From: GMC Chief Executive <[Redacted]>
Subject: RE: Hooper Review recommendations on treating whistleblowers more fairly, ET1 notifications to the GMC and FPPR
Date: 12 December 2018 at 16:58:55 GMT
To: Minh Alexander <[Redacted]>

Dear Dr Alexander

With my apologies for the delay in responding to you, please see attached a reply from Charlie Massey.

Kind regards
Tim

Tim Swain
Office of the Chair and Chief Executive

General Medical Council
Regent's Place, 350 Euston Road, London, NW1 3JN.
Website: www.gmc-uk.org

From: GMC Chief Executive [Redacted]
Subject: RE: Hooper Review recommendations on treating whistleblowers more fairly, ET1 notifications to the GMC and FPPR
Date: 27 November 2018 at 15:42:48 GMT
To: Minh Alexander [Redacted]

Dear Dr Alexander

I wanted to apologise for the delay in responding to your email. We are currently working to provide a substantive response on the points raised and I expect to be able to send

this to you next week. If for any reason this is delayed further I will be in touch again.

Kind regards
Tim

Tim Swain
Office of the Chair and Chief Executive

General Medical Council
Regent's Place, 350 Euston Road, London, NW1 3JN.

From: Minh Alexander [mailto: [Redacted]]
Sent: 26 October 2018 11:01
To: GMC Chief Executive
Cc: [Redacted]
Subject: Hooper Review recommendations on treating whistleblowers more fairly, ET1 notifications to the GMC and FPPR

BY EMAIL
Mr Charlie Massey
Chief Executive
General Medical Council

26 October 2018

Dear Mr Massey,

Hooper Review recommendations on treating whistleblowers more fairly

It is a year since I wrote to you about the progress of the GMC's implementation of the Hooper Review I started writing to

the GMC over two years ago about the progress of its implementation of the Hooper Review. The main correspondence is copied below.

After Sir Anthony Hooper's original recommendations in March 2015, the GMC took over a year to begin its Hooper implementation pilot.

Subsequently, you advised me in November 2017 that 32 Hooper pilot cases had been considered by the GMC's review group, and that the GMC would report once 'sufficient cases had progressed through the pilot model'.

It is now over three years on since Sir Anthony's report was produced, and to my knowledge there is still no data in the public domain to account for how well the GMC is implementing Hooper recommendations. Neither is there any evidence of open and fair involvement of whistleblowers in your process.

Importantly, the Employment Tribunal has just published a judgment in the case of Mr Reuser opthalmic surgeon, who made a protected disclosure before being dismissed. The ET concluded that Mr Reuser had been unfairly dismissed and the judgment revealed that the employing NHS trust did not comply with the GMC's Hooper requirements. In referring him to the GMC, it failed to declare that Mr Reuser had made a protected disclosure, and it actively averred that he was not a whistleblower. The ET also noted that:
(a) The employer failed to act on Mr Reuser's concern
(b) The GMC took no action against Mr Reuser as a result of the referral, which adds to concern about whether the referral was justified.

The Employment Tribunal commented:

> *“The failure to act on the claimant’s disclosure and the failure to mention it in the GMC referral give further grounds for suspicion.”*

The referring officer is now the Trust CEO. The ET made the following detailed observations about inaccuracies in his referral to the GMC and expressed dissatisfaction with his evidence.

“11.121 Dr [redacted] made the referral to the GMC Fitness to Practice Team later on 5 June 2017. That referral contained a number of material inaccuracies that suggest that either Dr [redacted] was deliberately misleading the GMC or, at best, that he had failed to give the matter anything like the level of care and attention required.

11.122 For example, Dr [redacted] suggested that the claimant’s suspension had been lifted when sufficient safeguards were in place. As previously mentioned the suspension was made under false pretenses based on an allegation both Dr [redacted] and Dr [redacted] knew, or ought to have known, was false. When the claimant was able to demonstrate that fact the exclusion was lifted with no safeguards being put in place.

