14 July 2015

Strategy and Policy Board

To consider

Safeguarding and referrals to Social Services

Issue

1. Our approach to cases in which concerns are raised about the welfare of children and vulnerable adults and may require referrals to children or adult social services.

Recommendations

2. The Strategy and Policy Board is asked to:
   
a. Approve our current approach to these cases.
   
b. Note proposed next steps.
Safeguarding and referrals to Social Services

Issue

3 Our current safeguarding team makes referrals involving doctors who present a risk to children or adults to the Disclosure and Barring Service. Our guidance in relation to this work has recently been revised and is comprehensive and up to date.

4 Occasionally, during the course of an investigation or as part of our case monitoring, staff identify a protection issue posed by a doctor or another third party in relation to a child or vulnerable adult, which may require a referral to Social Services.

5 The number of cases where these issues arise is small, with one such case (involving a vulnerable adult) to date this year. Despite the small number of cases, we consider that the risk involved in failing appropriately to refer a concern involving a child or vulnerable adult justify developing a policy across Fitness to Practise.

Current approach

6 Staff raise concerns about children or vulnerable adults with the safeguarding team, colleagues in legal or with the Fitness to Practise policy team. Any issues raised with the safeguarding or legal teams are referred to the Fitness to Practise policy team.

7 The policy team assesses the case and, with appropriate legal input, advise staff whether a referral to Social Services is necessary.

8 In the one case referred this year, Social Services had already been involved with the patient concerned and the policy team advised that a referral was not necessary.

Guidance

9 We propose the guidance will be similar in tone and content to other guidance dealing with referrals to third parties, for example the Care and Quality Commission. It will include the types of behaviour and/or treatment that may trigger safeguarding referrals, the relevant threshold and details of the appropriate organisation for referral, which in some cases may involve the police.

10 During development, we will consider relevant equality and diversity issues.

Next steps

11 We are planning to hold an initial workshop with Fitness to Practise colleagues to explore the scope of the project and whether any Siebel changes will be required in Quarter 3 once the Sanctions Guidance and new conditions and undertakings banks have been implemented. Following the workshop we will develop draft guidance in
Quarter 4 to discuss with staff with a view to implementing the guidance and training staff in 2016.

12 Initial discussions with colleagues in Registration and Revalidation suggest that a corporate policy is unnecessary. This is something we will explore as our work develops keeping colleagues across the organisation informed of progress.

13 We will also take into account the guidance produced in September 2012 by the Standards and Ethics team for doctors about their responsibilities relating to protection of children and young people. We will work with the Standards team to make sure our guidance is consistent with that provided to doctors.
Supporting information

How this issue relates to the corporate strategy and business plan

15 Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

How the issues support the principles of better regulation

16 Providing guidance to staff in this area will make sure we regulate in a way that is consistent, transparent and targeted. It will deliver public benefit through the appropriate referral of concerns about children and vulnerable adults to the relevant authorities.

How the action will be evaluated

17 Depending on plans to implement the new guidance with accompanying changes in Siebel, we will be able to assess how many concerns are raised with us and how many of these result in a referral to Social Services.

How the issues differ across the four UK countries

18 Each UK nation is responsible for its own policies and laws around education, health and social welfare, which cover most aspects of safeguarding and child protection. The child protection systems are different in each nation, but they are all based on similar principles.

19 We will consider the implications of difference in approach across the four nations as we develop our guidance.

What equality and diversity considerations relate to this issue

20 We will develop an equality analysis as the work progresses.

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