

# RCGP supplementary guide to safeguarding training requirements for all primary care staff

## **1.0 Introduction**

This document is an RCGP supplement to, and should be used in conjunction with, the following Intercollegiate Documents (ICD):

- [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019 \(1\)](#)
- [Adult Safeguarding: Roles and Competencies for Health Care Staff. First edition: August 2018 \(2\)](#)

It is intended to give a 'quick glance' summary of the safeguarding training requirements for all who work in a primary care setting (clinical and non-clinical staff) which includes NHS, private, virtual and any other setting where primary health care is delivered.

It should be noted that the Adult Safeguarding ICD is only a first edition so is therefore not as detailed yet as the Safeguarding Children and Young People ICD. This is particularly relevant for Level 3 staff groups as the training hours requirement is different for adult and child safeguarding at present.

### **Is safeguarding training mandatory?**

All healthcare organisations and healthcare providers have a duty outlined in legislation, regardless of who the commissioner is, to make arrangements to safeguard, promote the welfare of, and to protect from harm, children, young people and adults at risk of harm. Chief Executive Officers have a responsibility to ensure that all staff are able to meet this requirement, but all practitioners have a personal duty under their professional codes to maintain their knowledge, skills and competence (1,2).

Healthcare organisations must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported. In England, this is a requirement of CQC (Care Quality Commission) registration (1,2).

### **General principles of the safeguarding intercollegiate documents**

- The ICDs are applicable to all four UK nations.
- The ICDs are applicable to ALL healthcare staff, clinical and non-clinical, regardless of place of work – this includes NHS, private, virtual and any other setting where health care is delivered.
- The ICDs set out minimum training requirements and there may be national or local employment or regulator arrangements that pose additional requirements. The ICDs are not intended to replace contractual arrangements between commissioners and providers or NHS organisations and their employees. Some employers may require certain staff groups to be trained to a higher level than described in the ICDs to better fulfil their organisational intent and purpose (1,2).

- The ICDs make clear that training needs to be flexible, encompassing different learning styles and opportunities. The education, training and learning 'hours' stated at each level are therefore indicative recognising that individuals' learning styles and the roles they undertake vary considerably, as well as the need to recognise new and emerging safeguarding issues for which staff need to acquire additional knowledge and skills.
- Training at level 2 and above will include the update and training required at the lower levels and will negate the need to undertake refresher training at the lower levels (1,2). For example, training at level 2 will include the update and training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2.

The Adult Safeguarding: Roles and Competencies for Health Care Staff document explains the expectations regarding adult safeguarding training:

*"It is a new and ambitious document which will develop further over the coming years. The colleges recognise it will not be possible for all staff to access the training within the first year of publication. It is anticipated that organisations will reach the required levels of workforce training over time. It is expected by the next iteration in 2021 all staff will have received training to attain the appropriate competencies.*

*The education and training principles are set out, highlighting flexible learning opportunities to enable acquisition and maintenance of knowledge and skills. It is acknowledged that many health practitioners will need equivalent child and young person's safeguarding training and that there are many areas of overlap. This can be taken into consideration when documenting the training undertaken." (2)*

Furthermore, the Intercollegiate Documents reflect the importance of ALL primary care staff in safeguarding patients, not just GPs. As such, some staff groups, e.g. practice nurses, have been moved up from Level 2 to Level 3. The RCGP recognises that it will take time for staff groups who have moved up a level to attain new competencies. The college expects that this would happen over a period of 3 years and that by the next editions of both documents all staff will be reaching their expected competencies.

#### **Statement from the Royal College of Nursing:**

"The Royal College of Nursing was a key partner in the revision of the ICD for health staff working with children and young people. There is recognition that today nurses working in general practice settings work autonomously and increasingly see and treat children and young people, therefore necessitating greater knowledge, skills and competencies in order to safeguard and protect them. It is appreciated that while some nurses in these settings may have already acquired much of the necessary knowledge, skills and competencies at level 3, others may take some time in order to do so. As within any setting the Royal College of Nursing advises nurses to seek advice and support from nursing colleagues and other members of the multidisciplinary team".

1. [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019 \(1\)](#)
2. [Adult Safeguarding: Roles and Competencies for Health Care Staff. First edition: August 2018 \(2\).](#)

## **2.0 Minimum Training Requirements**

### **For all staff at all levels taking up a post within a new organisation:**

A mandatory session of at least 30 minutes duration should be included in the general staff induction programme or within six weeks of taking up post within a new organisation. This should provide key safeguarding information and appropriate action to take if there are concerns (1, 2).

