

RCGP Position Statement on NHS Whistle Blowing

Everyone working in the NHS and social care can face difficult decisions about resources, care options and processes. Approached in the right way, these decisions can ensure that an NHS and social care system that is under pressure continues to meet its commitments and provides high quality care. However when a person in the NHS or social care sector is aware that care is threatened, sub standard or dangerous, for what ever reason, they have a duty to make these concerns known and for those in charge to assess and, if necessary, act. This process is called **raising a concern** and the duty of a doctor to do so is stipulated by the General Medical Council in its guidance on [Raising and acting on concerns about patient safety](#) and in its [Good Medical Practice Guide](#).

Unfortunately there are well known examples where concerns that have been raised have not been adequately dealt with by those in charge, and patients have suffered as a result. In some such cases, individuals have “**blown the whistle**” – taking their concerns to individuals and bodies outside normal channels and management structures in an attempt to protect patient care. This avenue however comes with risks and in some cases those who have “blown the whistle” have suffered severely, in relation to their career prospects and their working environment, despite current policy and process.

The Royal College of General Practitioners believes that this is unacceptable, individuals should not be blamed or fear reprisal for highlighting unacceptable practices or poor quality care. The College would like to see an environment that learns from complaints and concerns, and proactively uses them as ways to constantly improve service provision. This is particularly relevant to GPs not only because they work as part of teams in their daily lives but due to their new leadership responsibilities within the emerging commissioning structures in England. This will present GPs with new professional challenges, especially for a profession that, according to recent surveys, are trusted more than others and may be likely to become privy to concerns from patients about other sections of the health system – as well as their own.

Many barriers have been identified to hinder this process of open discussion of concerns, most notably cultural factors. It has been suggested that the NHS and the social care sector does not always support the individual raising concerns or blowing the whistle. It is sometimes hostile, likely to marginalise and threaten an individual’s career. Those raising concerns need to know that decisive action will be taken where necessary to protect patients, and that the matter will be investigated thoroughly. They also need to know that it will not result in them being victimised, or in staff being unfairly scapegoated for failures of care over which they had no control or which are organisational in nature.

The College is embarking on a programme of work to help change this situation into one where individuals are confident about the processes that are in place, how they will be followed up and that concerns expressed will be received without hostility but as respected points of view. Updates on this work, including tools, guidance and advice for both GPs and the whole practice team, will be posted on this page.

As a starting point, the College has examined the best practice principles that we believe should be reflected throughout the NHS and social care sector to counter the barriers mentioned and to encourage an open environment where complaints and concerns are seen as opportunities to improve patient care. The NHS Constitution, which applies to England, identifies 3 key expectations relating to whistle blowing, these being:

- an expectation that staff should raise concerns at the earliest opportunity
- a pledge that NHS organisations should support staff by ensuring their concerns are fully investigated and that there is someone independent, outside of their team, to speak to
- clarity around the existing legal right for staff to raise concerns about safety, malpractice or other wrong doing without suffering any detriment

These expectations need to be fully supported throughout the UK, and backed up by adequate time and resources. In addition the College would like to see:

- A focus on patient safety and continuous improvement to change perceptions around raising concerns and whistle blowing and to support and encourage people to do so
- Action by NHS leaders and managers to foster an open and safe environment in which staff can discuss and raise concerns, so that patient care is improved and the need to whistle blow is minimised
- The need to raise concerns and/or whistle blow, and to protect the rights of others who do so, should be reflected in all NHS contracts
- NHS and social care staff should be aware of their rights, responsibilities and processes in relation to raising a concern and whistle blowing – there should be clear structures in place for a concern to be raised and to ensure that a high priority is given to ensuring an appropriate response
- Clear contact details of the relevant officials responsible for dealing with concerns should be made available to all NHS and social care staff – including those working in General Practice
- Individuals who raise a concern or blow the whistle should not fear recrimination, and should have support throughout the process and after to ensure they do not become isolated
- There should be transparency in relation to how concerns and whistle blowing incidents have been dealt with

In order to assist the achievement of these principles, the College has identified some specific guidance / principles for general practitioners. These are:

- Every general practice should have a policy for whistle blowing and clear methods for individuals to raise concerns
- The entire general practice team should be aware of the practice's policy as well as their rights and responsibilities
- The general practice team should embed methods of raising concerns so that they become accepted and the norm of daily life
- Where patients express concerns to their GP regarding another service, such information should be passed onto the appropriate organisations to investigate as required, including the provider themselves, the service commissioner and any relevant regulatory bodies, depending on the seriousness of the concern.

As a College, we aim to provide general support, advice and information to all our member to achieve this aspiration. However due to College's remit we do not represent or become involved in individual cases. We would like to re-iterate the College's commitment to improving patient care and safety through NHS and social care staff raising concerns and whistle blowing. Some useful organisations that can assist individuals to raise a concern or blow the whistle are listed below. (Further information is to follow tailored to the each of the four nations.)

