

# Whistleblowing disclosures report 2024

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Health and social care  
professional regulators

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



General  
Medical  
Council

General  
Dental  
Council



General  
Pharmaceutical  
Council



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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: <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 2023 and 31 March 2024.

## 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 2023 to 31 March 2024 the General Chiropractic Council received two 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	2
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

Two investigations were opened, and both are ongoing.

The first disclosure, received from a colleague working within a chiropractic clinic, is currently ongoing and is being managed under our Protection of Title process.

The second disclosure, referred to us by another regulator, is currently ongoing and is being managed under our Fitness to Practise process.

## 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.

The GCC continues to consider anonymous disclosures and provide the referrer with appropriate detail of the fitness to practise process. This allows them to make an informed judgement as to whether they wish to engage with the investigation process.

The GCC provides a free and confidential support service (Victim Support) to complainants involved in our fitness to practise proceedings. We are also currently looking into support services for registrants as a result of previous learnings and feedback.



## General Dental Council

**The General Dental Council (GDC) is the UK-wide statutory regulator of over 121,000 members of the dental team, including over 45,000 dentists and 76,000 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 regulated.
- 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 professionals' 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 2023 to 31 March 2024 the General Dental Council received 79 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	64
No action - not enough information	15
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

The number of disclosures received has decreased from 82 last year to 79 this year.

All 79 disclosures were made directly to the Fitness to Practise team. 64 of these disclosures resulted in regulatory action taking place, namely the opening of a fitness to practise case. These opened cases could lead to a range of resolving actions determined by a statutory practice committee. These include removal (erasure) from the register, suspension from the register, conditions for a determined period, or the conclusion that fitness to practise is not impaired and the case can be closed, with no further action.

Of the 79 whistleblowing concerns we received:

- 37 are at still at the assessment stage.
- 15 have been referred to case examiners.
- 27 have been closed with no further action.

37 of the concerns were received from dental professionals, 22 were from non-registrants (who were employed in dentistry) and 20 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 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.

We have further improved the way we review the initial concerns when we receive them, through our initial assessment process. This has enabled us to better identify whistleblowing complaints earlier.

Of the whistleblowing concerns received during this reporting period, we identified that conduct concerns were raised in 39 of the 79 disclosures made to the GDC. We define conduct concerns as concerns that relate to matters around dental professionals' behaviour, either in or outside the workplace.

During this period, we reviewed and further amended our process and procedures for the identification of whistleblowers. This included moving the responsibility for whistleblower identification to our In House Legal Advisory Service as part of their role within our Initial Assessment Decision Group. This has enabled us to take an early legal review of all cases to help identify whistleblowers and provide better protection and support to them.

In addition, work is ongoing to amend our initial concern reporting webform to allow individuals raising concerns to self-identify as whistleblowers.

Compared to other regulators we continue to have a higher proportion of disclosure for the size of the register. However, it is worth highlighting that a majority of dentistry is provided in a primary care setting and outside the more robust clinical governance framework that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are therefore reported to the regulator.

## General Medical Council

We're the independent regulator of doctors in the UK. We work with doctors, their employers, their educators and others to:

- Set the standards of patient care and professional behaviours doctors need to meet.
- Make sure doctors get the education and training they need to deliver good, safe patient care.
- Check who is eligible to work as a doctor in the UK and check they continue to meet the professional standards we set throughout their careers.
- Give guidance and advice to help doctors understand what's expected of them.
- Investigate and take action where there are concerns that patient safety, or the public's confidence in doctors, may be at risk.

### Number of disclosures received

From 01 April 2023 to 31 March 2024, the General Medical Council received 60 whistleblowing disclosures.

### 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	58
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	2

The majority (59 out of 60) of the whistleblowing disclosures we received came in via our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 23 were made by doctors, 14 were made by other healthcare professionals and 23 were made anonymously.

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

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

Of the 49 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.