### **2.1 - Levels 1 & 2**

	<b>Level 1</b>	<b>Level 2</b>
<b>Staff groups</b>	<ul style="list-style-type: none"> <li>• Receptionists</li> <li>• Administrative staff</li> <li>• Volunteers</li> <li>• Domestic staff</li> </ul>	<ul style="list-style-type: none"> <li>• Practice managers</li> <li>• Reception managers</li> <li>• *Safeguarding administrators</li> <li>• Healthcare students including medical students and nursing students</li> <li>• Phlebotomists</li> <li>• Healthcare assistants</li> <li>• Physician's assistants</li> </ul>
<b>Adult</b> Safeguarding training requirement over 3 years	Minimum of <b>2</b> hours	Minimum of <b>4</b> hours
<b>Child</b> Safeguarding training requirement over 3 years	Minimum of <b>2</b> hours	Minimum of <b>4</b> hours
<b>Total</b> safeguarding training requirement over 3 years	Minimum of <b>4</b> hours	Minimum of <b>8</b> hours

\*Safeguarding administrators may be known by different titles

## 2.2 – Level 3

- In ‘Adult Safeguarding: Roles and Competencies for Health Care Staff’, there is no distinction between different professional groups at Level 3.
- In ‘Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff’, there is a distinction between professional groups who require Level 3 ‘Core’ child safeguarding training and those who require Level 3 ‘additional knowledge, skills and competencies’ child safeguarding training.

	Level 3 Core	Level 3 requiring additional knowledge, skills and competencies
<b>Staff groups</b>	<ul style="list-style-type: none"> <li>• Pharmacists*</li> <li>• Foundation level doctors</li> </ul>	<ul style="list-style-type: none"> <li>• GPs</li> <li>• GP practice safeguarding leads</li> <li>• GP registrars</li> <li>• Practice nurses</li> <li>• Advanced nurse practitioners</li> <li>• Paramedics</li> </ul>
<b>Adult Safeguarding INITIAL</b> training requirement in the first 12 months of taking up a Level 3 post	Minimum of <b>8</b> hours	Minimum of <b>8</b> hours
<b>Adult Safeguarding REFRESHER</b> training requirement over 3 years	Minimum of <b>8</b> hours	Minimum of <b>8</b> hours
<b>Child Safeguarding INITIAL</b> training requirement in the first 12 months of taking up a Level 3 post	Minimum of <b>8</b> hours	Minimum of <b>16</b> hours
<b>Child Safeguarding REFRESHER</b> training requirement over 3 years	Minimum of <b>8</b> hours	Minimum of <b>12</b> hours <b>with the exception of GP Practice Safeguarding Leads</b> who will require <b>16</b> hours
<b>Total safeguarding REFRESHER</b> training requirement over 3 years	Minimum of <b>16</b> hours	<ul style="list-style-type: none"> <li>□ For all professionals in this group <b>except</b> GP Practice Safeguarding Leads: Minimum of <b>20</b> hours</li> <li>□ GP Practice Safeguarding Leads: Minimum of <b>24</b> hours</li> </ul>

\*In the ‘Adult Safeguarding: Roles and Competencies for Health Care Staff. First edition’, pharmacists require a level 2 competency. However, as the ICDs set out minimum training requirements and there may be national or local employment or regulator arrangements that

pose additional requirements, it is expected that primary care organisations would expect that pharmacists who are undertaking professional care activities and services in care homes, urgent and emergency care settings, GP practices and out of hours services require level 3 competency.

### 2.3 Level 4

	Level 4
<b>Staff Groups</b>	Named GP for Child Safeguarding** Named GP for Adult Safeguarding**
<b>Adult</b> Safeguarding training requirement over 3 years	Minimum of <b>24</b> hours (Named GP for Adult Safeguarding)
<b>Child</b> Safeguarding training requirement over 3 years	Minimum of <b>24</b> hours (Named GP for Child Safeguarding)
<b>Total</b> safeguarding training requirement over 3 years	<ul style="list-style-type: none"> <li>GP who is a Named GP for Child <b>and</b> Adult Safeguarding: minimum of <b>48</b> hours</li> <li>GP who is a Named GP for Child Safeguarding only: minimum of <b>32</b> hours (24 hours Level 4 child safeguarding and 8 hours Level 3 adult safeguarding)</li> <li>GP who is a Named GP for Adult Safeguarding only: minimum of <b>40</b> hours (24 hours Level 4 adult safeguarding and 16 hours Level 3 child safeguarding)</li> </ul>

\*\* Named GPs are currently in England only. There may be similar roles in the devolved nations.

