Executive summary
In September 2014, the GMC asked Sir Anthony Hooper to review how we handle cases involving individuals who regard themselves as whistleblowers. We published Sir Anthony’s recommendations in March 2015 and, at its meeting on 14 July 2015 the Board approved our action plan with indicative timeframes.

This paper provides a progress update on the action plan, including the review of our fitness to practise (FTP) processes, developing training for staff and holding a roundtable to facilitate discussion about an online facility for healthcare professionals to record their concerns.

We have also established a workstream to explore how we could implement the Government’s anticipated introduction of a requirement to report to Parliament disclosures of information made by whistleblowers to us.

Recommendation
The Strategy and Policy Board is asked to consider progress.
### Progress report

1. Sir Anthony made eight recommendations in his report (listed below). Also included in the scope of the programme is the introduction of mandatory annual reporting of qualifying disclosures consulted on by the Government in 2014.

2. **Referrals from organisations**
   - Recommendations 1 and 2: Organisations should be encouraged to say whether a doctor has raised patient safety or systems concerns; the referral should include a statement of truth and be signed by a doctor.
   - GMC Action: Review relevant guidance and discuss with ROs and employers how we would include a signed statement in a referral.

3. We have completed a review of our referral guidance and considered changes to provide specific guidance on cases involving whistleblowers. We have drafted a template for referral by employers including a statement to be signed by employers to be discussed with the RO reference community in November.

4. **Exploring the impact on our FTP process**
   - Recommendations 3 – 6: Where an organisation does not provide information regarding concerns we should ask them why; we should obtain material relevant to our understanding of the referral context; we should take into account an organisation’s failure to investigate the concerns or have proper procedures for handling concerns when assessing the merits of an allegation; where appropriate, use our r4(4) powers to carry out the above and request doctor’s comments.
   - GMC Action: Review the use of r4(4) powers to understand the referral context and obtain relevant material; and explore how we will consider a referral organisation’s failure to provide information and/or investigate concerns.

5. We have completed a review of our current approach to investigating doctors and recognise benefits to receiving information of any whistleblowing history at as early a stage as possible in our investigation to ensure we fully understand the context of the complaint. Unless the information received makes it clear a full investigation or interim action is needed, we propose to use r4(4) to make provisional enquiries where the RO has disclosed a whistleblowing context to clarify whether a full investigation is appropriate.

6. **Developing staff training**
   - Recommendation 7: Those who investigate whistleblowing doctors must be trained to understand whistleblowing in the context of the GMC and the NHS.
Action: Develop a training package for investigation staff.

7 We have discussed this proposal with Registration colleagues who have previous experience of providing this training to confidential helpline staff, engaged with suppliers to explore possible training providers and initial ideas about content, and made a bid for the 2016 budget.

8 Online recording facility for all healthcare professionals

- Recommendation 8: The GMC, together with other regulators, set up an independent, confidential, online system for healthcare professionals to record details of when and with whom they have raised concerns.

- Action: To facilitate a workshop to allow stakeholders to explore the possibility of an externally hosted and resourced online facility.

9 We are working with leads from the RLS, ELS, Devolved Offices and OCCE to plan this engagement activity. We have identified opportunities for discussions with key stakeholders (e.g. CQC, NHS Employers, PSA) to gather more information on existing work in this area and to assess their involvement in the workshop. A briefing has been prepared to support these meetings. We have agreed that the workshop will take place in early 2016, to allow for these initial discussions with key individuals and involvement from the CQC’s National Guardian (due to be appointed at the end of November 2015).

10 Mandatory annual reporting of statistics

- Included in scope of project following Government consultation and publication of draft regulations to introduce mandatory annual reporting of whistleblowing statistics.

11 We have developed a template report. We are seeking legal advice on what is meant by a qualifying disclosure to provide clarity about the scope of the report.

Next steps

12 We will:

a Following engagement with ROs, finalise wording for the referral form and revise referral information on our website.

b Further explore our use of r4(4) in whistleblowing cases.

c Meet with colleagues to discuss training needs for different groups of staff.

d Prepare the event outline and delegate list for the engagement events.
e Track progress on the introduction of the regulations introducing mandatory reporting.