

**From:** Minh Alexander <[REDACTED]>

**Subject:** Transparency about BMA member services and whistleblowing

**Date:** 16 May 2018 at 15:58:57 BST

**To:** Chaand Nagpaul <[REDACTED]>, [REDACTED]

**Cc:** [REDACTED]  
[REDACTED]

BY EMAIL

Dr Chaand Nagpaul

Chair of BMA Council

16 May 2018

Dear Dr Nagpaul,

Further to my last letter to the BMA of 25 April 2018 below to Prof Allyson Pollock, I have received a reply from Mark Hope the BMA senior policy advisor, copied below.

Firstly, I thank the BMA for agreeing to re-consider its decision not to allow sacked whistleblowers access to its on line library, which is a helpful symbolic step forward.

Mr Hope has provided some additional information on BMA member services, which is welcome. But he has not revealed the most crucial items of information. It remains unclear what percentage of all Employment Tribunal claims the BMA supports to a full hearing, and particularly what percentage

of whistleblowing Employment Tribunal claims are supported to a full hearing.

Until the BMA lifts these veils, I do not believe it can say that it has been truly accountable to its members. Indeed, it has been claimed that a BMA Director of Legal Services revealed: *“the BMA has not supported a single doctor’s case to full trial over his 3-4 year tenure”*.

Mr Hope’s response also omitted to address my questions about whether the BMA has undertaken any diversity monitoring of its member services.

I would be grateful if the BMA would fully address all of the outstanding questions raised in my email below of 23 January 2018. In particular please could the BMA advise how many of the 221 whistleblowing cases to date were the subject of successful merits assessment, and led to fully concluded Employment Tribunal hearings that were fully supported by the BMA.

If the BMA is willing, I would be very grateful for a copy of the survey tool that the BMA uses to measure member satisfaction with services, and to know what size samples have been measured in recent years.

I acknowledge that you have registered interest on behalf of the BMA in being apprised of ongoing debates about whistleblowing law reform. Whilst this is positive, I hope that the BMA will make a firmer commitment to lobbying for law reform.

Based on the most recent NHS staff survey results, it would appear that 39% (approximately 55,000) of 140,000 doctors employed by the NHS do not feel confident that their employer would address any concerns they may raise about unsafe clinical care (see attached table for 2017 NHS staff survey metrics on speaking up by occupational group).

This must surely be a sign that the BMA should be more proactive. This is particularly as the union has already acknowledged that legislative reform is needed. It is also in view of the outcry over the BMA's decision not to support Dr Day with what to any reasonable person would appear to be an important and winnable case.

With best wishes,

Minh

Dr Minh Alexander

Dr Chaand Nagpaul

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Dr Sara Hedderwick BMA Deputy Chair of Council

Dr Anthea Mowat BMA Chair of Representative Body

Sir John Temple BMA President c/o London Medicine & Healthcare

Professor Pali Hungin Past BMA President

Professor Sir Albert Aynsley-Green BMA Past President

Baroness Ilora Finlay BMA Past President

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Sir Charles George c/o The Academy of Medical Science

Professor Sir Brian Jarman BMA Past President

Professor Allyson Pollock

Professor Mary Dixon Woods

Dr Hamish Meldrum

Dr Phil Hammond

Dr Bob Gill

Bcc Dr Chris Day

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Sir Charles George c/o The Academy of Medical Science

Professor Sir Brian Jarman BMA Past President

Professor Allyson Pollock

Professor Mary Dixon Woods

Dr Hamish Meldrum

Dr Phil Hammond

Dr Bob Gill

Bcc Dr Chris Day

**From:** Mark Hope <[REDACTED]>

**Subject:** Whistleblowing

**Date:** 30 April 2018 at 17:11:05 BST

**To:** Minh Alexander <[REDACTED]>

*Dear Dr Alexander,*

*Apologies again for the delay in getting back to you. Further to your email to the Chair of Council of 23 January (and your recent follow-up email of 25 April), the membership department has been reconsidering your request for us to offer free access to online journals to doctors who have become unemployed as a result of whistleblowing.*

*I am pleased to report that we are hoping to be able to offer free access to the BMA Library's online journals on a trial basis of a year to certain categories of doctors in financial hardship, such as those who have become unemployed subsequent to a whistleblowing claim. Your request has been complicated by logistic issues in that we believe our licences from the suppliers of journals currently require the distribution to be restricted to members. We are, however, aiming to renegotiate these licences with a view to giving access to certain categories of non-member unemployed doctors and are hopeful that the negotiations will lead to a positive outcome.*

