



## Royal College of Paediatrics and Child Health

### **MODEL JOB DESCRIPTION DESIGNATED DOCTOR FOR CHILD PROTECTION**

All primary care organisations should have a designated doctor to take a strategic and professional lead on all aspects of the health service contribution to safeguarding children across the area they serve, and should cover all providers. This job description should be jointly agreed by the Health Trusts that will be covered by the designated doctor. This outline is based on the duties and responsibilities of the designated professional described in.

**The college recognises that terminology referred to throughout this document is based on English Law and practice. Those working in Scotland, Wales and Northern Ireland should refer to their country specific legal terminology and legislation.**

#### **Person Specification**

##### **The Designated Doctor for child protection should:**

1. Hold senior consultant status (or equivalent), in a Trust hosting children's services.
2. Have undergone higher professional training in paediatrics.
3. Have substantial clinical experience as a consultant in the field of child protection and substantial experience of the law applying to children and in the court process.
4. Be clinically active in the field of child protection as part of their clinical commitments.
5. Have excellent negotiating and effective leadership skills.
6. Have an enhanced CRB check.

## **Duties**

1. Work closely with the Trusts Safeguarding Team, including named nurses and doctors and designated nurse in supporting all activities necessary to ensure that the Trust(s) meet(s) its responsibilities in safeguarding children.
2. Be responsible to and accountable within the managerial framework of their employing trust.

### **3. Inter-Agency Responsibilities**

- a) Sit on the relevant Local Safeguarding Children Board(s) (LSCB) or negotiate an appropriate deputy (e.g. named doctor).
- b) Usually serve on one or more LSCB sub-committees, particularly those concerned with health professionals, policy and strategy, training and serious case reviews.
- c) Advise other agencies (particularly social services and police) on health matters relevant to safeguarding children (to include policy as well as individual case difficulties).
- d) Liaise with local health education providers to ensure appropriate child protection content within pre-registration/undergraduate/postgraduate health professional training programmes.
- e) Advise on the appropriate health representation in the Child Death Review overview process.

### **4. Advisory Role**

- a) Advise the Chief Executives of the Strategic Health Authority (SHA), Primary Care Trust (PCT) and all other Trusts on questions of planning and strategy with regard to safeguarding children (including ensuring performance indicators are in place where child protection is concerned).
- b) Advise on practice guidance and policies for all those working within Health and ensure that they are appropriately audited.
- c) Advise the SHA via a health representatives' group on deficiencies and vulnerable areas across the region.
- d) Ensure that expert health advice on child protection is available to other agencies.
- e) Ensure expert health advice on child protection is available on policy and procedures and on day to day management of children and families, to all specialties of health (including, but not limited to, GPs, A & E, orthopaedics, obstetrics, gynaecology, child and adult psychiatry).
- f) Advise and input on appropriate training for all health personnel.

- g) Advise on the need for an appropriate service for children who may have experience of all forms of child abuse and neglect, including child sexual abuse (CSA), and the taking of forensic specimens.

## **5. Clinical Role**

- a) Be clinically active, including child protection work. This should be encompassed within the job description as part of their clinical role.

## **6. Coordination and Communication**

- a) Liaise with other designated professionals for child protection and decide with them an appropriate division of responsibilities.
- b) Liaise with, advise and support the named doctors within the relevant trust health district(s), and acute hospital trusts.
- c) Liaise with any other designated doctor working within the area covered by the SHA.
- d) Either convene the district health advisory group for child protection or attend it and support its activities. This group should include, as well as the designated doctor and nurse, the named doctor and nurse for each constituent trust and representatives from midwifery, child and family psychiatry, psychology and general practice.
- e) Liaise with SHA child protection lead.
- f) Liaise with Executive Lead for Child Protection on the Trust Boards.

## **7. Policy and Procedures**

- a) Be responsible with other designated professionals for ensuring that the medical components of LSCB procedures are updated at appropriate intervals and for ensuring that each provider Trust has policies and procedures in keeping with LSCB procedures.
- b) The designated doctor, in conjunction with other designated professionals should be advising that all policies, procedures, training and audit are in place within privately funded establishments as well as foundation hospitals, e.g. walk-in centres, dentists' surgeries, pharmacies and orthoptists.

## **8. Training responsibilities**

It is the responsibility of the employer to identify training needs through appraisal, supervision and audit.

- a) Advise (together with others, e.g. designated nurse, named doctor and nurse) on training needs and delivery in child protection for paediatricians, GPs, other doctors and health personnel in regular contact with children and families (e.g. dentists, opticians). Also to ensure appropriate training is in place for adult services where the impact of illness may seriously compromise parenting ability.

- b) Play an active part in the planning of multi-agency training through LSCB structures.

