

8. Buts, S., Duncan, M., Owen, T., Martino, D., Pringsheim, T., Byrne, S., McWilliams, A., Murphy, T., Malik, O., Liang, H., Heyman, I. and Hedderly, T., 2021. Paediatric tic-like presentations during the COVID-19 pandemic. *Archives of Disease in Childhood*, 107(3), pp.e17-e17.
9. Mills, S. and Hedderly, T., 2014. A Guide to Childhood Motor Stereotypies, Tic Disorders and the Tourette Spectrum for the Primary Care Practitioner. *Ulster Medical Journal*, 83(1), pp.1-8.
10. Shprecher, D. and Kurlan, R., 2008. The management of tics. *Movement Disorders*, 24(1), pp.15-24.
11. Fernandez, H., Galvez-Jimenez, N. and Galvez-Jimenez, N., 2012. Tics and Tourette syndrome: An adult perspective. *Cleveland Clinic Journal of Medicine*, 79(7 suppl 2), pp.S35-S39.
12. Olvera, C., Stebbins, G., Goetz, C. and Kompoliti, K., 2021. TikTok Tics: A Pandemic Within a Pandemic. *Movement Disorders Clinical Practice*, 8(8), pp.1200-1205.
13. Hull, M. and Parnes, M., 2021. Tics and TikTok: Functional Tics Spread Through Social Media. *Movement Disorders Clinical Practice*, 8(8), pp.1248-1252.

- 16% were not satisfied and one of the respondents linked this to COVID-19.

[The survey was carried out in May/June 2021, when paediatric services in the UK were returning to face-to-face contact, but many consultations were still being held virtually. This limited opportunities for shadowing and additional training opportunities.]

## 2. Standard of support:

Trainees at varying levels of training have different expectations for supervision for medical examinations but there is clear Royal College of Paediatrics and Child Health (RCPC) guidance regarding appropriate supervision:

*Standard 5: 'Child protection medical assessments are carried out by clinicians with appropriate supervision.'*<sup>1</sup>

93% of trainees felt they had supervision adequate to their level. All reports were checked by consultants.

It is recommended that clinicians undertaking CP medicals are appropriately supported through their job plans as well as having access to formal and informal emotional support, psychological support, legal support and personal security.<sup>1</sup>

## Training and Education

### Improving Child Protection Training

Community child health (CCH) trainees are very likely to carry out child protection (CP) and child sexual abuse (CSA) medical examinations at consultant level. At the BACCH (British Association of Community Child Health) trainee regional meeting, it was discussed that training opportunities for CP were variable between deaneries.

#### Project aims:

- To identify deaneries whereby CP experience is not adequate, and therefore enable as well as empower trainees to improve their training in these areas.
- To advise minimal standards/number of assessments for CCH trainees to guide their training and allow their Training Programme Director (TPD) to assist them in obtaining requisite experience around correct working patterns.
- To enable trainees access to further safeguarding learning opportunities, including multi-professional meetings, structured training opportunities, and other service departments and clinical networks, by making it part of the curriculum.

#### Materials and methods:

- A 32-question survey was designed collaboratively between BACCH trainee representatives from Wessex and Oxford deanery. This was distributed to all CCH and Neurodisability Grid and SPIN (Special Interest module) trainees via regional representatives and BACCH online newsletter in May and June 2021. Responses were submitted through an anonymous online portal (Google). 34 trainees from 15 deaneries in the UK responded.

Questions were designed to elicit trainees' views on:

- overall experience
- peer support
- curriculum objectives
- learning opportunities

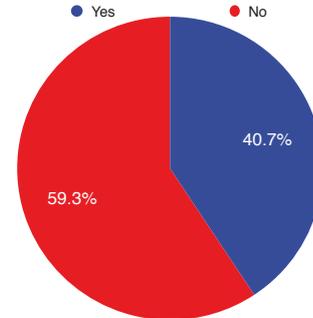
We analysed the results of our survey and have submitted our conclusions and recommendations to BACCH and the CSAC.

