

Whistleblowing disclosures report 2025

Health and social care
professional regulators

This report has been produced by the health and
social care professional regulators



General
Medical
Council

General
Dental
Council



General
Pharmaceutical
Council



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About the report

On 1 April 2017, a new legal duty came into force which requires all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

“The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.”

Department for Business, Energy and Industrial Strategy (2017)

As with previous years, we have compiled a joint whistleblowing disclosures report to highlight our coordinated effort in working together to address the serious issues raised to us.

Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health and social care sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities and sources of disclosures.

Table 1: Types of action taken after receiving a whistleblowing disclosure

Action type	Description
Under review	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required. This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.
Onward referral to alternative body	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit. This may include but is not limited to: ● referral to its Fitness to Practise team or any other fitness to practise process ● opening an investigation ● advice or guidance given to discloser, employer, education body or any other person or organisation ● registration actions ● other enforcement actions. In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as ‘no action – not enough information’.
No action – not enough information	This applies to disclosures that have been assessed by the regulator and a decision has been made that there is not enough information to progress any further. This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser is unable to provide more information or the disclosure was withdrawn before it could be investigated.
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.

To protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has made a disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2024 and 31 March 2025.

General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary. The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the General Chiropractic Council received one disclosure of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	1
Onward referral to alternative body	0
Regulatory action taken	0
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The whistleblower, a staff member within a clinic, contacted us with concerns about the record keeping and erratic behaviour of the registrant. They subsequently withdrew their complaint. Due to the nature of the allegations, the GCC proceeded with opening an anonymous complaint, however, due to the lack of supporting evidence the Investigating Committee closed the case.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions or meet our objectives during the reporting period.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of around 128,000 members of the dental team, including over 47,000 dentists and over 81,000 dental care professionals (DCPs).

An individual must be registered with the GDC to practise dentistry in the UK.

Unlike other health professional regulators, we register the whole dental team including dental nurses, dental hygienists, dental therapists, dental technicians, clinical dental technicians, orthodontic therapists and dentists. .

Our primary purpose is:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the professions we regulate.
- To promote and maintain proper professional standards and conduct for members of those professions.

To achieve this, we register qualified dental professionals, set the professional standards for the dental team, work to ensure the quality of dental education, and investigate complaints and concerns about a dental professionals' fitness to practise.

We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

We fund the Dental Professionals Hearings Service, which is the adjudication function of the GDC. The Hearings Service is separate and works independently from our investigation function and facilitates its work through our hearing committees. The committees are made up of dental professionals and lay panellists, who are independent decision makers.

We also deliver the Dental Complaints Service, which provides a free and impartial service to support patients and dental professionals in using mediation to resolve complaints about private dental care.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the General Dental Council received 79 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	46
No action - not enough information	32
Onward referral to alternative body and regulatory action taken	1

Summary of actions taken

The number of disclosures received was 79, which was the same number as last year.

All 79 disclosures were made directly to the Fitness to Practise team. All these disclosures resulted in regulatory action taking place, namely the opening of a fitness to practise case.

It became apparent in 32 of these cases that the GDC was not in receipt of enough information, despite making efforts to obtain relevant information from the reporting whistleblowers, to progress any further. These cases were therefore closed at the assessment stage. One case was passed on to another regulator, and of the 46 remaining cases, 29 are still being considered at the assessment stage, and may lead to a referral by the Case Examiners. These open cases could lead to a range of resolving actions determined by a statutory practice committee. This includes removal (erasure) from the register, suspension from the register, conditions for a determined period, or the conclusion that a registrant's fitness to practise is not impaired and the case can be closed, with no further action.

Of the 79 whistleblowing concerns we received:

- All 79 whistleblower cases were referred on for further regulatory assessment.
- 29 are at still at the assessment stage.
- Nine were referred to Case Examiners, of which two have been closed by the Case Examiners.
- 32 were closed with no further action at assessment.
- One has been referred to another regulator.
- Eight cases were merged with similar ongoing cases. Of these, one has been referred to a practice committee, four are still at the assessment stage, two have been referred to the Case Examiners and one was closed at assessment.

51 of the concerns were received from dental professionals, 22 were from non-registrants (who were employed in dentistry) and six were anonymous.

