

Our work to address the recommendations in Sir Anthony Hooper's review

Identifying if a doctor has raised concerns		
Relevant recommendation(s)	Action taken	Next steps
<p>Recommendation 1: Organisations referring a doctor's fitness to practise to the GMC should be encouraged to answer a written question the effect of which is to ascertain whether the doctor being referred has raised concerns about patient safety or the integrity of the system.</p> <p>Recommendation 2: Organisations referring a doctor's fitness to practise to the GMC should be encouraged to have the document containing the allegation signed by a registered doctor and to contain a statement by the doctor to the effect that: "I believe that the facts stated in this document are true".</p> <p>Recommendation 3: If the written document</p>	<p>From 11 July, we are piloting a new form which organisations should complete when they raise a concern about a doctor's fitness to practise (also known as making a 'referral'). As well as asking for all the essential information and supporting documents to review the concern, the form includes questions to gain greater assurance that the referral is fair and accurate:</p> <ul style="list-style-type: none"> • We will ask questions about whether the doctor has raised patient safety or systems concerns. If this is the case, we will ask when the doctor raised their concerns and whether the concern was investigated. • We will ask for information about whether the individual acting on behalf of the organisation has shared their concerns with the doctor and if they have told them that they are making a referral. 	<p>We will pilot this new approach initially for six months and review whether the volume of cases is sufficient for us to carry out an effective evaluation. We will monitor this throughout.</p> <p>The evaluation will check that this approach is working as an effective safeguard for doctors who have raised patient safety or system concerns and strikes the right balance between effective patient protection and reducing the impact of a referral on doctors.</p>

<p>containing the allegation is not signed by a registered doctor and/or does not contain a statement to the effect that "I believe that the facts stated in this document are true", organisations should be encouraged to explain why this has not been done.</p>	<ul style="list-style-type: none">• We will ask the individual acting on behalf of the organisation to make a declaration, to confirm that the referral has been made in good faith and reasonable steps have been taken to make sure the referral is fair and accurate. <p>These new measures mean that we will now know about whether the doctor has raised patient safety or system concerns from the start and can take this into account in how we handle the referral (see next section for more information on what happens next). The full form will be available on our website from 11 July.</p> <p>The declaration:</p> <p>The declaration in the form should be signed by the Responsible Officer or with their knowledge, their delegate or any other appropriate member of staff from the organisation (for example, the medical director or HR teams). This was extended beyond Responsible Officers because of the practicalities involved in gathering all the information to make a referral, but the overall responsibility for the content of the form remains with the Responsible Officer.</p> <p>Any incomplete forms will be followed up with the individual. If information about patient safety or system concerns continues to be missing after following this up, we would assess the referral as if the doctor had raised patient safety or system concerns (see next section for more information on how this works).</p>	
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Making sure we only investigate when necessary		
Relevant recommendation(s)	Action taken	Next steps
<p>Recommendation 4: If a doctor being referred to the GMC has raised concerns about patient safety or the integrity of the system with the organisation making the referral, then the necessary steps should be taken to obtain from the organisation material which is relevant to an understanding of the context in which the referral is made.</p> <p>Recommendation 5: Investigators assessing the credibility of an allegation made by an organisation against a doctor who has raised a concern should take into account, in assessing the merits of the allegation, any failure on the part of an organisation to investigate the concern raised and/or have proper procedures in place to encourage and handle the raising of concerns.</p> <p>Recommendation 6: In those cases where an allegation is made by an organisation against a doctor who has raised concerns, the Registrar should, where it is appropriate to do so, exercise his powers under rule 4(4) to conduct an examination into that allegation,</p>	<p>All referrals which involve a doctor who has raised patient safety or system concerns will be reviewed on a case by case basis, considering the specific circumstances and the nature of the information in the referral form. If we need more information to support the concern about the doctor, we can ask for this at an early stage in our process (known as making 'provisional enquiries'), before deciding if an investigation is needed. This includes asking the doctor for any comments. Altogether, this review process should provide greater assurance that we are only investigating when necessary.</p> <p>If we do need to investigate the concern, all of the information about the doctor raising concerns will be available to those carrying out the investigation, to inform how they gather information during an investigation. For example, placing importance on seeking objective evidence to support the allegations, from a source other than those who are linked to the doctor's history of raising patient safety or system concerns.</p> <p>The above measures will be in place from 11 July, when the new form is piloted.</p>	<p>We will pilot this new approach initially for six months and review whether the volume of cases is sufficient for us to carry out an effective evaluation. We will monitor this throughout.</p> <p>The evaluation will check that this approach, along with the referral form, is working as an effective safeguard for doctors who have raised patient safety or system concerns and strikes the right balance between effective patient protection and reducing the impact of a referral on doctors.</p>

<p>including taking the steps outlined in my earlier recommendations and asking the doctor for his or her comments on the allegation and the circumstances in which the allegation came to be made.</p>		
<p>Training our investigation teams</p>		
<p>Relevant recommendation(s)</p>	<p>Action taken</p>	<p>Next steps</p>
<p>Recommendation 7: Those who investigate allegations made against doctors who have raised concerns must be fully trained to understand “whistleblowing”, particularly in the context of the GMC and the NHS.</p>	<p>Teams involved in the pilot changes have been trained on how the new processes will work and provided with supporting guidance.</p> <p>We have also appointed a training provider to deliver broader awareness training on whistleblowing to key teams within the GMC.</p>	<p>We will monitor the pilot throughout, including checking that staff remain confident working with the new processes.</p>
<p>Exploring an online system for recording action taken</p>		
<p>Relevant recommendation(s)</p>	<p>Action taken</p>	<p>Next steps</p>
<p>Recommendation 8: The GMC, together with healthcare regulators, professional organisations, unions and defence bodies, set up a simple, confidential and voluntary online system, run by an organisation independent of the regulators. The system would enable healthcare professionals to record electronically the fact that they have raised a</p>	<p>In March 2016, we held an event with organisations from different healthcare sectors and healthcare professionals who have experience of raising concerns. The event focused on exploring the benefits and challenges of this specific recommendation, as well as an update on our work to address other recommendations in the review.</p> <p>Participants expressed a range of views on what the tool could look like and what its primary objective should be.</p>	<p>This report has been shared with the CQC and the four health departments of the UK and NHS England. We also shared this with those who attended the workshop event in March and published the report on our website.</p> <p>We’ll continue to follow up with relevant leads within this area to assess what further action might be taken to address these key issues. In the meantime, we’ll also continue to raise</p>

<p>concern with their employers, what steps they have taken to deal with the concerns, including details of when and with whom the concerns were raised. The date and time at which the healthcare professional made the entries would be recorded. Access to the record would be restricted to the professional or another person with his or her consent.</p>	<p>While some benefits were highlighted, the general consensus was that there were a number of potential problems and challenges with introducing a tool such as this. You can read a summary of the key discussion points from this event (pdf).</p>	<p>awareness of the existing support and guidance we offer healthcare professionals who need to raise concerns, and will focus particularly on key issues highlighted in this discussion e.g. our guidance on openness and honesty when things go wrong and the importance of recording action taken.</p>
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