



Dame Sara Thornton DBE QPM  
Independent Anti-Slavery Commissioner  
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3 March 2020

The Royal College of Emergency Medicine  
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Dear Dr Katherine Henderson,

I am writing to you about the lack of adequate provision of training for doctors in the area of Modern Slavery Human Trafficking (MSHT).

MSHT is an egregious violation of men, women and children for the purposes of forced labour, sexual exploitation, forced marriage, domestic servitude, organ harvesting and forced criminal activities, including county lines.

There is no accurate way of estimating how many people are living and experiencing MSHT within the UK. However, the National Crime Agency suggest "tens of thousands"<sup>1</sup>, the Home Office estimated "10,000-13,000"<sup>2</sup> in 2012 and the Global Slavery Index estimate 136,000<sup>3</sup>. That would mean 2 per 1000 individuals.

There is an increasing amount of research which documents the severe impact of MSHT on the physical and mental health of victims and survivors, but we also know this is not limited to an individual. MSHT is a public health issue<sup>4</sup>, stemming from poverty and inequality, whilst self-perpetuating and contributing to detrimental social determinants of health. This country needs to address MSHT from a public health and healthcare perspective in order to tackle this crime in a person-centered, holistic and effective way.

Our health service needs an effective and coordinated response to MSHT. Some studies suggest as many as 68% of victims present to healthcare settings when they are experiencing exploitation, with

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<sup>1</sup> The Guardian, 2017 Tens of thousands of modern slavery victims in UK, NCA says.

<https://www.theguardian.com/world/2017/aug/10/modern-slavery-uk-nca-human-trafficking-prostitution>

<sup>2</sup>HM Government. *Modern Slavery Strategy*. [online] London, 2014: Open Government Licence v3.0. Available at:[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/383764/Modern\\_Slavery\\_Strategy\\_FINAL\\_DEC2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf) [Accessed 30 Jun. 2019]

<sup>3</sup> Global Slavery Index. *Country Data | Global Slavery Index*. [online] 2018. Available at:

<https://www.globalslaveryindex.org/2018/data/country-data/united-kingdom/> [Accessed 23 Jan. 2019].

<sup>4</sup> Such E, Laurent C, Salway S. 2017. Modern Slavery and Public Health, Public Health England.

<https://www.gov.uk/government/publications/modern-slavery-and-public-health/modern-slavery-and-public-health> (last accessed 1 February 2018).

just over half of those being seen by emergency/urgent care practitioners<sup>5</sup>.

Despite this, healthcare professionals don't feel they have the knowledge and confidence to know what to do when they encounter someone who may be trafficked. In 2015, a survey of 782 NHS healthcare professionals found that 95.3% percent were unaware of the scale or extent of MSHT in the UK. One in eight healthcare professionals said they know or strongly suspect that they have come in to contact with a victim (one in five in maternity services), yet 78.3% reported that they had insufficient training to assist trafficked people. Importantly, 86.8% reported lacking knowledge of the questions to ask to identify potential victims<sup>6</sup>. This research highlights a serious knowledge and confidence gap amongst frontline clinicians who may be the only individuals encountering trafficked victims at their most vulnerable. Crucial opportunities to intervene and offer safety and choice are being missed.

“Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff”, an intercollegiate document, established that “forced marriage, modern slavery and grooming and exploitation”, “county lines” and “child trafficking (internal and external)” are considered core competencies for all levels of safeguarding, expected of all healthcare staff<sup>7</sup>.

I understand that within your existing curriculum, there is no explicit reference to MSHT. I do however acknowledge your draft curriculum for 2021 which states that doctors in training must be able to demonstrate that they can “identify and escalate concerns about modern slavery and human trafficking to appropriate authorities”<sup>8</sup>. Without the inclusion of MSHT in your curriculum, there is no mandate for training bodies to train and equip their healthcare professionals to identify and safely respond to MSHT. As such, the responsibility rests solely on individual prioritisation within safeguarding teams, NHS Trusts and other healthcare organisations.

Under the terms of the Modern Slavery Act of 2015, I am charged with encouraging good practice in the prevention, detection, and investigation of slavery offences, and the identification of victims<sup>9</sup>. My first [strategic plan](#) was laid before Parliament in October 2019 and I have prioritised the care and support of victims. Herein lies a crucial opportunity to do so. It is a stated goal of NHS England to support staff in accessing training on how to identify and safeguard victims of MSHT<sup>10</sup>. Indeed, the duty to safeguard all adults and children is enshrined in the General Medical Council's statutory guidance, “Good Medical Practice”, upon which all medical education in the United Kingdom is based<sup>11</sup>.

