

Whistleblowing disclosures report 2023

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"> ● referral to its Fitness to Practise team or any other fitness to practise process ● opening an investigation ● advice or guidance given to discloser, employer, education body or any other person or organisation ● registration actions ● other enforcement actions. 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 2022 and 31 March 2023.

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 2022 to 31 March 2023 the General Chiropractic Council received no disclosures of information.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of over 115,000 members of the dental team, including over 43,000 dentists and 72,000 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 standards for the dental team, work to ensure the quality of dental education, and investigate complaints and concerns about 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.

In addition, we provide the Dental Complaints Service (DCS), which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

Number of disclosures received

From 01 April 2022 to 31 March 2023 the General Dental Council received 82 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	60
No action - not enough information	22
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The number of disclosures received has increased from 61 last year to 82 this year. This rise is partially the result of an increased number of conduct concerns received around dental professionals' behaviour, both in and outside the workplace. This is also a return to the level of disclosures we received in previous years, indicating that last year may have been an outlier.

All 82 disclosures were made directly to the Fitness to Practise team. In 60 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. 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 82 whistleblowing concerns we received:

- 31 cases were closed with no further action. Of these 31 cases, nine were merged with other live cases, and 22 were closed with no further action as there was not enough information provided to progress further.
- 9 cases have been referred to the Case Examiners.
- 42 cases are still at Assessment stage.

Of the 82 cases received, 47 were received from dental professionals, 16 were from non-registrants (who were employed in dentistry) and 19 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 have not had an impact on our ability to perform our regulatory functions and objectives during this period. Given our statutory framework the action we would take in response to a disclosure is the same as the regulatory action we would normally take.

The way initial concerns are reviewed through the initial assessment process has enabled us to identify whistle blowing complaints earlier and reduced the number of complaints we could not progress due to insufficient information, with only six falling into this category in 2022-2023.

Of the whistleblowing concerns received during this reporting period, we identified that conduct concerns appear in 70 of the 82 disclosures made to the GDC. This increased number of conduct concerns around dental professionals' behaviour, in and outside the workplace, may suggest that the standard dental professionals and those who work in dentistry hold the profession to, is higher than that of the general population.

Compared to some other regulators we have received a higher proportion of disclosures for the size of the register. It is worth noting that most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator.

We have also continued to review our processes and procedures for the identification of whistle blowers and have a more robust process for this identification at the point a concern is received, with support from internal legal services.

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 where there are concerns that patient safety or the public's confidence in doctors may be at risk, and take action if needed.

Number of disclosures received

From 01 April 2022 to 31 March 2023, the General Medical Council received 48 whistleblowing disclosures.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	47
No action - not enough information	0
Onward referral to an alternative body	1

The majority (47 out of 48) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 24 were made by doctors, 11 were made by other healthcare professionals and 13 were made anonymously.

Of the 47 disclosures that were assessed by our fitness to practise team:

- 36 were closed after an initial assessment
- 11 resulted in either a preliminary or full investigation – 5 of these are still going through the investigation process and 6 have been closed

Of the 42 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, that resulted in an outward referral to an alternative body.

Update on disclosures from previous years

34 disclosures that we received prior to 1 April 2022 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 at particular locations, professional misconduct to individual dishonesty.

The number of anonymous complaints has fallen slightly compared with the previous year's report (14 in 2021-22, 13 in 2022-23). There has also been a reduction in the number of total whistleblowing complaints (62 in 2021-22, 48 in 2022-23 – a 23% decrease).

15 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.

General Optical Council

We are the regulator for the optical professions in the UK. Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Number of disclosures received

From 01 April 2022 to 31 March 2023, the GOC received 15 disclosures of information. These were all via Fitness to Practise (FTP).

There was nil return from our Education and Legal team.

