

# Whistleblowing disclosures report 2019

---

Healthcare professional regulators

This report has been produced by the healthcare  
professional regulators



General  
Medical  
Council

**General  
Dental  
Council**



**General  
Pharmaceutical  
Council**

---



# Contents

- 2** About the report
- 5** General Chiropractic Council
- 6** General Dental Council
- 8** General Medical Council
- 10** General Optical Council
- 12** General Osteopathic Council
- 13** General Pharmaceutical Council
- 15** Health and Care Professions Council
- 17** Nursing and Midwifery Council (NMC)
- 20** Note on data

## 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 \(2017\)](#)

The first report in response to the new duty was published in September 2018 and we, as healthcare professional regulators,<sup>1</sup> decided to compile a joint report to highlight our coordinated effort in working together to address the serious issues raised to us.

This year, we have chosen to take the same approach and compile a joint whistleblowing disclosures report. Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities and sources of disclosures.

<sup>1</sup> 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.

To protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has a 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 2018 and 31 March 2019.

## 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.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary. The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

### Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019 the General Chiropractic Council received no whistleblowing disclosures.

## General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of approximately 115,000 members of the dental team. This includes dentists, 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.

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.

### Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Dental Council received 75 whistleblowing disclosures.

### Actions taken in response to disclosures

Closed with no action taken	6
Onward referral to alternative body	1
Regulatory action taken	56
No action – not enough information	10
Onward referral to alternative body and regulatory action taken	2



All disclosures were made direct to the Fitness to Practise team. In 56 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. These could lead to a range of resolving actions determined by a statutory practice committee, ranging from removal of the registrant from the Register, suspension or conditions for a determined period or the conclusion that fitness to practise is not impaired and the case could be closed. Ten cases were not progressed due to lack of sufficient information, one of which was withdrawn before it could be investigated. Two cases referred to fitness to practise for regulatory action were suspended pending the outcome of investigations by external organisations; namely the police and the CQC.

None of the disclosures have resulted in resolution via employer(s). This is largely because either we did not have jurisdiction to consider this option or because the nature of the disclosures made them unsuitable for resolution in this way.

## Learning from disclosures

The disclosures we have received have not had an impact on our ability to perform our regulatory functions and objectives during the period. Given our statutory framework the action we would take in response to a disclosure is the same as 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 record disclosures appropriately when they are received.

The number of disclosures we received increased to 75 from 56 in 2017–8. Compared to some other regulators we have received a higher number of disclosures in comparison to the size of the register. It is worth noting that most dentistry is provided in a primary care setting and outside 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.

## 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 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Medical Council received 35 whistleblowing disclosures.

### Actions taken in response to disclosures

Closed with no action taken	1
Regulatory action taken	26
No action – not enough information	4
Onward referral to alternative body and regulatory action taken	4

The majority (33 of 35) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and two were received by Registration and Revalidation. Of all the disclosures we received, 13 were made by doctors, 10 were made by other healthcare professionals and 12 were made anonymously.

Of the 33 disclosures which were assessed by our fitness to practise team:

- 13 were closed after an initial assessment

\*Medical Act 1983 (as amended)

- 15 resulted in either a preliminary or full investigation – nine of these are still going through the investigation process and six have been closed
- four disclosures were closed as there was not enough information to take any further action and no further information was provided.
- one disclosure was closed with no action taken as the information disclosed was already under investigation.

Of the 19 disclosures which closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- the disclosure was outside of our remit to deal with eg local employment dispute
- no concerns were found from the information provided.

Our Registration and Revalidation directorate handled two disclosures. Regulatory action was taken for both, with one case resulting in advice being given to the discloser and the second was referred to the Fitness to Practise team.

## Update on disclosures from last year

There were six disclosures which were still being investigated at the time of reporting last year. Four of these have now been concluded and two are complex cases, which are still being investigated.

## Learning from disclosures

The information disclosed to us during the reporting period has not had an impact 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.

Some complainants made disclosures anonymously as they were fearful of repercussions. This shows there is still some way to go in improving a culture that supports raising and acting on concerns. We have guidance available to doctors on what to do if they have a concern and continue to support and encourage doctors to raise their concerns through appropriate channels.

In some cases, concerns raised to us were not identified immediately as being a qualifying whistleblowing disclosure. We continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

## General Optical Council

### The General Optical Council (GOC) is the regulator for the optical professions in the UK.

Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

A brief description of our four core regulatory functions is:

- 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.

