Whistleblowing disclosures report 2026

Health and social care professional regulators

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

General Chiropractic Council

General Optical Council

General Medical Council

General Dental Council

General Osteopathic Council

General Pharmaceutical Council

hcpc health & care professions council

nmc Nursing & Midwifery Council

Social Work England

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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 2025 and 31 March 2026.

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 2025 to 31 March 2026 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 fellow chiropractor, contacted us with concerns about the practice of an individual who had been removed from the register. Although the person considered themselves a whistleblower, we categorised this as a potential s32 illegal practice case which might be appropriate for enforcement action. We opened the case as an illegal practice/misuse of title case, but ultimately found insufficient evidence to meet the threshold for prosecution.

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 133,000 members of the dental team, including over 48,000 dentists and around 85,000 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 professional's 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 2025 to 31 March 2026 the General Dental Council received 138 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	99
No action - not enough information	39
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The number of disclosures received was 138. This was an increase of 59 (74%) compared to the previous year. We believe this increase is due in part to changes which made it easier for informants to self-identify as a whistleblower when they raised a concern with us.

All 138 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 39 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. Of the 99 remaining cases, 82 are still being considered at the assessment stage, and may lead to a referral to 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.

All 138 whistleblowing concerns we received were referred on for further regulatory assessment:

- 82 are still at the assessment stage.
- 17 have been referred to Case Examiners, of which seven have been referred to a practice committee and 10 are awaiting consideration by the Case Examiners.
- 39 were closed with no further action at assessment.

87 of the concerns were received from dental professionals, 29 were from non-registrants (who were employed in dentistry) and 22 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.

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 92 of the 138 disclosures received. We define conduct concerns as concerns that relate to matters around dental professionals' behaviour, either in or outside the workplace.

In the reporting period, a review of all whistleblowing disclosures received was 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 most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks 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.

It is also worth noting that we received 26% more concerns last year compared to the previous period. This increase in overall concerns received may have had a knock-on effect on the number of whistleblowing concerns we received.

General Medical Council

We're the independent regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs) in the UK.

We work with them and other stakeholders 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 they need to deliver good, safe patient care
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they're keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what's expected of them
- investigate where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk, and take action if needed.

Number of disclosures received

From 01 April 2025 to 31 March 2026, the General Medical Council received 52 whistleblowing disclosures regarding doctors and employers. 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
Regulatory action taken	51
No action – not enough information	0
Onward referral to alternative body and regulatory action taken	1

The majority (47 out of 52) of the whistleblowing disclosures we received came in via our Fitness to Practise directorate, and five were received by Registration and Revalidation. Of all the disclosures we received, 19 were made by doctors, 15 were made by other healthcare professionals and 18 were made anonymously.

Of the 47 disclosures that were assessed by our fitness to practise team:

- 45 were closed after an initial assessment
- Two resulted in either a preliminary or full investigation – these are still going through the investigation process.

Of the 47 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was 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 1 April 2025 were concluded.

Learning from disclosures

The information disclosed to us during the reporting period has not had an impact on our ability to perform our regulatory functions and deliver our objectives. We have an operational group that meets throughout the year to reflect on the disclosures we have received. As with previous years, complaints covered a wide-variety of allegations, including staffing structures, professional misconduct and individual dishonesty.

The number of anonymous complaints has risen slightly compared with the previous year's report (16 in 2024-25, 18 in 2025-26). There has also been an increase in the number of total whistleblowing complaints (45 in 2024-25, 52 in 2025-26).

12 complaints were incorrectly labelled as meeting the criteria for whistleblowing; we continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

We have guidance available to doctors, PAs and AAs on what to do if they have a concern and continue to support and encourage them to raise their concerns through appropriate channels.

*Medical Act 1983 (as amended)

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 2025 to 31 March 2026, the General Optical Council (GOC) received 23 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	9
Onward referral to alternative body	0
Regulatory action taken	11
No action – not enough information	3
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

During 2025-26, the GOC identified 23 case references as potential qualifying whistleblowing disclosures. All were recorded within our fitness to practise case management system and formally assessed.

The potential disclosures were made by individuals in a range of workplace relationships, including employees and other workers, locums, trainees and other professionals working within optical practice. In assessing whether a matter constituted a qualifying whistleblowing disclosure for reporting purposes, the GOC considered whether the individual fell within the statutory definition of a "worker" and whether the nature and circumstances of the disclosure amounted to a protected disclosure under the whistleblowing provisions of the Employment Rights Act 1996.

23 concerns were considered a qualifying whistleblowing disclosure during the reporting period. The cases related to concerns about patient safety, clinical governance, record keeping, supervision and training, fraud or dishonesty, confidentiality, discrimination, and sexual misconduct in the workplace.

Of the 23 cases which the GOC received in the reporting period:

- 11 resulted in regulatory action being taken
- nine were closed with no further action being required
- three were closed because there was insufficient information available to progress the concerns.

