



# Raising and acting on concerns about patient safety

**General  
Medical  
Council**

Regulating doctors  
Ensuring good medical practice

# The duties of a doctor registered with the General Medical Council

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Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern.
- Protect and promote the health of patients and the public.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.
  - Work with colleagues in the ways that best serve patients' interests.
- Treat patients as individuals and respect their dignity.
  - Treat patients politely and considerately.
  - Respect patients' right to confidentiality.
- Work in partnership with patients.
  - Listen to patients and respond to their concerns and preferences.
  - Give patients the information they want or need in a way they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
- Be honest and open and act with integrity.
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk.
  - Never discriminate unfairly against patients or colleagues.
  - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

# Raising and acting on concerns about patient safety

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# About this guidance

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- 1 All doctors have a duty to act when they believe patients' safety is at risk, or that patients' care or dignity is being compromised.
- 2 *Good Medical Practice* says that the safety of patients must come first at all times. If you believe that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should raise your concern with the organisation you have a contract with or which employs you. You must also protect patients from risk of harm posed by another colleague's conduct, performance or health by taking appropriate steps immediately so that the concerns are investigated and patients are protected where necessary.
- 3 This guidance sets out our expectation that all doctors will, whatever their role, take appropriate action to raise and act on concerns about patient care, dignity and safety. It provides guidance on how to put the advice in *Good Medical Practice* into practice. It is separated into two parts.
  - **Part 1: Raising a concern** gives advice on raising a concern that patients might be at risk of serious harm, and on the help and support available to you.
  - **Part 2: Acting on a concern** explains your responsibilities when colleagues or others raise concerns with you and how those concerns should be handled.

## How this guidance applies to you

- 4 In this guidance, the terms 'you must' and 'you should' are used in the following ways.
  - 'You must' is used for an overriding duty or principle.
  - 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
  - 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.
- 5 While this guidance provides suggestions about what to do and who to approach, it cannot be exhaustive. As a result, you will need to use your judgement to apply the principles to your particular circumstances. If you are not sure how this guidance applies to your situation, you should get advice from the individuals and bodies suggested in this guidance.
- 6 Serious or persistent failure to follow this guidance will put your registration at risk.

# Part 1: Raising a concern

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## Duty to raise concerns

- 7 All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work. They must also encourage and support a culture in which staff can raise concerns openly and safely.
- 8 You must not enter into contracts or agreements with your employing or contracting body that seek to prevent you from or restrict you in raising concerns about patient safety. Contracts or agreements are void if they intend to stop an employee from making a protected disclosure.\*

## Overcoming obstacles to reporting

- 9 You may be reluctant to report a concern for a number of reasons. For example, because you fear that nothing will be done or that raising your concern may cause problems for colleagues; have a negative effect on working relationships; have a negative effect on your career; or result in a complaint about you.

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\* The Public Interest Disclosure Act 1998 ([www.legislation.gov.uk/ukpga/1998/23](http://www.legislation.gov.uk/ukpga/1998/23)) protects individuals making disclosures that 'tend to show' that the health or safety of a person is or may be endangered. These are 'protected disclosures'.

- 10** If you are hesitating about reporting a concern for these reasons, you should bear the following in mind.
- a** You have a duty to put patients' interests first and act to protect them, which overrides personal and professional loyalties.
  - b** The law provides legal protection against victimisation or dismissal for individuals who reveal information to raise genuine concerns and expose malpractice in the workplace.\*
  - c** You do not need to wait for proof – you will be able to justify raising a concern if you do so honestly, on the basis of reasonable belief and through appropriate channels, even if you are mistaken.

## Steps to raise a concern

- 11** You must follow the procedure where you work for reporting adverse incidents and near misses. This is because routinely identifying adverse incidents or near misses at an early stage, can allow issues to be tackled, problems to be put right and lessons to be learnt.
- 12** If you have reason to believe that patients are, or may be, at risk of death or serious harm for any reason, you should report your concern to the appropriate person or organisation immediately. Do not delay doing so because you yourself are not in a position to put the matter right.

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\* For further information see the Public Interest Disclosure Act 1998 ([www.legislation.gov.uk/ukpga/1998/23](http://www.legislation.gov.uk/ukpga/1998/23)), the NHS Constitution ([www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/nhs-constitutioninteractive-version-march-2010.pdf](http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/nhs-constitutioninteractive-version-march-2010.pdf)) or Public Concern at Work ([www.pcaw.org.uk](http://www.pcaw.org.uk)).

