Whistleblowing

Guidance from the MSC

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What is Whistleblowing?
A whistleblower is an employee, former employee, or member of an organisation, who reports misconduct to people who have the power and presumed willingness to take corrective action. Generally the misconduct is a violation of law, rule, regulation and/or a direct threat to public interest, such as fraud, health/safety violations, and corruption.

Whistleblowing is an integral part of doctors’ duties to maintain a professional attitude to fellow colleagues and patients. It has been traditionally seen that those who whistleblow are acting as “snitches” but this is totally incorrect. Every doctor has an obligation to protect fellow colleagues, patients and themselves from unprofessional conduct or acts of clinical negligence.

Medical Schools Charter
The Medical School Charter was jointly produced by the Medical Schools Council and the BMA’s Medical Students Committee and published in September 2006. The Charter sets out the responsibilities of medical students whilst at medical school, and also sets out medical schools’ responsibilities to students.

The Charter outlines that the responsibilities of the medical student with regards to whistleblowing procedures:

“Students will act quickly to protect patients from risk if they have good reason to believe that they or a colleague may not be fit to practise. The student will immediately report any concerns to a senior member of staff using the procedures for whistleblowing which are in force in the medical school”.

The Charter specifies that the Medical School is obliged to:

“Provide the student with information and advice on whistleblowing procedures. Disclosures shall be strictly anonymous. Whistleblowing procedures will be made freely available and taken seriously.”

Issues to report:
- Inappropriate relationships between patients and doctors
- Acts of violence or bullying
- Substance and alcohol misuse affecting ability to work
- Acts of Fraud
- Systematic failings that results in endangering patient safety
- Illness that may affect a doctors ability to practise in a safe manner
- Doctors mistreated by patients
- Frequent, unexplained absence from workplace / lectures / tutorials

Cultures in the medical profession
Within the NHS the added complexity of maintaining patient doctor confidentiality creates reluctance amongst medics to disclose information. Several NHS contracts in the past have even included confidentiality clauses creating a gag on employees. However, with a change in culture comes a change in attitude and recent times have seen more and more employees speaking out on issues such as poor patient care, lack of staff resources and unhygienic practices on the wards. While it is impractical to enforce an “anonymous” reporting scheme as this may lead to malicious accusations being made, every effort should be made by your local trust and medical school to ensure that the complaint remains confidential, at least in the early part of any investigation. Your details and involvement in the procedure should be disclosed only to those who require this information to make further inquiries, and a support system should be in place to ensure that your name is not disclosed in any report relating to the incident.
Support for whistleblowers
Whistleblowers are often a voice that is highlighting important issues and is preserving the profession’s reputation. Communication is crucial throughout the process of reporting an incident and we advise students to contact a senior member of their clinical team or medical school at an early stage. Reporting a concern through the medical school first, often ensures that the incident being reported is sufficiently grave to merit reporting and is indeed one of professional misconduct. This ensures that the situation has not been misinterpreted and thus prevents any real harm from being done.

Personal tutors are an excellent pastoral resource who can provide support and advice as well as being a person who you can confide in within a confidential setting. Moreover, if a group of students have been involved whistleblowing as a group can make the process seem less daunting.

A dedicated whistleblowing co-ordinator could be appointed at medical schools, preferably the dean or sub-dean or a designated personal liaison tutor that students approach when making an initial complaints etc. This person would be the sole person and mediator in initial stages. This would ensure that people making a disclosure can maintain their confidence of confidentiality. It may also help ensure that a standard procedure is more easily implemented and ensures continuity with any issues that arise surrounding whistleblowing.

Whistleblowing policy
NHS trust manager should have a protocol and well established system for handling reports and these should be available for health trust employees to view and use. Employees are obligated to respond to any report and not merely to penalise those who have highlighted a flaw or shortcoming.

The GMC has also highlighted the importance of Continuing Professional Development and the importance of continuously proving your clinical competence. One of the fundamental duties of a doctor is also to be honest and trustworthy and to do no harm to patients. Any breach in these two fundamental principles always warrant being reported.

The Public Interest Disclosure Act 1998 has also strengthened the support for any person who discloses an issue of concern. The act sets to provide protection to an individual from victimisation when issues of genuine malpractice are revealed in the workplace.

When considering reporting an issue to authorities always use a simple question: would you like to be treated by this person or would you subject your family to this situation? If the answer is no then the chances are you are reporting a genuine issue in good faith. However, never use the route of whistleblowing to carry out an act of revenge or personal vendetta against an individual.

As future doctors we hope that you will have the confidence to approach reporting issues of misconduct safe in the knowledge that you should and will not be victimised for speaking out. Providing a safe environment for staff, colleagues and patients can only help create a better health service for the people of the UK.

MSC Viewpoint
Whistleblowing procedures must not have implications on the future career of the student who reports the incident, or those students for whom allegations are made and are subsequently proven to be unfounded.

Further sources of information
Medical School Charter – September 2006
http://www.bma.org.uk/ap.nsf/Content/medschcharter

Public Concern at Work is an independent authority on public interest whistleblowing. http://www.pcaw.co.uk