



# School of Medicine: Code of Practice on Whistle Blowing Policy

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# Introduction

1. The Nolan Committee defines 'whistle-blowing' as 'raising concerns about misconduct within an organisation'. Complaints procedures may be invoked when you feel that you have cause for complaint on your own account. But 'whistle-blowing' is appropriate when you observe behaviour which impinges on others.
2. Medical students have a duty to report dangerous, abusive, discriminatory, dishonest or exploitative behaviour or practice. Episodes can occur in either a University or NHS setting.
3. The 'Whistle-blowing' Code of Practice is designed to provide support and protection to students who might feel vulnerable and impotent in the staff-student context. People attracted to the caring professions might wish to avoid conflict in case it upsets others. But if individuals are being abused or harmed this should take precedence over the risk of upsetting those who are more senior.
4. This code of practice is the overarching policy and the procedure for raising issues is outlined in the Incident Reporting process (see [Diagram 1](#)). This includes details of how students can raise an incident involving harassment (e.g., racial, sexual or bullying). The incident reporting process also outlines the professionalism reporting procedure and gives guidance on raising concerns about medical students. Where a medical student is raising a concern about another medical student, the Support/Intervention Request is the appropriate procedure. The incident reporting process also outlines the procedure for reporting concerns about the professionalism of staff either in the University or a clinical placement setting. The 'Whistle-blowing' code of practice and the incident reporting process are designed to complement each other.

## Aims of the Code of Practice

1. Encourage students to raise serious concerns about possible bad practice,
2. Provide a mechanism to deal with those concerns,
3. Ensure that students are included in the process and receive appropriate and timely feedback,
4. Reassure students that they will be protected from any reprisals or victimisation following disclosures made in good faith.



## Examples of major concerns that should invoke the Code

- Patients have not been treated with dignity and respect.
- A clinician has made serious or repeated mistakes in diagnosing or treating a patient's condition.
- A clinician has not examined patients properly or not responded to reasonable requests for treatment.
- Information about patients, students or staff has been misused.
- Patients have been treated without obtaining their consent or other valid authority.
- An individual has behaved dishonestly in financial matters, in dealing with patients, or in research.
- An individual has made sexual advances towards patients, students or staff.
- An individual has misused alcohol or drugs.
- Patients, staff or students have been harassed or bullied.
- An individual has behaved in a racist, sexist or other discriminatory manner.

## Action

In an NHS Trust there are established systems to report incidents and when you consider that there is a risk to a patient or staff it is best to use this route. Appropriate people to contact would include:

- A consultant
  - A Clinical Director
  - A Trust Medical Director
  - A senior member of the nursing team
1. In General Practice, one of the General Practitioners or a Practice Manager should be contacted.
  2. If you feel uncomfortable about making contact in this way you can approach a senior member of the academic staff (Clinical Sub Dean, Dean for Medical Education). Please bear in mind that they may not be available all the time and may not be appropriate if you perceive a risk of immediate harm.
  3. Otherwise, if there is no immediate risk of harm or the concern arises in a University context, it would be sensible to discuss the issue with people who are in a position to advise you. These would include your personal tutor, an academic member of staff, a Senior Tutor, a Clinical Sub Dean or the Dean for Medical Education.
  4. *Informal procedure.* If the issue is a minor one you might then feel able to talk directly to the person concerned; in your own interests, you should ensure that your personal tutor is aware that you have taken this course of action.



5. *Formal procedure.* If you are not satisfied with the outcome of this informal approach, or if the issue is a serious one, you should refer to the incident reporting process and report as appropriate.

If you are unsure of how to report an incident, then you should contact the Dean of Medical Education at [MS-Dean-of-MedEd@exmail.nottingham.ac.uk](mailto:MS-Dean-of-MedEd@exmail.nottingham.ac.uk)

## **Note**

1. Disclosures which are raised anonymously will normally not be considered. In exceptional circumstances the Dean for Medical Education may decide that an anonymous concern is of such a serious nature that it must be investigated.
2. All concerns will be treated in confidence, but we cannot guarantee the identity of the whistle-blower will not be revealed. There may be circumstances where the concerns are so significant that the individual whom the student first approaches may feel there is no alternative but to begin formal procedures.
3. Raising concerns maliciously, recklessly or irresponsibly will be considered to contravene the Nottingham University Code of Conduct for Medical Students and may result in a FTP referral in itself.

Diagram 1: Student/Staff Guide to Incident Reporting