*By way of an update on the support we have provided at Tribunal, or similar courts, for all types of claim, during the current year up to 31 March, there have been another 69 referrals and 48 cases have been won or settled. We have secured a total compensation of £337k. We will not be sharing detailed information but you might be interested to know that the BMA undertakes a monthly survey of a sample of all closed casework to ensure that the support provided meets the needs of its members. This survey by an independent company has been undertaken since 2005. In 2017 overall satisfaction levels with the service have been maintained at or above 90%.*

*I hope you will receive this email favourably and I will update you when I know more.*

*Best wishes,  
Mark*

**Mark Hope**  
*Senior Policy Advisor (regulation, education and training)  
Professionalism and Guidance  
Policy Directorate*

**From:** Minh Alexander <[REDACTED]>

**Sent:** 28 April 2018 05:47:20

**To:** Allyson Pollock [REDACTED]

**Cc:** Chaand Nagpaul;  
[REDACTED]

**Subject:** Transparency about BMA member services and whistleblowing

Dear Allyson,

## **Reform of UK whistleblowing law**

Congratulations on your election to BMA Council.

I write to ask if those members of Council who have expressed an interest in improving BMA support for whistleblowers could consider the longstanding and serious concerns by whistleblowers about the weakness of UK whistleblowing law and the lack of real protection under the law.

This is information about a symposium scheduled at CQC headquarters that I and another whistleblower will be leading this October, which includes a brief summary of key weaknesses in UK whistleblowing law:

<https://minhalexander.com/2018/04/26/a-whistleblower-led-event-on-uk-whistleblowing-law-reform-the-public-interest-disclosure-act-needs-to-be-replaced/>

Expert legal evidence in support of reform of the Public Interest Disclosure Act 1998 will be presented. I will share a report arising from the day with the BMA.

Obviously, I would be delighted if the BMA as a whole would take an interest in these issues and robustly support law reform, but I cannot say that I feel confident in the current BMA attitude and approach to Safeguarding patients by protecting whistleblowers.

As far as I can see, the institutional silence and avoidance is the same as it ever was.

With best wishes,

Dr Minh Alexander

Cc

Dr Chaand Nagpaul

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Professor David Haslam BMA Past President  
Sir Charles George c/o The Academy of Medical Science  
Professor Sir Brian Jarman BMA Past President  
Professor Allyson Pollock  
Professor Mary Dixon Woods  
Dr Hamish Meldrum  
Dr Phil Hammond  
Dr Bob Gill

Bcc Dr Chris Day

**From:** Minh Alexander <[REDACTED]>  
**Subject:** Transparency about BMA member services and whistleblowing  
**Date:** 25 April 2018 at 15:03:32 BST  
**To:** Chaand Nagpaul <[REDACTED]>  
**Cc:** [REDACTED]

Dear Dr Nagpaul,

Thank you for your email and for confirming that the BMA will be responding.

However, I do not appear to have received a response from the BMA yet.

I would be grateful if you could advise when it is likely that the BMA will respond.

NHS trusts have been asked to allow sacked whistleblowers physical access to libraries.

As the dominant trade union for doctors, it would send a useful message if the BMA would re-consider its decision not to allow sacked whistleblowers access to its online library.

Yours sincerely,

Minh Alexander

**From:** Chaand Nagpaul <[REDACTED]>  
**Subject:** Re: Transparency about BMA member services and whistleblowing  
**Date:** 6 April 2018 at 16:34:11 BST  
**To:** Minh Alexander <[REDACTED]>  
**Cc:** [REDACTED]

Dear Dr Alexander

Thank you for your email.

My sincere apologies for not having responded to your earlier email of [23 January](#). It had not been ignored and had been passed onto relevant staff members to consider.

I am chasing this up and I hope you will receive a response shortly

With best wishes

Dr Chaand Nagpaul

**From:** Minh Alexander <[REDACTED]>  
**Subject:** Transparency about BMA member services and whistleblowing  
**Date:** 4 April 2018 at 08:41:33 BST  
**To:** Chaand Nagpaul [REDACTED]

Cc:

Thank you to Allyson and [REDACTED] for supporting the suggestion of allowing sacked whistleblowers access to online journals.

