

# Whistleblowing disclosures report 2021

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Healthcare professional regulators

This report has been produced by the healthcare  
professional regulators



General  
Medical  
Council

General  
Dental  
Council



General  
Pharmaceutical  
Council

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**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 2020 and 31 March 2021.

## 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 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the General Chiropractic Council received 1 disclosure of information.

### Actions taken in response to disclosures

Regulatory action taken
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### Summary of actions taken

The disclosure we received in 2020-21 was placed in our fitness to practise process as it related to the fitness to practise of a chiropractor. This was a disclosure by a member of staff who previously worked at the chiropractic clinic who wished to remain anonymous. This disclosure is currently going through the investigation process and will in due course be considered by our Investigating Committee who will determine whether there is a case to answer for the Registrant.

## Learning from disclosures

In total in 2020-21, 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.



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## General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of around 114,00 members of the dental team, including over 43,000 dentists and 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 purpose:

- to protect, promote and maintain the health, safety and Wellbeing 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 2020 to 31 March 2021 the General Dental Council received 100 disclosures of information.

## Actions taken in response to disclosures

Closed with no action taken	4
Onward referral to alternative body	3
Regulatory action taken	93

## Summary of actions taken

All disclosures were made directly to the Fitness to Practise team. In 93 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. 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.

There were four cases that were closed with no further action and no cases that were not progressed due to lack of sufficient information provided by the informant, which is down significantly on the previous year when there were 21.

Of the 93 of cases where regulatory action was taken, 36 were received from dental professionals, 17 from the public and 40 were anonymous.

Three cases were referred on to other bodies: one to NHS England and two to NHS Scotland.

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.

A change in 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 2020-2021.

The number of disclosures we received decreased from 116 in 2019-2020 to 100 this year. This reduction, we believe, is partly as a result of COVID-19, as the provision of dental services was significantly impacted by the pandemic, with fewer people visiting their dentist. However, we have seen an increase in whistleblowing complaints raising concerns related to the pandemic, such as allegations of not using PPE or inappropriate use of PPE, poor cross infection procedures and not adhering to social distancing rules.

Compared to some other regulators we have received a higher number of disclosures in comparison to 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.

## 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 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021, the General Medical Council received 43 whistleblowing disclosures.

#### Actions taken in response to disclosures

Regulatory action taken	41
Onward referral to alternative body and regulatory action taken	2

The majority (42 of 43) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 17 were made by doctors, 10 were made by other healthcare professionals and 16 were made anonymously.

Of the 42 disclosures that were assessed by our Fitness to Practise team:

- 26 were closed after an initial assessment, two are currently being assessed
- 14 resulted in either a preliminary or full investigation – 11 of these are still going through the investigation process and three have been closed

\*Medical Act 1983 (as amended)

Of the 29 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. local employment dispute
- no concerns were found from the information provided.

Our Registration and Revalidation directorate handled one disclosure which resulted in regulatory action and onward referral to an alternative body.

## Update on disclosures from last year

10 disclosures that we received prior to 1 April 2020 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.

Despite a slight increase in the total number of disclosures compared with the same period in 2019/20, an analysis of the allegations being made within disclosures does not suggest this increase is driven by issues arising from the Covid-19 pandemic.

Some complainants made disclosures anonymously as they were fearful of repercussions and there has been an increase in the number of anonymous disclosures compared to the same period in 2019/20. This shows there is still some way to go in improving a culture that supports raising and acting on concerns.

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

## General Optical Council

### The General Optical Council (GOC) is the regulator for the optical professions in the UK.

We are the regulator for the optical professions in the UK. Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

A brief description of our four core regulatory functions is:

- 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
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Our overarching objective, as set out in the Opticians Act 1989, is the protection of the public.

We published our 'Raising Concerns' (Whistleblowing) Policy in 2016:

[www.optical.org/en/Investigating\\_complaints/raising-concerns.cfm](http://www.optical.org/en/Investigating_complaints/raising-concerns.cfm)

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

From 01 April 2020 to 31 March 2021 the General Optical Council received nine disclosures of information.