11.123 Dr [redacted] also suggested that the claimant had stated that he had done nothing wrong with regard to incident 2, which did not appear to be supported by the evidence. He further suggested that the reason the nursing staff declined to assist was due to the complexity of the assistance necessary (deep retraction) which, on the evidence before me, was not actually required. This would have been known if appropriate expert advice had been sought.

11.124 There appeared to be no acknowledgement in the referral of any blame to be attributed to either the nursing staff or management.

11.125 Dr [redacted] also described the claimant as "exceptionally arrogant" with "startling lack of insight" and having "demonstrated no reflection or learning." Those comments, whilst having some basis were not entirely accurate and, arguably, further confirm Dr [redacted]'s apparent bias against the claimant. The comments seemed to be unjustifiably weighted against the claimant particularly as they were not balanced with any recognition of the failings of others, nor the failings of the disciplinary process, nor any appropriate recognition of the clinical success of the operation.

***11.126 In making any such referral to the GMC, Dr [redacted] was obliged to disclose whether or not the claimant had been a "whistle-blower". 11.127 It was common ground that the claimant's letter of January 2017 did amount to a public interest disclosure. However, Dr [redacted] stated that the claimant had "not been involved in any whistle-blowing episode or other attempt to raise concerns within the organization**.*

11.128 It was the respondent's case that this was an oversight on the part of Dr [redacted], although his explanations in cross examination were, to some degree, inconsistent and unconvincing.

11.129 Following his dismissal the claimant was asked to return Trust property and his name was removed from letter heads and email lists.

11.130 The claimant highlighted his concerns about the referral to the GMC in his ET1. As a result, Dr [redacted] was aware of the issue from around the time that the respondent received the

Claim Form. He was asked when he notified the GMC of his errors and he claimed to have done so orally to his local liaison officer although this was not even mentioned until it was expressly put to him. If true, it was surprising that there was no mention of this in the GMC's findings.

11.131 There was no evidence to support Dr [redacted] s assertion and, given the seriousness of his failing, it does appear to be unsatisfactory that he had not put an apology and clarification in writing. 11.132 The GMC reported on 8 May 2018 and determined that there should be no further action against the claimant."

If the GMC has not done so already, I would be grateful if it would investigate this non-compliance by Mr Reuser's employer, and review the referring officer's Fitness To Practice in line with Sir Anthony's recommendations.

Given this instance of non-adherence to the Hooper recommendations in Mr Reuser's case, I ask that the GMC commit to a specific number of pilot cases that it considers 'sufficient' to justify publishing data on the progress of its Hooper pilot, and that it reports as soon as possible on how well it has implemented the Hooper recommendations.

I would also be grateful for some data from the GMC: How many medical managers has the GMC investigated since March 2015 for alleged suppression of or reprisal against whistleblowers, and what were the outcomes?

ET1 notifications to the GMC

The ET judgment stated that Mr Reuser referred to the GMC referral in his ET1 claim form to the Tribunal. His ET1 should under the current rules have been forwarded to all relevant

regulators (‘prescribed persons’ under the Public Interest Disclosure Act).

However, as a prescribed person under the Public Interest Disclosure Act 1998, the GMC recently advised that it had received only two ET1 notifications from the ET about whistleblowing cases in the two years April 2016 to March 2018:

https://minhalexander.files.wordpress.com/2018/10/gmc-foi-response-20-september-2018-et1-notifications-received-as-a-prescribed-person.pdf

There are many more whistleblowing claims in the ET from doctors who report detriment and mistreatment by senior medical managers or whose protected disclosures concern unsafe practice by medical colleagues. It would be good practice if the GMC would actively liaise with HMCTS to ensure that a greater number of relevant cases are notified to the ET.

I would be grateful to know if the GMC is willing to take steps to improve the rate of ET1 notifications that it receives from the ET.

Because the senior doctor who referred Mr Reuser to the GMC is now the CEO of the trust in question, I also copy this correspondence to the Kark Review Team.