Dear Dr Nagpaul,

### **Transparency about BMA member services and whistleblowing**

As you will now probably be aware, Dr Chris Day has published a transcript of the audio recording of the BMA council meeting at which his case was discussed and at which your predecessor made controversial remarks:

<http://54000doctors.org/blogs/bma-council-transcript-on-dr-chris-day-whistleblowing-case.html>

I have heard this audio recording and was deeply disturbed by it.

I was also very disappointed to hear that the BMA apologised to Dr Day, but reportedly sought to keep this apology confidential.

<https://twitter.com/drcmday/status/979378927700410373>

I am equally disappointed not to have heard from you in response to my letter of 23 January 2018 which in essence:

- Requested full disclosure about BMA member services to whistleblowers and details about the outcomes of merits assessments for legal support, as the BMA's previous responses have not been very illuminating.
- Requested that the BMA re-considered its decision not to allow sacked whistleblowers the almost cost neutral assistance of access to its online library. As you may recall, this was on the basis that I discovered that despite have refused this support to whistleblowers, the BMA had in fact previously reserved the right to offer unemployed members full membership on a discretionary basis.

The case of Dr Bawa-Garba has demonstrated the impossible cleft stick in which the profession finds itself, of doctors being damned if they speak up and damned if they do not.

I feel the BMA has a responsibility to reflect on how we arrived at such a position and to be part of the solution.

The Association owes a particular duty of care to BME doctors, as amply demonstrated by cases such as those of Dr Sellu and Dr Bawa-Garba.

<https://minhalexander.com/2018/02/08/after-the-bawa-garba-judgment-some-responses-from-the-court-of-appeal-cps-criminal-cases-review-commission-and-gmc/>

<http://www.bbc.co.uk/news/uk-england-london-43302620>

I would be very grateful to receive a response to my requests.

Yours sincerely,

Dr Minh Alexander

Cc

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Professor David Haslam BMA Past President

Sir Charles George c/o The Academy of Medical Science

Professor Sir Brian Jarman BMA Past President

Professor Allyson Pollock

Professor Mary Dixon Woods

Dr Hamish Meldrum

Bcc Dr Chris Day

From: Minh Alexander <[REDACTED]>  
Subject: Re: Transparency about BMA member services and whistleblowing  
Date: 23 January 2018 at 16:47:07 GMT  
To: Chaand Nagpaul [REDACTED]  
Cc: [REDACTED]

BY EMAIL

Dr Chaand Nagpaul  
BMA Chair of Council  
23 January 2018

Dear Dr Nagpaul,

**Re: Transparency about BMA member services and whistleblowing**

Thank you very much for the BMA's response of 29 November 2017 to my letter of 25 October 2017, both copied below, and for sharing the attached BMA's response to the Department of Health's consultation on blacklisting.

Thank you also for the headline figures about cases supported by the BMA.

The BMA advised me in March 2015 that it would review its handling of whistleblowing cases on a quarterly basis henceforth, and I am glad that the BMA is now able to give a figure of the number of cases handled since then, to July 2017 – a total of 221.

May I ask if the BMA is keeping any other central record – such as:

- Outcome of whistleblowing cases
- For example, number of PIDA claims made to the Employment Tribunal and supported by the BMA to fully concluded hearings
- Or alternatively, in how many cases did the BMA unilaterally withdraw legal support before cases were concluded?
- Diversity stats
- Member experience of the support received, eg. satisfaction surveys

If possible, it would be very useful to see any such data.

In particular, it would be very useful to know how many ET claims have passed the BMA lawyers' merits assessments. The BMA previously advised that its lawyers identified only five litigated whistleblowing cases between 2006 and March 2015 that were all settled.

If these represent all the cases which passed merits, out of hundreds of whistleblowing cases, that seems a very low number indeed.

The BMA advises in its latest letter that it will give serious consideration to the fundamental flaws of current UK whistleblowing legislation, which are currently failing whistleblowers and therefore patients.

It is now widely acknowledged, including by the Health Committee's inquiry report of January 2015, that failures to protect whistleblowers deter disclosures and thus affects patient safety.

It seems to me that either the BMA merits assessment process is rejecting too many viable cases - and the BMA should therefore be actively reviewing whether its merits assessments are accurate – or the law is an excessively steep hurdle and the BMA should be taking very active steps to lobby for fundamental reform.

Lastly, on a very practical matter, the BMA declines my request to support sacked whistleblowers by allowing access to online medical journals, and points out that its rates for unemployed members are 'designed to be affordable' by the unemployed.

