

# Whistleblowing disclosures report 2022

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Healthcare professional regulators

This report has been produced by the healthcare  
professional regulators

**General  
Chiropractic  
Council**



General Optical Council



**General  
Medical  
Council**

**General  
Dental  
Council**



**General  
Osteopathic  
Council**

**General  
Pharmaceutical  
Council**

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**hcpc** health & care  
professions  
council

**NMC** Nursing &  
Midwifery  
Council

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## About the report

On April 1 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 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: <ul style="list-style-type: none"> <li>● referral to its Fitness to Practise team or any other fitness to practise process</li> <li>● opening an investigation</li> <li>● advice or guidance given to discloser, employer, education body or any other person or organisation</li> <li>● registration actions</li> <li>● other enforcement actions.</li> </ul> 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 2021 and 31 March 2022.

## 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.

### Whistleblowing disclosures received from 01 April 2021 to 31 March 2022

From 01 April 2021 to 31 March 2022 the General Chiropractic Council received 1 disclosure of information.

### Actions taken in response to disclosures

Closed with no action taken
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1
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### Summary of actions taken

The disclosure we received in 2021-22 was placed in our Development directorate which deals with education, registration, policy and communications as it related to an educational institution matter. This was a disclosure by a student at a chiropractic education institution who initially wished to remain anonymous. This disclosure was investigated by our Development Directorate and the matter was closed with no action taken on the basis that the incident was resolved / no action was required.

## Learning from disclosures

In total in 2021-22, we received 1 protected disclosure and therefore the number of disclosures received by the GCC remain relatively small. Although protected disclosure complaints are, by their very nature, more complex and time-consuming to investigate, more so where the discloser wishes to remain anonymous, it has not impacted 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 over 114,000 members of the dental team, including over 43,000 dentists and over 71,000 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, clinical dental technicians, dental hygienists, dental technicians, dental therapists, orthodontic therapists and dentists.

Our primary purpose is to protect patient safety and maintain public confidence in dental services.

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

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

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.

In addition, we provide the Dental Complaints Service (DCS), which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

### Whistleblowing disclosures received from 01 April 2020 to 31 March 2021

From 01 April 2021 to 31 March 2022 the General Dental Council received 61 disclosures of information.

### Actions taken in response to disclosures

Regulatory action taken	61
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## Summary of actions taken

All disclosures were made directly to the Fitness to Practise team. In 61 of those disclosures, regulatory action was taken, namely the opening of a fitness to practise case. These could lead to a range of resolving actions determined by a statutory practice committee, ranging from removal of the registrant from the Register, suspension or conditions for a determined period to the conclusion that fitness to practise is not impaired and the case could be closed.

Of all Fitness to Practise cases received by the GDC 61 were identified as being from a whistleblower and an investigation case was opened. Of these 61 cases, 15 were subsequently closed with no further action following a casework assessment. Seven were closed due to lack of engagement from the whistleblower/informant. The remaining eight did not meet our Assessment Test.

Of the 61 cases where regulatory action was taken, 35 were received from dental professionals, seven from the public and 19 were anonymous.

None of the disclosures have resulted in resolution via employer(s). This is largely because either we did not have jurisdiction to consider this option or because the nature of the disclosures made them unsuitable for resolution in this way.

## Learning from disclosures

The disclosures we have received have not had an impact on our ability to perform our regulatory functions and objectives during this period. Given our statutory framework the action we would take in response to a disclosure is the same as the regulatory action we would normally take.

The way initial concerns are reviewed through the initial assessment process has enabled us to identify whistle blowing complaints earlier and significantly reduced the number of complaints we could not progress due to insufficient information, with none falling into this category in 2021-2022.

The number of disclosures we received decreased from 93 in previous period to 61 this year. This reduction was partly due to the lower number of concerns we received relating to the pandemic, such as allegations of not using PPE, poor cross infection procedures and not adhering to social distancing rules. This we believe, could be a result of the improved guidance and information that was available to both dental professionals and patients.