Learning from disclosures

The disclosures we have received continue to have no impact on our ability to perform our regulatory functions and objectives during the reporting period. Given our statutory framework, the action we would take in response to a whistleblowing disclosure is the same as the regulatory action we would take with any other concern reported to the GDC.

Our initial reporting webform has been amended to allow individuals raising concerns to self-identify at the earliest stage possible as a whistleblower. All concerns received, including those who self-identify as whistleblowers, are reviewed at the initial assessment decision group against the statutory definition of a whistleblower to confirm how the individual reporting the matter is identified. The initial assessment decision group includes lawyers from our in-house legal advisory service.

Of the whistleblowing concerns received during this reporting period, conduct concerns were raised in 54 of the 79 disclosures made to the GDC. We define conduct concerns as concerns that relate to matters around dental professionals' behaviour, either in or outside the workplace.

As part of the review process the GDC carries out a quarterly review of all cases where an individual has been identified as a whistleblower. In 2024 and 2025, an additional review of all cases reported has been completed to confirm the status of the individual and that they fit the whistleblowing criteria.

We continue to receive a high proportion of disclosure for the size of the register. However, it is worth highlighting that the majority of dentistry is provided in a primary care setting and outside the more robust clinical governance framework that characterise some other forms of healthcare. This may mean that alternative disclosure routes are not available in many dental settings, resulting in a larger proportion therefore being reported to the regulator.

General Medical Council

We're the independent regulator of doctors*, physician associates (PAs) and anaesthesia associates (AAs)**. We work with doctors, PAs and AAs, and their employers, educators and others to:

- Set the standards of patient care and professional behaviours doctors, PAs and AAs need to meet.
- Make sure doctors, PAs and AAs get the education and training they need to deliver good, safe patient care throughout their careers.
- Check who is eligible to work as a doctor, PA or AA in the UK and check they continue to meet the professional standards we set throughout their careers.
- Give guidance and advice to help doctors, PAs and AAs understand what's expected of them.
- Investigate and take action where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk.

Number of disclosures received

From 01 April 2024 to 31 March 2025, the General Medical Council received 45 whistleblowing disclosures about doctors. The regulation of PAs and AAs came into effect on 13 December 2024. During the period covered by this report, we received no whistleblowing disclosures about registered PAs and AAs.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	2
Regulatory action taken	43
No action – not enough information	0
Onward referral to alternative body and regulatory action taken	0

The majority (44 out of 45) of the whistleblowing disclosures we received came in via our Fitness to Practise directorate, and one was received by our Registration and Revalidation directorate. Of all the

disclosures we received, 18 were made by doctors, 11 were made by other healthcare professionals and 16 were made anonymously.

Of the 44 disclosures that were assessed by our fitness to practise team:

- 36 were closed after an initial assessment
- 8 resulted in either a preliminary or full investigation – three of these are still going through the investigation process and five have been closed.

Of the 41 disclosures that were closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was being or had already been handled locally
- advice was given to the discloser
- the disclosure was outside of our remit to deal with e.g. a local employment dispute
- no concerns were found from the information provided.

Update on disclosures from previous years

11 disclosures that we received prior to 01 April 2024 were concluded.

Learning from disclosures

The whistleblowing disclosures received during the reporting period were handled in line with our [regulatory functions and objectives](#). Throughout the year, an operational group reviews and reflects on these disclosures to ensure we respond appropriately, uphold our responsibilities as a regulator, and identify any necessary actions or learning.

As with previous years, complaints covered a wide-variety of allegations – from staffing structures, professional misconduct, to individual dishonesty.

The number of anonymous complaints has reduced compared with the previous year's report (23 in 2023-24, 16 in 2024-25). There has also been a decrease in the number of total whistleblowing complaints (60 in 2023-24; 44 in 2024-25).

10 complaints were initially incorrectly categorised as meeting the criteria for whistleblowing; however, this was determined to be inaccurate. We continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

[Our speaking up hub](#) brings together practical advice and tools to help doctors, PAs and AAs decide on how to raise a concern and includes a visual guide to support them in following the process.

* Medical Act 1983 (as amended)

** Anaesthesia Associates and Physician Associates Order 2024

General Optical Council

We protect the public by upholding high standards in eye care services in the UK. We currently register and regulate around 35,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses, known as registrants.