#### Results:

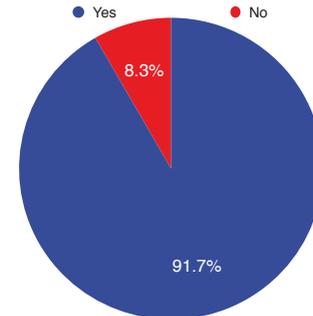
##### 1. Trainee overall experience:

- 43% of participants were satisfied with the amount of CP experience received in training.
- A further 43% thought the training was adequate but would like further experience before certification of completion of training (CCT).

Within your Trust is there a regular Peer Support meeting where you can discuss cases you have found upsetting or distressing?  
27 responses



If there is not a formal Peer Support session held regularly do you know who you can speak to if you are struggling with a case you have been involved with?  
24 responses



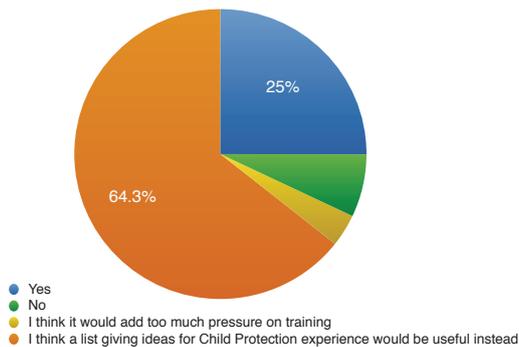
It is concerning that some trainees do not know who they can speak to when they have been affected by a distressing case. Trainees should have access to and be aware of sources of support.

##### 3. Trainee impressions of curriculum objectives and learning outcomes:

At the regional meeting, it was noted that there was a small curriculum listed under CP training, with the outcomes being quite broad. Trainees felt they needed more direction in their safeguarding training, whilst the SPIN training objectives and curriculum were felt to be overly specific and too numerous to complete for safeguarding for general CCH trainees.

Participants were asked if a safeguarding competencies list would be useful for directing Grid training, in addition to e-portfolio:

Do you think a safeguarding/child protection competencies list would be useful for directing GRID training, in addition to e-portfolio?  
28 responses



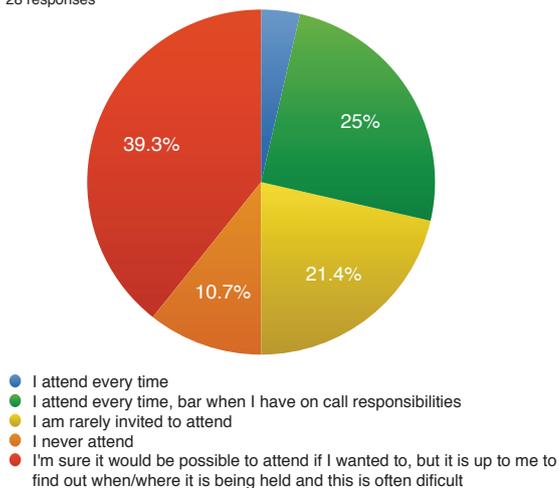
Half of the trainees surveyed felt that they would be confident to work within child protection independently by the end of their training. This demonstrated how CP training currently varies nationally. We hope that by sharing these results and putting together recommendations, it will help trainees work with their local regions to review and ensure they gain all the experience they need within their training time.

We are working with the regional BACCH representatives to determine which regions need to focus on improving their CP training within the Grid programme. Generally, we found the deaneries that were not complying with 70% of hours within CCH<sup>2</sup> had the worst satisfaction with CP training. This is likely due to reduced opportunity to carry out CP medicals and attend related multidisciplinary safeguarding meetings. Mersey were the best deanery with this respect as they were very satisfied with their training, not doing acute out of hours and have 1 day in 5 on the CP rota (full-time) and 1 weekend in 5 at a Sexual Assault Referral Centre (SARC).