Many thanks and best wishes,

Dr Minh Alexander

Cc Professional Standards Authority
Rt Hon Steve Barclay

From: Minh Alexander <[Redacted]
>
Subject: R.e. Progress of GMC pilot on Hooper recommendations
Date: 16 November 2017 at 13:04:23 GMT
To: Chief Executive GMC [Redacted]
Cc: [Redacted]

Dear Mr Massey,

Thank you for your email and for clarifying the number of cases reviewed so far by the GMC's Hooper pilot.

I would indeed be grateful to kept informed of the progress of the GMC's work in this area, and would be grateful for sight of any proposed evaluation methodology.

Given that whistleblowers continue to report detriment, transparency can only be helpful in challenging poor practice.

Accordingly, I hope that GMC will commit to publishing on regular basis:

a) the numbers of whistleblowers who are referred to the GMC

b) details of the employer organisations that refer them.

That would be a positive step forward after many years of impunity for those who have victimised whistleblowers.

Yours sincerely,

Dr Minh Alexander

From: GMC Chief Executive <[Redacted]>
Subject: R.e. Progress of GMC pilot on Hooper recommendations
Date: 16 November 2017 at 10:36:58 GMT
To: Minh Alexander [Redacted]
Cc: [Redacted]

Dear Dr Alexander,

Thank you for your letter**.** I wanted to start by firstly acknowledging your concerns and assuring you of our commitment to play our part in supporting whistleblowers. Over the past number of years we have spoken publicly about the importance of creating a culture where doctors and other health professionals feel empowered and supported when they speak up and without fear of unfair repercussions or dismissal.

To support doctors in raising concerns, we actively promote our various guidance documents to help them through the process, we encourage them to report safety concerns through our National Training Survey, we work on the front line to support doctors in difficulty and offer training on how to raise concerns, and of course we have our confidential helpline for doctors worried about patient safety. Since the Hooper review, we have also delivered training to relevant teams within the GMC so they are better equipped to offer advice to such doctors.

In terms of the public interest concerns pilot, our approach in relation to the release of data is our usual approach in relation to pilots of this kind. Once we have sufficient cases that have progressed through the pilot model, we will formally evaluate the pilot and I can confirm that we will publish the results of the evaluation as, for example, we did last week in relation to the pilot of the use of provisional enquiries in single clinical incident cases. However, the analysis of data for evaluation is a

complex task which we need to undertake in a structured and effective way. Seeking to release that type of information on an ongoing basis would risk the development of premature and misleading conclusions and would require significant resource which would divert staff from running the pilot. It is those resource requirements that result in an exemption under the FOI process.

In response to your question about how many whistleblower cases the review group has considered since the Hooper pilot began, I can confirm that 32 cases have been considered by the review group because of issues flagged about the case that raised queries that could involve whistleblowing but once we have completed our analysis of the data not all of those will turn out to have involved whistleblowing.

In relation to your concerns that whistleblowers are still suffering detriment in our process, the pilot model is designed, so far as it is possible to do so, to identify any whistleblower referred into our process and apply the safeguards in all those cases.

We are very committed to tackling the issues raised by the review carried out by Sir Anthony Hooper QC and we have publicised the public interest concerns pilot extensively and speak regularly about the pilot model to interested stakeholders. We expect the evaluation to be carried out during 2018 and we are happy to keep in touch with you through next year and let you know when we have a clearer idea of exactly when the evaluation will be undertaken.

Best wishes,
Charlie Massey

From: Minh Alexander [mailto: [Redacted]]
Sent: 04 November 2017 15:51

To: GMC Chief Executive
Cc: [Redacted]
Subject: Progress of GMC pilot on Hooper recommendations
FOI F17/8857/CA

BY EMAIL

Charlie Massey
Chief Executive and Registrar
General Medical Council

4 November 2017

Dear Mr Massey,

GMC's handling of whistleblowing and implementing the learning from Hooper

I asked the GMC for update data on implementation of the Hooper report recommendations on improving the GMC's approach to whistleblowers - see correspondence copied below.

