

# Whistleblowing disclosures report 2018

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Healthcare professional regulators

This report has been produced by the healthcare  
professional regulators

**General  
Chiropractic  
Council**



General Optical Council



General  
Medical  
Council

**General  
Dental  
Council**



General  
Osteopathic  
Council

**General  
Pharmaceutical  
Council**

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**hcpc** health & care  
professions  
council

**NMC** Nursing &  
Midwifery  
Council

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## About the report

On April 1 2017 a new legal duty came into force which required all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

“The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.”

[Department for Business, Energy and Industrial Strategy \(2017\)](#)

As healthcare professional regulators\* we have chosen to publish a joint report highlighting our coordinated effort to work together in handling serious issues raised to us. Our aim in this is to be transparent about how we handle these disclosures, highlight the action taken about these issues, and to improve collaboration across the health sector.

In this report we show how we handled these disclosures and what action we have taken. As each regulator has different statutory responsibilities and different operating models, a list of actions were devised that could accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that whilst every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities, and sources of disclosures.

\* General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council and Nursing and Midwifery Council

**Table 1: Types of action taken after receiving a whistleblowing disclosure**

Action type	Description
Under review	This applies to disclosures which have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	This applies to disclosures which have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required.  This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.
Onward referral to alternative body	This applies to disclosures which have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit.  This may include but is not limited to: <ul style="list-style-type: none"> <li>● Referral to fitness to practise team or any other fitness to practise process</li> <li>● Opening of an investigation</li> <li>● Advice or guidance given to discloser, employer, education body or any other person or organisation</li> <li>● Registration actions</li> <li>● Other enforcement actions</li> </ul> In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as 'no action - not enough information'.
No action - not enough information	This applies to disclosures which have been assessed by the regulator and a decision has been made that there is not enough information to progress any further.  This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser in unable to provide more information or the disclosure was withdrawn before it could be investigated.
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation

In order to protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has made the disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2017 and 31 March 2018.

## General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

The GCC's over-arching objective is the protection of the public. This involves the pursuit of the following objectives:

- To protect, promote and maintain the health, safety and wellbeing of the public;
- To promote and maintain public confidence in the profession of chiropractic; and
- To promote and maintain proper professional standards and conduct for members of that profession.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Chiropractic Council received no whistleblowing disclosures.

## General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of the 111,000 members of the dental team. This includes approximately 42,000 dentists and 69,000 dental care professionals (DCPs), which includes dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

**Our purpose:** We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

### **Our legislation, the Dentists Act 1984 (as amended), sets us the following objectives:**

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the professions regulated
- To promote and maintain proper professional standards and conduct for members of those professions.

### **We fulfil our purpose by using our statutory powers to:**

- grant registration only to those dental professionals who continue to meet our requirements on education and training, health and good character. Only those who are registered with us can practise dentistry in the UK
- assure the quality of dental pre-registration training
- set standards of conduct, performance and ethics for the dental team
- investigate complaints against dental professionals and where appropriate, take action through our Fitness to Practise (FtP) process
- protect the public from individuals carrying out dentistry while not registered
- require dental professionals to keep their skills up to date through our continuing professional development (CPD) requirements.



In addition, we provide the Dental Complaints Service (DCS) which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

### In carrying out all our activities we aim to demonstrate our values, which are:

**Fairness:** We will treat everyone we deal with fairly

**Transparency:** We are open about how we work and how we reach decisions

**Responsiveness:** We can adapt to changing circumstances

**Respect:** We treat dental professionals, our partners and our employees with respect.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Dental Council received 61 whistleblowing disclosures.

#### Actions taken in response to disclosures

No action – not enough information	4
Closed with no action taken	7
Regulatory action taken	47
Onward referral to alternative body	3

By far the majority of disclosures (51) were made direct to the fitness to practise team. In 42 of those 51 disclosures regulatory action was taken, namely the opening of fitness to practise cases. Four of the disclosures received by the fitness to practise team during this period could not be taken forward because insufficient information was provided and three were referred to another body. Two disclosures were closed with no action taken as the individual concerned was no longer on the register.

In addition, two disclosures were made during this period relating to education providers. One disclosure related to a course provider where the GDC was already undertaking regulatory action. The second disclosure resulted in a number of FtP cases relating to clinical concerns being opened and investigated. In respect of this disclosure, the GDC also investigated the concerns raised with the education provider.

