical Council (2008) *Consent: patients and doctors making decisions together* London, General Medical Council.
- 11 As with all our guidance, serious and persistent failure to follow the advice in this guidance will put your registration at risk. For further information see how we handle complaints.
- 12 The Equality Act 2010 specifies nine protected characteristics that cannot be used as a reason to treat people unfairly. These are age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.
- 13 For guidance on competency see the intercollegiate report on safeguarding children and young people.
- 14 In England, Northern Ireland and Wales, designated and named professionals have specific roles and responsibilities for protecting children and young people. In Scotland, the lead clinician carries out this role. When we refer to an 'experienced colleague' in this guidance, we mean a colleague who has experience in making decisions about the safety and welfare of children and young people but is not a named or designated professional or a lead clinician.
- 15 For more information see the Munro review of child protection.
- 16 You should follow the guidance in *Confidentiality: good practice in handling patient information* when sharing information with other agencies.
- 17 For guidance on the levels of knowledge that are appropriate for different roles, see the intercollegiate report on safeguarding children and young people.

- 18 See our guidance on personal beliefs for advice on male circumcision. Female genital mutilation – sometimes referred to as female circumcision – is a serious crime and a child protection issue. Multi-agency practice guidelines and procedural guidance for mandatory reporting for England and Wales have been published by HM Government. Multi-agency guidelines for Northern Ireland have been published by the Northern Ireland Executive. An FGM Action Plan has been published by the Scottish Government.
- 19 In England and Wales doctors are under a legal duty to report known cases of female genital mutilation in girls and young women aged under 18 to the police. HM Government has published two guidance documents on FGM: Multiagency practice guidelines: female genital mutilation and Mandatory reporting of female genital mutilation: procedural information.
- 20 It is not always straightforward to assess whether there is a legal requirement to disclose information. If in doubt, you should seek legal advice. If disclosure has been ordered by the court, and you are unsure about the relevance of information or records, you should seek clarification from your instructing solicitors or the court.
- 21 There is more guidance in *0–18 years: guidance for all doctors*.
- 22 For example, serious case reviews in England and Wales, significant case reviews in Scotland, case management reviews in Northern Ireland, inquests and inquiries, and inquiries into sudden or unexpected child deaths.

- 23 For example, multi-agency public protection arrangements (MAPPA) in England, Wales and Scotland and public protection arrangements in Northern Ireland (PPANI). See paragraph 71 of *Confidentiality: good practice in handling patient information* for further guidance.
- 24 If you are not sure whether information is relevant and whether or not to share certain information, see paragraphs 42–52 of 0–18 years: guidance for all doctors.
- 25 See our guidance on maintaining boundaries.
- 26 See appendix 1 to this guidance for advice on assessing capacity.
- 27 Covert recordings (recordings made without the patient’s knowledge or consent) can only be made in exceptional circumstances. For advice and information, see our guidance Making and using visual and audio recordings of patients and Safeguarding children and young people: roles and competences for health care staff.
- 28 also see Children’s HIV Association (2009) HIV testing guidelines for children of confirmed or suspected HIV-positive parents Children’s HIV Association.
- 29 Royal College of Paediatrics and Child Health, et al (2014) Safeguarding children and young people: roles and competences for healthcare staff: intercollegiate report (pdf) London, Royal College of Paediatrics and Child Health.

- 30 See Ministry of Justice Civil Procedure Rules London, The Stationery Office, rule 35.3, Ministry of Justice Criminal Procedure Rules London, The Stationery Office, rule 33.2, Act of Adjournal (Criminal Procedure Rules) 1996, Criminal Justice (Evidence) (Northern Ireland) Order 2004, Ministry of Justice Family Procedure Rules London, The Stationery Office, rule 25.3, Children’s Hearings (Scotland) Rules 1996³¹ Ministry of Justice Civil Procedure Rules London, The Stationery Office, rule 35.3.
- 31 This includes your views about a patient’s lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.
- 32 The same principle applies where a doctor acts in a role other than as a witness – for example, as an adviser in a case.
- 33 The Right Honourable Justice Wall (2007) A handbook for expert witnesses in Children Act cases Bristol, Jordans, 2nd edn.
- 34 See *Oldham MBC v GW & Ors* [2007] EWHC 136 (Fam). ³⁶ Children’s Hearings (Scotland) Rules 1996.
- 35 See Family Law Reform Act 1969, Age of Majority Act (Northern Ireland) 1969, Age of Legal Capacity (Scotland) Act 1991, Adults with Incapacity (Scotland) Act 2000, Mental Capacity Act 2005, *Gillick v West Norfolk and Wisbech AHA* [1985] UKHL 738 Family Law Reform Act 1969
- 36 See section 1(1)(b)(ii) and section 1(2)(b) of the Children (Scotland) Act 1995.

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