Q&A: Safeguarding Children and Young People

Q. Do I need to demonstrate a level of competence in safeguarding in order to revalidate?

Revalidation is not concerned with specific areas of competence. However, in order to revalidate GPs need to demonstrate they are up to date and fit to practise in all aspects of their work as a doctor. It would be unusual for this not to include some safeguarding responsibility. The latest GMC guidance “Protecting children and young people: the responsibilities of all doctors” makes it clear that doctors who only see adults need safeguarding children competences.

Whilst not directly related to revalidation, the GP role in Safeguarding children and Child Protection is positioned within a comprehensive clinical governance framework, underpinned by legislation, national and regional policy, GMC Guidance and contractual requirements. There is guidance and regulation specific to each country of the UK.

Q. What level of Safeguarding is expected of a GP?

In 2010 the revised Intercollegiate Guidance on Safeguarding Children and Young People was published. This described six levels of competences and gave examples of designated professionals operating at each level. GPs practice at level 3:

Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns

It should be clear, that under the framework, Level 3 is the minimum level required.

Q. How can I demonstrate that I am up to date on these issues?

It is the responsibility of GPs to demonstrate that they maintain their competence. A GP may keep up to date in a variety of ways, for instance completing an e-learning module, attending a training session in or out of the practice or reading appropriate local guidelines. There should not be a defined frequency of updates; the important point is that it is the responsibility of the GP, in their appraisal, to demonstrate they are competent and up to date. Case reviews, critical incident reviews, reflections on inter-agency and multi-agency vulnerable child and family meetings and attendance at Case Conferences can be used to show how knowledge and skills are being maintained and new learning and emerging evidence is being implemented in practice.