Compared to some other regulators we have received a higher proportion of disclosures for the size of the register. It is worth noting 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 less present in dentistry, and a larger proportion are dealt with by the regulator.

We have also continued to review our processes and procedures for the identification of whistle blowers and have a more robust process for this identification at the point a concern is received, with support from internal legal services.

## General Medical Council

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public\* and act in the public interest.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

### Whistleblowing disclosures received from 01 April 2021 to 31 March 2022

From 01 April 2021 to 31 March 2022, the General Medical Council received 62 whistleblowing disclosures.

#### Actions taken in response to disclosures

Regulatory action taken	60
No action - not enough information	1
Onward referral to an alternative body and regulatory action taken	1

The majority (59 out of 62) of the whistleblowing disclosures we received came in to our fitness to practise team, and three were received by registration and revalidation teams. Of all the disclosures we received, 34 were made by doctors, 14 were made by other healthcare professionals and 14 were made anonymously.

Of the 59 disclosures that were assessed by our fitness to practise team:

- 48 were closed after an initial assessment
- 11 resulted in either a preliminary or full investigation – 10 of these are still going through the investigation process and one has been closed.

Of the disclosures that closed, 48 after an initial assessment or one following 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.

Our registration and revalidation teams received three disclosures:

- one case resulted in regulatory action and a referral to an alternative body
- one was forwarded for consideration by our fitness to practise team and so regulatory action was taken
- the other was closed as there was insufficient information to progress.

## Update on disclosures from last year

24 disclosures that we received before 1 April 2021 have 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.

Although the data collected for this report covers the second year of the pandemic, an analysis of the allegations does not indicate that the whistleblowing concerns are linked to the pandemic. As with previous years, complaints covered a wide-variety of allegations, including staffing structures at particular locations, professional misconduct and individual dishonesty.

We've seen a 44% increase in the number of total whistleblowing complaints against last year (43 in 2020-21, 62 in 2021-22). When we consider this alongside the slight drop in the number of people raising anonymous complaints, it's possible this indicates people feeling more able to report a whistleblowing concern to us. However more data will be required to say if this is a trend. We'll keep monitoring the numbers to decide if further investigation of this pattern is needed.

Nine complaints were incorrectly labelled as meeting the criteria for whistleblowing. We continue to provide training and support for operational staff on how to recognise and act on whistleblowing disclosures.

\*Medical Act 1983 (as amended)

This continues to be a challenging and pressured time for healthcare professionals. Our [speaking up hub](#) provides advice to doctors who want to raise a concern and guides them through the reporting process. They can also call our confidential helpline on 0161 923 6399, where we provide support to those that are worried about patient safety. And, to protect those who speak up, we require employers making a referral to us to disclose if a doctor they're referring has previously raised public interest concerns.

## General Optical Council

### General Optical Council is the regulator for the optical professions in the UK.

We are the regulator for the optical professions in the UK. As of 31 March 2022, there were 33,174 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our 'registrants'.

Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

We published an updated 'Speaking up' (Whistleblowing) Policy in 2021:

[Speaking up | GeneralOpticalCouncil](#)

### Whistleblowing disclosures received from 01 April 2021 to 31 March 2022

From 01 April 2021 to 31 March 2022, the GOC received ten disclosures of information. These were all via Fitness to Practise (FTP). There was nil return from our Education and Legal team.

### Actions taken in response to disclosures

Under review	1
Closed with no action taken	1
Onward referral to alternative body	2
Regulatory action taken	3
No action – not enough information	3

### Summary of actions taken

All ten disclosures that we received in 2021–22 were placed into our FTP system for formal assessment.

Of these ten disclosures, four cases were closed by our triage team with no further action being taken:

- In one case we were satisfied that concern had already been looked at within an existing case against the registrant and closed this matter. In addition, the witness was also not willing to provide a statement.
- In three cases, we decided to close the cases as we had received insufficient information to progress them any further.

In two cases, we identified that the concern was more appropriately dealt with at local level. In addition, for one case, we also signposted to another body.