A further three of the disclosures were received by the GDC's illegal practice team. Under the Dentists Act 1984, only registered dental professionals can:

- practise dentistry; or
- hold themselves out as practising or being prepared to practise dentistry;
- use a protected title or carry on the business of dentistry.

A criminal prosecution can be brought by the GDC if there is sufficient evidence for there to be a realistic prospect of conviction and if there is, it is in the public interest to pursue the matter to a prosecution. 'Cease and desist' letters, requiring the illegal practice to be discontinued, were sent in response to all three of these disclosures.

## Learning from disclosures

The disclosures we have received have not impacted on our ability to perform our regulatory functions and objectives during the period. In the vast majority of cases, the action we would take in response to a disclosure does not differ from the regulatory action we would normally take. There has been a minor operational impact in terms of establishing systems and practices across the organisation to recognise disclosures appropriately when they are received.

The absolute number of disclosures we have received has been too small to discern emerging trends. Compared to some other regulators we have received a higher number of disclosures in comparison to the size of the register. While we are unable to form firm conclusions as to why this might be the case, it is worth noting that most dentistry is provided in a primary care setting and out with the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator. We may be able to explore this further as we collect more data.

## General Medical Council

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public\* and act in the public interest.

- We decide which doctors are qualified to work here and we oversee UK medical education and training
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk
- Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Medical Council received 23 whistleblowing disclosures.

#### Actions taken in response to disclosures

No action – not enough information	2
Regulatory action taken	21

All of the whistleblowing disclosures we received came in to our Fitness to Practise directorate. Of the 23 disclosures we received 12 were made by doctors, two were made by other healthcare professionals and the remainder were made anonymously.

All of the disclosures were assessed by our fitness to practise team. Ten of the disclosures were closed after an initial assessment, ten resulted in either a preliminary or full investigation (five now closed) and one disclosure is still being assessed. For two of the disclosures we received, it was not possible to obtain enough information to take any action.

\*Medical Act 1983 (as amended)

Of the 15 disclosures which were closed after either an initial assessment or a preliminary or full investigation the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- disclosure was outside of our remit to deal with  
(e.g. local employment dispute, insufficient local resources)
- disclosure was a historical concern.

### **Learning from disclosures**

The information disclosed to us during the reporting period has not impacted on our ability to perform our regulatory functions and deliver our objectives. We have an operational group which meets throughout the year to reflect on the disclosures we have received.

A few of the disclosures we received were outside of our remit and in these cases we have advised disclosers on where to raise their concern or where to seek additional support.

We want to ensure that whistleblowers feel confident in raising their concerns to us and we have been improving awareness of whistleblowing policies internally. To date we have revised our internal guidance for teams, rolled out in-house training for staff on how to recognise and act on whistleblowing disclosures, and organised an internal learning event where a doctor who was a whistleblower shared his experiences with us.

## General Optical Council

The General Optical Council (GOC) is the regulator for the optical professions in the UK. As of 31 March 2018, there were 30,097 optometrists, dispensing opticians, student opticians and optical businesses on our register.

Our general statutory purpose is the promotion of high standards of professional education, conduct and performance among registrants and the additional functions assigned to the Council by the Opticians Act 1989.

We are one of 12 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. We are the regulator for the optical professions in the UK. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

We have four core functions:

- Setting standards for optical education and training, performance and conduct
- Approving qualifications leading to registration
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- Investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

We published a 'Raising Concerns (Whistleblowing) Policy in 2016:

[https://www.optical.org/en/Investigating\\_complaints/raising-concerns.cfm](https://www.optical.org/en/Investigating_complaints/raising-concerns.cfm)

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the General Optical Council received 11 whistleblowing disclosures.

#### Actions taken in response to disclosures

No action - not enough information	2
Under review	5
Regulatory action taken	2
Onward referral to alternative body	2

In two cases, we were unable to pursue the disclosures made. In one of the cases, the disclosure was anonymous and we had insufficient information to be able to proceed. In the other case, the discloser did not respond to requests for more information and we were unable to proceed.

A decision is pending in three cases as to whether the disclosure can be taken forward to formal fitness to practise investigation stage. In two cases, we have no jurisdiction under our fitness to practise process as the disclosure relates to non-registrants but we are reviewing whether they can proceed via our Illegal Practice jurisdiction.