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	2
Regulatory action taken	4
No action – not enough information	6
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

All 15 disclosures that we received in 2022-23 were placed into our FTP system for formal assessment. Of these 15 disclosures, 11 cases were closed with no further action being taken. Our decisions are outlined below:

- Six cases were closed as either consent was not given by the referrer for us to progress further, we were not provided with sufficient information to identify the referrer to obtain relevant evidence or the evidence collated did not support the allegation being raised;
- Two cases did not meet our acceptance criteria for onward referral:
- Two cases were referred for consideration by another body:
- One case was considered outside our jurisdiction as a regulator; and
- Four investigations were opened with three ongoing, one was closed at case examiner stage.

Learning from disclosures

There was a 50 percent increase in the number of disclosures received during 2022-2023, however these still account for just 3 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 fully 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 is almost very challenging to investigate, we are satisfied that there was no direct impact on our ability to perform our regulatory functions.

There have been some difficulties with complainants withdrawing or not providing consent for fear of reprisal, and we have made some proactive steps to share the Speaking Up guidance where this had been raised, along with access to our Governance team. This is a difficult barrier to overcome, and we will need to consider if there is more proactive work we can do to emphasise this across our wider registrant population on an annual basis rather than to those who come through fitness to practise. We have shared our Speaking Up guidance at our annual student events but we will consider a wider annual refresh to ensure that there is less hesitation when raising issues that may give rise to a regulatory concern.

As noted previously, we have no powers of inspection or intervention and although we have powers under the Opticians Act 1989 to demand information, this is challenging in the absence of a discloser who can advise as to the relevant information to be sought. We remain mindful not to undertake activity that could be considered fishing for a complaint and that we are confident that we have identified the correct registrant before pursuing further enquiries against them.

General Osteopathic Council

We are 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 2022 to 31 March 2023, we received four disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
No action - not enough information	3

Summary of actions taken

Two disclosures were considered by a screener and closed under our Initial Closure Procedure. One of these was referred to us by an ambulance control room, another by a student on an osteopathic course.

Another disclosure was considered by a screener and was closed as it did not meet our threshold criteria. The matter related to an osteopath allegedly failing to pay staff salaries.

The fourth disclosure, received from a lecturer at an osteopathic education provider, is currently ongoing and waiting to be considered by a screener.

The Initial Closure Procedure (ICP)

If we consider that there is insufficient 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 a 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 us. The updated policy was published in January 2023.

We continue to consider anonymous disclosures on a case-by-case basis and, where applicable, provide the complainant with appropriate detail of the fitness to practise process, so that they can make an informed decision as to whether they wish to engage with the process.

We also continue to provide a free and confidential support service, the Independent Support Service, to all those involved in our fitness to practise proceedings, as a result of previous learning and feedback.

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 2022 to 31 March 2023 General Pharmaceutical Council received 21 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	1
Onward referral to alternative body	3
Regulatory action taken	12
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Out of the disclosures made we concluded our enquiries on 16 with a further five still under review.

We also concluded three qualifying disclosures that were raised during the previous reporting period.

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

Twelve cases were concluded by sharing information with inspection colleagues for follow-up action. Three were signposted to another organisation. The remaining concern was investigated and concluded with no further action.

Of the three concerns from the previous reporting period, all were concluded with no further action.

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.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concerns, including those that arise through inspections, are widely shared to ensure learning across the organisation. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also inform our work on ensuring safe and effective pharmacy teams.

The Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001.

We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

Number of disclosures received

From 01 April 2022 to 31 March 2023 the HCPC received seven disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
Closed with no action taken	1
Onward referral to alternative body	4
Regulatory action taken	1
No action - not enough information	0
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 2022/23. Four were made to the Policy and Standards Department and three were made to the Education Department.

The disclosures came from employees and former employees of referenced organisations. HCPC registrants from two professions made disclosures, physiotherapists, and paramedics. We also received one anonymous disclosure.

The disclosures to the Policy and Standards Department were all received via email and raised concerns about:

- an ongoing workplace investigation
- unsafe handover arrangements
- lack of training necessary to carry out new duties being requested by an employer
- a potential conflict between operational guidelines and HCPC standards.

In response to these 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, including professional bodies, trade unions and in one case 'Protect' the whistleblowing organisation ([Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)).