Our Registration and Revalidation directorate received one disclosure, which resulted in an outward referral to an alternative body and regulatory action taken.

## Update on disclosures from previous years

12 disclosures that we received prior to 1 April 2023 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 – from staffing structures, professional misconduct, to individual dishonesty.

The number of anonymous complaints has risen compared with the previous year's report (13 in 2022-23, 23 in 2023-24). There has also been an increase in the number of total whistleblowing complaints (48 in 2022-23, 60 in 2023-24 – a 25% increase). In 2021-22 we received 62 whistleblowing complaints.

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

\*Medical Act 1983 (as amended)

## General Optical Council

We are the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses.

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 2023 to 31 March 2024 General Optical Council received 29 disclosures of information.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	2
Closed with no action taken	3
Onward referral to alternative body	3
Regulatory action taken	18
No action - not enough information	3
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

All 29 disclosures that we received in 2023-24 were placed into our FTP system for formal assessment. Of these 29 disclosures, 6 cases were closed with no further action being taken. Our decisions are outlined below:

- Three cases were closed as either consent was not given by the referrer for us to progress further and/or identify the registrant, and we were not provided with sufficient information to identify the referrer to obtain relevant evidence;
- Three cases did not meet our acceptance criteria for onward referral;
- Three cases were referred for consideration to another body;
- Three cases were referred to our illegal practice team to take forward;
- Two cases are currently under review; and
- 15 investigations were opened with 12 ongoing, three were closed at case examiner stage.

## Learning from disclosures

There was a 93 percent increase in the number of disclosures received during 2023-2024, however these still account for just 7 percent of our total receipts for the year and may be a slight over-estimation due to our cautious approach when identifying if the matter is a qualified disclosure. Identifying a qualifying disclosure can be difficult when they come through anonymously, rather than a registrant seeking anonymity in the submission of their complaint. Proportionate investigation is still a priority and so, although an anonymous qualified disclosure can be challenging to investigate, we are satisfied that there was no direct impact on our ability to perform our regulatory functions. We have opened more cases this year compared to last year, and despite evidential difficulties, we were able to open investigations and take them forward with limited information.

Although there has been improvement in this area, there have been some difficulties with complainants withdrawing or not providing consent for fear of reprisal. We have taken proactive steps to share the Speaking Up guidance where this had been raised, along with access to our Governance team.

## 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;
- 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.

### Number of disclosures received

From 01 April 2023 to 31 March 2024, the General Osteopathic Council received three 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	2
No action - not enough information	1
Onward referral to alternative body and regulatory action taken	0



## Summary of actions taken

The first disclosure, received from a Director of Nursing regarding an osteopath who practised within the NHS, was considered by a screener and referred for further investigation. The matter is currently being investigated by the police and we are waiting for their conclusion before considering any regulatory action.

The second disclosure was considered by a screener and closed under the Initial Closure Procedure (see below). The concern was referred to us by an employer of the registrant.

The third disclosure, received from a concerned staff member within an osteopathic practice, was considered by a screener and referred for further investigation. The matter has been referred for consideration by the Investigating Committee who decide whether there is a case to answer against the osteopath.

### The Initial Closure Procedure (ICP)

If the GOsC considers that there is not enough relevant, credible and detailed supporting material to enable the screener to make a decision, we will refer the case to the screener under this procedure with a recommendation for closure. If the screener agrees with the recommendation, the case will be closed.

If the screener disagrees with the recommendation, the case will not be closed and the screener will go on to consider whether the allegation falls within section 20(1) of the Osteopaths Act 1993 instead.

## Learning from disclosures

The concerns received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

Following a general review of our Whistleblowing Policy in 2022, we published an updated version with practical changes to make it more accessible to those seeking to raise a concern with the GOsC. The updated policy was published in January 2023.

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 2023 to 31 March 2024 the General Pharmaceutical Council received 24 disclosures of information.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	5
Closed with no action taken	5
Onward referral to alternative body	1
Regulatory action taken	16
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

We concluded our enquiries on 19 of these disclosures, with a further five still under review.