The GMC initially declined to share information under Section 31 FOIA on the grounds that being transparent about transparency would prejudice its functions.

After challenge, the GMC has admitted that it was not right to apply this exemption, but now says it would take to long to collate the information. This implies that the GMC is perhaps still not actively learning enough from whistleblower cases.

And yet it is over two years since Sir Anthony Hooper made his recommendations, and I hear reports that whistleblowers are

still suffering detriment as a result of GMC's actions and or omissions.

The ongoing ripples from the Ian Paterson case, in which multiple whistleblowers were ignored, also raises questions about whether oversight bodies could detect and act upon patient safety trends sooner by joining up all sources of intelligence, including whistleblower intelligence.

The Supreme Court judgment in favour of Eva Michalak earlier this week adds to the argument for closer tracking by the GMC of the key players involved in referring whistleblowers and of potential reprisal by senior medical managers. Such monitoring is important to fairness and accountability.

I wonder if the GMC could clarify whether it intends to collate and analyse the data that I have requested some point, as part of the learning from the Hooper report, or not.

As the GMC indicates that it does hold a central record of referrals considered by the review group handling its Hooper pilot, please could the GMC at least advise me of how many whistleblower cases the review group has considered since the Hooper pilot began.

Yours sincerely,

Dr Minh Alexander

cc Sir Anthony Hooper Matrix Chambers
Harry Cayton Professional Standards Authority
Dr Henrietta Hughes National Freedom To Speak Up Guardian
ICO

From: "Elizabeth Hiley (0161 923 6314)" < [Redacted]>
Subject: Progress of GMC pilot on Hooper recommendations FOI F17/8857/CA
Date: 3 November 2017 at 10:51:46 GMT
To: Minh Alexander < [Redacted]>

Our reference: F17/8857/CA

Dear Dr Alexander

I write regarding your email below. Mr Graves passed your request for a review to me to consider. I am sorry for the considerable delay in responding to you.

I have carefully reviewed the application of the exemption at section 31(1)(g), leading to section 31(2)(d), of the *Freedom of Information Act 2000* (FOIA) to questions three to seven of your request. I have concluded that the exemption at section 31 does not apply in this case. However, I must confirm that I do consider that an alternative exemption applies to your request.

The update paper presented to the Strategy and Policy Board meeting on 1 December 2016 provided information on the first three months of the pilot. It set out that 10 potential referrals had been considered by a review group since the start of the pilot to ascertain whether they would be suitable to run through our provisional enquiry process. We do hold a central record of the referrals considered by the review group. This contains details of all cases considered and is not restricted to only those where the relevant referral form was completed. However, this is not structured in such a way as to enable us to easily extract the information required to answer your questions. On review of our records and the questions you raise, I must confirm that my view is that carrying out this

exercise would cost in excess of the 'appropriate limit' set by the FOIA and that the exemption at section 12 applies.

Section 12 of the FOIA is an exemption for requests which would cost the public authority more than £450 to process – equivalent to two and a half day's work. Up to the date of your initial request 24 enquiries (which may concern more than one doctor) had been recorded for consideration by the review group. In order to provide full answers to your questions (particularly where no form was completed) we would need to carry out a review of the information recorded both within the central record and the individual case records. I estimate that this would take approximately one hour per case. I therefore estimate that it would take approximately 24 hours to process your request. Based on an hourly rate of £25 per hour (which is set by the *Freedom of Information (Fees and Appropriate Limit) Regulations 2004*) this would cost us approximately £600, which exceeds the 'appropriate limit'.

I should also clarify that although in some cases information about the concerns raised by the referred doctors has been included on our central record (your question five), we do not have a single central record of the types of concern raised; in most cases this detail would only be available by review of the case documents.

I appreciate that you will be disappointed with my response on this matter. You do have a further right of complaint to the Information Commissioner's Office. Contact details are available on their website at https://ico.org.uk/global/contact-us/. Their helpline number is 0303 123 1113.