Our overarching objective, as set out in the Opticians Act 1989, is the protection of the public.

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 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Optical Council received 19 whistleblowing disclosures.

#### Actions taken in response to disclosures

Under review	5
Regulatory action taken	10
No action - not enough information	4

All 19 disclosures that we received in 2018-19 were placed into our fitness to practise triage system for formal assessment.

In four cases, we were unable to pursue the disclosures made as the discloser decided to withdraw their concerns and there was no way in which the GOC could have pursued the concerns further. Where possible,

for example where the discloser was not anonymous, we advised the discloser as to how they might pursue their concerns further.

In 10 cases, we have taken regulatory action of some description.

- In one case we were unable to pursue the case as the discloser was anonymous and the allegations non-specific, so we disclosed the concerns to the company and received satisfactory assurance in respect of the measures in place to prevent/detect issues of the kind raised by the discloser.
- In nine cases we have opened fitness to practise investigations. Of these, seven cases are still being investigated and have not yet gone to our case examiners for consideration. Two cases have been considered by our case examiners and closed, with no further action being taken.

A decision is pending at triage stage in five cases as to whether the disclosure should be taken forward to formal fitness to practise investigation stage. It is possible, when we have more information, that some of these may transpire to not be qualifying disclosures.

During 2018–19, a complaint (received in a prior year) against a business registrant regarding its handling of a protected disclosure by one of our registrants was considered by our Fitness to Practise Committee, resulting in a sanction of a £50,000 financial penalty against the business registrant, the maximum financial penalty available.

## Learning from disclosures

The number of disclosures received by the GOC in 2018–19 is relatively small. In total in 2018–19, we received 453 new referrals, so protected disclosures account for only 4% of these. Although protected disclosure complaints are, by their very nature, more difficult and time-consuming to investigate, they have not directly had an impact on our ability to perform our regulatory functions.

Identification of a qualifying disclosure on day one is crucial for the proper management of the disclosure and also in securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward.

We continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there might be 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: [https://www.optical.org/en/Registration/Applying\\_for\\_registration/Bodies\\_corporate.cfm](https://www.optical.org/en/Registration/Applying_for_registration/Bodies_corporate.cfm).

Although we have powers under the Opticians Act 1989 to demand information, this is very challenging in the absence of a discloser who can advise as to the relevant information to be sought.

## 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 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Osteopathic Council received two whistleblowing disclosures.

### Actions taken in response to disclosures

Regulatory action taken	2
-------------------------	---

Both concerns received were investigated under our fitness to practise procedures. In one case, no further action was taken following the conclusion of the investigation. The second case is ongoing, and no decision has yet been reached.

### Learning from disclosures

The concerns received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

All the concerns we receive inform the ongoing development of our policies, standards and guidance.

---

## 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.**

- 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 2018 to 31 March 2019

From 1 April 2018 to 31 March 2019, the General Pharmaceutical Council received 16 whistleblowing disclosures.

#### Actions taken in response to disclosures

Under review	7
Closed with no action taken	3
Onward referral to alternative body	1
Regulatory action taken	5

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome throughout the fitness to practise process. The latter can include guidance, a follow-up visit or an unannounced inspection.

Three cases were investigated and concluded with no further action. One case was signposted to another organisation. The remaining five cases were investigated and concluded with guidance from Fitness to Practise, Inspection or Education colleagues.

In addition, one disclosure received during the previous reporting period, was concluded with guidance.

## 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 inform our work on understanding the experiences of pharmacy professionals in the working environment and also informs our work on ensuring safe and effective pharmacy teams.

---



## 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 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the Health and Care Professions Council received nine whistleblowing disclosures.

### Actions taken in response to disclosures

Onward referral to alternative body	8
Regulatory action taken	1

The majority of the whistleblowing disclosures we received came in to the Policy and Standards department, in the form of policy enquiries. These were from registrants who had concerns about their employers and were seeking advice to ensure they continued to meet our standards.

These came from the following registered professionals; social workers in England, occupational therapists, operating department practitioners, arts therapists and practitioner psychologists. The subject of the disclosures ranged from concerns about the provision of supervision, changes to on call policies or shifts, and an employer's approach to investigating concerns.

In these scenarios, as the concerns relating to specific health and care providers and therefore fell outside of our remit, we directed to the relevant organisation (such as the CQC).