### Actions taken in response to disclosures

Closed with no action taken	1
Onward referral to alternative body	1
Regulatory action taken	5
No action – not enough information	2

### Summary of actions taken

All nine disclosures that we received in 2020–21 were placed into our fitness to practise triage system for formal assessment.

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

- In one case we were satisfied that concerns had been resolved locally with the employer.
- In two cases, the discloser disengaged from the assessment process, and we decided to close the cases as we had received insufficient information to progress them any further.

- In one case, we identified that the concern was more appropriately investigated by another body (NHS England) and referred it to them.

In five cases, we have taken regulatory action by opening formal fitness to practise proceedings:

- Three of these cases are subject to ongoing fitness to practise investigations.
- One case was closed following legal advice that the GOC did not have jurisdiction to pursue it.
- One case was closed after the discloser disengaged from the process and we had insufficient information upon which to continue the investigation.

## Learning from disclosures

The number of disclosures received by the GOC in 2020–21 was again relatively small, accounting for less than three per cent of the 314 complaints received (compared to four per cent in 2019–20). 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 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. 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. Most of these transpired to be from third parties, but this was not always evident from the initial contact, so this required further investigation to ensure we identified protected disclosures.

As we have reported in previous years, the early identification of a qualifying disclosure is crucial for the proper management of the disclosure and for securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward. We continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws, 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 existing 'Raising concerns with the GOC (Whistleblowing)' policy is aimed at too many audiences and that it can therefore be confusing. We will therefore shortly be publishing '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.

## General Osteopathic Council

The General Osteopathic Council is the statutory regulator of osteopaths in the UK and it is our overarching duty to protect the public. We work with the public and the osteopathic profession to promote patient safety by setting, maintaining and developing standards of osteopathic practice and conduct.

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 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the General Osteopathic Council (GOsC) received three disclosures of information.

No action – not enough information
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### Summary of actions taken

With regard to the three disclosures we have received during this reporting period, each case was progressed for consideration by a 'screener'. A Screener is an osteopathic member of the Investigating Committee. The Screener's role is to determine whether the GOsC has the power to investigate the complaint that has been made.

In all three cases the complainant wished to remain anonymous. Despite the GOsC's attempts to explain the fitness to practise process to the complainants, and obtain further information and/or consent to disclose the complaint to the registrant, these attempts were unsuccessful.

All three complaints therefore progressed to screeners and were closed under our Initial Closure Procedure (ICP). More information on the ICP can be found here:

<https://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/initial-closure-procedure/>



## Learning from disclosures

The GOsC considers any concerns received on a case by case basis and furnishes the complainant with appropriate detail of the fitness to practise process (FTP) process so that they can make an informed decision as to whether they wish to engage with the process. We will, at this stage, also endeavour to obtain any further information we can from the complainant which may assist in our consideration of how we can progress the concerns raised.

It may of course be possible to act on information that is provided by an anonymous report or whistle blower. However we note that it will depend on the nature of the concern raised and whether evidence can be obtained to support an allegation from other sources, and that consideration should also be given to whether it is appropriate and possible to act on the anonymous report.

Regarding the three cases identified during the reporting period, we were unable to access the further engagement or detail from complainants despite our best efforts to retrieve this detail.

In December 2019, the General Osteopathic Council entered an agreement with the independent charity Victim Support to provide a confidential support service to those involved in fitness to practise cases. Details of the service are now provided to all informants who make qualifying disclosures to us.

## 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 2020 and 31 March 2021

From 1 April 2020 to 31 March 2021 the GPhC received five qualifying disclosures of information.

### Actions taken in response to disclosures

Under review	2
Regulatory action taken	3

## Summary of actions taken

Out of the disclosures made we concluded our enquiries on three with a further two still under review. We also concluded three 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.

Three concerns were investigated and two were concluded with no further action. The remaining case was concluded with guidance from education colleagues.

