RCGP Position Statement: NHS Whistle Blowing  
January 2013

This RCGP position statement explores some of the challenges around whistle blowing and raising a concern from the perspective of general practice.

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 RCGP 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 work with patients and professionals across the NHS and social care to foster an environment that deals more openly with complaints and concerns, and proactively uses them as ways to constantly improve service provision. This is 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 to a more open and transparent system where concerns can be discussed have been identified – 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 the RCGP website.

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.
Further sources of support and information

Whilst it is not within the College's remit to become involved in individual whistle blowing cases directly, our position statement contains some general guidance for practices.

However, GPs seeking further information about whistle blowing can refer to the following sources of advice and support:

**UK**
Public Concern at Work  
020 7404 6609  
www.pcaw.org.uk

**England**
NHS and Social Care Whistle blowing Helpline  
08000 724 725  
www.wbhelpline.org.uk

**Northern Ireland**
Department of Health, Social Services and Public Safety  
0289 0520 500  
webmaster@dhsspsni.gov.uk  
www.dhsspsni.gov.uk

**Scotland**
Healthcare Improvement Scotland  
0131 275 6000  
www.healthcareimprovementscotland.org

**Wales**
Wales Audit Office  
01244 525 980  
whistleblowing@wao.gov.uk  
www.wao.gov.uk

**Other key sources of information include:**

**UK**

**The General Medical Council (GMC)**  
www.gmc-uk.org  
The GMC registers doctors to practise medicine in the UK. Its 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 the GMC's *Good Medical Practice* Guide

**British Medical Association (BMA)**  
www.bma.org.uk  
As the recognised trade union for UK doctors the BMA is a worthwhile source of information. The BMA has a dedicated webpage regarding whistle blowing providing information, case studies and guidance for members.
Medical Defence Organisations
Members may find consulting a medical defence organisation worthwhile, such as:

- The Medical and Dental Defence Union of Scotland (MDDUS)
- The Medical Defence Union (MDU)
- The Medical Protection Society (MPS)

NHS Employers and Public Concern at Work Guidance
These two organisations have published a guide for GPs on whistle blowing, Whistle blowing for a healthy practice, published in 2003.

England

Department of Health
The Department has published a report on the NHS Constitution And Whistle blowing. This document sets out new requirements in relation to whistle blowers. Also the DH’s 2010 paper, Speak up for a Healthy NHS, 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 has 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 healthcare whistle blowing policy. However, the Department of Health, Social Services and Public Health will undertake investigations of concerns and will be able to provide support and information on the relevant processes.

Wales

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. It has this year produced a 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

The Scottish Government in 2011 released a document called “Implementing and reviewing whistle blowing 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 whistle blowing policy.
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 publish findings on performance and demonstrate accountability of 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.