UK

Public Concern at Work

020 7404 6609

www.pcaw.org.uk

England

NHS and Social Care Whistle blowing Helpline

Phone: 08000 724 725

Northern Ireland

Department of Health, Social Services and Public Safety

0289 0520 500

webmaster@dhsspsni.gov.uk

Scotland

There is no helpline in Scotland however **Healthcare Improvement Scotland** is a advisable contact.

0131 275 6000

Wales

Wales Audit Office

01244 525 980

whistleblowing@wao.gov.uk

Other key sources of information are:

UK

The General Medical Council (GMC)

The GMC registers doctors to practise medicine in the UK. It's purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. [Raising and acting on concerns about patient safety](#) (2012) sets out the expectation that all doctors will, whatever their role, take appropriate action to raise and act on concerns about patient care, dignity and safety. The guidance came into effect on 12 March 2012 and replaces Raising concerns about patient safety (2006). A similar duty is also stipulated in its [Good Medical Practice Guide](#)

British Medical Association (BMA)

As the recognised trade union for UK doctors and a public body carrying out research and furthering debates – the BMA is also a worthwhile information source for members. The BMA has a [dedicated webpage](#) to raising a concern and whistle blowing providing information, case studies and guidance for members.

Defence Organisations

Within an environment that is more supportive of raising concerns or blowing the whistle, members may find consulting a medical defence organisation worthwhile. They are able to provide information and advice about processes. There are many organisations that fulfil such a role and it is suggested that a local relationship with such an agency would be beneficial, some examples include:

The [Medical Defence Union](#) is a mutual, not for profit, organisation owned by its members. Established in 1885, it was the world's first medical defence organisation.

The [Medical Protection Society](#) (MPS) is a not-for-profit mutual organisation, MPS offers support to members with legal and ethical problems that arise from their professional practice.

NHS Employers and Public Concern at Work

These two organisations have written a guide for GPs on whistle blowing, [Whistle blowing for a healthy practice](#) published in 2003. It provides useful tools and tips for a GP – but due to development of the Health Act does not cover issues such as commissioning. This is an area of guidance that the College is planning develop.

England

Department of Health

The Department has a report on the [NHS Constitution And Whistle blowing](#). This document sets out that new requirements the government expects in relation to the treatment and process of whistle blowers. Also their 2010 [Speak up for a Healthy NHS](#) paper includes a guide “to support NHS organisations to promote best practice when devising, implementing and auditing their whistle blowing policies and procedures.” A policy template “Model whistle blowing policy for NHS organisations” is also included in the report.

The Care Quality Commission (CQC)

The CQC’s job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people’s own homes and elsewhere meets government standards of quality and safety. The [CQC](#) has published guidance for workers, for providers of services and a quick guide on how to raise a concern. The CQC have also produced a document explaining to providers of services why they should have a whistle blowing policy and the benefits of encouraging workers to raise concerns. (December 2011).

Northern Ireland

Northern Ireland does not have its own health care whistle blowing policy. However the [Department of Health, Social Services and Public Health](#) will under take investigations of concerns and will be able to provide support and information on the relevant processes.

Wales

Wales Audit Office

Wales does not have its own health care whistle blowing policy. However the Wales Audit Office has a dedicated team to deal with whistle blowing queries and would be an invaluable resource. It has this year produced – [Wales Audit Office Whistle blowing update May 2012](#). Despite not being solely health focussed this leaflet does include some useful information for those considering raising a concern or blowing the whistle.

Scotland

Scottish Government

The Scottish Government in 2011 released a document called [“Implementing and reviewing whistleblowing arrangements in NHSScotland PIN policy.”](#) This document describes the NHSScotland Partnership Information Network (PIN) policies as a means of ensuring sound staff governance practice. They set a minimum standard of practice in the area of employment policy, helping to ensure a fair and consistent means of managing staff which meets both current legislative requirements and best employment practice. As part of this PIN policy the Scottish Government requires all NHSScotland Boards to have a

whistleblowing policy, and the model policy at Appendix 1 of this PIN Policy is the minimum standard which must be adhered to.

Health Improvement Scotland

[Healthcare Improvement Scotland](#) is a health body formed on the 1 April 2011. Their purpose is to support healthcare providers in Scotland to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise those services to provide public assurance about the quality and safety of that care. Healthcare Improvement Scotland provides public assurance about the quality and safety of healthcare through the scrutiny of the NHS and independent healthcare services. They report and publish their findings on performance and demonstrate accountability of these services to the people who use them. They are also developing a new model for scrutiny which will apply to both the independent healthcare sector and the NHS in future years.