I wonder if as a firm gesture of goodwill, and to show how much it values patient advocacy and is willing to protect doctors' professional freedoms, the BMA would reconsider this decision. This is not least because sacked whistleblowers are not merely unemployed, but blacklisted. Thus, they often suffer greater hardship due to the greater lengths of unemployment, sometimes indefinite because the odds are so ranged against them at present.

Also, I should let you know that the BMA has in fact previously agreed to give a sacked whistleblower not just on line access, but free membership. In doing so, it advised her that it had given other unemployed doctors free membership.

I am in contrast not asking for as much, merely that the BMA allows sacked whistleblowers the near cost-neutral option of access to online medical journals.

I wonder if in fact this is a decision that could be brought before Council, as I think it is about the values of the organisation.

With best wishes,

Dr Minh Alexander

Dr Sara Hedderwick BMA Deputy Chair of Council  
Dr Anthea Mowat BMA Chair of Representative Body  
Sir John Temple BMA President c/o London Medicine & Healthcare  
Professor Pali Hungin Past BMA President  
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Sir Charles George c/o The Academy of Medical Science  
Professor Sir Brian Jarman BMA Past President  
Professor Allyson Pollock  
Professor Mary Dixon Woods  
Dr Hamish Meldrum  
Bcc Dr Chris Day

From: Mark Hope <[REDACTED]>  
Subject: Whistleblowing  
Date: 29 November 2017 at 16:19:58 GMT  
To: Minh Alexander <[REDACTED]>

Dear Dr Alexander,

Many thanks for your email to Dr Nagpaul about whistleblowing, which

has been passed on to me.

The BMA is wholly committed to and continues to provide support to individual members who wish to raise concerns about patient safety. We have previously informed you of the pilot arrangements that existed in the North West, were then extended to the South West and are now being rolled out across England. Through this service we provide individual advice to members and educational talks to doctors.

Additionally, we advise, support and represent members who believe that as a result of raising a concern they may have suffered a detriment. In total from March 2015 to July 2017 we have supported some 221 doctors in this regard.

As with all disputes our principle is to work with the member to resolve matters at the earliest opportunity. Many cases have been resolved through the employer's internal process following advice/support/representation by our advisers.

Others have been resolved at First Point of Contact as they required relatively straightforward advice / signposting to information on our website.

Sometimes members have decided that they do not wish to pursue the case, or there is insufficient evidence available to support a referral for a merits assessment - the key to this being evidence that links the disclosure (which needs to be one considered as protected) with the detriment suffered.

In terms of support provided at Tribunal, or similar courts, for all types of claim we have pursued 1076 cases since 2006 and secured a total compensation of £14.884m with an average compensation of £13,162. (NB: A number of cases will be considered collective matters and therefore relate to a number of doctors.)

You have raised the case of Dr Chris Day which relates to whistleblowing protection for junior doctors. We have negotiated an agreement with Health Education England (HEE) that varies the existing agreements between HEE and individual NHS employers to give junior doctors a contractual right to whistleblowing protection that is enforceable against HEE in the courts. While we are aware there are differing opinions on the agreement in relation to the respective merits of a court case versus an employment tribunal, the absolute priority of our Junior Doctors Committee has been to ensure that junior doctors have whistleblowing protection in real time, given that any change to the status of HEE as an employer in case law could not have been in the

immediate future. The agreement is active now and has been providing protection for junior doctors since August 2016. Our legal advice indicates clearly that this contractual protection for junior doctors with respect to HEE is equivalent to the statutory protection for workers with respect to their employers.

With regard to sacked whistleblowers re-entering NHS employment, if approached by a member, we would seek to advise, support and represent their interests with prospective employers, the deanery etc, for example with regard to their application and recruitment process, and to challenge employers on their behalf. This might involve subject access requests related to the assessment/appointment process or discussions with the deanery (for juniors) about other opportunities. If the member was protected under PIDA, then clearly there would be opportunities to enforce this under the legal process. This might indeed include trial periods of employment with other employers for retraining purposes. The situation would be more difficult, however, if they were not deemed to be protected under PIDA. Also, as you might be interested in the position we have taken in response to the Department of Health consultation on protecting whistleblowers against discrimination in recruitment, I am attaching the consultation and our response.