We have opened four formal fitness to practise investigations into concerns arising from two disclosures.

We received two disclosures relating to non-GOC registered businesses. We referred both disclosures on to NHS Counter Fraud as they related to claims made under the GOS system.

All 11 disclosures that we received in 2017-18 were placed into our Triage system for formal assessment. All required us to attempt further initial engagement with the discloser before we could reach an initial decision, with varying results as can be seen from the data above.

Where possible, we have opened formal fitness to practise investigations into the disclosures. With regard to the two disclosures that have led to the opening of a formal investigation (into four individuals/businesses), these investigations are ongoing.

Where it has not been possible to open an investigation, we have sought to identify other organisations that may be able to investigate further. In two of our cases, this resulted in the disclosures being referred to NHS Counter Fraud. Where we have been unable to identify fitness to practise jurisdiction (because the subject(s) of the disclosure are not registered with the GOC), we are considering whether we may have jurisdiction under our Illegal Practice powers.

None of the disclosures have (to date) resulted in resolution via the employer(s). This is either because the nature of the disclosures made them unsuitable for resolution in this way, or because we have been unable to obtain sufficient detail or jurisdiction to consider this option.

During the course of 2017-18, a disclosure that was made to the GOC in the previous year was referred by our Case Examiners for a full Fitness to Practise Committee hearing.

## Learning from disclosures

In terms of learning emerging from disclosures, not just from 2017-18 disclosures but also arising from prior disclosures, two key themes have emerged:

- Limitations in regulatory powers make it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there is a public interest in doing so. Although it is possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and the registration of businesses with the GOC is only mandatory in certain circumstances. Although we have powers under the Opticians Act 1989 to demand information, and to proceed with an investigation of our own volition if we considers it to be in the public interest to do so, this is very challenging in the absence of the specific detailed information required for us to be able to do so. Where there has been fuller engagement from disclosers, we have found it easier to proceed to a full fitness to practise investigation.
- Full and effective engagement with the discloser from day one is vital to securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward. Any loss of confidence in the regulator does of course increase the chances of the discloser withdrawing. It is vital that those staff operating as the point of first receipt are trained and experienced in effective management of protected disclosures so that they understand the significance of the disclosure, and the risks (perceived or actual) that the discloser will feel that they are taking in coming forward.

The number of disclosures received by the GOC in 2017-18 is relatively small. In total in 2017-18, we received 495 new referrals, so protected disclosures account for only 2% of these. Although protected disclosure cases are by their very nature more difficult and time-consuming to investigate, they have not directly impacted upon our ability to perform our regulatory functions.

## General Osteopathic Council

The General Osteopathic Council regulates osteopathic practice in the UK. Its purpose is to protect the public by ensuring high standards of education, practice and conduct among osteopaths.

Its core functions are:

- Assuring the quality of osteopathic education and training
- Registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- Setting and promoting high standards of osteopathic practice and conduct
- Helping patients with complaints or concerns about osteopaths and, where necessary, dealing with those complaints through fitness to practise procedures.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018, the General Osteopathic Council received two whistleblowing disclosures.

#### Actions taken in response to disclosures

Under review	1
Regulatory action taken	1

One case still being investigated under our FtP procedures. It would not be appropriate to disclose further information at this stage given it is in the early stages and a decision not yet taken to disclose to the registrant pending the receipt of further information.

One concern raised with us had already been identified as a matter for consideration within our education quality assurance procedures.



## General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register
- Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 1 April 2017 to 31 March 2018 the General Pharmaceutical Council received six whistleblowing disclosures.

#### Actions taken in response to disclosures

Under review	1
Regulatory action taken	5

A number of actions were taken in relation to the six disclosures that we received between 1 April 2017 to 31 March 2018. Each disclosure is considered within established regulatory processes through which a range of outcomes are available including formal fitness to practise proceedings and an inspection.

Action was taken in five cases with one still under consideration.

Three cases were investigated through our fitness to practise process. Once we concluded our enquiries no further action was taken in each of these three cases.

Two of the disclosures were investigated by an individual GPhC inspector and concluded with guidance given to the employer by the inspector.

## **Learning from disclosures**

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concern, including those that arise through inspections, are widely shared to ensure learning across the inspectorate. These issues also inform our work on understanding the experiences of pharmacy professionals in the community pharmacy environment.

## Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health, social work, and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 professions.

We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

From 01 April 2017 to 31 March 2018 the Health and Care Professions Council received six whistleblowing disclosures.

#### Actions taken in response to disclosures

Closed with no action taken	1
Onward referral to alternative body	5

The majority of the disclosures that we received were from registrants, and came through our Policy and Standards department. These related to issues such as financial incentives, resources, emergency cover, training and scope of practice. As these concerns related to organisations, this therefore fell outside of our regulatory remit and instead were referred to the relevant regulator for action.

We also received a disclosure through our Education department, regarding an education provider's approach to admissions. This was however closed when preliminary investigations uncovered that concerns had been appropriately handled, meaning there was no risk in terms of access to the Register.

#### Learning from disclosures

Most disclosures we have received during this reporting period relate to matters outside of our statutory remit, and so have had little impact on our ability to perform our regulatory functions and objectives.

We have however decided, in response to some of the disclosures, to provide additional information to our registrants about scope of practice, and how they can assess whether or not activities fall within their remit.

We are also in the process of developing a whistleblowing policy, which will be published later this year.

## Nursing and Midwifery Council

**We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.**

We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

Like other professional healthcare regulators, we have a set of governing legislation. Our main legislation is the Nursing and Midwifery Order 2001 ('the Order'); a series of orders made by the Privy Council and Rules made by our Council sit underneath the Order. All our legislation was created under powers in the Health Act 1999, and all of our legislation is secondary legislation. These pieces of legislation work together to form a detailed legal framework that determines how we operate. To change how we operate generally requires legislative change.

### Whistleblowing disclosures received from 01 April 2017 to 31 March 2018

In total, 371 pieces of information were assessed by the NMC against the whistleblowing criteria between 01 April 2017 and 31 March 2018. Of these, 60 (16%) we reasonably believe to be 'qualifying disclosures' as they met all of the whistleblowing criteria.

### Actions taken in response to disclosures

Regulatory action taken	53
Onward referral to alternative body and regulatory action taken	7

The table above shows the action taken on all 'qualifying disclosures' received between 01 April 2017 and 31 March 2018.

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and an onward referral to another body. Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 56 out of the 60 'qualifying disclosures' were dealt with via our Fitness to Practise directorate
- Three disclosures were referred to our Education and Standards directorate
- Three were referred to our Employer Link Service who engaged with employer in respect of the issues raised
- One was referred to our Complaints team as the referrer was not happy with the outcome of a Fitness to Practise case.

We have made onward referrals to a range of other bodies including Care Quality Commission, General Medical Council, Care and Social Services Inspectorate Wales and Social Care Wales.

We still took action on many disclosures where we did not reasonably believe the whistleblowing criteria were met. We either took regulatory action or made referrals to other bodies including Department of Work and Pensions, Care Inspectorate Scotland and Healthcare Inspectorate Wales. The main reasons why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or did not meet the public interest criterion.

## Learning from disclosures

The disclosures we received during the reporting period did not have an impact on our ability to perform against our regulatory functions and objectives. We were able to use the disclosures to enhance our knowledge and understanding of the wider healthcare landscape.

We have a panel that meets weekly to discuss any disclosures and the appropriate course of action. This panel also looks into any learning from each piece of information we assess. We have been carrying out regular internal awareness training around whistleblowing and are just about to launch an e-learning package for our staff.

As many pieces of information we received did not fall within our regulatory remit or did not meet the public interest test, we are considering clarifying our whistleblowing guidance on our website. We have also implemented a tracking mechanism so that we are able to follow a qualifying disclosure through our Fitness to Practise process; this will enable us to report on the progress of such cases in the future.

## Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. Whilst checks are done to mitigate for the latter it is not always possible to determine.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT

Website: [www.gcc-uk.org](http://www.gcc-uk.org)

General Dental Council

37 Wimpole Street, London, W1G 8DQ

Website: [www.gdc-uk.org](http://www.gdc-uk.org)

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

General Optical Council

10 Old Bailey, London, ED4M 7NG

Website: [www.optical.org](http://www.optical.org)

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

Website: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ

Website: [www.pharmacyregulation.org](http://www.pharmacyregulation.org)

Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU

Website: <http://www.hcpc-uk.co.uk/>

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ

Website: [www.nmc.org.uk](http://www.nmc.org.uk)

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