

BRIEFING: Safeguarding training requirements for healthcare staff in primary care

Introduction to briefing:

There has recently been an update on guidance for healthcare professionals with regards to training requirements for safeguarding adults (2018) and children and young people (2019). For the purposes of this briefing and keeping it short, if the explanation involves both safeguarding children and young people and safeguarding adults, the briefing will bring this together as safeguarding *people*.

Which groups of staff does this apply to?

In short, it applies to *all* staff (clinical, administrative, and managers) employed in healthcare settings.

There has been a separate RCGP briefing for GP practices and general practitioners: <https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care.ashx>

Where can I look at the guidance?

Whilst it has been published and hosted on the Royal College of Nursing website, in reality the standards have been agreed with British Dental Association, Royal College of General Practitioners, Royal College of Ophthalmologists, and Royal Pharmaceutical Society.

- The adult guidance can be viewed here: <https://www.rcn.org.uk/professional-development/publications/pub-007069>
- The children’s and young people guidance can be viewed here: <https://www.rcn.org.uk/professional-development/publications/007-366>

What do the new training standards mean for me?

Level	Description of staff	Specific groups of primary care staff
1	All staff working in healthcare settings	All practice staff not covered below
2	All practitioners that have regular contact with patients, their families or carers, or the public	Pharmacists (however if have a lead role for safeguarding <i>people</i> then will be level 3) Optometrists Dentists Practice managers Administrative staff managing safeguarding administrative duties
3	Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of people where there are safeguarding concerns (as appropriate to role)	General Practitioners** Practice nurses** Nurse Practitioners** Physician Associates, Emergency Care Practitioners and all urgent care clinicians **GPs, Practice Nurses and Nurse Practitioners are specified within the children’s guidance as requiring additional knowledge, skills and competencies than other level 3 groups
4	Specialist safeguarding roles – named professionals	A healthcare professional who is a named safeguarding lead within a confederated group of organisations

The training requirements (with a rolling out period until 2021) are as follows:

Level 1: Over a three-year period, all staff should receive a minimum of two hours of adult safeguarding training and a minimum of two hours of children and young people safeguarding training

Level 2: It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional undergraduate education programmes and thus the requirement is that over a rolling three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours training and a minimum of four hours of children and young people safeguarding training. Training, education and learning opportunities should include multi-disciplinary/multi-agency.

Level 3

Adult and Child safeguarding: For each age group, the initial requirement is 8 hours' training within first 12 months of being in a level 3 post (total 16 hours across both age groups). Thereafter there is a requirement for 8 hours refresher training for each age group on a rolling basis over the following three years (16 hours total.) Training, education and learning opportunities should be multidisciplinary and inter-agency but will also include e-learning, personal reflection and discussions in clinical meetings.

Level 4: 24 hours of education, training and learning over a three-year period for each age domain (i.e. 48 hours in total).

What is the definition of suitable ongoing education?

At least part of the rolling 8 hours should be multidisciplinary or multi-agency. For level 3 it is suggested 50% is interactive (as opposed to own reading). E-learning, personal reflection and discussions of safeguarding complexities in clinical meetings can form part of your portfolio.

Safeguarding leads within CCGs and course organisers will be able to support you as to what is suitable training and how to consider the breadth of topics outlined in the intercollegiate documents.

How should I evidence the education?

Ideally, use your existing appraisal portfolio or CPD log and importantly for this area of training it is essential that you provide some reflection as appropriate. For example listing that you have read an article on County Lines and potential signs will be much better supported if you add reflection as to how this changed your practice or what you changed at work as a result of the training.

Certificates of formal training are not essential, but including these will assist your appraiser and CQC in assessing how well you have met your learning needs. It may be helpful to summarise the amount of ongoing safeguarding training and development you do in your annual summary so you can keep a tally and ensure you remain compliant.

The 3 year rolling requirement essentially means that training compliance has to spread equally (i.e. staff cannot do a block three day course and then not have any further training for a further 3 years).

Do I have to comply with this and why should I?

In short, yes all staff working in healthcare settings have a statutory duty to comply with this.

All healthcare organisations and healthcare providers have a duty outlined in legislation. It is the duty of employers to ensure that those working for them clearly understand their contractual obligations within the employing organisation, and it is the responsibility of employers to facilitate access to training and education which enable the organisation to fulfil its aims, objectives and statutory duties effectively and safely.

It is also important to be aware of the role of external regulators such as Care Quality Commission (CQC) in monitoring safeguarding systems within organisations. Regulatory and inspection bodies such as the NMC, Health and Care Professions Council (HCPC) and CQC require evidence of completion of key refreshing and updating for revalidation and inspection purposes.

Briefing prepared by
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References:

- Working Together 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- Local procedures:
http://www.myguideapps.com/nhs_safeguarding/default/contacts/contact.index.east_of_england.html?nocache=0.6959918778495367