The Education department also received one disclosure from a member of an approved programme team, who raised concerns about staff being put under pressure to pass failing students learners, the programme

increasing student marks to ensure they passed and regulator notification procedures not being followed meaning learners were included without checking if they had passed.

We investigated this concern, through our programme concern process. This was considered by our Education and Training Committee in December 2018, which decided that there was no case to answer. No further action was therefore taken against the programme in question.

## 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 previously 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 have also developed a blog post on how to raise concerns, where we sign post to relevant organisations such as CQC.

We will continue to develop resources on topics such as these through our Meeting our Standards hub on our website.

---

---

## Nursing and Midwifery Council

### Better, safer care for people is at the heart of what we do

Nurses, midwives and nursing associates are highly skilled, compassionate and caring professionals. They strive to deliver the best care possible for people but all too often workforce pressures hold them back.

As the professional regulator of nurses, midwives and nursing associates, we work with these dedicated practitioners to ensure they have the knowledge and skills to deliver consistent, quality care that keep people safe.

### Better, safer care today: working with professionals to drive up standards of care

We set the education standards that nurses, midwives and, in England, nursing associates, must achieve to practise. When they have shown both clinical excellence and a commitment to kindness, compassion and respect, we welcome them onto our register of nearly 700,000 professionals.

Once registered, professionals must uphold day in, day out the standards and behaviour set out in our code so that people can have confidence that they will consistently receive quality, safe care wherever they're treated.

We operate a revalidation process that encourages nurses, midwives and nursing associates to promote lifelong learning. It's a journey that asks professionals to reflect on their practice and how the code applies to their day-to-day work.

Professional regulation enables better care and keeps people safe. But on the rare occasions when care goes wrong or falls short of people's expectations, we step in to investigate and take action when needed.

We promote a culture that encourages professionals to be open and learn from mistakes, gives the public an equal voice, and where everyone involved is treated with kindness and understanding.

### Better, safer care together: working with partners and the public to improve the health and social care system

When demand from the public for health and social care is increasing across the UK, it is vital there are enough professionals to deliver world-class care and keep the public safe.

We work with partners to influence policy and decision-making that supports and develops the future health and social care workforce.

We're also delving deeper into the data we hold on our register and from other activities to shine a light on the many different environments in which nurses, midwives and nursing associates provide care.

Using our influence and data effectively has a positive impact on the recruitment and retention of nurses, midwives and nursing associates across the UK.

When the health and social care system fails, we engage with the public and work closely with partners to learn from these mistakes and ensure appropriate action is taken to prevent this happening again.

## A better NMC: improving how we operate for everyone's benefit

To enable professionals to deliver better, safer care and improve the system nurses, midwives and nursing associates work in, we are committed to becoming a better regulator.

We are changing our culture to be kinder to each other, and everyone else we engage and interact with. We are adopting new ways of working to become smarter at pinpointing opportunities for and barriers to enabling consistent, quality care that keeps people safe. We are investing in our people to become a great place to work, delivering a high quality, value for money service.

To demonstrate our commitment to change, we are working with people, partners, professionals and employees to co-produce a new long-term strategy. Join us today, and together we'll develop an ambitious new plan for the next five years – one that helps us become the best NMC possible, supporting nurses, midwives and nursing associates to deliver even better, safer care for people.

## Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the Nursing and Midwifery Council received 34 whistleblowing disclosures.

### Actions taken in response to disclosures

Regulatory action taken	18
Onward referral to alternative body and regulatory action taken	16

The table above shows the action taken on all 'qualifying disclosures' received between 01 April 2018 and 31 March 2019.

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):

- 34 out of the 34 'qualifying disclosures' were dealt with via our Fitness to Practise directorate
- three disclosures were referred to our Education and Standards directorate
- two were referred to our Employer Link Service who engaged with employer in respect of the issues raised
- we have made onward referrals to the Care Quality Commission and the General Medical Council.

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 a range of other bodies including Care Quality Commission, Health and Care Professions Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales and Regulation and Quality Improvement Authority. 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 continue to 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.

## 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. While checks are done to mitigate for the latter, it is not always possible to avoid this completely.

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)

**To ask for this publication in Welsh, or in another format or language, please call the General Medical Council on 0161 923 6602 or email us at [publications@gmc-uk.org](mailto:publications@gmc-uk.org).**

**Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service.**

**Published September 2019**