With regard to access to our online resources without charge, I have raised this with the membership department. Their response is that the unwaged membership fee has been designed to be a substantial reduction and to be affordable for all doctors not in employment whatever their reason. It also offers full membership benefits, i.e. not just online access to educational material but also free places at BMA CPD courses and events as well as wider benefits.

We remain very aware of the concerns about the legal position of whistleblowers and the difficulties involved in demonstrating a link between a detriment and a disclosure and will continue to give these issues very serious consideration. The protection of whistleblowers against discrimination in recruitment is clearly an area in which change is needed.

Best wishes,

Mark

Mark Hope

Senior Policy Advisor (regulation, education and training)  
Professionalism and Guidance

Policy Directorate

From: Chaand Nagpaul <[REDACTED]>  
Subject: RE: Transparency about BMA member services and whistleblowing  
Date: 7 November 2017 at 23:30:40 GMT  
To: Minh Alexander <[REDACTED]>

Dear Dr Alexander

My sincere apologies for the delay in responding - as you are aware your letter relates to many specific issues and correspondence that preceded my chairmanship much of which I was not previously familiar with. I therefore passed your letter on to relevant staff to look into. I believe you will receive a response very shortly.

Moving forward I want to assure you that I am fully committed to the BMA having in place processes to properly and fairly represent members who raise concerns as well as for all other matters relating to their terms and conditions

Best wishes

Chaand Nagpaul

From: Minh Alexander [mailto:[REDACTED]]  
Sent: 25 October 2017 15:33  
To: Chaand Nagpaul <[REDACTED]>  
Cc: [REDACTED]

Subject: Transparency about BMA member services and whistleblowing

BY EMAIL

Dr Chaand Nagpaul  
Chair of BMA Council  
25 October 2017

Dear Dr Nagpaul,

**Transparency about BMA member services and whistleblowing**

Thank you for acknowledging receipt of my letter of 27 September 2017 and your indication that the BMA would be responding to my letter. As a month has now past, could you possibly advise when I might hear from the BMA.

Many thanks.

Yours sincerely,  
Dr Minh Alexander

From: Chaand Nagpaul <[REDACTED]>  
Subject: RE: Transparency about BMA member services and whistleblowing  
Date: 2 October 2017 at 00:28:38 BST  
To: Minh Alexander <\*[REDACTED]>, Media Office <[REDACTED]>  
Cc: [REDACTED]

Dear Dr Alexander,

Thank you for your email below, together with background information I will look into this matter and ensure you receive a response.

With best wishes

Dr Chaand Nagpaul

BMA council chair | General practitioner

From: Minh Alexander [mailto:[REDACTED]]  
Sent: 27 September 2017 14:35  
To: Chaand Nagpaul; Media Office <[REDACTED]>;  
Cc: [REDACTED]

Subject: Re: Transparency about BMA member services and whistleblowing

BY EMAIL  
Dr Chaand Nagpaul  
BMA Chair of Council  
27 September 2017

Dear Dr Nagpaul,

**Re: Transparency about BMA member services and whistleblowing**

I write to ask if the BMA will publish data that it assured me in March 2015 that it would start collating on its decisions to support – or not – members' whistleblowing claims to the Employment Tribunal. I copy below the most recent correspondence from the BMA of 29 November 2016, in which a BMA senior policy advisor declined to release any BMA case decision data on the basis of small numbers and possible identifiability.

I would be grateful if you could review this given the time elapsed and the likelihood that more cases have accrued. This may have obviated any 'small numbers' objections.

I do think that as a matter of good governance and accountability to its members, the BMA should publish data on its support for all cases, and not just whistleblowing claims.

The context of the correspondence with the BMA about these matters is summarised in this article:

<https://minhalexander.com/2016/09/29/is-the-bma-worth-163-arenew-socks-better/>

You will note that I published an addendum today which relates to a document that the BMA sent to a member of the public, who kindly passed it to me knowing my interest in whistleblowing matters.

<https://minhalexander.files.wordpress.com/2016/09/bmawhistleblowing-faqs-21-09-2017-issued-to-a-member-of-the-publicby-bma-on-26-sep-2017.pdf>

I was concerned by the tone of this BMA document and its comments about the case of Dr Chris Day, NHS whistleblower.

Dr Day still has serious travails ahead of him, and a young family to

support.

<http://www.dailymail.co.uk/news/article-4503734/The-dedicated-NHS-doctor-tried-gag-destroy.html>

I imagine Dr Day will respond formally in due course to the BMA's document.