Of the three concerns from the previous reporting period, one was concluded with guidance from fitness to practise and two were concluded with no further action. One further concern from the previous reporting period 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 of 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 2020 and 31 March 2021

From 01 April 2020 to 31 March 2021 the HCPC received 12 disclosures of information.

#### Actions taken in response to disclosures

Under review	1
Closed with no action taken	1
Regulatory action taken	10

#### Summary of actions taken

The majority (seven) of the whistleblowing disclosures made came from the Policy & Standards department, through their policy enquiries inbox. These were from registrants who had concerns about their employers or colleagues, and were seeking advice to ensure they continued to meet our standards.

The disclosures came from registered professionals, namely; operating department practitioners, physiotherapists and hearing aid dispensers. The subject matter of the disclosures varied but included the following: concerns over an employer's management of risk with regards the COVID-19 pandemic; employer policies which allowed staff to dispense medications or medical equipment without training; employer policies which encouraged staff to work in areas and take on responsibilities outside of their scope of practice without training; and, concerns over a colleague dispensing certain medical items to service users without proper assessment.

In all of the scenarios above, we were able to provide the discloser with advice & guidance, directing them to the relevant standards and set out our expectations. Additionally, we signposted them to organisations that could support them in raising a concern with their employer; such as their relevant professional body or our own Fitness to Practise department where this related to a colleague, so they could raise a concern. In a few occurrences, the concerns related to specific health and care providers and therefore fell outside of our remit. Accordingly, we directed to the relevant regulators (such as CQC).

The Education department received three disclosures concerning education providers: a concern that an education provider had an application process for a programme which contravened the Equality Act 2010 on account of potential age discrimination; a complaint that a colleague was setting course requirements for students that were discriminatory; and a potential concern, currently still under review, to which details are not yet clear.

In one case, initial assessment was taken but the concern was not investigated further as it was deemed that the provider was meeting our standards. The complainant was referred to Equality and Human Rights Commission and the Advisory, Conciliation and Arbitration Service. In another case, the issues raised had recently been considered by the HCPC at an approval visit and so it was not necessary to investigate the concerns further. The remaining disclosure is still under review.

Two disclosures were received by our Fitness to Practise (FtP) department. The first involving a complainant making a referral based on concerns over how COVID-19 policies were being managed at their Trust and another, made by several individuals, about a colleague who they believed to have been prescribing drugs to service users without any authorisation or training. Both cases are subject to ongoing investigation by the FtP team and an external agency.

## Learning from disclosures

We continue to keep data on all the policy enquiries we receive, and regularly reflect on them to establish what additional information or guidance we need to produce.

Our new '[Meeting our Standards](#)' website pages launched at the end of March 2021. This significantly restructured the existing web advice on our standards to cover all topics featured in our standards and included the publication of several brand new sections. In particular, we have a [new page on raising concerns](#) which promotes our resources on raising concerns and whistleblowing. These resources will be further developed next year.

In 2020, we established a new Professional Liaison Service. This team has been created to support our move towards more upstream regulation; preventing problems before they cause harm. A key focus of this service is improving registrants, students and employers' understanding of our regulatory requirements and standards. The team delivers this through stakeholder engagement and by hosting events. Throughout 2020-21, the Professional Liaison team ran a webinar series called 'My Standards'. This followed each of the HCPC's ten overarching Standards of conduct, performance and ethics. In most of the sessions that have been delivered, the team has used a variety of case studies focusing on unprofessional behaviour to generate discussion and signpost to the HCPC resources. This included a [webinar on reporting concerns about safety](#),

which had content on whistleblowing and raising concerns. Additionally, the team also co-designed and co-delivered a case study with an NHS Trust 'Freedom to Speak up Guardian' about raising concerns and tackling discrimination, which was based on a real-life example.

As a result of our enquiries and disclosures throughout the COVID-19 pandemic, we have published a series of [COVID-19 advice pages](#) on our website about applying the HCPC's Standards of conduct, performance and ethics during these times. This includes content on managing risk, which focuses on the use of Personal Protective Equipment (PPE) and raising concerns. Furthermore, it also includes [content on whistleblowing in relation to COVID-19](#). These pages were published early in the financial year (April, May) and have been continually updated. We have also expanded this to include 'frequently asked questions and advice' on [vaccines](#).