We hold registers for optometrists, dispensing opticians, student optometrists and dispensing opticians, specialty practitioners and bodies corporate conducting business in optometry or dispensing optics in the UK.

We have four core functions:

- Setting standards for the performance and conduct of our registrants.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.
- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the General Optical Council received 32 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
Closed with no action taken	3
Onward referral to alternative body	13
Regulatory action taken	8
No action – not enough information	7
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

All 32 disclosures that we received in 2024-25 were placed into our FTP system for formal assessment. Of these 32 disclosures, 10 cases were closed with no further action being taken. Our decisions are outlined below:

- Seven cases were closed as either consent was not given by the referrer for us to progress further and/ or identify the registrant, and we were not provided with sufficient information to identify the referrer to obtain relevant evidence;
- Three cases did not meet our acceptance criteria for onward referral;
- 12 cases were referred for consideration to another body;
- One case was referred to our illegal practice team to take forward;
- One case is currently under review; and
- Eight investigations are currently opened and ongoing.

Learning from disclosures

There was a 10 percent increase in the number of disclosures received during 2024-2025. However, these account for just 7 percent of our total receipts for the year which was the same as last year and may be a slight over-estimation due to our cautious approach when identifying if the matter is a qualified disclosure. Identifying a qualifying disclosure can be difficult when they come through anonymously, rather than a registrant seeking anonymity in the submission of their complaint. Proportionate investigation is still a priority and so, although an anonymous qualified disclosure can be challenging to investigate, we are satisfied that there was no direct impact on our ability to perform our regulatory functions. We have opened fewer cases for investigation this year compared to last year and seen a rise in making onward referrals to other bodies.

There have been some difficulties with complainants withdrawing or not providing sufficient evidence or consent for fear of reprisal. Although it is sometimes possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and although we have powers under the Opticians Act 1989 to demand information, this is challenging in the absence of a discloser who can advise as to the relevant information to be sought. However, despite evidential difficulties, we were able to open eight investigations and take them forward with limited information. We have taken proactive steps to share the Speaking Up guidance where this had been raised, along with access to our Governance team.

We also have FTP Focus bulletin where we may share case examples in a way that will not identify any persons but assist the profession to ensure that they comply with the relevant Standards and Opticians Act 1989.

General Osteopathic Council

The General Osteopathic Council (GOsC) is the statutory regulator of osteopaths in the UK and it is our overarching duty to protect the public.

We use a range of different ways to work with the public and osteopathic profession to promote patient safety including:

- Setting, maintaining and developing standards of osteopathic practice and conduct.
- Investigating serious allegations of misconduct which calls into question an osteopath's fitness to practise.
- Assuring the quality of osteopathic education and ensuring that osteopaths undertake continuing professional development.

As part of our duty to protect the public, we investigate any concerns received about a registered osteopath's fitness to practise.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the General Osteopathic Council received four disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
Closed with no action taken	1
Onward referral to alternative body	0
Regulatory action taken	1
No action - not enough information	1
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The one disclosure under review was received from a concerned staff member within an osteopathic practice and is due to be considered by an independent osteopath, known as a screener.

The one disclosure that was closed with no further action related to poor treatment of and behaviour to patients. This matter was considered by both an osteopath and non-osteopath (known as lay) screener and was closed in line with our threshold criteria.

The one disclosure where regulatory action is currently being taken relates to a concern received from a staff member within an osteopathic practice, which was considered by a screener and referred to the Investigating Committee (IC) for further investigation.

The Initial Closure Procedure (ICP)

If the GOsC considers that there is not enough relevant, credible and detailed supporting material to enable the screener to decide, we will refer the case to the screener under this procedure with a recommendation for closure. If the screener agrees with the recommendation, the case will be closed.

If the screener disagrees with the recommendation, the case will not be closed, and the screener will go on to consider whether the allegation falls within section 20(1) of the Osteopaths Act 1993 instead.

Learning from disclosures

The concerns received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

Following a general review of our Whistleblowing Policy in 2022, we published an updated version with practical changes to make it more accessible to those seeking to raise a concern with the GOsC.

The updated policy was published in January 2023.

The GOsC considers anonymous disclosures on a case-by-case basis.

The GOsC continues to provide a free Independent Support Service for people who have raised whistleblowing concerns. This service is independent of the GOsC and run by volunteers from the charity Victim Support.