#### 4. Learning opportunities:

The survey included looking into the numbers of CP and CSA medicals carried out monthly, number of Looked After Children (LAC) clinics, teaching opportunities, SARC attendance, courses and conferences, peer review, and strategy meetings.

If you are involved in a child protection/safeguarding case, how often do you have the opportunity to attend the associated strategy meeting?  
28 responses



Everyone had opportunities for LAC clinics and attended teaching. Limited experience included opportunities to attend a SARC, shadow a barrister, and places on courses such as the RCPCH 'Statement and Report Writing' and 'From Examination to Court' were limited. We have contacted the course organisers and it has been confirmed that Grid and SPIN trainees will now get priority places on these courses.

#### Conclusion:

Overall, it was found that CCH trainees need more guidance to complete the UK CP syllabus. Trainees would like a guide to recommended number of assessments, available courses and experience, but not additional curriculum on e-portfolio. This is to provide direction to trainees at the start of ST6, and help supervisors advise trainees where to further their experience and plan time to meet safeguarding competencies. We hope the guidance will make training nationally more uniform.

If trainees are finding it hard to meet the curriculum with acute paediatric on-calls, then it could be considered that in ST8, they are taken off the on-call acute rota, as per the Bristol deanery (or have a period of time within ST6-8, for example: 3 months where they only undertake safeguarding work).

Positive points from the survey:

- 93% of trainees felt well supported in conducting CP medical examinations.
- 100% of CP reports were checked by a consultant.
- LAC clinic and teaching opportunities.
- RCPCH is now prioritising SPIN and Grid trainees for places on their relevant safeguarding courses.

Once we have improved safeguarding training for CCH trainees, we plan to explore the views on safeguarding training for general paediatric trainees, and their readiness to complete CP medicals as consultants.

Other recommendations:

- All regions should make it clear at departmental inductions how to access peer support if they do not offer regular formal peer support sessions as per national guidance.
- Safeguarding supervision varies. Trainees should be aware of RCPCH guidance and feel empowered to be able to say when they want support in safeguarding assessments.
- All deaneries should be compliant with the recommended 70% hours in CCH, after annual leave is taken into account, and discuss with their rota co-ordinator prior to starting jobs. Dr Lucy Shapiro, an East Midlands CCH Grid Trainee has put together a calculator for this:  
<https://forms.gle/s4GkmQ4ojSNtJRnQ9>
- There is presently a suggested list of recommended courses and training ideas for CCH Grid trainees with a plan for regional representatives to send this training pack to new trainees.
- As 90% of participants in the survey thought either a curriculum, or suggested list of competencies to be met would be useful, we have put together a suggested curriculum list as follows.

We have discussed with the trainee CPSIG (Child Protection Special Interest Group) trainee representative Dr Boutros the results of a similar survey, targeted at ST1-8 paediatric trainees and paediatricians completing the SPIN syllabus.

The key findings were the need for:

- Better guidance and signposting
- More protected time/opportunities within work plans - encourage and support trainees to be exposed at key safeguarding activities including attendance to case conferences, strategy meetings and peer review meetings
- More training, support and supervision (including simulated learning/observation shadowing) across all grades
- Opportunity to complete competencies, including guidance on means to help attain competencies outside usual places of work such as specific placements e.g. Mini pupillage with court.
- More protected time for seniors (including named and designated doctors, and SPIN supervisors) to formally emotionally support colleagues and themselves.