Please contact me if you would like to discuss narrowing the scope of your request or if you have any other questions about this response. I should also explain that the pilot will be subject

to formal evaluation and the outcome of that process will be made available. That is likely to be later in 2018.

Yours sincerely

Elizabeth Hiley
Information Access Officer
General Medical Council

From: Minh Alexander [mailto: [Redacted]]
Sent: 06 June 2017 15:53
To: Julian Graves ([Redacted])
Cc: Harry Cayton; FOI
Subject: Progress of GMC pilot on Hooper recommendations FOI F17/8857/CA

Julian Graves
Information Access Manager
General Medical Council

6 June 2017

Dear Mr Graves,

Progress of GMC pilot on Hooper recommendations FOI F17/8857/CA

I write to request an internal review of the GMC's response to my FOI request.

The GMC has refused to answer questions (3(to (7)of my request, relying upon Section 31(1)(g) exemption - prejudice to the exercise of a public body's function - in doing so.

Questions (3) to (7) of my request of 28 April 2017 were:

"3) How many of the referrals received by the GMC since the commencement of the pilot have indicated that the referred doctor had raised concerns prior to being referred, and answered 'Yes' to the following question on the referral form (or similar questions)?

"To your knowledge, has the doctor whom you are referring raised concerns about patient safety with your or any other organisation that patient safety or care is being compromised by the practice of colleagues"

4) In such cases, how many employers have indicated that referred doctors' concerns have been investigated, and answered 'Yes' to the following question on the referral form (or similar questions):

"Have the concerns been investigated?"
5) Has the GMC kept a central record of the type of concerns that have been raised by referred doctors. If so, please give details

6) How many of the referrals to GMC on doctors identified as having previously raised concerns were made by the Responsible Officer?
Where referrals have not been signed by the Responsible Officer, can the GMC give details of what other types of persons have signed off the referrals?

7) Can the GMC advise how many of the referrals on doctors who had previously raised concerns have

- proceeded to investigation
- resulted in doctors accepting investigation findings and recommendations?
- been referred to a Fitness To Practice Panel
- been heard by a Fitness To Practice Panel?
If any such cases have been subject to Fitness To Practice Panel hearings, please give a breakdown of the outcomes."

I do not think the GMC has demonstrated why the disclosure of data in response to questions (3) to (7) would prejudice the exercise of the GMC's functions.

The GMC has openly reported on the numbers of relevant referrals identified and sifted as potential whistleblowing cases, at the six month stage of the pilot, so I do not see why it should not answer my questions of an identical and or similar nature (questions 3 and 4) at the ten month stage of the pilot.
Neither has the GMC advanced any arguments of small numbers and potential identifiability, and it has implicitly conceded that there were no such arguments when it reported on a single case that was deemed suitable for the pilot in its six months report.

As regards Question 5, it is considered good practice for public bodies to keep and publish records about the nature of concerns raised by whistleblowers, so I do not see how giving broad details should prejudice the exercise of GMC's functions.

Neither do I see how disclosing whether or not the GMC has taken the good practice step of keeping a database of concerns raised by referred doctors should prejudice the exercise of GMC's functions.
As regards question 6, it is not obvious to me why disclosing whether or not referrals on whistleblowers have been made by Responsible Officers should prejudice the conduct of GMC's

affairs. The GMC gave public indication that it accepted Sir Anthony Hooper's recommendations that referrals on whistleblowers should be underwritten by senior doctors, who should make a declaration of truth. I am merely asking if the GMC is keeping appropriate track of adherence to this requirement. I do not see how revelation of this data could obstruct the GMC's legitimate business.

As regards Question 7, I do not see how disclosure of anonymised information in response to this question can prejudice the exercise of GMC's functions. The GMC already routinely publishes data on the outcomes of Fitness To Practice referrals, of this nature. Specifically, the GMC has also reported on the disposal of 10 possible whistleblowing cases:

"A total of 10 potential referrals have been considered by a daily review group since the start of the pilot to ascertain if they would be suitable to run through our provisional enquiry process. Of those, one has been identified as suitable to include in the pilot. The case had been promoted to Stream 1 prior to the start of the pilot and the doctor subsequently notified us they had raised public interest concerns locally. Our pilot procedures for ensuring that their whistleblowing status is taken into account in the gathering of evidence have been implemented."

