

## **RCGP response to Equality Committee Question on Violence Against Women and Girls August 2023**

### **Question 1: How confident and well supported do the health professionals you represent feel in being able to identify violence against women, domestic abuse and sexual violence?**

Our members reported that the quality of training they receive equips them to recognise the signs and complete the necessary onward steps, that come as part of the consultation, when faced with a vulnerable patient. However, they also report that once a situation has been identified they face barriers to accessing the help and support that the vulnerable patient needs.

One member writes: “There were numerous times, I have referred to social services with concerns regarding patient safety on domestic abuse (come across many ethnic minorities & refugee women here in Wales) and adult male preying on schoolgirl via social media (one case): I felt social workers responding didn’t take my concerns as seriously as I would have liked, no feedback from social services as to how they dealt with these cases (an updated feedback from social services would’ve been very helpful; many times we only have one chance in saving these patients or protecting them from harm). With regards to the school that I had called up to inform regarding safeguarding concerns, I was completely blocked from discussing the case. They didn’t get back to me.”

While another states: “I don’t feel particularly supported and working virtually (phone consults) often worry about the more subtle signs over the phone. I will message often other GPs for a take on the home situation only to find often that there is little or no link up with Health visitors. I will flag a concern with the surgery and the safeguarding/clinical lead but think we are missing training for that specific need of safeguarding for non-face -to -face patient contact in all its guises. “

These issues come as part of a wider problem in which we see a lack of communication between different entities such as a local authorities, schools and social services with primary care. This is further exacerbated by the inability to share data between these same services and between primary and secondary care.

The GP members quoted above show that while reinforcing the skill of identifying a vulnerable patient is important, training on this subject is only helpful to the patient, sitting in the consulting room, if that GP has the support of onward services. At the moment, this seems inconsistent across Wales.

### **Question 2: Have health professionals received the “Ask and Act” training? If so, how useful is it at helping your members feel confident to ask about these issues and about providing an appropriate response and referral?**

While members who have received Ask and Act training find it useful, many members were not aware what it was or where they could access it. RCGP was not able to find clear guidance on how GPs should avail themselves of this training and would welcome further information to circulate to members.

### **Question 3: Please could you also set out your views on the quality of other training your members receive. What more needs to be done to ensure the professional response to support all victims of gender-based violence is consistent throughout Wales.**

As above the Ask and Act training would be helpful. We are also aware that HEIW runs safeguarding training and that violence against women and girls forms part of that syllabus. This includes mandatory training and CPD events. More information on that course can be found [here](#). The College also holds its own CPD events, which reinforce skills GPs need to provide the best care to vulnerable patients including women and girls who have been exposed to violence.

As GPs are expert generalists training tends to be focussed on looking for signs of vulnerability and safeguarding concerns in all groups including but not limited to women, children, the elderly, the migrant population, those experiencing homelessness and those with disabilities. Training therefore tends to convey skills which can be transferred to all these situations which GPs unfortunately commonly face. An example of such a CPD event run by RCGP Cymru Wales can be found [here](#).

Our initial response to the committee can be found [here](#).