Curriculum suggestion	Evidence base	Actions to enable trainees to do this
15 child protection medical examinations in 36 months CCH training	Australia has the same suggested numbers in the curriculum. SPIN Safeguarding syllabus is 30 CP medicals with 6 CSA medicals to be completed therefore this is middle ground for CCH, as there are other competencies to be met.	Regular participation in daytime and out of hours child protection rota; 1 day per week or 1 week in 4. (SPIN syllabus) if full-time. Therefore CCH trainees to have one week in 8 (full time).
RCPCH Statement and report writing course	Recommended by RCPCH	Write to RCPCH as 25% respondents said the course was fully booked. After speaking with course organisers, CCH GRID trainees now have priority on booking and will be emailed first. Argument that all paediatric trainees should have priority as all trainees do CP medical examinations.
RCPCH Child Protection Examination to Court Course	Recommended by RCPCH	Write to RCPCH to request that CCH and Safeguarding SPIN trainees are prioritised: as above.
ALSG Child Protection Response and Recognition Course	Course specifically developed for doctors involved with safeguarding work and is nationally recognised as a Level 3 safeguarding course.	
Fabricated or Induced Illness and Perplexing Presentations	RCPCH course	Ensure CCH trainees are aware of this course
The Havens introduction course to sexual offences medicine (if undertaking forensic examinations); Child sexual assault and the forensic examination (RCPCH)	Clinician assessing CSA must have specialised child protection skills with specific training and competences in the forensic assessment as outlined in the joint guidance by the Faculty of Forensic and Legal Medicine (FFLM) and RCPCH Child Protection Companion <sup>3</sup>	Ensure recommended courses are shared with all trainees
All CCH trainees should have access to a SARC for experience once above course completed.		At present this varies from region to region but if it was part of the curriculum then every region could grant CCH and Safeguarding SPIN trainees time to observe the SARC.
Contribute to a child in need assessment	SPIN syllabus	
Write a detailed chronology for 1 case	SPIN syllabus	
Participate in child death process (could be via local Child Death Overview Panel [CDOP]).	SPIN syllabus	
Attend at least 18 peer review meetings (6 per year full time.)	Regular attendance at peer review meetings to present cases and receive feedback. (RCPCH Peer Review guidance (2012) recommends monthly attendance, and the RCPCH service specification for the clinical evaluation of children and young people who may have been sexually abused (2015) recommends at least 4 CSA peer reviews per year).	Ensure all deanery leads and trainee representatives are aware that trainees need to be invited to attend and present cases at peer review meetings. Deaneries to consider taking trainees off on-call rota in ST8 to enable them to meet these requirements.
Attend the associated strategy meetings to child protection medical examinations carried out.	SPIN syllabus	As above - Deaneries to consider taking trainees off on-call rota in ST8 to enable them to meet these requirements.
Observation of the work of the Local Safeguarding Board /Child Protection Committee and sub-committees and involvement with one Serious/Significant Case Review. Opportunity to observe multiagency teams e.g., LSCB (local safeguarding children board), Serious Case Reviews, and Trust safeguarding meetings.	In SPIN syllabus; ideas for furthering training.	

The CPSIG survey echoes the findings of our BACCH survey and reiterates the same points above.

*Dr Emily Tabb | ST7 Wessex CCH Grid trainee (BACCH)  
Correspondence email: emilytabb@nhs.net*

*Dr Rachel Weerasinghe | ST7 Oxford CCH Grid Trainee (BACCH)  
Correspondence email: rachel.weerasinghe@ouh.nhs.uk*

*Dr Sarah Boutros | ST8 General Paediatrics North Middlesex (CPSIG)  
Correspondence email: sarah.boutros@nhs.net*

## References:

1. RCPCH: Good practice service delivery standards for the management of children referred for child protection medical assessments, October 2020. Available from: <https://childprotection.rcpch.ac.uk/wp-content/uploads/sites/6/2020/10/Child-Protection-service-delivery-standards-2020.pdf>
2. COPMeD: A Reference Guide for Postgraduate Specialty Training in the UK (Gold Guide 2016), Version: GG6.FEB2016. Available from: <https://www.copmed.org.uk/images/docs/publications/Gold-Guide-6th-Edition-February-2016.pdf>
3. Royal College of Paediatrics and Child Health. 'Chapter 10: Child Sexual Abuse' in Child Protection Companion. May 2019. Available from: <https://childprotection.rcpch.ac.uk/child-protection-companion-content/chapter-10-child-sexual-abuse/>