Hull York Medical School

HYMS Policy for students on disclosures in the public interest (whistleblowing)

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<tr>
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<th>Outcome/Date of approval</th>
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<tbody>
<tr>
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<td>Head of Quality and Standards</td>
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</tbody>
</table>

To obtain this document in an alternative format or if you have any queries regarding any aspect of this Policy, please contact: governance@hyms.ac.uk
Definition of terms

The following terms will apply throughout this Policy:

**Students** means any students undertaking a HYMS programme

**Day** means a working day

**Programme** means any academic activity, and/or clinical placement or experience undertaken by a student for the purpose of achieving the award of credits, a certificate, diploma or degree

**Supporter** means a friend, fellow student, Student Union / Graduate Student Association representative or member of HYMS staff who may assist the student. Legal representation is not permitted although advice may be sought from any relevant third party.

Further Guidance

All HYMS staff and students are strongly encouraged to consider this Policy very carefully. It is also important that this HYMS specific guidance is considered in the context of the current GMC guidance (2012) ‘Raising and acting on concerns about patient safety’, which can be found at the following link [http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp](http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp). It is also critical that whilst on clinical placement all HYMS students are familiar with, and have a working knowledge of NHS policy and protocol for each locality, specifically in relation to reporting concerns about patient safety.

GMC information and guidance specifically for medical students can be found at: [http://www.gmc-uk.org/information_for_you/14405.asp](http://www.gmc-uk.org/information_for_you/14405.asp). This site also provides the telephone number of the GMC Confidential Helpline along with on-line tools to help students when they are faced with a concern about patient safety.

Please also refer to your HYMS Patient Safety Card which is given to all HYMS students.

Students may seek support and advice on all aspects of this Policy from the HYMS Student Support Office or the Student Unions, including the Graduate Students’ Association (GSA).

**HYMS:**  [student.support@hyms.ac.uk](mailto:student.support@hyms.ac.uk)

**Hull:**  [studenthelp@hull.ac.uk](mailto:studenthelp@hull.ac.uk)

**York:**  [student-support@york.ac.uk](mailto:student-support@york.ac.uk)
1. **Scope of HYMS Policy for students on public disclosure**

1.1. It is important to read this policy in the context of other relevant HYMS guidance to ensure that the issue of concern is raised under the most appropriate policy. The overview of HYMS policies, codes and regulations can be found at: [http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice](http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice)

1.2. Since the Hull York Medical School operates within both the Higher Education sector and the Clinical/NHS environment, this HYMS policy applies to both the University and the clinical contexts.

1.3. This policy is intended to support and protect students who have raised concerns in good faith, even if subsequently after investigation such concerns may be judged to have been ill-founded.

1.4. However, the provisions must be used responsibly and students who raise vexatious concerns with malicious intent or reckless irresponsibility may be subject to disciplinary action and/or fitness to practise disclosure.

1.5. All HYMS students and qualified doctors who are undertaking HYMS programmes have a duty to report dangerous, abusive, discriminatory, dishonest or exploitative behaviour or practice. This obligation is set out in a range of publications of the General Medical Council. Up-to-date GMC guidance can be found at: [http://www.gmc-uk.org](http://www.gmc-uk.org)

1.6. This policy does not apply to members of staff who should refer to the provision made by their employing institution.

1.7. In general, this policy is most appropriate in respect of issues concerning behaviour which impinges on others, including members of the public. Other policies may be more appropriate for matters raised on the discloser’s own account.

1.8. The needs of those being abused or harmed must take precedence over the risk of upsetting others.
1.9. This policy is designed to provide a framework for raising a concern; to indicate where support can be obtained; to provide a mechanism to deal with concerns and to ensure that those making appropriate disclosures in the public interest are protected from possible reprisals or victimisation if they have reasonable belief that the disclosures are substantially true and have made the disclosure in good faith. This includes potential prejudicial treatments around assessment.

1.10. This policy is intended to cover major concerns that fall outside the scope of other Codes of Practice or procedures. These concerns might include:

1.10.1. conduct which is an offence or a failure to comply with legal obligations;
1.10.2. miscarriages of justice;
1.10.3. health and safety risks including risks to the public and service users as well as staff and students;
1.10.4. damage to the environment;
1.10.5. financial malpractice, including the inappropriate or unauthorised use of public funds or other resources;
1.10.6. possible fraud, corruption, or other impropriety;
1.10.7. abuse of service users;
1.10.8. professional malpractice;
1.10.9. improper conduct or unethical behaviour;
1.10.10. attempts to conceal any of the above.

1.11. All disclosures made in accordance with this policy will be handled sensitively.

1.12. Where possible all concerns will be treated in confidence and the identity of the discloser (whistleblower) will not be revealed to the extent that the maintenance of such confidentiality does not hinder or frustrate any related investigation. However, anonymity cannot be guaranteed, but the discloser will be informed in advance if it becomes necessary for their identity to be disclosed.