- 13** Wherever possible, you should first raise your concern with your manager or an appropriate officer of the organisation you have a contract with or which employs you – such as the consultant in charge of the team, the clinical or medical director or a practice partner. If your concern is about a partner, it may be appropriate to raise it outside the practice – for example, with the medical director or clinical governance lead responsible for your organisation. If you are a doctor in training, it may be appropriate to raise your concerns with a named person in the deanery – for example, the postgraduate dean or director of postgraduate general practice education.
- 14** You must be clear, honest and objective about the reason for your concern. You should acknowledge any personal grievance that may arise from the situation, but focus on the issue of patient safety.
- 15** You should also keep a record of your concern and any steps that you have taken to deal with it.

### **Raising a concern with a regulator**

- 16** You should contact a regulatory body such as the General Medical Council (GMC)\* or another body with authority to investigate the issue (such as those listed at the end of this guidance) in the following circumstances.

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\* For more information on how we respond to concerns, see [www.gmc-uk.org/concerns/index.asp](http://www.gmc-uk.org/concerns/index.asp).

- a** If you cannot raise the issue with the responsible person or body locally because you believe them to be part of the problem.
- b** If you have raised your concern through local channels but are not satisfied that the responsible person or body has taken adequate action.
- c** If there is an immediate serious risk to patients, and a regulator or other external body has responsibility to act or intervene.

### **Making a concern public**

**17** You can consider making your concerns public if you:

- a** have done all you can to deal with any concern by raising it within the organisation in which you work or which you have a contract with, or with the appropriate external body, and
- b** have good reason to believe that patients are still at risk of harm, and
- c** do not breach patient confidentiality.

But, you should get advice (see page 9) before making a decision of this kind.

## Help and advice

- 18** If you are not sure whether, or how, to raise your concern, you should get advice from:
- a** a senior member of staff or other impartial colleague
  - b** one of the GMC's employer liaison advisers
  - c** your medical defence body, your royal college or a professional association such as the British Medical Association (BMA)
  - d** the GMC, the appropriate regulatory body listed at the end of this guidance if your concern relates to a colleague in another profession, or other relevant systems regulators if your concern relates to systems or organisations rather than individuals
  - e** Public Concern at Work – a charity which provides free, confidential legal advice to people who are concerned about wrongdoing at work and are not sure whether, or how, to raise their concern.

## Part 2: Acting on a concern

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### All doctors

- 19 All doctors have a responsibility to encourage and support a culture in which staff can raise concerns openly and safely.
  
- 20 Concerns about patient safety can come from a number of sources, such as patients' complaints, colleagues' concerns, critical incident reports and clinical audit. Concerns may be about inadequate premises, equipment, other resources, policies or systems, or the conduct, health or performance of staff or multidisciplinary teams. If you receive this information, you have a responsibility to act on it promptly and professionally. You can do this by putting the matter right (if that is possible), investigating and dealing with the concern locally, or referring serious or repeated incidents or complaints to senior management or the relevant regulatory authority.

### Doctors with extra responsibilities

- 21 If you are responsible for clinical governance or have wider management responsibilities in your organisation, you have a duty to help people report their concerns and to enable people to act on concerns that are raised with them.

- 22** If you have a management role or responsibility, you must make sure that:
- a** there are systems and policies in place to allow concerns to be raised and for incidents, concerns and complaints to be investigated promptly and fully <sup>\*</sup>
  - b** you do not try to prevent employees or former employees raising concerns about patient safety – for example, you must not propose or condone contracts or agreements that seek to restrict or remove the contractor’s freedom to disclose information relevant to their concerns
  - c** clinical staff understand their duty to be open and honest about incidents or complaints with both patients and managers
  - d** all other staff are encouraged to raise concerns they may have about the safety of patients, including any risks that may be posed by colleagues or teams
  - e** staff who raise a concern are protected from unfair criticism or action, including any detriment or dismissal.

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\* For guidance in establishing systems and policies in England see *Speak up for a Healthy NHS: How to implement and review whistleblowing arrangements in your organisation* – [www.pcaw.co.uk/policy/policy\\_pdfs/SpeakupNHS.pdf](http://www.pcaw.co.uk/policy/policy_pdfs/SpeakupNHS.pdf).

In Scotland see *NHS Scotland, Implementing & Reviewing Whistleblowing Arrangements in NHS Scotland PIN Policy* (May 2011) [www.scotland.gov.uk/Resource/Doc/364407/0123806.pdf](http://www.scotland.gov.uk/Resource/Doc/364407/0123806.pdf).

## Investigating concerns

- 23** If you are responsible for investigating incidents or complaints, you have a responsibility towards those who raise a concern. You must:
- a** protect them from unfair criticism or action, including any detriment or dismissal
  - b** tell them what action has been or will be taken to prevent a recurrence of the problem (if this applies)
  - c** outline the process if they are still not satisfied with the response – for example, if complaints are considered within the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the process for escalating the concern to the Health Service Ombudsman.