We have also collaborated with other bodies in relation to concerns relating to COVID-19. Particularly, we have worked closely with professional bodies, the Department of Health & Social Care, Public Health England, and other relevant bodies across the four nations to share the major concerns of registrants; including concerns about conflicting advice about PPE. Additionally, we also responded to the [Equalities and Human Rights Committee: The impact of the COVID-19 pandemic on equalities and human rights](#).

We continue to further our commitment to Equality, Diversity & Inclusion (EDI). Last year, we launched our second annual registrant [Diversity Data Survey](#), the findings to which, will be published in the next financial year. Between April 2020 and March 2021 we held three registrant 'EDI Forums', which are sessions where we provide advice and comment on the development and delivery of HCPC's EDI strategy and action plans. Through these forums, we have listened and sought views about our priorities and progress on EDI with our stakeholders, which in turn, allows us to advance our goals in this area.

Furthering our development regarding EDI, since January, the Education department has piloted a [new Quality Assurance model](#) for the HCPC's education providers. A key aspect of this model has involved a stronger approach to tackling EDI considerations. This will be facilitated through three major processes: initial approval (ensuring HCPC EDI standards are met); ongoing monitoring (by asking providers to reflect on their EDI progress, with the HCPC also making final judgements on this); and through the use of a 'service user expert advisor', who will be contracted to report on the performance of service user involvement and inclusivity at the provider. The pilot will run through to the end of August this year, with the aim of being fully implemented by the end of January 2022.

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## Nursing and Midwifery Council

**The Nursing and Midwifery Council’s vision is safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing. As the professional regulator of almost 732,000 nursing and midwifery professionals, we have an important role to play in making this a reality.**

Our core role is to regulate. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we’ll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people’s careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we’re increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

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

From 01 April 2020 to 31 March 2021 the Nursing and Midwifery Council (NMC) received 192 disclosures of information.

### Actions taken in response to disclosures

Regulatory action taken	192
Onward referral to an alternative body	27

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and an onward referral to another body. Regulatory action 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):

- 177 disclosures were dealt with by our fitness to practise team
- 1 disclosure was dealt with by our registration and revalidation team
- 11 disclosures were dealt with by our education team
- 5 disclosures were managed by our Employer Link Service team who engaged with employers in respect of the issues raised
- 1 disclosure was dealt with by our enquiries and complaints team
- 1 disclosure was shared with our equality diversity and inclusion team
- We have made onward referrals to the Care Quality Commission, Healthcare Safety Investigation Branch and Healthcare Inspectorate Wales.

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 whistleblowing criteria were met. We either took regulatory action or shared information with a range of other bodies. We shared information with other bodies including the Advertising Standards Authority, Care Inspectorate Scotland, Care Inspectorate Wales, Care Quality Commission, General Medical Council, Health and Care Professions Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, Health Protection Scotland, Healthcare Safety Investigation Branch, HM Inspectorate of Prisons, Medicines and Healthcare products Regulatory Agency, NHS England and Improvement, Public Health England, Public Health Wales and the Regulation and Quality Improvement Authority.

## Learning from disclosures

The increase in disclosures to the NMC compared to the previous year is due to the Covid-19 pandemic. Approximately a third of disclosures made during 2020/21 were related to the pandemic. Covid-19 related whistleblowing disclosures focused heavily on issues with health and safety and management issues. Concerns were raised regarding a lack of, or the quality of, personal protective equipment (PPE), staffing issues, and infection prevention and control processes.

Early on in the pandemic, we met with other regulators and sector bodies to discuss concerns around PPE. We also made a public statement on this issue. We shared concerns relating to the pandemic with other organisations such as the public health bodies, Medicines and Healthcare products Regulatory Agency and NHS England and Improvement.



## 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**

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[www.nmc.org.uk](http://www.nmc.org.uk)

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