Whistleblowing

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The issue of 'raising concerns' is quite emotive and achieved extensive media coverage last year for the case of the surgeon Ian Paterson, who carried out hundreds of unnecessary breast surgery procedures both within the NHS and privately. A recurring theme was that other colleagues and staff knew or suspected something but did nothing about it.

As healthcare professionals, there is a high expectation that we will apply our professional knowledge to protect members of the public both collectively and individually. In this respect we are accountable to our professional regulator, the General Dental Council (GDC).

In *Standards for the Dental Team* the GDC sets out its expectations at Principle 8, 'Raise concerns if patients are at risk'.¹ The GDC explains that in circumstances which give rise to any concerns about the health, performance or behaviour of a dental professional or the environment where treatment is provided, patients have a right to expect that dental health professionals will act promptly to protect their safety, and will also raise any relevant concerns about the welfare of vulnerable patients.

The phrase 'raising concerns' means different things to different people, and the threshold of what qualifies as a legitimate 'concern' and what 'raising the concern' actually means requires interpretation.

What might you be concerned about?

You may have concerns about issues ranging from a person's mental or physical health to the abuse of alcohol and other substances which is (or might be) affecting the care provided to patients. Over time, in a longstanding relationship you may notice a deterioration in standards, the possible explanation(s) for which you may or may not be aware.

The GDC makes it clear that in these situations you must speak up, even if you are

not in a position to control or influence that working environment. Most of us are either worried about the possible consequences of being the person who challenges or speaks out and in an ideal world it might be possible to speak directly to the person about whom you have initial concerns, to gain insight into their point of view – but this is not always the case. Not everyone would react favourably to such feedback, no matter how well-intentioned. But the GDC emphasises that you must not allow any personal or professional loyalties to deter you from raising legitimate concerns when necessary, putting patient safety and the quality of their care above all other considerations.

Sometimes it is the timely intervention of a concerned and well-intentioned colleague that avoids the situation worsening, allowing the cause to be addressed and potentially much more beneficial to their colleague in the long run.

Justification

The most difficult assessment to make is often that of whether your concerns are genuine, justified, and sufficient in scale to merit the involvement of other bodies. It is not your role to investigate the concern but simply to alert an appropriate party so that they can do so, if appropriate. One should, however, be cautious about acting upon rumour and 'hearsay' and place greater weight upon things that are within your personal first-hand knowledge and experience.

Motives

You must not raise spurious concerns as a means of settling scores or gaining a personal advantage (such as gaining leverage over the other party in a dispute over seniority). Nor should concerns be raised in a vexatious manner, in bad faith without sufficient grounds, purely or primarily to cause the other party embarrassment, hurt, stress, damage or annoyance. The GDC reminds us that if you raise a concern which later proves to be unfounded, this will not be held against you if you had a reasonable justification for raising the concern. On the other hand, your own registration may be placed at risk if you knowingly fail to act to

protect patients by raising concerns when you should have done so.

Who should you speak to?

It is often a good idea to discuss your concerns informally with a colleague who can 'sense-check' your perceptions through a different pair of eyes. The next port of call might be your manager or employer, but this may be impracticable, especially if they happen to be the subject of your concern. Other sources of advice and guidance include:

- Your professional association
- Your indemnity provider/insurer
- The care and facilities inspectorate where you work.

Owners and managers

You should have a written policy in your workplace and ensure that all members of staff are aware of it and are empowered to act on it. This policy should set out the process to be followed in the event of concerns being raised and you should keep a record of the concerns raised, what action you took, and what the outcome was. The 'culture' of any organisation is shaped by the people at the top, and it is healthy if people feel able to raise concerns constructively, without fear of the consequences.

Summary

Remember that as a professional, you are not alone in situations that give you cause for concern. BDA Indemnity members will be reassured to know that the RSA Policy makes provision at Section 10 (D) for raising concerns, clearly stipulating this must be in good faith, in the public interest and to an appropriate authority. In addition, the policyholder must seek the advice of the BDA first and follow that advice rather than act unilaterally. ♦

Reference

1. General Dental Council. *Standards for the Dental Team*. Available online at: <https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team> (Accessed June 2020).

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