"Of the remaining nine cases, four were assessed as below our threshold for investigation and the ELA has been notified, two were promoted to Stream 1, two are still under consideration and pending further information and one involved missing information on the referral form and was subsequently confirmed to not involve whistleblowing issues."
I therefore ask that the GMC reviews its response and discloses the withheld data.
Yours sincerely,

Dr Minh Alexander
cc Harry Cayton CEO Professional Standards Authority

From: Christine Abdy <[Redacted]>
Subject: RE: Progress of GMC pilot on Hooper recommendations
Date: 6 June 2017 at 14:56:02 BST
To: Minh Alexander <[Redacted]>

Dear Dr Alexander

Your information request – F17/8857/CA

Thank you for your email dated 28 April 2017 asking about the GMC's pilot of the Hooper recommendations on whistleblowing. We've considered your request under the *Freedom of Information Act 2000* (FOIA), and we apologise for the delay in this response. I can provide some of the information you've asked for.

Question 1: The pilot commenced on 11 July 2016.
Question 2: We are currently using the same referral form as introduced at the commencement of the pilot programme.

Questions 3-7:

We do hold this information, and we have a centrally held record to enable us to analyse the concerns raised. However I can't provide any further information at this stage because we believe disclosure could prejudice the effective conduct and evaluation of the pilot. The following exemption is engaged:

FOIA Section 31(1)(g) leading to section 31(2)(d): This exemption relates to information which, if disclosed, would be likely to prejudice our regulatory function of assessing doctors'

fitness to practise. This exemption is subject to a public interest test. In this case I believe that the public interest in withholding this information outweighs the public interest in disclosure.

Question 8:

An update was produced for the GMC's Strategy & Policy Board in December 2016, available on our website here. Anna Rowland, Assistant Director Policy, Business Transformation and Safeguarding, has responsibility for overseeing the pilot. There is an intention to publish findings and recommendations at the end of the pilot, but we believe the disclosure of internal documents at this stage would, for the reasons outlined above, be exempt from disclosure under s.31 FOIA.

In addition s.40(2) FOIA is engaged where our project records contain the personal data of doctors and other individuals within referral documents.

Section 40(2), by virtue of section 40(3)(a)(i): This exemption applies where the information is the personal data of a third party and where releasing the information would breach any principle of the DPA. In this instance disclosure would breach the first principle of the DPA, which requires the processing of information to be 'fair and lawful'. I believe the conditions in Schedule 2 of the DPA, which are about the processing of personal information, are not met and therefore giving you the information would be unlawful.

Question 9: We estimate that the pilot is likely to conclude towards the end of 2017.

Your right to appeal

I'm sorry I couldn't provide all the information you requested. You can appeal against this decision to Julian Graves, Information Access Manager. If you want to appeal, please set out your reasons and write to him at the above address or email julian.graves@gmc-uk.org. You can also appeal to the Information Commissioner, the regulator of the FOIA and DPA – we can provide more details about this if you need them.

Yours sincerely

Christine Abdy
Information Access Officer
General Medical Council
3 Hardman Street
Manchester M3 3AW
Tel: 0161 923 6421
christine.abdy@gmc-uk.org

From: Minh Alexander [mailto:minhalexander@aol.com]
Sent: 28 April 2017 07:35
To: FOI
Subject: Progress of GMC pilot on Hooper recommendations

To: FOI Team, General Medical Council 28 April 2017

Dear Sir,

Progress of GMC pilot on Hooper recommendations

Please advise on the progress of the GMC's pilot of the Hooper recommendations on whistleblowing.

1) On what date did the GMC's pilot commence?