There were no cases recorded during the reporting period as resulting solely in an onward referral to another body, or in both an onward referral and regulatory action. However, in closing a concern, the GOC considers whether signposting to another organisation or body would be helpful, depending on the concerns raised.

Some matters were closed following assessment because the concerns did not require further regulatory action. In other cases, we were unable to progress because there was insufficient information available to allow us to investigate the concerns effectively. This was particularly relevant where concerns had been raised anonymously and there was limited opportunity to obtain further information or evidence from the person making the disclosure.

Learning from disclosures

There was a reduction in the number of potential qualifying whistleblowing disclosures identified during 2025-26, from 32 in the previous reporting period to 23 cases this year. This represents a reduction of approximately 28%, despite an increase in the overall volume of referrals received by the GOC.

This reduction should be viewed in the context of the nature of referrals received during the year. A significant proportion of the increase in overall referrals related to consumer matters rather than the more serious workplace or public interest concerns that would ordinarily be expected to constitute qualifying whistleblowing disclosures. Although incoming case volumes increased, the number of matters progressing to formal investigation remained broadly stable.

The disclosures received during the year demonstrate the breadth of issues that may be raised through whistleblowing. Themes included patient safety and clinical care, supervision and training, record keeping, clinical governance, confidentiality and data protection, fraud and dishonesty, health and safety, discrimination, and sexual harassment or inappropriate workplace conduct.

We have also continued to experience challenges in identifying qualifying disclosures where concerns are submitted anonymously. In some cases, the substance of the concern may indicate a potentially serious regulatory issue, but the information provided does not make it possible to establish whether the person making the disclosure is a worker or other individual afforded protection under whistleblowing legislation. This can make any subsequent investigation more difficult, particularly where concerns have not been raised with the business directly, and the GOC cannot contact the complainant for further information.

Anonymous disclosures can also create evidential difficulties where further information, clarification or supporting evidence is needed. Nevertheless, our approach remains focused on proportionate assessment of the information available and taking regulatory action where the evidence and public protection considerations justify it. The GOC seeks to provide early support to potential whistleblowers and encourage their engagement in the regulatory process. This year, 11 of the 23 case references resulted in regulatory action, representing the largest single outcome category.

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
- checking and assuring the quality of osteopathic education and ensuring that osteopaths carry out learning as part of their 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 2025 to 31 March 2026, 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	0
Closed with no action taken	1
Onward referral to alternative body	0
Regulatory action taken	2
No action - not enough information	1
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

In one disclosure, we received a concern from an osteopathic colleague of the registrant in question. The

colleague had received various concerns from patients about the alleged conduct of the registrant. We attempted to find out more from the patients, but none wanted to engage and/or provide more detail. This matter was considered by an independent osteopath known as a screener and closed under our initial closure procedure.

In one disclosure we received a concern about the conduct of a registrant from a receptionist at the osteopathic practice where the registrant worked. This matter was referred to the Investigating Committee. Having considered the evidence available, the IC decided that the matter should be closed with no further action.

In one disclosure we received concerns from a GP who worked in a multi-disciplinary practice with the registrant, who relayed concerns from a patient about the registrant. This matter was closed after both the independent osteopath screener and the independent lay (non-osteopath) screener decided that the concerns that had been raised met the threshold criteria for closure at that stage.

In one disclosure, we received concerns about a registrant from the head of human resources at a university, who told us that the conduct of the registrant towards students was under investigation. This matter was referred to the Investigating Committee but is yet to conclude.

Learning from disclosures

There are no specific learning points we can draw directly from the disclosures we received, or how they were progressed in line with our fitness to practise process. The concerns we received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

Only 3% of the concerns and queries received during the reporting period were whistleblowing disclosures. 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 2025 to 31 March 2026 the General Pharmaceutical Council received 66 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	7
Closed with no action taken	5
Onward referral to alternative body	5
Regulatory action taken	49
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 our fitness to practise processes and follow-up action through our inspection network. The former can result in any of the available fitness to practise outcomes, while the latter can include guidance, follow-up visits or an unannounced inspection.

47 cases were concluded by sharing information with inspection colleagues for follow-up action. Five concerns were signposted to another organisation and two were concluded with guidance. The remaining five concerns were concluded with no further action. Seven remain under investigation.

Six concerns from the previous reporting period were concluded with no further action. One was concluded by sharing information with inspection colleagues for follow-up action and another was concluded with guidance. One concern was concluded by warning at an Investigating Committee, while two remain under investigation.

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 Health and Care Professions Council (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 the HCPC's seventh annual report.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the HCPC received seven 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	3
Onward referral to alternative body	3
Regulatory action taken	1
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Seven whistleblowing disclosures were made to the Health and Care Professions Council (HCPC) during the financial year 25/26.

Two disclosures were made to our Policy and Standards department, two disclosures to our Education department and three received by our Fitness to Practise department.

Regarding the two disclosures assessed by our Policy and Standards department:

- Both of the disclosures were raised via email and raised concerns about unsafe running of service, meeting the HCPC's standards and scope of practice.
- In response to the disclosures, we provided advice and guidance linking to the standards and recommended relevant other organisations including professional bodies, the Care Quality Commission (Care Quality Commission) and the whistleblowing organisation Protect (Protect | Speak Up, Stop Harm).