## **9. Monitoring**

- a) Advise employers on the implementation of an effective system of audit in order to monitor the agreed local child protection policies and procedures.
- b) Should advise on audit and monitoring the quality, acceptability and effectiveness of training.
- c) In conjunction with other designated professionals, advise on clinical governance and standards for named professionals for child protection.
- d) Where a serious case review is required, the designated doctor will either participate in it or supervise and advise the doctors involved (there may need to be an agreed sharing of personnel between Trusts in order to provide independent views in serious case reviews).
- e) Advise Chief Executive(s) of Trust Board(s) (via designated personnel e.g. the Medical Director or Nurse Director or children's lead) of their responsibilities to ensure that the performance indicators in relation to child protection are met.

## **10. Supervision**

- a) Advise on the need for appropriate supervision at all levels within the health service.

## **11. Personal Development**

- a) Will attend relevant regional and national Continuing Medical Education (CME) and Continuing Professional Development (CPD) activities in order to maintain up-to-date skills in the area, equivalent to at least 10 CME points per year. This includes meeting professional organisation requirements as a minimum in addition to specific training related to specific activities.

## **12. Appraisal**

- a) The designated doctor must be appraised on an annual basis. Reference must be made to someone with specialist knowledge on child protection in order to ensure the appraisal of the child protection role is appropriate. Appraisal of the designated doctor should be undertaken by the Director of Public Health with the PCT or via an equivalent arrangement at the SHA.

## **13. Accountability**

The designated doctor will be performance managed in relation to their designated functions at the level of Board Director who has executive responsibility for safeguarding children as part of their portfolio of responsibilities. If this person is not the Board level lead for clinical governance and clinical professional leadership, the designated professional also needs to work closely with this lead person.

- a) The designated doctor is accountable to the Chief Executive of the employing bodies, e.g.
  - England: Chief Executive of the employing Trust/SHA
  - Scotland: Chief Executive of the NHS Health Board
  - Wales: Chief Executive of the NHS Health Board
  - Northern Ireland: Chief Executive of the NHS Health Board
- b) The Director of Public Health within the organisation with primary responsibility for children's services will relate directly to, and supervise, the designated professionals.

#### **14. Authority**

The designated doctor should have the authority to carry out all of the above duties on behalf of the employing trusts, and be supported in so doing by others (e.g. doctors, nurses, administration).

#### **15. Resources Required for the Post**

##### **The employing body should:**

- a) Agree a sessional (PA) time commitment for the post. The employing body should agree a corresponding adjustment of the designated doctor's other clinical duties. The duties of the designated role should comprise a minimum of four to six sessions according to the population and needs of the districts covered by the designated doctor.
- b) Supply dedicated and effective secretarial support for the designated doctor.
- c) Ensure that adequate resources are available to deliver training, and at times of additional work e.g. serious case review.
- d) Ensure there is safeguarding focused support and supervision for the individual. This is an acknowledgement of the stressful nature of this work.

**Appointment as designated doctor does not in itself signify responsibility for providing all clinical care for child protection, which should be the subject of separate negotiated agreements with relevant trusts. The designated doctor should however continue to have a clinical workload in child protection.**

NB: All employed personnel should have an enhanced CRB check.

The designated doctors job plan must be negotiated to take account of:

- a) The population covered
- b) The assessment of need of the population
- c) The safeguarding team of which the designated doctor is a member.

As a guide, the designated doctor should have 5 PAs to carry out the duties for a child population of approximately 50,000 with a moderate to high level of need.

If the designated doctor is part of a well resourced Safeguarding Team and supported by the designated nurse, named doctor and nurses then it may be possible to modify the number of sessions.

If the team is under resourced and the consultant workforce is inexperienced, then the designated doctor may need more time.

## Appendix 1

### Competencies

It is acknowledged that a doctor may not have all the following competencies at appointment. Employing Trusts will need to ensure that the appointed doctor receives appropriate training and supervision within their Personal Development Plan (PDP) to work towards developing these competencies, skills and knowledge. Trusts should ensure that competencies can be met within the team of named and designated professionals.

<b>Safeguarding children and young people</b>	
Competency	<ul style="list-style-type: none"><li>• Understand what constitutes child abuse.</li><li>• Know the range of physical abuse, emotional abuse, neglect and sexual abuse.</li><li>• Be able to recognise child abuse.</li><li>• Be able to document their concerns.</li><li>• Know what to do when they are concerned that a child is being abused and who to inform.</li><li>• Understand the next steps in the child protection process.</li><li>• Knowledge of the implications of key national document/reports.</li><li>• Understand the assessment of risk and harm.</li><li>• Understand multi-agency framework/ assessment/ investigation/ working.</li><li>• Be able to present child protection concerns in a child protection conference.</li><li>• Demonstrate ability to work with families where there are child protection concerns.</li><li>• Puts into practice knowledge of how to improve child resilience and reduce risks of harm.</li><li>• Have experience and understanding and where appropriate, be able to undertake forensic procedures.</li><li>• Be able to give sound policy advice.</li><li>• Able to cascade information, at an appropriate level, throughout the health service.</li><li>• Be able to teach/train, and assure the competence of health service personnel.</li><li>• Be able to undertake/contribute to the LSCB serious case review/overview, including action plans.</li><li>• Be able to develop robust internal child protection policy/guidelines/protocols.</li><li>• Undertake child protection training needs analysis and plan, design, deliver and evaluate multi-agency and in-house child</li></ul>