### 3.0 Education and Training

Education and training at all levels should be at least 50% participatory (1,2). Participatory training involves a level of interaction. A record of training can be kept by using the Education, training and learning activity logs in the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Appendix 4.

Inter-professional and inter-organisational training is encouraged in order to share best practice, learn from serious incidents and to develop professional networks.

Examples of Participatory education and training:

- Attending face-to-face training
- Group case discussion
- Reflection on the learning from a case the professional has been involved in and how this learning has been applied to their practice
- Webinars
- Attendance at safeguarding forums e.g. GP Practice Safeguarding Lead forums.

Examples of Non-Participatory training:

- E-learning
- Reading relevant safeguarding learning material such as guidelines or journal articles.

### **3.1 Shared aspects of adult and child safeguarding training**

There are several aspects of safeguarding training and education that can apply equally to child and adult safeguarding and share the same principles. Examples of this may include, but are not limited to: safeguarding ethos, confidentiality, information sharing, documentation and domestic abuse (1, 2).

For example, if a GP attended a one-hour Level 3 training session on domestic abuse that covered adult and child safeguarding issues equally, this would count towards one hour of adult safeguarding Level 3 training and one hour of child safeguarding Level 3 training.

Those who are providing training on shared aspects must ensure that there is equal weighting given to children and adults within the training. Organisations using such opportunities for the integration of child and adult safeguarding must be able to demonstrate they have provided education, training and learning covering all elements of both adult and child safeguarding as outlined in both intercollegiate documents, thereby enabling staff to demonstrate that they have acquired the relevant knowledge, skills and competencies. Organisations must also be able to provide evidence that equal weighting is given to both the adult and child content (1).

### **3.2 CQC requirements for Primary Care staff (England only)**

Should CQC inspect your practice, then all elements of safeguarding training as described in both ICDs will be counted as evidence of safeguarding training. It is not a requirement that all hours of training for CQC purposes should be certificated, reflective notes of other training and learning completed such as in the learning logs, is sufficient to evidence the learning achieved.

### **3.3 Impact Statement**

It is acknowledged that safeguarding training requirements are significant, both for individuals and practices. The requirements are so significant because of the importance of safeguarding to holistic care and ensuring that safeguarding is reflected in healthcare's legal and ethical duties. It is not an addition to clinical practice, it is an intrinsic part of professional practice and is core business for all health care organisations (2).

Primary care staff in each of the four UK nations will be on a different part of their safeguarding journey. It is anticipated that for some, the safeguarding training requirements as outlined in this document, may already be being met. For others, the requirements will be a significant increase. As is documented within the adult ICD, the RCGP, along with the other Royal Colleges, recognise it will not be possible for all staff to access the adult safeguarding training within the first year of publication. It is anticipated that organisations will reach the required levels of workforce training over time. It is expected by the next iteration in 2021, all staff will have received training to attain the appropriate competencies (2).

### Examples of safeguarding training:

- E-Learning
  - [Safeguarding Children and Young People](#)
- Face-to-face training
  - This may be offered by a variety of providers locally. Healthcare staff are encouraged to contact their employers, safeguarding children and adult boards, CCG (or similar organisations) safeguarding leads to source what face-to-face training is available to them locally.
- Level 4 training
  - Those who require Level 4 training may be able to source face-to-face training from their CCG or NHS organisations.
  - The PCSF ([Primary Care Safeguarding Forum](#)) runs an annual Level 4 conference. The PCSF is a not-for-profit company funded by membership subscription.

**'We welcome the RCGP's clear and concise summary of the Intercollegiate Safeguarding Guidance' - Professor Nigel Sparrow, National GP Advisor and Responsible Officer, Care Quality Commission.**

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- Member of the writing group for Adult Safeguarding: Roles and Competencies for Health Care Staff. First edition: August 2018
- Member of the core group who revised and updated Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019

### References

1. [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](#). Fourth edition: January 2019.
2. [Adult Safeguarding: Roles and Competencies for Health Care Staff](#). First edition: August 2018.