

LAVREN WRIGHT REVIEW

Summary report March 02

- Child Protection

6. Recommendations

It is appreciated that there are very many recommendations in this report. Some deal with major problems, which may need significant resources to resolve. Others deal with small matters which should be attended to quickly. All the recommendations are however, in our opinion, important, and should be accepted and implemented. They fall into the following headings:

- Training
- Vision and Accountability
- Role and Reviews
- Communication
- Practice procedures and paperwork
- Responsibilities
- Part 8 Process
- Resources.

6.1 Training

6.1.1 All Staff in General Practice

All staff should have regularly updated training as recommended in Working Together to Safeguard Children, DoH 1999. Practices should identify a clinician to coordinate training, update procedures and monitor child protection issues.

6.1.2 All GPs

All GPs must have regularly updated training on recognition, referral, continuing assessment and management of child abuse. The Norfolk GP Training Programme should be widely supported.

6.1.3 All Key Professionals in Clinical Practice

This includes consultant paediatricians, however senior. They must have continuing child protection training at relevant levels to meet their Individual needs. This must be at least Level I and preferably Level 2. For paediatricians, both Level 1 and 2 are essential. The training should be multi-agency, including the training for doctors.

Training on the Assessment Framework must be multi agency and implementation of the Framework must be across agencies, not one at a time.

6.1.4 Child Health Surveillance

Child Health Surveillance courses for GPs must include child protection. GPs accredited for health surveillance must have had prior child protection training.

6.1.5 Child Protection Trainers

However senior and experienced in child protection, trainers must have appropriate and regular child protection training themselves,

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6.1.6 Training Records

A record of every professional's child protection training should be maintained by the individuals (for doctors in their Personal Development Plan) and by any *employing Hospital* *gust and by the Director of Public Health in the. primary* care organisation.

6.1.7 Training Evaluation and Review

This should be addressed in yearly appraisals.

6.1.8 Trust Boards

Trust Boards must be aware of the recommendations for training and education made by the Royal College of Paediatrics and Child Health. They should ensure child protection training for all their staff. They should ensure that GPs acting as Named Doctors are adequately trained to Level 1 and Level 2.

6.1.9 Royal College of General Practitioners (RCGP)

The RCGP has a responsibility to ensure that all GPs recognise the importance of child protection training on a regular basis. It should begin as a GP Registrar-and continue throughout the working life.-

6.1.10 Designated and Named Doctors

They should make sure a needs assessment of training is carried out and a report is produced on the needs and resources required.

6.1.11 Designated Professionals

These professionals must be responsible for the delivery of training and recording who **attends**.

6.1.12 Health Report Writers

Anyone who is asked to write a Health Report, must have been trained in report writing, All Named Doctors should be trained in report writing.

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6.1.13 Resources

Adequate resources must be provided for the training itself and for the locums needed to provide cover while training is undertaken.