For the three reports received by our Education Department:

- One referenced a concern with the running of a department. This was addressed directly with the education provider and is currently under investigation. We will be following up with the provider in future education quality assurance activity.
- One raised a concern regarding several organisational issues, including staffing levels and resourcing. We addressed this directly with the organisation. We decided that a full review was not required at this time, but that the organisation needed to reflect on the issues raised in preparing for its next performance review.
- One was raised anonymously and raised concerns about programme delivery, including its complaints process, assessment moderation and staff suitability. We addressed this directly with the organisation via our triage process and concluded that the provider was performing as required.

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 years' report we have continued to implement our Whistleblowing module in induction eLearning for all new employees, which showcases how employees are protected by our policies and the law, 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 are currently consulting on revising our Standards of Conduct, Performance and Ethics (SCPEs), and will use the insights gained from disclosures in shaping the new Standards which are likely to be implemented later this year or early in 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 788,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Number of disclosures received

From 01 April 2022 to 31 March 2023 the Nursing and Midwifery Council received 137 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
Regulatory action taken	167
Sharing information with another body	47

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and sharing information with another body.

Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 128 disclosures were managed by our Professional Regulation Fitness to Practise team.
- Three disclosures were managed by our Professional Regulation Registration and Revalidation team
- 16 disclosures were managed by our Education team
- 16 disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised
- Two disclosures were handled by our Safeguarding Lead
- Two disclosures were handled by our Communications and Engagement team

We have shared information with Care Inspectorate Scotland, Care Quality Commission, General Medical Council, Healthcare Safety Investigation Branch, Health and Safety Executive, Healthcare Inspectorate Wales, Mental Welfare Commission for Scotland, Office for Standards in Education, Children's Services and Skills (Ofsted), Regulation and Quality Improvement Authority.

The main reason why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or did not meet the public interest criterion.

We still acted on many disclosures where we did not consider that the 'qualifying disclosure' criteria were met. We either took regulatory action or shared information with a range of other bodies including the Advertising Standards Authority, Care Inspectorate Scotland, Care Quality Commission, Health and Safety Executive, Healthcare Improvement Scotland, Healthcare Safety Investigation Branch, and Medicines and Healthcare products Regulatory Agency.

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 decreased from 152 last year (2021-2022) to 137 this year (2022-2023). Despite this our intelligence sharing activity has increased by 147% since last year (2021-2022: 19 to 2022-2023: 47).

The most common themes of these disclosures were: patient safety and care; unprofessional behaviour (including bullying, intimidation or harassment of colleagues) and health and safety.

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.
- Assessing continuing professional development, which promotes continuing fitness to practise.
- Approving post-qualifying courses.

Number of disclosures received

From 15 December 2021¹ to 31 March 2023 Social Work England received two disclosures which we reasonably believe met the criteria of a 'qualifying disclosure'.

¹ Social Work England was added to the list of prescribed persons on 15 December 2022

Actions taken in response to disclosures

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

Summary of actions taken

We received 2 qualifying disclosures between the time we were added to the list of prescribed persons and the end of the reporting period. Both disclosures were made by social workers. Of the 2 disclosures we received, one came into our fitness to practise team and one to our registration and advice team via our general enquiries line.

No decisions on what action to take in respect of these 2 disclosures were made within the reporting period.

Learning from disclosures

Prior to becoming a prescribed person in December 2022 we created new eLearning content for all our employees to assist them in identifying potential qualifying disclosures, as well as specific guidance for decision makers. We also published our [whistleblowing policy](#) on our website.

The disclosures we have received in this period have not had an impact on our ability to perform our regulatory functions and objectives. Given our statutory framework, the action we would take in response to these disclosures is the same as the regulatory action we would normally take.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT
www.gcc-uk.org

General Dental Council

37 Wimpole Street, London, W1G 8DQ
www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN
www.gmc-uk.org

General Optical Council

10 Old Bailey, London, EC4M 7NG
www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU
www.osteopathy.org.uk

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ
www.pharmacyregulation.org

The Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU
www.hcpc-uk.co.uk

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ
www.nmc.org.uk

Social Work England

1 North Bank, Blonk Street, Sheffield, S3 8JY
www.socialworkengland.org.uk

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