General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- We help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the General Pharmaceutical Council received 74 disclosures of information. We concluded our enquiries on 69 of these disclosures, with a further five still under investigation.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	3
Onward referral to alternative body	4
Regulatory action taken	62
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome under the fitness to practise process. The latter can include guidance, a follow-up visit or an unannounced inspection.

50 cases were concluded by sharing information with inspection colleagues for follow-up action. Four concerns were signposted to another organisation and seven were concluded with guidance or a reminder about the professional standards. The remaining 8 concerns were investigated and concluded with no further action.

Four concerns from the previous reporting period were concluded with no further action with a further concern concluded with the professional being suspended.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our functions and meet our objectives, which are set out in the About us section at the beginning of this report.

The Health and Care Professions Council

The HCPC was established under section 60 of the Health Act 1999 as a regulator of health and care professions in the UK. Our role is to protect the public, which we achieve by setting standards for education and training, professional skills, conduct, performance, and ethics, as well as continuing professional development for 15 healthcare professions. We keep a Register of professionals who meet these standards, approve education programs that professionals must complete prior to registration, and take action when registrants do not meet our standards.

As an organisation, we are a Prescribed Person under the Public Interest Disclosure Order 2014.

On 1 April 2017, a new legal duty came into force which required all prescribed persons to publish an annual report on the whistleblowing disclosures made to them by workers (For example employee, former employee, trainee, agency worker or member of an organisation).

The professional healthcare regulators agreed to publish a joint report each year highlighting each regulator's approach to whistleblowing. This year will be HCPC's sixth annual report.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the HCPC received 6 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	5
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	1

Summary of actions taken

Six whistleblowing disclosures were made to the Health and Care Professions Council (HCPC) during the financial year 24/25.

Five whistleblowing disclosures were made to our Fitness to Practise department, and one disclosure received by our Policy and Standards department.

Of the five disclosures assessed by our Fitness to Practise department:

- Three cases are open and being investigated. One of these cases was made by an anonymous discloser.
- Two cases did not meet the threshold criteria and did not go on to the Investigating Committee Panel.

The disclosure made to the Policy and Standards department came from a HCPC registrant (Paramedic). This disclosure was received via email and raised a concern about unsafe running of service/systems.

In response to this disclosure, we provided advice and guidance and directed the discloser to relevant other organisations and 'Protect' the whistleblowing organisation ([Protect - Speak up stop harm - Whistleblowing Homepage](#)).

Learning from disclosures

We regularly review disclosures and our recording processes to identify whether we need to improve any of our publicly available information, including guidance.

Since last year's report, we have continued to enhance how we handle whistleblowing disclosures.

We have updated the system used by our Education department to make it easier to record and monitor whistleblowing referrals made in relation to education programmes. We have embedded guidance for our teams about what whistleblowing is, into our process for triaging information we receive.

We are also developing a frequently answered questions (FAQs) document, which will include a section on 'Whistleblowing'. This section will outline how the public and registrants can identify when they need to disclose information and how to do so. We will also be delivering training for our staff on how to identify a whistleblowing disclosure, accurately record information and our escalation processes.

Nursing and Midwifery Council

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 853,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We're here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for the public, registrants and our colleagues, and working with our partners to influence the future of health and social care.

Number of disclosures received

From 01 April 2024 to 31 March 2025 the Nursing and Midwifery Council received 152 disclosures we reasonably believed met the criteria and were 'qualifying disclosures'.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	85
Regulatory action taken	244
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and onward referral to alternative body.

Regulatory action taken on these disclosures is as follows (some disclosures have been managed by more than one team and so will be duplicated in the overall number):

- 139 disclosures were considered by our Fitness to Practise team who investigate concerns raised about nurses, midwives and nursing associates.
- 35 disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised.
- 31 disclosures were considered by our Education Quality Assurance team who ensure that education programmes, learning environments and placements for student nurses, midwives and nursing associates meet the standards needed to prepare them to join our register.
- 24 disclosures were handled as safeguarding or wellbeing concerns in collaboration with the Safeguarding Lead.
- 8 disclosures were considered by our Registration and Revalidation team who maintain the register of professionals eligible to practise and investigate concerns raised about registration.
- Two disclosures were considered by our Standards team who ensure nurses, midwives and nursing associates are equipped with the knowledge, skills and behaviours they need to develop safe care now and in the future.
- Two disclosures were considered by our Enquiries and Complaints team who investigate concerns raised about our service. The team used this feedback to help us improve and learn from the issues raised.
- Three disclosures were considered by our Communications and Engagement team who proactively engage with stakeholders to support the delivery of our strategic priorities.

