

# Protecting children and young people: the responsibilities of all doctors

Protecting children and young people can involve making decisions that are emotionally challenging and complicated by uncertainty. It can sometimes bring doctors into the rare situation of acting against the wishes of parents when caring for their child. Many doctors may therefore understandably feel child protection is something best left to the experts.

Following concerns from paediatricians and others about the difficulties of working in child protection (Hinsliff, 2008; Williams, 2010), a group was set up to produce new guidance for doctors. The ethical, legal and professional dilemmas included issues such as knowing when to share confidential information, understanding how child protection concerns are considered and acted on, and the risk of complaints about doctors' decisions being made by parents.

## Developing new guidance

It was important that the process of drafting this guidance was very thorough. The group was chaired by Rt. Hon. Lord Justice Thorpe, an appeal court judge and Head of International Family Justice for England and Wales, and included paediatricians, a child and adolescent psychiatrist and a GP among its members.

The evidence received emphasized the challenges inherent in working in child protection, but also the opportunities to help doctors by setting out clear guidance to help in often complex situations (General Medical Council, 2011; Ipsos MORI, 2011).

## The responsibilities of all doctors

The guidance is clear that all doctors must consider the needs and safety of children and young people, regardless of whether or not they routinely treat them as patients.

It is not only paediatricians and GPs who may come across a child being abused or neglected. For example, a doctor treating a patient who misuses drugs or alcohol

should not only be focussing on the patient in front of them but considering whether the patient poses a risk to children or young people.

Failing to intervene can have serious consequences for both children and their families. The new guidance reinforces existing guidance set out in *0–18 years: guidance for all doctors* (General Medical Council, 2007). It emphasizes that all doctors, even those who do not work with children and young people, have child protection responsibilities, including being able to identify the risk factors that may lead to abuse or neglect, having a working knowledge of local child protection procedures and taking action when necessary. A hospital doctor working with adult patients might not realize that he/she has such duties and so this guidance helps to clarify this.

The guidance reassures doctors that if they act reasonably in response to concerns about abuse or neglect, following the principles in the guidance, they will be able to justify their decision and actions if a complaint is made to the General Medical Council, even if their concern turns out to have been unfounded.

The authors of the guidance want to give doctors confidence to take action whenever they think a child might be at risk. The guidance is very clear in its use of language: a doctor who raises a concern is doing just that – saying he/she is concerned. That doctor is not making an allegation or sitting in judgement, but simply saying he/she is concerned.

## Raising concerns

One issue highlighted during the consultation stage was that doctors could be deterred from raising concerns about abuse or neglect with children's services or the police by a lack of knowledge about how such concerns are considered and acted on.

Because of this, the guidance makes clear that all doctors have a responsibility to understand the role other agencies and professionals play in child protection.

They must be ready to explain their own role and responsibilities to other professionals and work closely with them in the best interests of the child.

All doctors must know who to contact for advice and how to do so if they have concerns that a child or young person is at risk of abuse or neglect. If a doctor is not sure whether a child or young person is at risk or how best to act on any concerns, they should ask a named or designated professional or a lead clinician, or if they are not available, an experienced colleague for advice.

The guidance distinguishes between situations in which doctors must report concerns about abuse or neglect – with or without consent – and situations in which doctors should seek advice about whether to share information with an appropriate agency such as the local authority's children's services or the police.

The guidance says that doctors must contact an appropriate agency promptly if they are concerned that a child or young person is (or may be) at risk of significant harm. An example would be where a child or young person has injuries (such as burns, fractures, bites or bruises) which cannot be adequately explained. If doctors see signs that may suggest abuse or neglect as a possibility, but they do not believe that the child or young person is at risk of significant harm, they should seek advice from colleagues with expertise in child protection.

## What's new in the guidance?

### More detailed guidance on information sharing

Appropriate information sharing is at the heart of effective child protection but it can be very challenging for doctors to find the right balance between the duty to keep patients' information confidential and the need to share appropriate information to protect children and young people.

Ordinarily a doctor should ask for consent to share confidential information

about a patient. Where possible, doctors should be open with parents about concerns they have about a child or young person's safety and seeking consent is part of that open communication.

But there can be very good reasons for not seeking consent, for example because doing so may increase the risk of harm to the child or young person. Doctors may also need to share information when consent has been refused. The guidance will help doctors to make these difficult judgements.

### Guidance on working in partnership with other agencies

Child protection involves multiple agencies and it is crucial that doctors understand the roles of other professionals and agencies with child protection responsibilities and work in partnership with them. The guidance aims to help doctors to understand what their role is, and where to go for advice.

### Guidance on conducting child protection examinations

Child protection examinations are distinct from other kinds of clinical exami-

nation in that their primary purpose is to look for signs that a child may have been subjected to abuse or neglect. The guidance sets out the circumstances in which a child protection examination may be appropriate, who can give consent, what must be explained in order to ensure that consent is informed, and the options if consent is refused.

### Guidance on acting as a witness in court

Doctors play a vital role in child protection cases by giving evidence in court but this can be a difficult and stressful experience. The guidance helps doctors to understand their duties to the court, whether acting as an expert witnesses or a witness of fact (also known as professional witnesses).

### Conclusions

The guidance will come into effect on 3 September 2012 and can be accessed via the General Medical Council's website (General Medical Council, 2012).

It is also helpful to note that the Royal College of Paediatrics and Child Health (working with other Royal colleges and

other health-care professional organizations) has published guidance on the level of child protection training that is needed for different roles, and how often doctors should receive that training. The information can be found in *Safeguarding children and young people: roles and competences for health care staff* (Royal College of Paediatrics and Child Health, 2010). **BJHM**

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## KEY POINTS

- Protecting children can involve making challenging decisions, including acting against parents' wishes.
- The General Medical Council set up an expert group to oversee the creation of new guidance for doctors on protecting children.
- The group consulted widely with those involved in child protection in preparing the guidance.
- The guidance makes clear that all doctors should consider the needs of children, even if they are not treating them as patients.
- If a doctor acts reasonably on concerns he/she has about abuse or neglect, the doctor will be able to justify his/her actions even if the concerns prove unfounded.