

GMC Guidance for doctors on working with young people

Apologies if you have already seen the new GMC guidance for doctors on working with young people, if not this is available online

at:http://www.gmcuk.org/guidance/ethical_guidance/children_guidance/index.asp

It does contain guidance on confidentiality child protection and sexual health services. It reaffirms young people's rights to access confidential sexual health services, although states that doctors will usually need to share information about sexually active young people aged under 13.

The following sections might be of interest:

60. Confidentiality is important and information sharing should be proportionate to the risk of harm. You may share some limited information, with consent if possible, to decide if there is a risk that would justify further disclosures. A risk might only become apparent when a number of people with niggling concerns share them. If in any doubt about whether to share information, you should seek advice from an experienced colleague, a named or designated doctor for child protection, or a Caldicott Guardian. You can also seek advice from a professional body, defence organisation or the GMC. You will be able to justify raising a concern, even if it turns out to be groundless, if you have done so honestly, promptly, on the basis of reasonable belief, and through the appropriate channels.

61. Your first concern must be the safety of children and young people. You must inform an appropriate person or authority promptly of any reasonable concern that children or young people are at risk of abuse or neglect, when that is in a child's best interests or necessary to protect other children or young people. You must be able to justify a decision not to share such a concern, having taken advice from a named or designated doctor for child protection or an experienced colleague, or a defence or professional body. You should record your concerns, discussions and reasons for not sharing information in these circumstances.

64. A confidential sexual health service is essential for the welfare of children and young people. Concern about confidentiality is the biggest deterrent to young people asking for sexual health advice.²⁷ That in turn presents dangers to young people's own health and to that of the community, particularly other young people.

67. You should usually share information about sexual activity involving children under 13, who are considered in law to be unable to consent. You should discuss a decision not to disclose with a named or designated doctor for child protection and record your decision and the reasons for it.

68. You should usually share information about abusive or seriously harmful sexual activity involving any child or young person, including that which involves:

(a) a young person too immature to understand or consent

(b) big differences in age, maturity or power between sexual partners

- (c) a young person's sexual partner having a position of trust
- (d) force or the threat of force, emotional or psychological pressure, bribery or payment, either to engage in sexual activity or to keep it secret
- (e) drugs or alcohol used to influence a young person to engage in sexual activity when they otherwise would not
- (f) a person known to the police or child protection agencies as having had abusive relationships with children or young people.

69 You may not be able to judge if a relationship is abusive without knowing the identity of a young person's sexual partner, which the young person might not want to reveal. If you are concerned that a relationship is abusive, you should carefully balance the benefits of knowing a sexual partner's identity against the potential loss of trust in asking for or sharing such information.

70. You can provide contraceptive, abortion and STI advice and treatment, without parental knowledge or consent, to young people under 16 provided that:

- (a) they understand all aspects of the advice and its implications
- (b) you cannot persuade the young person to tell their parents or to allow you to tell them
- (c) in relation to contraception and STIs, the young person is very likely to have sex with or without such treatment
- (d) their physical or mental health is likely to suffer unless they receive such advice or treatment, and
- (e) it is in the best interests of the young person to receive the advice and treatment without parental knowledge or consent.³¹

71 You should keep consultations confidential even if you decide not to provide advice or treatment (for example, if your patient does not understand your advice or the implications of treatment), other than in the exceptional circumstances outlined in paragraphs 46 to 52 and paragraphs 64 to 69.