Of the ten disclosures, one case is still under review and waiting for further information.

In three of the ten disclosures, we have taken regulatory action by opening formal fitness to practise proceedings:

- Two of these cases are subject to ongoing fitness to practise investigations.
- One case was closed at Triage following writing to registrant.

## Learning from disclosures

The number of disclosures received by the GOC in 2021-22 was again relatively small, accounting for two per cent of the 478 complaints received (compared to three per cent in 2020-21). Given the pandemic and that the GOC regulates optical businesses (who were having to adapt to ever-changing regulations and guidance regarding safe practice), it is perhaps still surprising that we have had fewer disclosures than we received the previous year.

Although protected disclosure complaints continue to be more difficult and time-consuming to investigate, they have not directly had an impact on our ability to perform our regulatory functions. As reported in the previous year, the main difficulty over the past year is that it has been more challenging to ensure we identified protected disclosures, due to the numbers of complaints we received relating to how businesses were operating during Covid-19 restrictions.

In addition, we continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws and does not provide sufficient information to take forward, even if there might be a public interest in doing so. 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. From a wider learning perspective, we have identified that our previous 'Raising concerns with the GOC (Whistleblowing)' policy was aimed at too many audiences. We are pleased to announce that we have published updated 'speaking up' guidance specifically aimed at our registrants, to help address some of the difficulties that registrants have encountered when speaking up, or when thinking of doing so. The link has been provided above.

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 practice;
- 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.

### Whistleblowing disclosures from 01 April 2021 to 31 March 2022

From 01 April 2021 to 31 March 2022, the General Osteopathic Council (GOsC) received two disclosures of information.

Closed with no action taken	1
Regulatory action taken	1

### Summary of actions taken

With regard to the one potential referral received that required no regulatory action or onward referral, this matter was received as a query that could have potentially amounted to a whistleblowing disclosure. On this occasion the anonymous complainant left only a phone number. We attempted to engage with the individual on a number of occasions in various ways, including voice messages signposting our Independent Support Service which is available to all complainants and registrants at every stage during our investigations. However, we did not receive a response and so the matter was closed as a query, and not as a fitness to practise concern.

The second disclosure received during the reporting period related to information from an anonymous complainant. We raised this concern as a 'Registrar's allegation'. This means the GOsC Regulation Department asked the GOsC Chief Executive and Registrar for authorisation to raise a concern against a registrant,



using information that was available from other sources and without needing to engage with the anonymous complainant.

In this particular case the concern was referred to our Investigation Committee (IC) but was closed by the IC as 'No Case To Answer' and therefore with no further action.

## Learning from disclosures

We have conducted a general review of our Whistleblowing Policy and have made practical changes to the policy in terms of structure, to make it more accessible to those seeking to raise a concern with the GOsC. We aim to publish the amended policy in November 2022.

With regard to the one disclosure that progressed to the IC during the reporting period, we were able to progress this concern without seeking input from the anonymous complainant. On this occasion it was possible to use information that was provided anonymously to progress the investigation, because this information was in the public domain.

The GOsC continue to consider anonymous disclosures on a case by case basis and, where applicable, provide the complainant with appropriate detail of the fitness to practise process, so that they can make an informed decision as to whether they wish to engage with the process.

## 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.

### Whistleblowing disclosures made from 01 April 2021 and 31 March 2022

From 01 April 2021 to 31 March 2022 General Pharmaceutical Council received 25 disclosures of information.

### Actions taken in response to disclosures

Under review	3
Onward referral to alternative body	3
Regulatory action taken	19

### Summary of actions taken

Out of the disclosures made we concluded our enquiries on 22 with a further three still under review. We also concluded two qualifying disclosures that were raised during the previous reporting period.

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 throughout the fitness to practise process. The latter can include guidance, a follow-up visit or an unexpected inspection.

12 concerns were investigated and concluded with no further action. Three were signposted to another organisation. The remaining seven cases were concluded by sharing information with inspection colleagues for follow up action.

