Whistle blowing – Guidance Note

Medical and dental professionals have ethical responsibilities to raise concerns about matters which may harm patients or colleagues. The process of raising such concerns is known as ‘whistle blowing’.

This document outlines the basic issues that trainees may need to consider if faced with raising concerns and to provide guidance on where they can go for support in the event that they suspect a wrongdoing or danger is affecting the delivery of patient care.

1. What is whistle blowing?

1.1. The British Standards Institute defines whistle blowing as:

“when someone who works in or for an organisation…..raises a concern about a possible fraud, crime, danger or other serious risk that could threaten customers, colleagues, shareholders, the public or the organisation’s own reputation.”

It is an issue which is particularly relevant to healthcare organisations, given the nature of the work and the potential risks to patients, and is therefore an issue of which trainees need to be aware.

1.2. The General Medical Council’s guidance ‘Good Medical Practice’ states:

“If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of your employing or contracting body. If they do not take adequate action, you should take independent advice on how to take the matter further. You must record your concerns and the steps you have taken to try to resolve them.”

1.3. Employees’ legal rights are detailed in the Public Interest Disclosure Act 1998. The Act provides protection for people raising concerns about:

- Breaches of civil and criminal law
- Miscarriages of justice

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• Dangers to health and safety and the environment
• Cover up of any of the above

1.4. Public Concern at Work offers guidance on whistle blowing. It describes whistle blowers as witnesses, not complainants. That is to say that, to be protected, they must have a reasonable and genuine belief or suspicion that their allegations are substantially true and they must not be motivated by a personal grievance nor should they be out for financial gain.

1.5. There should be no recriminations, detriment suffered or victimisation over genuine whistle blowing, even if the concern is later proven to be unfounded.

2. The Deanery's commitment

2.1. The Deanery fully supports a trainee’s right to raise their concerns about the organisation within which they work or other organisations associated with it. All NHS bodies are required to have whistle blowing policies and trainees are encouraged to use these if they have a genuine concern about the issues identified above.

2.2. Exceptionally the Deanery may deem it necessary to remove a trainee from an organisation, either as a temporary or permanent measure before or after the alleged incident has been investigated, if it is reasonably considered to be in the trainee’s best interests.

3. Where to go for support/advice

3.1. Each Local Education Provider (LEP - NHS Trust or other training provider) should have its own whistle blowing policy to allow for these concerns to be addressed locally. This may be available on the LEP website or intranet or alternatively directly by request from their Personnel / Human Resources Department.

3.2. It is important to note that the Public Interest Disclosure Act 1998 sets clear limits as to whom employees should make disclosures in order to receive the protection of the Act. In most cases, it will be incumbent upon trainees to formally raise the issues with the LEP first before contacting external agencies (including the Deanery). It is recommended that you take advice before reporting your concern to an external agency. The whistle blowing charity, Public Concern at Work, operates a confidential helpline. You should also take advice from a representative or defence association before disclosing information to external agencies.
3.3. Concerns can also be raised with the Director of Medical Education or equivalent, Training Programme Director Educational or Educational supervisor. Early resolution closest to the concern is normally the preferred route.

3.4. Although approaches made directly to the Deanery in the first instance are most likely to be directed to one of the above, concerned individuals may be able to discuss the most appropriate route for support, or for formal whistle blowing, with a Head of School, or a Patch Dean, or a Trust Liaison Dean.

June 2010