	<p>protection training in partnership with others.</p> <ul style="list-style-type: none"> <li>• Advise and inform the Board, Directors, Senior Managers and practitioners regarding child protection/safeguarding (specialist/expert advice, both proactive and reactive).</li> <li>• To be able to chair LSCB subgroups.</li> <li>• To lead/oversee child protection quality assurance and improvement processes.</li> <li>• Undertake risk assessment of organisational ability to safeguard the welfare of children.</li> <li>• Give appropriate advice to external agencies/ organisations.</li> </ul>
Knowledge	<ul style="list-style-type: none"> <li>• Know about the range of child abuse.</li> <li>• Know what to do if they have concerns.</li> <li>• Understand the importance of sharing information, how it can help and the dangers of not sharing information.</li> <li>• Know what to do if they experience barriers to referring a child/family.</li> <li>• Understand which groups of children are at risk of harm or neglect.</li> <li>• Know who to inform, seek advice from and how to contact them.</li> <li>• Know how to share information – in writing, by telephone, electronically or in person.</li> <li>• Know who to share information with and when, understanding the difference between information sharing on individual, organisational and professional levels.</li> <li>• Know what to record, how long to keep it, how to dispose of records correctly, and when to feedback or follow up.</li> <li>• Aware of own (and others’) professional roles and boundaries.</li> <li>• Understand the next steps in the child protection process.</li> <li>• Understand multi-agency frameworks and child protection assessment processes, including the use of the Common Assessment Framework.</li> <li>• Good understanding of child protection investigations.</li> <li>• Good understanding of forensic procedures.</li> <li>• Aware of LSCB (or equivalents) and its remit.</li> <li>• Know how to enquire if a child has a child protection plan.</li> <li>• Aware of resources that may be available within health and other agencies, including the voluntary sector, to support families in need.</li> <li>• Be aware of how own beliefs, experience and attitudes might influence professional involvement in child protection work.</li> <li>• Know what to do when there is an insufficient response from other organisations or agencies, while maintaining the focus on what is in the child or young person’s best interests.</li> <li>• Advanced awareness and understanding of recent legislation/ national documents, latest national/international and local guidelines/best practice, latest research</li> </ul>



	<p>perspectives and implications for practice.</p> <ul style="list-style-type: none"> <li>• Advanced understanding of child care law, confidentiality and consent.</li> <li>• Advanced understanding of court and criminal justice systems.</li> </ul>
Skills	<ul style="list-style-type: none"> <li>• Be able to recognise signs of child abuse.</li> <li>• Be able to seek advice and report concerns, ensuring that they are listened to.</li> <li>• Be able to document child protection concerns, differentiating between fact and opinion.</li> <li>• Where further support is needed, know when to take action and when to refer to managers, supervisors or other relevant professionals.</li> <li>• Be able to undertake an assessment of risk.</li> <li>• Be able to work as part of the multi-disciplinary team with children, young people and their families where there are child protection concerns.</li> <li>• Be able to present child protection concerns verbally and in writing for case conferences/ court proceedings, core groups, strategy meetings and family group conferences.</li> <li>• Be able to identify and outline the management of children in need.</li> <li>• Be able to instigate measures to reduce the risk of child abuse occurring.</li> <li>• Be able to make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.</li> <li>• Be able to make considered judgements about how to act to safeguard and promote a child or young person's welfare.</li> <li>• Be able to give child protection policy advice.</li> <li>• Be able to confidently challenge practice and support colleagues in challenging perceived views offered by other professionals.</li> <li>• Be able to advise other agencies about the health management of child protection concerns.</li> <li>• Be able to analyse and evaluate information and evidence to inform inter-agency decision-making.</li> <li>• Be able to participate in and undertake a serious case review.</li> <li>• Be able to influence and lead improvements in child protection services across SHA (or equivalent).</li> <li>• Be able to establish and oversee child protection quality assurance measures/processes.</li> <li>• Be able to undertake training needs analysis, teach and educate health service professionals.</li> <li>• Be able to lead multi-disciplinary team review, evaluation and updating of local guidance in light of research findings and</li> </ul>

