

## Safeguarding Children in Virtual Consultations

Coronavirus has seen a rapid and widespread roll out of virtual consultation platforms and this has presented challenges to everyone involved. However there has been little consideration of how this change has affected children and young people or of the safeguarding implications. No online consultation platform has specifically considered children or safeguarding and the early covid documents from NHSE also lacked a child or safeguarding focus.

There are therefore challenges in terms of inequalities for children and young people (CYP), risks of iatrogenic abuse and legalities/ pitfalls particularly in terms of the sharing of intimate images of children online.

In terms of inequalities some platforms eg “Econsult” do not allow under-16s to request a consultation without involving their parent. This could prevent a Gillick competent 15yr old from accessing contraception or sexual health advice. Many CYP records have parental phone numbers as the point of contact which may breach a child’s confidentiality. Practice websites are often not child friendly (is yours?) and young people are no longer seeing posters etc in surgeries to signpost them to services and support.

Poor or unsafe virtual consultations may cause harm and so there needs to be a lower threshold for seeing children face to face especially if there is a requirement for an intimate examination; the CYP has special needs, learning difficulties or mental health problems; if there are safeguarding concerns; if a CYP is “Looked After” or there are other vulnerabilities.

The sending and receiving of intimate images of a child is a particularly difficult area. Making an indecent image of a child is an offence and potentially could lead to 5yrs in prison. Making an image can involve opening an email, accessing a website, downloading, storing, or viewing an image on a video link. It is therefore important to be particularly careful if you are considering an intimate examination virtually. The NHS published a document in July 2020 that considers this topic: <https://fflm.ac.uk/wp-content/uploads/2020/07/Key-principles-for-intimate-clinical-assessments-undertaken-remotely-in-response-to-COVID-19-v1-July-2020.pdf>

It is worth asking yourself the following questions:

- Is a picture/ video really necessary?

- Is this the best option or would a face to face consultation be better?

- Is this in the best interests of the patient?

- How will this image help with clinical care?

- Do I have consent from the patient to be viewing this? (and if a child do they have the competency to give this consent?)

Digital images can be stored for up to 10 years on the online consultation platform even if they are not saved onto the GP system. Patients should be made aware of this. Intimate images should not be stored on GP systems and therefore it may be better not to allow the patient to send them to you in the first place. For all other images that are to be stored specific consent should be sought for this.

Chaperones are needed for virtual intimate examinations in the same way as they are for face to face consultations and remember that a relative or friend may not be a suitable chaperone. Consider this if you are going to use a video to look at an intimate area.

Given all the pitfalls it may be better to consider a practice policy to avoid any intimate photos or videos on anyone who is unable to give consent. If you are going to allow it please consider how you will manage these to protect the CYP from abuse and yourself from potentially breaking the law.

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