



Dame Sara Thornton DBE QPM
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3 March 2020

The UK Foundation Programme Office
St Chad's Court
213 Hagley Road
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Dear Dr Anthony Choules,

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"¹, the Home Office estimated "10,000-13,000"² in 2012 and the Global Slavery Index estimate 136,000³. 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 issue⁴, 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

¹ 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>

²HM 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 [Accessed 30 Jun. 2019]

³ 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].

⁴ 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).

many as 68% of victims present to healthcare settings when they are experiencing exploitation, with just over half of those being seen by emergency/urgent care practitioners⁵.

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 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 victims⁶. 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 staff⁷.

I understand that within your existing curriculum there is no explicit reference to MSHT. I do however acknowledge that your draft new curriculum does reference exploitation which is positive to see. 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 victims⁸. 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 MSHT⁹. 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 based¹⁰.

Following consultation with NHS safeguarding leads and experts in the field, both clinical and within

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

⁶ 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).

⁷ 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].

⁸ 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]

⁹ 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]

¹⁰ 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].

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 am therefore writing to urge you in the strongest possible terms to include reference to Modern Slavery Human Trafficking (MSHT) and exploitation within your curriculum for foundation doctor trainees.

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 cursive script, appearing to read "San Yuen".

Independent Anti-Slavery Commissioner

Dame Sara Thornton
Independent Anti-Slavery Commissioner
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11 March 2020

Dear Sara

Thank you for your letter encouraging the explicit inclusion of modern slavery human trafficking in the new Foundation Programme curriculum. As you note we have already amended the wording in the safeguarding section to include 'exploitation' as well as 'abuse'.

The Foundation curriculum is a generic one and thus wide-ranging taking into account the delivery of mental and physical health, social wellbeing and health promotion as well as addressing important issues such as patient choice, capacity and safeguarding in the delivery of this care. It is designed to develop professional skills and knowledge in newly qualified doctors including working effectively in the healthcare service alongside other professionals within modern legal and ethical frameworks of care.

In designing the new curriculum and to emphasise its generic nature the committee has worked very hard to avoid reference to specific conditions other than as examples, concentrating instead on the underlying principles of medical practice to ensure Foundation doctors develop the capabilities required to develop their practice. As you rightly comment, there are very clear competencies in safeguarding laid down for all healthcare workers in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff'. There is a similar intercollegiate document for those caring for adults: 'Adult Safeguarding: Roles and Competencies for Healthcare Staff'. These list the very important types of exploitation and abuse, a number of which you mention in your letter, of which healthcare workers should be aware and know how to address.

While I understand the importance of addressing MSHT, I do not feel that the specific inclusion of this topic over and above any other form of abuse or exploitation is warranted and may serve to imply a lesser importance to those topics that are not included. The alternative, to list all areas of abuse and exploitation, would not be in keeping with the spirit of the generalist curriculum.

I do feel that the inclusion of 'exploitation' in the curriculum is an important recognition of the varied nature of safeguarding issues as they are currently understood. I also think that to reference the above intercollegiate documents in the curriculum would be a useful guide for trainers and trainees to understand the full scope of issues that may be faced by vulnerable individuals for whom they care and help them to appreciate their professional duties in terms of safeguarding. I will now include these in our submission to the GMC.

Although I cannot include specific mention to MSHT in the curriculum other than as an example, I am fully supportive of your work and am certain that Foundation would take its place among the Royal Colleges to lead in efforts to safeguard patients against MSHT. In terms of progressing your work, I would advise that the vast majority of safeguarding training for hospital doctors is undertaken by safeguarding teams in Trusts as part of mandatory training and I would therefore urge you to use this network to further your cause and to publicise the intercollegiate documents to ensure their full breadth is covered.

Thank you for taking the time to write to me on this important topic.

Kindest Regards



Tony Choules BM BSc MRCP(UK) FRCPCH

Chair – AoMRC Foundation Programme Committee
Foundation School Director – West Midlands North
Associate Dean – HEE (Midlands and East)
Honorary Senior Lecturer – Keele University
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18 September 2020

Dear Mr Choules,

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 pleased to see your interest in this matter and for your support in recognising the role of the Royal Colleges in safeguarding patients against modern slavery and human trafficking (MSHT).

I appreciate the generic nature of the UK Foundation Programme curriculum and welcome the inclusion of 'exploitation' alongside 'abuse' within the section on safeguarding. It is positive to hear that you will be referencing the "Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff¹" and "Adult Safeguarding: Roles and Competencies for Healthcare Staff²" intercollegiate documents in your submission to the GMC. I agree that these documents are helpful to demonstrate the broad nature of exploitation and assist healthcare professionals in safeguarding vulnerable people.

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 Practice³ 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.

Thank you for your suggestion regarding engagement with Safeguarding Teams within NHS Trusts. My office is in touch with the national NHS Modern Slavery Network and so will liaise with them directly to further explore the training that is being delivered by NHS Trusts at a local level.

¹The 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/pub007366>

² The Royal College of Nursing. (2018) Adult Safeguarding: Roles and Competencies for Healthcare Staff | Royal College of Nursing. [online] Available at: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

³ 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

Finally, I am 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 information on the launch event, including how to register your attendance is available [here](#).

Sincerely,

A handwritten signature in black ink, appearing to read "Sanjiv Kumar". The signature is fluid and cursive, with the first name "Sanjiv" being more prominent than the last name "Kumar".

Independent Anti-Slavery Commissioner