Of the two disclosures assessed by our Education department:

- One disclosure was raised about the quality of a programme. The other was raised about professionalism of staff.
- Both cases were resolved at triage stage and closed with no further action.

Lastly, the three disclosures assessed by our Fitness to Practise department:

- One case is open and being investigated.
- One case was closed with no further action.
- One case raised concerns about services, and we referred the discloser to the CQC.

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. With the changes to whistleblowing and sexual harassment being included in the qualifying disclosures from April 2026, we will be ensuring that any guidance is updated to reflect these changes.

We have provided internal process updates on the changes to qualifying disclosures from April 2026. We have also updated the system used by our Fitness to Practise department, with guidance provided to our teams and changes to systems to record and report whistleblowing disclosures.

We are continuing to review, develop and update our frequently answered questions (FAQs) document for our internal staff and external webpage content. This will provide the public and registrants with clearer guidance on disclosing information.

Nursing and Midwifery Council

Our vision is for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the Nursing and Midwifery Council (NMC) – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to protect the public, inspire confidence in the nursing and midwifery professions, and uphold high professional standards. As the largest independent regulator in Europe of more than 860,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this by setting and promoting high education and professional standards for all future and registered nurses and midwives in the UK and nursing associates in England.

We also ensure every nurse, midwife and nursing associate on our register meets clear standards of conduct and practice which protects the public and the reputation of our professions.

We have a duty to investigate concerns and to take steps to protect the public in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate's right to practise.

We are building a new NMC with integrity, fairness, respect, equity and effectiveness at its core.

We are determined to improve and modernise our culture and ways of working. This will ensure that the public and professionals feel confident in our work.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the Nursing and Midwifery Council received 159 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
Regulatory action taken	253
Onward referral to alternative body	93

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):

- 148 disclosures were considered through our fitness to practise process where we investigate concerns raised about nurses, midwives and nursing associates.
- Two disclosures were considered through our registration and revalidation processes where we maintain the register of professionals eligible to practise and investigate concerns raised about registration.
- 30 disclosures were considered through our education quality assurance processes where we 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.
- One disclosure was considered as part of our standards process where we 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.
- 37 disclosures were considered by our Employer Link Service to ensure employers are engaged in respect of the issues raised.
- 35 disclosures were handled as safeguarding or wellbeing concerns.

We have shared information with the Advertising Standards Authority (ASA), Care Inspectorate (Scotland), Care Quality Commission (CQC), Employment Agency Standards Inspectorate, Gangmasters and Labour Abuse Authority (GLAA), General Medical Council (GMC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Inspectorate of Prisons, the Home Office and the Medicines and Healthcare products Regulatory Agency (MHRA).

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 Advertising Standards Authority (ASA), Care Inspectorate (Scotland), Care Inspectorate Wales (CIW), Care Quality Commission (CQC), General Dental Council (GDC), General Medical Council (GMC), General Pharmaceutical Council (GPhC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Inspectorate of Prisons, HM Inspectorate of Prisons for Scotland and the Medicines and Healthcare products Regulatory Agency (MHRA).

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) and 159 (2025-2026).

The most common themes of these disclosures were unprofessional behaviour, management issues, dishonesty, patient care, criminal behaviour, harassment and health and safety.

Social Work England

Social Work England is the 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 2025 to 31 March 2026 Social Work England received eight 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	1
Onward referral to alternative body	0
Regulatory action taken	7
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 eight cases. Our actions are detailed below:

- One case was closed with no action taken. 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.
- Seven cases were referred for consideration under our fitness to practise process. All seven cases are still ongoing.

Of the five disclosures received in the previous reporting periods (2023/24 and 2024/25) that had been referred through our fitness to practise process, and which were ongoing at the end of the last reporting period, all five were closed at our initial triage stage.

Of the two disclosures received in the previous reporting period (2024/25) that had been referred for consideration under our process for concerns raised about the quality of approved social work courses, one was closed as it was determined no further action was required. In the second, further monitoring of the course was initiated as a result of the disclosure. Following this further monitoring, it was determined no further regulatory action was required.

Learning from disclosures

This was our third full reporting period and the volume of disclosures we received is comparable to the previous two years; seven in 2023/24, eight in 2024/25.

Concerns received this year covered a variety of allegations, including staffing structures, health and safety concerns, unethical management practices, systemic discrimination and professional misconduct.

We continue to receive a small number of anonymous disclosures (one in 2025/26) and consider these on a case-by-case basis, taking regulatory action where there is sufficient information provided in the original disclosure.

None of the disclosures had an 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

Fifty Paddington, 50 Eastbourne Terrace, London W2 6LG

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, ED4M 7NG

www.optical.org

General Osteopathic Council

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

www.osteopathy.org.uk

General Pharmaceutical Council

1 Cabot Square, London. E14 4QW

www.pharmacyregulation.org

The Health and Care Professions Council

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