2) Is the GMC still using the same referral form that it introduced at the commencement of the Hooper pilot last summer? If there has been any change in the form, please disclose copies of all subsequent versions or point me to where they are all published and the nature of the revisions.

3) How many of the referrals received by the GMC since the commencement of the pilot have indicated that the referred doctor had raised concerns prior to being referred, and answered 'Yes' to the following question on the referral form (or similar questions)?

"To your knowledge, has the doctor whom you are referring raised concerns about patient safety with your or any other organisation that patient safety or care is being compromised by the practice of colleagues"

4) In such cases, how many employers have indicated that referred doctors' concerns have been investigated, and answered 'Yes' to the following question on the referral form (or similar questions):

"Have the concerns been investigated?"

5) Has the GMC kept a central record of the type of concerns that have been raised by referred doctors. If so, please give details.

6) How many of the referrals to GMC on doctors identified as having previously raised concerns were made by the Responsible Officer?

Where referrals have not been signed by the Responsible Officer, can the GMC give details of what other types of persons have signed off the referrals?

7) Can the GMC advise how many of the referrals on doctors who had previously raised concerns have

- proceeded to investigation
- resulted in doctors accepting investigation findings and recommendations?
- been referred to a Fitness To Practice Panel
- been heard by a Fitness To Practice Panel?

If any such cases have been subject to Fitness To Practice Panel hearings, please give a breakdown of the outcomes.

8) Please share any correspondence, interim or final reports or any other records that give an update on the progress of the pilot and any interim findings, and please advise which senior GMC officer has responsibility for overseeing the pilot.

9) If the pilot is not yet complete, please advise when it will be completed.

Yours sincerely,

Dr Minh Alexander

From: Minh Alexander <[Redacted]>
Subject: Progress of GMC pilot on Hooper recommendations
Date: 28 April 2017 at 07:35:08 BST
To: foi@gmc-uk.org

To: FOI Team, General Medical Council 28 April 2017

Dear Sir,

Progress of GMC pilot on Hooper recommendations

Please advise on the progress of the GMC's pilot of the Hooper recommendations on whistleblowing.

1) On what date did the GMC's pilot commence?

2) Is the GMC still using the same referral form that it introduced at the commencement of the Hooper pilot last summer? If there has been any change in the form, please disclose copies of all subsequent versions or point me to where they are all published and the nature of the revisions.

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- proceeded to investigation
- resulted in doctors accepting investigation findings and recommendations?
- been referred to a Fitness To Practice Panel
- been heard by a Fitness To Practice Panel?

If any such cases have been subject to Fitness To Practice Panel hearings, please give a breakdown of the outcomes.

8) Please share any correspondence, interim or final reports or any other records that give an update on the progress of the pilot and any interim findings, and please advise which senior GMC officer has responsibility for overseeing the pilot.

9) If the pilot is not yet complete, please advise when it will be completed.

Yours sincerely,

Dr Minh Alexander

From: Minh Alexander [Redacted]

Subject: GMC's "Hooper action plan" and request for GMC pilot methodology and evaluation timetable
Date: 22 April 2016 at 16:51:27 BST
To: Paul Spindler [Redacted
Cc:[Redacted

Dear Paul,

Thanks for the further information and your indication that the process will effectively start across the NHS in July, with possible subsequent amendments in response to any evaluation results. I look forward to hearing more about progress and would indeed be grateful for sight of the evaluation criteria.

Best wishes,

Minh

Dr Minh Alexander

-----Original Message-----
From: Paul Spindler < [Redacted]>
To: Minh Alexander <[Redacted>
Sent: Fri, 22 Apr 2016 16:29
Subject: RE: GMC's "Hooper action plan" and request for GMC pilot methodology and evaluation timetable

Dear Dr Alexander,

Thank you for your email. I promised to come back to you with some information about our pilot which starts in July.

