

Chapter 19: Training and Support

Good Practice Recommendations

1. All paediatricians should attain and maintain competencies as listed in the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (ICD) throughout their career¹.
2. Paediatricians involved in child protection work need access to emotional support, peer review and clinical supervision in order to be competent and confident in this stressful and demanding area of work. Time for peer review and supervision should be identified within job plans.

19.1. Training

- 19.1.1. All doctors should undertake regular safeguarding training and updating appropriate to their role to ensure they are competent to both recognise and act upon safeguarding concerns. The Department of Education's report Working Together to Safeguard Children states that 'no single practitioner can have a full picture of a child's needs and circumstances', therefore not only should doctors have an understanding of their role and responsibilities, they should also understand those of other professionals and organisations². This is essential for effective multi- and interagency collaboration. As this is so integral to safeguarding, it is recommended that doctors ensure at least part of their training occurs with other practitioners.

19.1.2. Intercollegiate document

- 19.1.3. The Royal College of Nursing (RCN) and other professional bodies jointly published the 4th edition of Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, also known as the Intercollegiate Document (ICD)¹. Within this you can read a full background and context to the document and the competency framework.

- 19.1.4. Over time the ICD has evolved and has become more complex. The RCPCH has therefore published a document entitled Safeguarding Children and Young People: Roles and Competencies for Paediatricians, to ensure that members fully understand the competencies that are required of them³. This document complements the full ICD and correlates with the RCPCH Progress curriculum for trainees. The curriculum is broad based whereas the ICD standards are much more detailed, and more information can be found at www.rcpch.ac.uk/education-careers/training-assessment/progress.

19.2. Available training courses

See our Child Protection Resources for details on available training courses.

19.3. Peer review, clinical supervision and emotional support

- 19.3.1. Paediatricians involved in child protection work need access to peer review, clinical supervision and emotional support in order to be confident and competent in this stressful and demanding area of work. Emotional support may be provided on an individual basis, or as a group supervision, and ideally each doctor should be able to choose what meets their individual needs. This would need to be discussed with the employer(s) and options should be clearly stated in the job description.
- 19.3.2. **Peer review**
- 19.3.3. Peer review promotes a proactive culture of learning about safeguarding children in a non-hierarchical environment (peers) in order to decrease professional isolation, sharing of best practice and understanding of the complexities of common challenges and uncertain situations. A well run peer review meeting should enable a team of people who understand the pressures and challenges of child protection to discuss the management of a case in a challenging but supportive way. Each health organisation employing paediatricians working in child protection should establish peer review processes^{4,5}.
- 19.3.4. Peer review terms of reference can be modelled on the guidance published by the RCPCH and will include the purpose, objectives, and process for undertaking peer review⁴. Peer review involves a group of peers discussing and providing opinions which the individual can accept or reject. Changes in case management decisions should be documented in the medical records by the responsible paediatrician, however the doctor bringing the case retains clinical responsibility and any opinion.
- 19.3.5. **Clinical supervision**
- 19.3.6. Skills for Care defined clinical supervision in 2007 as “an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team.”⁶
- 19.3.7. Clinical supervision allows a practitioner to receive professional supervision in the workplace from a skilled supervisor. It allows practitioners to develop their skills and knowledge and helps them to improve patient/client care.
- 19.3.8. In paediatric practice, clinical supervision is obtained by trainees or specialty doctors from their consultant supervisor. Case-based discussion with trainees is documented within their training portfolio. Supervision will usually highlight learning points or insights that the trainee might not have appreciated.
- 19.3.9. Multidisciplinary team meetings or psychosocial meetings may be used to discuss the management of complex safeguarding cases and provide a source for clinical supervision. Consultants may not have opportunities for individual clinical supervision although there is increasing recognition of this need. They should identify their own sources of supervision such as case discussion at meetings or individual time with named and designated professionals which should be recognised within their job plan.

- 19.3.10. Clinical supervision and peer review are differing forms of reflective practice and developmental activities that give practitioners the opportunity to learn from their experience and develop their expertise within clinical practice.

19.4. Emotional support

- 19.4.1. Child protection is always emotive, families and professionals are all under stress when a child has been possibly harmed by carers or has been removed from carers during an assessment process. Learning to manage the anxiety (which arise from uncertainty), both in oneself and others is an important skill for paediatricians involved in assessments. Safeguarding children is an emotionally demanding job and in order to remain effective doctors must have adequate emotional support.
- 19.4.2. Emotional support in child protection is the process in which peers, supervisors, other professionals or lay people help an individual deal with the emotions they experience during clinical practice by offering encouragement and comfort during stressful times. This type of support can be given within the peer review or clinical supervision setting but may also be a separate element for the wellbeing of professionals.
- 19.4.3. Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. Most hospitals offer Schwartz rounds as a proven method to reduce isolation and stress for staff⁷.

19.5. Conclusion

- 19.5.1. All doctors should undertake regular safeguarding training appropriate to their role to ensure they are competent to both recognise and act upon safeguarding concerns. Peer review and clinical supervision are essential as part of the clinical governance framework to which all doctors must comply. This will assist in making safeguarding systems as safe as can be.
- 19.5.2. Training, clinical supervision and peer review should be embedded into job plans and appraisal and form part of the evidence for revalidation. Where possible training should be multi-agency to improve working together.

References

1. Royal College of Nursing. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. 2019. Available from <https://www.rcn.org.uk/professional-development/publications/pub-007366>
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3. Royal College of Paediatrics and Child Health. Safeguarding Children and Young People: Roles and Competencies for Paediatricians. 2019. Available from <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>
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5. Thomas A., Mott A. Child Protection Peer Review for Paediatricians. *Child Abuse Review* 2013;22(1):60-66. Available from <https://onlinelibrary.wiley.com/doi/abs/10.1002/car.2201>
6. Skills for Care. Providing Effective Supervision. Available from <http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx> (last accessed 2020)
7. George M.S. Stress in NHS staff triggers defensive inward-focussing and an associated loss of connection with colleagues: this is reversed by Schwartz Rounds. *Journal of Compassionate Health Care* 2016;3(1):9. Available from <https://jcompassionatehc.biomedcentral.com/articles/10.1186/s40639-016-0025-8>

Update information

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