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<sup>5</sup> [J Health Care Poor Underserved](#). 2016;27(3):1220-33. doi: 10.1353/hpu.2016.0131

<sup>6</sup> Oram S, Hemmings S, Abas M et al. Provider Responses Treatment and Care for Trafficked People. Department of Health, 2016. <https://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECTReport.pdf>. (last accessed 5 February 2018).

<sup>7</sup> The Royal College of Nursing. (2019). *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* | Royal College of Nursing. [online] Available at: <https://www.rcn.org.uk/professional-development/publications/pub-007366> [Accessed 18 Oct. 2019].

<sup>8</sup> The Royal College of Emergency Medicine [online] 2019) Curriculum consultation. Available at <https://rcemcurriculum.co.uk/>

<sup>9</sup> Legislation.gov.uk. (2019). Modern Slavery Act 2015. Charter 30, Part 4, Independent Anti-Slavery Commissioner. [online] Available at: <http://www.legislation.gov.uk/ukpga/2015/30/part/4/enacted> [Accessed 18 Oct. 2019]

<sup>10</sup> NHS England (2019). *NHS England » NHS England slavery and human trafficking statement*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/safeguarding/slavery-human-trafficking-statement/> [Accessed 18 Oct. 2019]

<sup>11</sup> General Medical Council (2019). Good Medical Practice. *Domain 2: Safety and quality*. [online] Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2----safety-and-quality#paragraph-24> [Accessed 18 Oct. 2019].

Following consultation with NHS safeguarding leads and experts in the field, both clinical and within academia, this office has identified a key opportunity for the Royal Colleges to take the lead in the efforts to safeguard patients against MSHT with all its deleterious consequences. We propose that the inclusion of reference to MSHT within your curriculum would equip trainee doctors to safeguard this vulnerable patient population.

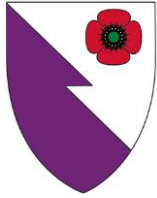
I understand that your 2021 curriculum is currently in development, therefore I am writing to urge you in the strongest possible terms to ensure that your updated curriculum for emergency medicine trainees includes reference to Modern Slavery and Human Trafficking (MSHT) and exploitation.

I look forward to receiving your response. In the interests of transparency, I request that you respond in a way that enables me to publish your letter on my website.

Sincerely,

A handwritten signature in black ink, appearing to read "Sanjiv". The signature is fluid and cursive, with a long horizontal stroke at the end.

**Independent Anti-Slavery Commissioner**



## The Royal College of Emergency Medicine

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15 July 2020

Dear Dame Sara

Thank you for your letter of 3 March 2020.

The Royal College of Emergency Medicine agree that supporting front line clinicians in identifying and helping patients involved in modern slavery and human trafficking is hugely important, and it sits alongside their pivotal role in safeguarding children and adults across the full spectrum of concerns.

All GMC approved Royal College curricula now include Generic Professional Capabilities (GPCs) and these capabilities underpin all speciality specific content. Within the GPCs is the requirement that all clinicians must be trained to:

**Identify and escalate concerns about modern slavery and human trafficking to appropriate authorities.**

The contextualisation of this within Emergency Medicine will be available within the 2021 Curriculum's Programme of Learning. Speciality specific information will be available within an online learning resource hosted on the College's flagship RCEMLearning site.

This is rightly considered a generic capability and RCEM will co-operate with partners across medical specialities to develop material designed to prepare the medical workforce in supporting patients suffering such practices.

Yours sincerely

Dr Katherine Henderson PRCEM  
**President**

**Excellence in Emergency Care**

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Dr Katherine Henderson  
President of the Royal College of Emergency Medicine  
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18 September 2020

Dear Dr Henderson,

Thank you for taking the time to respond to my letter dated 3 March 2020, especially given the significant demand on the health sector over the past few months. I was encouraged to see the commitment of the Royal College of Emergency Medicine in supporting frontline clinicians to identify and help patients involved in modern slavery and human trafficking (MSHT) and your interest in working with partners from across medical specialities to develop awareness raising resources.

It is positive to hear that the Generic Professional Capabilities (GPCs) contain a specific requirement for clinicians to be trained to escalate concerns about MSHT to appropriate authorities and that the contextualisation of this will be available within the 2021 Curriculum's Programme of Learning. I would also encourage you to include the concept of trauma-informed care and practice within your curriculum as a generic approach to the care of any vulnerable patient. Trauma-Informed Practice<sup>1</sup> is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

I am also delighted to confirm that the new national training standards for MSHT training published by Skills for Care which I referred to in my previous correspondence will be launched on 22 September 2020. The standards outline the recommended levels of training and expertise appropriate for the identification, care and support of victims and survivors of MSHT and are relevant to a wide range of practitioners and organisations. Further details on the launch event, including how to register your attendance are available [here](#).

Sincerely,



**Independent Anti-Slavery Commissioner**

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<sup>1</sup> Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(2), 80-100