Raising a concern in the public interest (whistleblowing) framework and model policy – RCGPNI response

Background

The Royal College of General Practitioners is the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice.

We support GPs through all stages of their career, from medical students considering general practice, through training, qualified years and into retirement. In addition, we set the standards for competency through our examination process.

In Northern Ireland, RCGPNI represents more than 1400 GPs, more than 80% of the general practice workforce.

Consultation response

The Royal College of General Practitioners in Northern Ireland welcomes the opportunity to respond to the Department of Health's public consultation "raising a concern in the public interest (whistleblowing)". We recognise that encouraging staff to raise concerns in the public interest is an important part of improving patient safety and the quality of health services. Building a culture of openness is key to ensuring staff feel safe and supported to speak up when necessary.

We note with regret that the proposed framework does not make reference to general practice or the wider primary care system. We further note that the proposed roles and responsibilities as outlined in Appendix A seem to be limited to the Health and Social Care Trusts in Northern Ireland. It is our view that this is an oversight and must be urgently rectified. We also would welcome clarity on who can raise concerns as it is not clear if this is supposed to include GPs and the wider general practice team.

The General Medical Council (GMC) does not differentiate between primary and secondary care and states clearly that all doctors have a professional obligation to speak up for quality and safety. This is outlined in the GMC Whistleblowing Guidance¹. We are also aware a GP played a key role in the recent neurology recall and subsequent public inquiry.

Doctors working within on or on behalf of the health service must be supported and enabled to play their part in raising a concern in the public interest. Robust and formalised structures must be embedded into the system to facilitate all doctors to raise legitimate concerns about other clinical colleagues. This should be reciprocated so secondary care colleagues are clear about how they might raise a concern about a GP colleague, should the need arise.

We would urge the Department of Health to take action on these issues raised and embed a culture of openness, where all staff feel supported to raise concerns in the public interest.

We welcome the fact this proposal takes a regional approach, which is particularly helpful for those outside the Trust employment structure to navigate. The patient catchment areas for some GP practices in Northern Ireland cut across Trust boundaries and therefore, a regional approach is the only practical and equitable solution. We would also urge the Department of Health to ensure policies and guidance are visible and accessible to colleagues working in general practice.

We note there appears to be a lack of clarity around the process when concerns raised are not resolved to the satisfaction of those who raised the concern in the first instance. We would welcome some clarification if an appeals process exists and if it includes Department of Health, Ombudsman, or regulators.

To conclude, we welcome the opportunity to respond to this public consultation, but we would urge the Department of Health to provide clarity on how these new processes will be inclusive of colleagues working in general practice. To build a culture where all staff working in the health service feel supported to raise concerns in the public interest, there must be confidence in robust procedures. We would welcome further engagement should it be helpful.