	<p>relevant national and international issues.</p> <ul style="list-style-type: none"> <li>• Be able to chair internal child protection forums and sub-committees of LCSBs (or equivalent).</li> <li>• Be able to plan, design, deliver and evaluate multi-agency child protection training in partnership with others.</li> <li>• Be able to provide clinical supervision for named professionals.</li> <li>• Be able to reconcile inter and intra professional differences of opinion.</li> </ul>
Criteria for assessment	<ul style="list-style-type: none"> <li>• Demonstrates awareness of child abuse and appropriate referral mechanisms.</li> <li>• Demonstrates appropriate information sharing.</li> <li>• Demonstrates appropriate referral for assessment for family support to reduce risks of child maltreatment.</li> <li>• Demonstrates accurate documentation of concerns.</li> <li>• Demonstrates advanced knowledge of patterns and indicators of child maltreatment.</li> <li>• Demonstrates knowledge of the structure and functioning of LCSBs (or equivalents).</li> <li>• Demonstrates understanding of information sharing issues related to child protection and children in need.</li> <li>• Demonstrates in-depth knowledge of each agency's role and responsibilities with in local policies and procedures.</li> <li>• Demonstrates appropriate and effective learning strategies to enable competence development for staff at different levels.</li> <li>• Demonstrates development of evidence based clinical guidance.</li> <li>• Demonstrates effective consultation with other health care professionals and participation in interdisciplinary discussions.</li> <li>• Demonstrates participation in audit, design and evaluation of service provision, including formulation of action plans and strategies to address issues raised by audit and serious case reviews.</li> <li>• Demonstrates advanced knowledge of national and international perspectives within practice.</li> <li>• Demonstrates contribution to enhancement of practice and the development of new knowledge.</li> <li>• Demonstrates knowledge of strategies for child protection management across SHA (or equivalent).</li> <li>• Demonstrates ability to conduct rigorous and auditable child protection supervision.</li> </ul>
Method	<ul style="list-style-type: none"> <li>• Five sessions (or equivalent on-going learning equating to 2 ½-3 days) a year CPD to cover quality assurance, chairing meetings, supervision and appraisal, teaching training.</li> <li>• Participation in specialist professionals/support groups or peer support networks at local and national level.</li> </ul>

## **Appendix 2**

### **Documentation describing duties and responsibilities of the Named professional In England**

1. *Safeguarding Children*. This document is based on *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. (Department of Health et al, 1999).
2. *Child Protection Responsibilities of Primary Care Trusts*. A letter to Chief Executives of Primary Care Trusts (PCTs), Shadow PCTs and Primary Care Groups (PCGs), from Jacqui Smith, Department of Health ( 28 January 2002). August 08 Aug-08
3. *Working Together*. (DfES, DoH, HO 2006) and based on Children Act 2004.
4. Recommendations of *The Victoria Climbié Inquiry – Report of an Inquiry by Lord Laming*. (January 2003).
5. *Self Assessment Tool for Child Protection for Clinical Teams*. Commission for Health Improvement (2004).
6. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health

### **In Scotland**

1. *Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland*. Scottish Executive (2000).
2. *Children (Scotland) Act 1995*. London: HMSO
3. *It's Everyone's Job to Make Sure I'm Alright*. Scottish Executive (2002) The Stationery Office/Edinburgh
4. *Growing Support*. Scottish Executive (Continued...Level 4: Specialist roles – Named Professionals (2002) The Stationery Office/Edinburgh
5. *Getting Our Priorities Right*. Scottish Executive (2003) The Stationery Office/Edinburgh
6. *The Age of Legal Capacity (Scotland) Act 1991*. London:HMSO
7. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health

### **In Northern Ireland**

1. *Co-operating to Safeguard Children, Belfast, DHSSPS*. Department of Health, Social Services and Public Safety (2003)
2. *Children (Northern Ireland) Order (1995)*
3. *Regional Child Protection Policies and Procedures*. Department of Health, Social Services & Public Safety (2005)
4. *Protection of Children & Vulnerable Adults (NI) Order (2003)*. Department of Health, Social Services & Public Safety (2004)
5. *The Victoria Climbié Inquiry: Report of an Inquiry*. Laming. (2003) London: HMSO

6. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health

### **In Wales**

1. *Working Together to safeguard and promote the welfare of children - a guide to interagency working*. National Assembly for Wales (2000) London: HMSO
2. *Carlile Review. Too Serious A Thing*. National Assembly for Wales (2002) Cardiff: NAW
3. *Response to the Victoria Climbié Inquiry*. Welsh Assembly Government (2003) Cardiff: WAG
4. *Safeguarding Children: Working together for positive outcomes*. Welsh Assembly Government (2003) Cardiff, WAG
5. *Safeguarding Children: Working together under the Children Act 2004*.
6. *All Wales Child Protection Procedures*. Welsh Assembly Government (2004) Cardiff: WAG
7. *Safeguarding children and young people: roles and competencies for health care staff*. Intercollegiate Document April 2006, RCPCH supported by the Department of Health