Of the two concerns from the previous reporting period, one was concluded with no further action and the other remains under investigation.

## 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.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concerns, including those that arise through inspections, are widely shared to ensure learning across the organisation. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also inform our work on ensuring safe and effective pharmacy teams.

## The Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001. We regulate the members 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

### Whistleblowing disclosures made from 01 April 2021 and 31 March 2022

From 01 April 2021 to 31 March 2022 the HCPC received 4 disclosures of information.

The outstanding disclosure from last year was resolved.

### Actions taken in response to disclosures

Regulatory action taken	4
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### Summary of actions taken

Four whistleblowing disclosures were made to the Health and Care Professions Council (HCPC) during the financial year 2021/22. Three of these were made to the Policy and Standards Department and one was made to the Education Department.

All of the disclosures came from registered professionals, specifically operating department practitioners and paramedics. The reports referenced concerns about scope of practice, arrangements for service provision during the Covid pandemic, lack of training needed to carry out new duties request by an employer, and a conflict of interest.

For the three disclosures made to the Policy and Standards Department, we provided the discloser with advice and guidance, directing them to the relevant HCPC standards, and setting out our expectations. Where relevant, we signposted them to organisations that could further support them in raising a concern with their employer, including professional bodies, trade unions and in one case Protect the whistleblowing organisation ([Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)).

The report received by our Education Department referenced a potential conflict at a placement site. This was addressed directly by the provider and led to them setting themselves recommendations for improvement. HCPC will be following up with the provider in future education assurance activity.

## Learning from disclosures

We record and analyse enquires that we receive and regularly review them to see how we can improve our publicly available information, including guidance on our standards.

Since last years' report we have created new content on Whistleblowing in induction eLearning for all new employees.

Following a successful pilot, we have implemented our new Education Quality Assurance model, which is helping providers to deliver to our Standards on Equality Diversity and Inclusion (EDI). In line with requirements of our model, we investigate referrals where they impact our Standards, and any whistleblowing disclosure is considered as part of our intelligence about education providers when we undertake our routine reviews under our risk-based approach.

The Covid pages on our website continue to provide information for registrants about what to do when they have concerns, or become aware of concerns held by other registrants, about the services employing them (<https://www.hcpc-uk.org/globalassets/resources/policy/whistleblowing-policy.pdf>). In December we issued a joint statement with other regulators of health and social care professionals to reiterate our support for health and care professionals and to remind them of the importance of speaking up.

Our Professional Liaison Service (PLS) works in partnership with employers and aims to influence and support the development of cultures, working environments and practices that enable our registrants to embed and achieve high professional standards. The enquiries and concerns we receive inform the themes and content of our Employer hub, e-newsletter, and workshops. This year, we added resources to help employers support registrant health and wellbeing and held employer workshops on supporting health professionals and managing concerns.

The PLS has co-delivered workshops with Freedom to Speak Up Guardians to empower and encourage registrants to speak up about their concerns. It partnered with Ambulance Trusts and Services to influence the creation of supportive cultures, the provision of supervision and proportionate regulatory referrals, and alleviate concerns about potential regulatory action during the pandemic. It has also co-delivered an event with the College of Paramedics on fitness to practise self-referral.

Ensuring we understand the EDI aspects of our work is a key part of our regulatory responsibility, including for whistleblowing disclosures, which often reference protected characteristics; one of our disclosures for this reporting period involved age discrimination, and there have been recent whistleblowing disclosures, made to another regulator (Care Quality Commission), about racist behaviour at an NHS body. Further to this, work undertaken by Roger Kline & Ghiyas Somra ([https://nationalguardian.org.uk/wp-content/uploads/2021/09/Difference\\_Matters.pdf](https://nationalguardian.org.uk/wp-content/uploads/2021/09/Difference_Matters.pdf)) has identified that healthcare staff from ethnic communities feel less able to speak up than white colleagues around issues of workplace discrimination.