I think the BMA has much to learn and ground to cover as regards whistleblowing governance.

Although the government agreed in July 2015 to honour Sir Robert Francis' recommendations to provide sacked NHS whistleblowers with trial employment and other help to re-enter NHS employment 1, I have seen little sign of related BMA activity on this matter.

May I ask whether the BMA will take a position on this issue, support and work with whistleblowers.

Also, will the BMA set a good practice example and consider some resource neutral options such allowing unwaged medical whistleblowers free access to the BMA's online library and online journals to help them stay up to date professionally.

I would also be grateful to know if the BMA will help lobby for replacement of the Public Interest Disclosure Act. This is in the light of the BMA's acknowledgment three years ago in its submission to the Freedom to Speak Up Review that this legislation is inadequate for protecting whistleblowers, and therefore patients:

*"Many BMA members – and indeed their legal representatives - believe, however, that the Public Interest Disclosure Act does not give them adequate protection. The main difficulty in practice lies in showing that the detriment or dismissal is linked to the disclosure. Legally there will be grounds to take action only where it can be shown that the protected disclosure has 'materially' influenced the employer's treatment of the whistleblower. In many cases this will not be clear. For example, if the concern is raised in the context of a dispute with a colleague, a forthcoming reorganisation or a threat of disciplinary action, this may create doubts as to whether the employer's subsequent actions have been influenced by the disclosure. The Freedom to Speak Up Review might wish to devise ways of strengthening the legislation."*

<https://minhalexander.files.wordpress.com/2016/09/bmafreedomtospeakup-10-09-2014.pdf>

Many thanks.

Yours sincerely,  
Dr Minh Alexander

Cc

Dr Hamish Meldrum BMA Deputy Chair  
Sir John Temple BMA President c/o London Medicine & Healthcare  
Professor Pali Hungin Past BMA President  
Professor Sir Albert Aynsley-Green BMA Past President  
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Sir Charles George c/o The Academy of Medical Science  
Professor Sir Brian Jarman BMA Past President  
Professor Allyson Pollock  
Professor Mary Dixon Woods  
Bcc Dr Chris Day

1 Sir Robert Francis' Freedom To Speak Up Review recommendations  
February 2015 (accepted by the government in July 2015):  
Page 153

"7.3.8

*Beyond that, I believe that there is an urgent need for an employment support scheme for NHS staff and former staff who are having difficulty finding employment in the NHS who can demonstrate that this is related to having made protected disclosures and that there are no outstanding issues of justifiable and significant concern relating to their performance.*

*This should be devised and run jointly by NHS England, the NHS Trust Development Authority and Monitor. As a minimum, it should provide:*

- remedial training or work experience for registered healthcare professionals who have been away from the workplace for long periods of time*
- advice and assistance in relation to applications for appropriate employment in the NHS*

- *the development of a 'pool' of NHS employers prepared to offer trial employment to persons being supported through the scheme*
- *guidance to employers to encourage them to consider a history of having raised concerns as a positive characteristic in a potential employee.*

*7.3.9 All NHS organisations should support such a scheme. Doing so would send a clear signal to their staff, and to staff across the NHS that they are willing to value people who are brave enough to raise concerns. Organisations that do should be given appropriate recognition”*

From: Mark Hope <[REDACTED]>  
Subject: RE: Outcome of BMA Task and Finish Group On Raising Concerns & BMA data on whistleblowing  
Date: 29 November 2016 at 17:13:02 GMT  
To: Minh Alexander <[REDACTED]>

Dear Dr Alexander,

We sent you on 4 February 2016 a report from our task and finish group on raising concerns about patient care which was approved by Council on 14 May 2015. We informed you on 25 February 2016 that there would be a report to Council on the pilot in the north west and that we would be happy to share that report with you in due course. We will not share operational details but are happy to inform you that the pilot, which began in August 2015, had a review in April 2016 and was then extended until the end of this year (and expanded to include the south west) and to confirm our willingness to share the report on it with you. We are proactively reviewing whistleblower cases and collating the more detailed quarterly data on them but, given the small number of cases and the risk of providing information from which individuals could be identified, will not be sharing these data. We continue to give high priority to supporting members who raise concerns about patient care.

Best wishes,

Mark

Mark Hope  
Senior Policy Advisor (regulation, education and training)  
Professionalism and Guidance  
Policy Directorate