A methodology for the pilot has not yet been developed. However we will develop criteria that will help us evaluate the effectiveness of the pilot before it begins and we would be happy to share these with you once they are ready. At this stage I am not able to confirm when this will be.
The new statement and process will be piloted with *all* employers and responsible officers across the UK from July. This means that we will test the process live, rather than see how it works with a small cohort of employers first. This is an entirely new process and we want to make sure it works properly for all concerned. This pilot phase will provide us with an opportunity to fine-tune our approach.
You said in your email that you were concerned about 'bureaucratic delay'. I hope the fact that we will pilot the new statement and process with *all* employers and responsible officers from July reassures you that we are making progress with this important recommendation from Sir Anthony Hooper's review.
Kind regards,
Paul
Paul Spindler
General Medical Council

From: Minh Alexander [[Redacted]]
Sent: 12 April 2016 09:48
To: Paul Spindler
Cc: FOI; [Redacted]
Subject: GMC's "Hooper action plan" and request for GMC pilot methodology and evaluation timetable

To Mr Paul Spindler Head of Media and Campaigns, GMC, 12 April 2016

Dear Mr Spindler,

GMC's "Hooper action plan" and request for GMC pilot methodology and evaluation timetable

Thank you for stepping as regards my tweeted question to Professor Appleby of 8 April 2016 about whether he had received any update from GMC on the delays in implementing its origial "Hooper action plan", and for drawing my attention to GMC's now published revised Hooper action plan. This now includes a proposal to pilot one of Sir Anthony's central recommendations.

As per my tweeted question to you of the same date, I would be grateful if GMC could share its pilot methodology and evaluation timetable for the proposed pilot of sign-off of referrals and statement of truth by a registered doctor, scheduled for this July:

"The new form and guidance will be live on our website when we start piloting the process below, which we are aiming to do from July 2016."

I would be grateful if you would acknowledge receipt of this request.

As you know, I am concerned that this further bureaucratic delay is disproportionate to the serious distress and harm that whistleblowers *continue* to suffer due to vexatious referrals to the GMC, in the absence of Hooper protections.

Many thanks.

Yours sincerely,

Dr Minh Alexander

cc Professor Louis Appleby

Rt Hon Sir Anthony Hooper
Professor Sir Terence Stephenson GMC Chair

From: Minh Alexander <[Redacted]>
Subject: Progress of GMC's "Hooper Action Plan"
Date: 9 March 2016 at 11:00:02 GMT
To: GMC Chair [Redacted]
Cc: [Redacted]

To Professor Terence Stephenson, GMC Chair, 9 March 2016

Dear Professor Stephenson,

Sir Anthony Hooper's recommendations on improving GMC's handling of whistleblowing matters

Thank you for the update on the GMC's work. May I ask about progress on the GMC's "Hooper action plan", on improving the fairness and effectiveness with which GMC handles possibly vexatious referrals of whistleblower doctors.

The GMC previously indicated that a central recommendation by Sir Anthony, that referrals to GMC should be signed off by registered doctors who make an accompanying statement of truth, would be in place by December 2015.

This seems to have been delayed. When I enquired on likely revised timescale for implementation, GMC advised on 2 December 2015 that it would keep me updated. I have heard nothing more for over three months now.

It is clear that serious problems continue with speaking up in the NHS. The stream of news about ineffective system responses to the issue, individual cases and the mistreatment of staff who speak up has not slowed down. Years on, serious

personal consequences of whistleblowing still continue for doctors such as Drs Kevin Beatt and Raj Mattu, who were vexatiously referred to GMC. The latest Darzi report underscores the serious consequences of such governance failures for patients.

It is a year since Sir Anthony's recommendations to GMC were published. I would be very grateful if GMC could publish a formal update of progress against each point of its action plan, and especially clarify when senior doctors will be required to attest to the truth of their referrals to GMC.

I copy this to Professor Appleby with regards to his current work on improving GMC processes. This is with particular reference to the immense stress and ill health caused to many doctors who are unjustly referred.

Yours sincerely,

Dr Minh Alexander

cc Rt Hon Sir Anthony Hooper
Health Committee
Harry Cayton CEO Professional Standards Authority
Professor Louis Appleby