A key improvement is that we now systematically collect EDI information as part of the renewal cycle. To date we have received positive response from around 80% of registrants who have been asked to provide EDI data. If sustained over the ongoing two-year cycle this will give us access to far more EDI information than we have ever had about our registrants. To ensure this level is maintained we are also introducing routine collection of EDI information as part of the application process, meaning new registrants will also be able to share this information with us.

The PSA's most recent performance review confirmed that the HCPC now meets the demands of Standard 3, which recognises the progress we have made on our EDI commitments. We have also launched our EDI Action Plan, setting out the actions we will take over the next five years to meet the commitments we made in our EDI Strategy in 2021.

Over 2022/23 we will be consulting on revising our Standards of Conduct, Performance and Ethics (SCPEs), and will use the insights gained from reports and queries made to the organisation to shape the new Standards, scheduled for implementation in 2023-24.

## Nursing and Midwifery Council

We're the independent regulator of more than 758,000 nursing and midwifery professionals across the UK. Our purpose is to promote and uphold the highest professional standards in order to protect the public and inspire confidence in the professions. Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing.

Our core role is to regulate. To regulate well, we support our professionals and the public. Regulating and supporting our professionals allows us to influence health and social care landscape.

### Whistleblowing disclosures received from 01 April 2021 to 31 March 2022

From 01 April 2021 to 31 March 2022 the Nursing and Midwifery Council received 152 disclosures which we reasonably believed met the criteria and were 'qualifying disclosures'.

### Actions taken in response to disclosures

Regulatory action taken	152
Sharing information with another body	19

In all 'qualifying disclosures', we've either taken regulatory action; or taken both regulatory action and shared information with another body. The regulatory action we've taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 137 disclosures were dealt with by our Professional Regulation Fitness to Practise team, which resulted in 166 new cases being opened
- two disclosures were dealt with by our Professional Regulation Registration and Revalidation team
- eight disclosures were dealt with by our Professional Practice Education team
- five disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised.

- we have shared information with the Advertising Standards Authority, Care Quality Commission, General Medical Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales and the Healthcare Safety Investigation Branch.

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

We still took action on many disclosures where we did not reasonably believe the criteria was met. We either took regulatory action or shared information with a range of other bodies including the Advertising Standards Authority, Care Quality Commission, General Medical Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, Healthcare Safety Investigation Branch and HM Inspectorate of Prisons.

### **Learning from disclosures**

The number of 'qualifying disclosures' we received decreased from 192 last year (2020-2021) to 152 this year (2021-2022), returning to expected pre-pandemic levels. The most common themes of these disclosures have remained the same: patient safety and care; leadership and management; health and safety; and behaviour (including bullying, intimidation or harassment of colleagues).



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## Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. While checks are done to mitigate for the latter, it is not always possible to avoid this completely.

### **General Chiropractic Council**

Park House, 186 Kennington Park Road, London, SE11 4BT  
[www.gcc-uk.org](http://www.gcc-uk.org)

### **General Dental Council**

37 Wimpole Street, London, W1G 8DQ  
[www.gdc-uk.org](http://www.gdc-uk.org)

### **General Medical Council**

Regent's Place, 350 Euston Road, London, NW1 3JN  
[www.gmc-uk.org](http://www.gmc-uk.org)

### **General Optical Council**

10 Old Bailey, London, ED4M 7NG  
[www.optical.org](http://www.optical.org)

### **General Osteopathic Council**

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU  
[www.osteopathy.org.uk](http://www.osteopathy.org.uk)

### **General Pharmaceutical Council**

25 Canada Square, London, E14 5LQ  
[www.pharmacyregulation.org](http://www.pharmacyregulation.org)

### **The Health and Care Professions Council**

Park House, 184 Kennington Park Road, London, SE11 4BU  
[www.hcpc-uk.co.uk](http://www.hcpc-uk.co.uk)

### **Nursing and Midwifery Council**

23 Portland Place, London, W1B 1PZ  
[www.nmc.org.uk](http://www.nmc.org.uk)

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Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service.

Published September 2022