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

Fourteen cases were concluded by sharing information with inspection colleagues for follow-up action. One concern was signposted to another organisation and one was concluded with guidance. The remaining three concerns were investigated and concluded with no further action.

Two concerns from the previous reporting period were concluded with no further action with a further concern concluded with guidance.

## 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 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 HCPC's fifth annual report.

### Number of disclosures received

From 1 April 2023 to 31 March 2024 the HCPC received 7 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	5
Regulatory action taken	1
No action - not enough information	1
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 2023/24. Six were made to the Policy and Standards Department and one was made to the Education Department.

The disclosures came from employees and former employees from external organisations. HCPC registrants from four professions (Biomedical Scientists (2), Operating Department Practitioners, Physiotherapists, Practitioner Psychologists) one Ambulance Trust made a disclosure. We also received one anonymous disclosure.

The disclosures to the Policy and Standards Department were received via email and raised concerns about meeting HCPC Standards; a potential conflict between operational guidelines and HCPC standards; ongoing workplace investigation; unethical practice; and safe running of service/systems.

In response to the seven disclosures, we provided appropriate advice and guidance, and where relevant signposted the discloser to organisations that could further support them in raising a concern with their employer.

We referred one case to the Fitness to Practise (FTP) department, where it is currently under investigation.

In another case we directed the discloser onto their professional body, trade union, the Care Quality Commission (CQC) and 'Protect' the whistleblowing organisation ([Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)).

We received an anonymous disclosure concerning a profession that we do not regulate. We directed the individual to their relevant professional body and signposted them to the HCPC webpages for further information.

In one case we contacted the CQC through the emerging concerns protocol, and signposted the discloser to seek professional legal advice, contact their professional body and trade union representative.

In another disclosure we made a referral to the CQC through the Emerging Concerns Protocol.

We directed one discloser to Health Improvement Scotland and 'Protect'.

The one report received by our Education Department referenced a concern raised about a level 3 and 4 apprenticeship programmes at an ambulance trust. These concerns did not relate to HCPC-approved programmes, or link with our Standards of Education and Training, and therefore we decided to not investigate further.

## Learning from disclosures

We regularly review disclosures to see whether we need to improve any of our publicly available information, including guidance on our standards.

Since last year's report, we have continued to enhance our whistleblowing practices. We have refined our reporting mechanisms to ensure more efficient and secure handling of whistleblowing disclosures. Additionally, we have been provided with further training and resources on whistleblowing disclosures and how to handle them.

Our Whistleblowing eLearning module is part of all new HCPC employees induction. It explains how employees are protected by our policies and the law. It also outlines the correct procedure to follow to maintain protection and what to do if employees feel that they have suffered because of the whistleblowing disclosure. We have also developed a new process to ensure that there is a consistent logging of disclosures that come in and follow-up on all disclosures received across the HCPC.

In October 2023, we published updates to our Standards of conduct, performance and ethics. These standards set out how we expect registrants to behave.

During our review, we changed the language in Standard 1.6 that required registrants to challenge colleagues if they witness another colleague discriminating against a service user or carer. The changes reflect our expectations of registrants to “raise concerns” rather than “challenge” when they have witnessed unfairness or discrimination.

The updated standard also says that raising concerns should be done following the relevant procedures within a registrant’s practice and should maintain the safety of all involved. These changes reflect our commitment to maintain the safety of our registrants when they are raising concerns.

These changes to our Standards will take effect from 1 September 2024.