We have shared information with Care Inspectorate Scotland, Care Quality Commission (CQC), Employment Agency Standards Inspectorate, Gangmasters and Labour Abuse Authority (GLAA), General Medical Council (GMC), Health and Care Professions Council (HCPC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Inspectorate of Prisons, Home Office, Human Fertilisation and Embryo Authority (HFEA), Medicines and Healthcare products Regulation Agency (MHRA), Regulation and Quality Improvement Authority (RQIA), The Human Tissue Authority (HTA).

The main reason why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or it did not meet the public interest criterion.

We still acted on many disclosures where we did not reasonably believe they met the 'qualifying disclosure' criteria. We either took regulatory action or shared information with a range of other bodies including the Care Inspectorate Scotland, Care Quality Commission (CQC), Health and Safety Executive (HSE), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW).

Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

The number of 'qualifying disclosures' we received remained consistent; 149 (2023-2024); 152 (2024-2025).

In 2024-2025, 24 wellbeing or safeguarding concerns were identified within the disclosures which is an increase from 10 concerns identified last year (2023-2024). These concerns were managed with the Safeguarding Team. The increase in safeguarding concerns follows training and engagement with colleagues to build their knowledge on identifying and managing safeguarding concerns when assessing disclosures.

The most common themes of these disclosures were: unprofessional behaviour including not maintaining professional boundaries, bullying, intimidation and harassment; management issues; health and safety; criminal behaviour; dishonesty; patient care.

Social Work England

Social Work England is the specialist statutory regulator of social workers in England. Our purpose is to protect the public and raise standards across social work in England, so that people receive the best possible support whenever they might need it in life.

Social Work England was established by the Children and Social Work Act 2017 and The Social Workers Regulations 2018 (as amended). Our overarching objective is to protect the public. We do this by (all of the following):

- Setting profession-specific standards for, and approving, courses of initial education and training to enable registration as a social worker.
- Setting professional standards for social workers, including those for proficiency, conduct and ethics.
- Maintaining a register of social workers in England.
- Running a proportionate and efficient fitness to practise process to deal with concerns raised about those on our register.
- Assessing continuing professional development, which promotes continuing fitness to practise.
- Approving post-qualifying courses.

Number of disclosures received

From 01 April 2024 to 31 March 2025 Social Work England received 8 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	2
Onward referral to alternative body	0
Regulatory action taken	6
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Of the disclosures we received, we concluded our enquiries in all 8 cases. Our actions are detailed below:

- 2 cases were closed with no action taken. In one case the matters raised were not within Social Work England's remit. Onward referral was not considered necessary as the referrer had already provided the same information to the relevant prescribed person(s)/police. In the second case the referrer had already submitted a fitness to practise referral.
- 4 cases were referred for consideration under our fitness to practise process. All 4 cases are still ongoing.
- 2 cases were referred for consideration under our process for concerns raised about the quality of approved social work courses. Both cases are still ongoing.

Of the 3 disclosures received in the previous reporting periods (2022/23 and 2023/24) that had been referred through our fitness to practise process were ongoing at the end of the last reporting period, 2 were closed at our initial triage stage and one remains ongoing.

Learning from disclosures

As Social Work England only became a prescribed person in December 2022, this was our second full reporting period. The volume of disclosures received this year is comparable to last year (7 disclosures in 2023/24). Based on the low number of disclosures we have received to date we have not identified any themes, or any impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT

www.gcc-uk.org

General Dental Council

37 Wimpole Street, London, W1G 8DQ

www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN

www.gmc-uk.org

General Optical Council

10 Old Bailey, London, EC4M 7NG

www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

www.osteopathy.org.uk

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ

www.pharmacyregulation.org

The Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU

www.hcpc-uk.org

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ

www.nmc.org.uk

Social Work England

1 North Bank, Blonk Street, Sheffield, S3 8JY

www.socialworkengland.org.uk

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