To consider

**Fitness to practise guidance for whistleblowers**

**Issue**

1. Our guidance for doctors and other healthcare professionals who wish to confidentially or anonymously raise concerns about a registered doctor’s fitness to practise.

**Recommendation**

2. The Strategy and Policy Board is asked to approve the Whistleblowing Guidance at Annex A.
Fitness to practise guidance for whistleblowers

Issue

3 ‘Whistleblowing’ is where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action.

4 In most cases, the individual is unable or unwilling to raise their concerns locally either through concern for their own role or because they have raised the concern previously and no action was taken. For the GMC, whistleblowers are usually doctors or other healthcare practitioners raising concerns about a doctor.

5 We have various policies and procedures on how to manage concerns raised by whistleblowers including:

   a How to raise a concern via the GMC confidential helpline.

   b How the GMC ensures that this complaint remains confidential throughout the investigation process.

   c How confidential or anonymous complaints are recorded.

6 However some of these policies and procedures are not available on our website.

7 We have consolidated these existing policies and procedures to create new ‘public facing’ guidance that will be made available on our website. This will ensure wider public access to our guidance.
Supporting information

How this issue relates to the corporate strategy and business plan

9 This issue relates to Strategic Aim 3 of the Corporate Strategy: to improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

10 This work consolidates existing policies and procedures for the purposes of publication on our website therefore no further internal communication or engagement is required.

If you have any questions about this paper please contact: Anna Rowland, Assistant Director - Policy and Planning, arowland@gmc-uk.org, 020 7189 5077.
Fitness to practise guidance for whistleblowers
GMC policy on whistleblowing

What is whistleblowing?

‘Whistleblowing’ is where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. In most cases, the individual is unable or unwilling to raise their concerns locally either through concern for their own role or because they have raised the concern previously and no action was taken.

This policy outlines how a whistleblower may go about raising a concern regarding a registered doctor’s fitness to practise.

How are whistleblowing concerns distinct from grievances?

- A whistleblower is an employee with a concern about danger or illegality that has a public interest aspect to it, usually because it threatens others (e.g. patients).
- A grievance or private complaint is by contrast, a dispute about the employee’s own employment position and has no public interest element. This is not normally something the GMC can be involved in.

What does the law say?

The Public Interest Disclosure Act 1998 came into force on 2 July 1999. The Act protects workers that disclose information about malpractice at their workplace, or former workplace, provided certain conditions are met. The conditions concern the nature of the information disclosed and the person to whom it is disclosed.

If these conditions are met, the Act protects the worker from suffering detriment as a result of having made the disclosure. If the conditions are not met a disclosure may constitute a breach of the worker’s duty of confidence to his employer.

For further information, please see http://www.parliament.uk/business/publications/research/briefing-
How to ‘blow the whistle’

There are various ways a whistleblower can bring their concerns to the attention of the GMC. These include:

- **as an unrestricted whistleblower.** These complainants are happy to provide their contact details and so we can proceed with our investigation as normal. This makes it easier for the GMC to assess the information provided and consider how to investigate the matter.

- **as a confidential whistleblower.** These complainants feel unable to raise their concerns locally because of a fear of victimisation. They will usually be willing to give the GMC some level of detail such as a name and telephone number but they do not want us to disclose this information to anyone else, particularly the doctor. In this case, we will not disclose the whistleblower’s identity without their consent unless required by law.

- **as an anonymous whistleblower.** These complainants do not provide their contact details and so we are not able to go back to them for further information, which can make investigating the concerns that were raised difficult.

We prefer a whistleblower to raise their concern openly. However, we recognise that there may be circumstances when a whistleblower prefers to speak to someone in confidence first. If this is the case, the whistleblower should say so at the outset.

It is important to note that there may be times when the GMC is unable to resolve a concern without revealing a whistleblower’s identity, for example where personal evidence is essential. In such cases, we will discuss whether and how the matter can best proceed with the whistleblower, and ask for their consent before action is taken.

How to raise a concern with the GMC as a whistleblower

The easiest way to raise a concern about a doctor is through the GMC’s online complaint form at [www.gmc-uk.org/patientshelp](http://www.gmc-uk.org/patientshelp). This form guides complainants through all the information we need to consider their concern. Whistleblowers can also report a doctor to us by writing to us at Fitness to Practise, General Medical Council, 3 Hardman Street, Manchester M3 3AW

Further information, including a useful example of a complaint by letter or email, can be found on our website at [www.gmc-uk.org/concerns](http://www.gmc-uk.org/concerns).

We will need the following information to consider the concerns raised:

- the doctor’s name and work address
an explanation of the concerns – with dates when the incidents happened
■ copies of any supporting documents, such as copies of correspondence with the organisation or NHS trust if a complaint has already been raised locally
■ the names and addresses of anyone else who witnessed or was involved in the incidents.

The GMC confidential helpline

Some whistleblowers may be more comfortable raising a concern via our confidential helpline. Our helpline allows complainants to raise patient safety concerns or ask for advice if they don't feel able to do so locally. It is staffed by specially trained advisers who can discuss concerns and advise who to speak to if, for example, the concern isn’t about a doctor.

The helpline number is **0161 923 6399**. Lines are open 9 am–5 pm, from Monday to Friday.

Support for whistleblowers

The GMC provides a dedicated support service for people who have raised concerns about a doctor’s fitness to practise. This service is independent of the GMC and run by volunteers from the charity Victim Support. The service can provide:

■ telephone support
■ home visits or face to face support in your local community
■ an opportunity to talk to someone confidentially about how you are feeling.

Whistleblowers can use this confidential support at any time before, during or after attending a hearing for free. To access this service, whistleblowers should call **0161 954 1797** or email witnesssupport@gmc-uk.org.

In addition, whistleblowers may wish to contact the charity Public Concern at Work for confidential advice specifically relating to whistleblowing on **020 7404 6609** or by email at whistle@pcaw.org.uk.

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