## Nursing and Midwifery Council

**Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 826,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.**

We're here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work. We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

### Number of disclosures received

From 01 April 2023 to 31 March 2024 the Nursing and Midwifery Council received 149 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
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	225
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	91

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):

- 132 disclosures were considered by our Fitness to Practise team who investigate concerns raised about nurses, midwives and nursing associates.
- 39 disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised.
- 37 disclosures were considered by our Education Quality Assurance team who 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.
- 10 disclosures were handled as safeguarding or wellbeing concerns in collaboration with the Safeguarding Lead.
- Five disclosures were considered by our Registration and Revalidation team who maintain the register of professionals eligible to practise and investigate concerns raised about registration.
- One disclosure was considered by our Standards team who 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.
- One disclosure was considered by our Enquiries and Complaints team who investigate concerns raised about our service. The team used this feedback to help us improve and learn from the issues raised.

We have shared information with Care Inspectorate Scotland, Care Quality Commission (CQC), Gangmasters and Labour Abuse Authority (GLAA), General Medical Council (GMC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC), Health and Safety Executive (HSE), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Revenue & Customs (HMRC), Home Office, Human



Fertilisation and Embryo Authority (HFEA), Medicines & Healthcare products Regulation Agency (MHRA), NHS Counter Fraud Authority (NHSCFA), Office for Standards in Education (Ofsted), Regulation and Quality Improvement Authority (RQIA), Social Work England, States of Guernsey Health and Social Care.

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 Quality Commission (CQC), General Medical Council (GMC), Health and Safety Executive (HSE), Healthcare Improvement Scotland (HIS), HM Inspectorate of Prisons, Healthcare Inspectorate Wales (HIW), Healthcare Safety Investigation Branch (HSIB) now Health Services Safety Investigations Body (HSSIB), Medicines and Healthcare Products Regulatory Agency (MHRA), Public Services Ombudsman for Wales (PSOW).

## 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 increased from 137 last year (2022-2023) to 149 this year (2023-2024). Our intelligence sharing activity has increased by 94% since last year (2022-2023: 47 to 2023-2024: 91).

10 wellbeing or safeguarding concerns were identified within the disclosures. These were handled in collaboration with the Safeguarding Lead. The increase in safeguarding concerns follows training and engagement with colleagues overseeing the Prescribed Persons whistleblowing process to build their knowledge on identifying and logging safeguarding concerns.

The most common themes of these disclosures were: management issues; patient care; health and safety; dishonesty; communication issues; prescribing and medicines management; behaviour or violence (including unprofessional behaviour, harassment and criminal behaviour).

## Social Work England

**Social Work England is the specialist statutory 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.
- Monitoring and reporting on social workers' continuing professional development.
- Approving post-qualifying courses.

### Number of disclosures received

From 1 April 2023 to 31 March 2024 Social Work England received 7 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	1
Regulatory action taken	2
No action - not enough information	1
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 7 cases. Our actions are detailed below:

- 3 cases were closed with no action taken. In all 3 cases the matters raised were not within Social Work England's remit. Onward referral was not considered necessary in these cases as the referrer had already provided the same information to the relevant prescribed person(s)/police.
- We referred one case to the Care Quality Commission (CQC) as we considered the issues raised to be within their remit. The CQC subsequently confirmed that they had already received similar information from an anonymous source and were in contact with the relevant organisation regarding the issues.
- 2 cases were referred for consideration under our fitness to practise process. Both of these cases are still ongoing.
- We closed one case as despite our request, we were not in receipt of enough information to take the concerns raised forward. We provided the referrer with information about other bodies/organisations that might be able to assist them.

Of the 2 disclosures received in the previous reporting period, 2022/23, both were referred through our [fitness to practise process](#). One was closed at our initial triage stage. Although the referrer disengaged from the process we undertook proportionate enquiries prior to taking the decision to close the matter. The other case is still being considered through our fitness to practise process.

## Learning from disclosures

As Social Work England only became a prescribed person in December 2022, this was our first full reporting period. We will use the information we have gained this year as a benchmark for the future. Based on the small number of disclosures we have received to date we have not identified any 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](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)

**Social Work England**

1 North Bank, Blonk Street, Sheffield, S3 8JY  
[www.socialworkengland.org.uk](http://www.socialworkengland.org.uk)

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