From the Chief Executive and Registrar

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Dr Minh Alexander
By email: minhalexander@aol.com

Dear Dr Alexander

Whistleblowing concerns

Thank you for your email and I'm sorry for the delay in replying. Please let me assure you again that we take our responsibility to supporting an open and transparent culture across healthcare very seriously. Our response to Sir Anthony Hooper's review includes:

- A stakeholder event with key organisations involved in whistleblowing issues including Public Concern at Work to discuss whether a database for individuals to record when they have raised public interest concerns would be useful. There was a consensus that this would not be helpful and that change needed to focus on good recording practices within the workplace rather than outside it.

- The launch of a GMC referral form that requires anyone referring a doctor to the GMC to disclose any history of the doctor raising public interest concerns, the timeline of that history and any steps taken in response. The form requires referrers to sign a statement that the information is being shared in good faith and is, to their best of their knowledge, fair and accurate.

- The launch of a GMC pilot process. The pilot process filters referrals about doctors that have a history of whistleblowing so we can carry out provisional enquiries to seek evidence to support the referral that is independent of an organisation connected to the doctor's whistleblowing history. This aims to avoid opening formal investigations on the basis of employer referrals in this context until the basis of the referral has been checked. For those cases that require investigation, an investigation plan is drafted by our legal team instead of our investigation team, with a focus on independent corroboration. The doctor's whistleblowing history is flagged for our decision makers and they have received training on the issues that arise in whistleblowing cases and how to weigh witness testimony in these types of cases. In addition we introduced training for GMC staff on whistleblowing and it is mandatory for fitness to practise staff.

The pilot has been running since July 2016. When we commenced the pilot we were unsure what the rate of throughput of cases would be so we decided to monitor this before deciding how long the pilot would run for or how many cases we would wish to have completed through our process before we evaluated the pilot model. The throughput has been steady but slow, in part because we think that the introduction of the GMC Referral Form itself acts as a significant disincentive to referrers to use our procedures to retaliate against whistleblowers.

One of the factors that the pilot has made clear to us is that, for this small cohort, the cases are complex and have complex histories. For this reason, particularly given our commitment to ensure we fully understand the context before taking any action, they take time to process, and as a result, few have yet concluded. We have been weighing our desire for more concluded cases to support an evaluation against the fact that the pilot has been running now for 28 months. We have now opted to evaluate the pilot and that evaluation work is underway with a view to publishing the findings early in 2019.

In the meantime, the pilot model is designed to, so far as it is possible, identify any whistleblower referred into our process and apply the safeguards in all those cases.

Your query about how many medical managers the GMC has investigated since March 2015 for alleged suppression of or reprisal against whistleblowers has been reviewed by our information governance team. While we do not hold information in the format you have requested, we do keep a record of public interest concern disclosures so we have checked this log and carried out a word search using 'whistle' or 'informant'.

Using this methodology, I can confirm that since March 2015 we have carried out provisional enquiries in one case (involving a number of doctors including a responsible officer) relating to patient safety issues and concerns that those safety issues had not been dealt with locally. Having reviewed the further information obtained by those enquiries, we concluded that there were no fitness to practise concerns and closed the case.

It is possible that other enquiries or cases exist that have not been picked up using this methodology. This is particularly true for enquiries prior to January 2017 because, before then, allegation data was not routinely added to enquiries unless they were promoted to an investigation.

Thank you for raising your concerns about the doctor who referred Mr Reuser to the GMC. In order to ensure we give proper consideration to the concerns you raise I have referred your concerns to our fitness to practise department to assess the matter under our fitness to practise procedures.

Finally, I have asked the fitness to practise policy team to give more thought to the point you raise about Employment Tribunals and how they use their discretion to

refer cases to the regulators and consider whether there is anything further we ought to be doing in that respect.

Thank you for taking the time to write to me. I hope the fact that we will soon be publishing the findings from our pilot will assure you of our ongoing focus and commitment in this important area.

Yours sincerely

Charlie Massey