- 24** If you are responsible for investigating incidents or complaints, you should also make sure that:
- a** any investigations or resulting actions are carried out in a way which is consistent with the law, including, for example, the Public Interest Disclosure Act 1998\*
  - b** you have a working knowledge of the relevant law and procedures under which investigations and related proceedings are carried out
  - c** those being investigated are treated fairly
  - d** appropriate adverse event and critical incident reports are made within the organisation and to other relevant external bodies
  - e** recommendations that arise from investigations are put into practice or referred to senior management
  - f** patients who make a complaint receive a prompt, open, constructive and honest response.
- 25** You must also make sure that patients who suffer harm receive an explanation and, where appropriate, an apology.<sup>†</sup>

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\* For information about the Public Interest Disclosure Act 1998 see [www.pcaw.co.uk/law/pida.htm](http://www.pcaw.co.uk/law/pida.htm) and [www.legislation.gov.uk/ukpga/1998/23](http://www.legislation.gov.uk/ukpga/1998/23).

† For more information, see *Good Medical Practice*, paragraphs 30–31, available at [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance).

## Help and advice

**26** If you are not sure how to act on a concern, you should get advice from:

- a** a more senior member of staff, your organisation's management team or other impartial colleague
- b** your responsible officer or a GMC employer liaison adviser
- c** your medical defence body, royal college or a professional association such as the BMA
- d** the relevant regulatory authorities (such as the Care Quality Commission, the GMC, or other professional regulators)
- e** Public Concern at Work.

# Useful contacts

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## Advice and help

### **Public Concern at Work**

Website: [www.pcaw.co.uk](http://www.pcaw.co.uk)

Phone: 020 7404 6609

### **British Medical Association**

Website: [www.bma.org.uk](http://www.bma.org.uk)

Phone: 020 7387 4499

### **Medical and Dental Defence Union of Scotland**

Website: [www.mddus.com](http://www.mddus.com)

Phone: 0845 270 2034

### **Medical Defence Union Limited**

Website: [www.the-mdu.com](http://www.the-mdu.com)

Phone: 0844 420 2020

### **Medical Protection Society**

Website: [www.mps.org.uk](http://www.mps.org.uk)

Phone: 0845 605 4000

### **NHS Whistleblowing Helpline**

Phone: 08000 724 725

## Regulatory and investigatory bodies

### **Professional regulatory bodies**

#### **General Chiropractic Council**

Website: [www.gcc-uk.org](http://www.gcc-uk.org)

Phone: 020 7713 5155

#### **General Dental Council**

Website: [www.gdc-uk.org](http://www.gdc-uk.org)

Phone: 020 7887 3800

#### **General Medical Council**

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

Phone: 0161 923 6602

#### **General Optical Council**

Website: [www.optical.org](http://www.optical.org)

Phone: 020 7580 3898

#### **General Osteopathic Council**

Website: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

Phone: 020 7357 6655

#### **General Pharmaceutical Council**

Website:

[www.pharmacyregulation.org](http://www.pharmacyregulation.org)

Phone: 020 3365 3400

### **Pharmaceutical Society of Northern Ireland**

Website: [www.psnri.org.uk](http://www.psnri.org.uk)

Phone: 028 9032 6927

### **Health Professions Council**

Website: [www.hpc-uk.org](http://www.hpc-uk.org)

Phone: 020 7582 0866

### **Nursing and Midwifery Council**

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

Phone: 020 7637 7181

### **Other regulatory and investigatory bodies**

#### **Care Quality Commission**

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

Phone: 03000 616161

See also *Raising a concern with CQC: A quick guide for health and care staff about whistleblowing* (2011)

#### **Monitor**

Website: [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)

Phone: 020 7340 2400

#### **National Patient Safety Agency**

Website: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

Phone: 020 7927 9500

### **Council for Healthcare Regulatory Excellence**

Website: [www.chre.org.uk](http://www.chre.org.uk)

Phone: 020 7389 8030

### **Northern Ireland**

#### **Regulation and Quality Improvement Authority in Northern Ireland**

Website: [www.rqia.org.uk](http://www.rqia.org.uk)

Phone: 028 9051 7500

### **Scotland**

#### **The Care Inspectorate**

Website: [www.scswis.com](http://www.scswis.com)

Phone: 0845 600 9527

#### **Healthcare Improvement Scotland**

Website: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

Phone: 0131 623 4300

### **Wales**

#### **Healthcare Inspectorate Wales**

Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Phone: 029 2092 8850



Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)  
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