1.13. Anonymous expressions of concern will not be actioned.

2. HYMS Approach to student disclosure

2.1. HYMS and its parent organisations have a duty to conduct their affairs in a responsible way. This duty is discharged by complying with the Public Interest Disclosure Act 1998 and by taking into account the requirements of funders and regulators. Moreover, HYMS subscribes to the seven standards in public life1 as set out by Lord Nolan (selflessness,
integrity, objectivity, accountability, openness, honesty, and leadership) and seeks to comply with best practice described in key public documents such as the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry\(^2\) chaired by Robert Francis QC (2013).

2.2. HYMS is committed to permitting staff and students to speak freely about academic standards, patient safety and related matters without being subject to disciplinary sanctions or victimisation, provided that they do so lawfully, without malice, in the public interest and in a way which respects proper confidentiality. This policy sets out informal and formal routes for students to raise and escalate concerns.

3. Informal procedure for students wishing to make a disclosure

3.1. If a student becomes concerned that there has been a violation of standards, they should first discuss the matter with someone in a position to advise how best to proceed. Examples of who this might be include personal tutor, educational supervisor, project supervisor, Thesis Advisory Panel member, or a member of the HYMS student support team.

3.2. Students on clinical placement should contact available staff. This may include the Student Liaison Manager, Director of Clinical Studies, a personal tutor or educational supervisor, or a member of the HYMS Student Support Office.

3.3. There may be circumstances where immediate action to prevent harm is necessary.

3.4. In a situation where there are minor concerns, and if the student feels able to do so, they should talk to the individual whose conduct is a cause for concern directly.

3.5. In doing so, the student should state that they are invoking the HYMS Policy for Students on Disclosures in the Public Interest, and that according to the policy they should be satisfied that the issue has been properly addressed.

3.6. The student should then inform one of the members of staff indicated above, who should make a note of the substance of the concern, and any action taken to deal with the situation.

3.7. Students must keep HYMS informed about their actions. Appropriate people to inform include a personal tutor, or the Programme Director or the Head of Quality and Standards. This should also be disclosed via the dedicated HYMS email address: patientsafety@hyms.ac.uk

3.8. If the student is not satisfied with the outcome of this informal procedure, or the problem persists, then the concerns should be put in writing in accordance with the formal procedure set out below.

4. **Formal procedure**

4.1. If the matter is serious, or if minor concerns have not been dealt with satisfactorily according to the informal procedure, the student should instigate the formal procedure.

4.2. The formal procedure is instigated by the submission of a written report in the following format:

4.2.1. Set out the background and history of the concern, including relevant dates;

4.2.2. State the reason for the concern;

4.2.3. If possible others (e.g. other witnesses) should also put their names to the report;

4.2.4. Retain a copy of the report;

4.2.5. In the first instance, unless there is good reason to believe it would be inappropriate, the student should submit the report to patientsafety@hymss.ac.uk so that it can be actioned by the most appropriate HYMS member of staff

4.3. An identified HYMS member of staff will become the officer responsible for handling the disclosure (Responsible Official).

4.4. Within seven working days the student will be sent acknowledgement, with an indication of how the matter will be dealt with.

4.5. A meeting will be convened between the student and the Responsible Official (or a member of HYMS staff nominated by the Responsible Official) to clarify the concerns. If the concerns relate to an episode in the NHS the relevant Director of Clinical Studies may also attend the meeting if appropriate.

4.6. The student may be accompanied at that meeting by, for example, a friend, fellow student, Student Union / Graduate Student Association representative or member of HYMS staff who may assist the student. Legal representation is not permitted although advice may be sought from any relevant third party.

4.7. The Responsible Official will inform the Dean and the HYMS Management Board whenever a student invokes the formal procedure under this Policy.

4.8. The Responsible Official will begin an internal investigation, or if the concerns relate to the NHS, the Responsible Official will forward the student’s concern to an appropriate person in the Trust, with a request for the Trust’s procedures for handling disclosures in the public interest to be activated.

4.9. The Responsible Official will consult with the student and other relevant colleagues to consider whether it is appropriate for the student to remain in any placement.

4.10. Requests for confidentiality will be respected as far as possible subject to the requirements of natural justice, but may limit the scope of any investigation.
4.11. Normally HYMS would expect the matter to be investigated and a report with conclusions and recommended actions taken made within 28 working days.

4.12. Subject to legal constraints and confidentiality requirements, HYMS will endeavour to ensure that students are informed of the outcome of any investigation.

4.13. The formal process is set out in diagrammatic form below.

5. **Reporting and monitoring of all concerns**

5.1. An annual report will be submitted to the HYMS Management Board and Board of Studies of all cases reported by HYMS students.
Appendix One: Process Flowchart of Reporting Patient Safety Concerns

Student
has a patient safety concern and uses the Student Patient Safety Card to contact HYMS (see Appendix 2 of this Policy)

Does the concern require immediate action?

Yes

In the NHS context, Student
1. reports to the Student Liaison Manager or Director of Clinical Studies, and
2. informs the Educational Supervisor

In the University context, Student
reports to appropriate member of staff (see Section 3.1 & 3.2 of the Policy)

No

Student
discusses the concern with HYMS Tutor or Thesis Supervisor

HYMS Tutor or Thesis Supervisor
discusses the concern with Head of Quality & Standards

Head of Quality & Standards
and if necessary Director of Clinical Studies
clarifies the student's concern and reports back to the student at the end of the process

Head of Quality & Standards
informs the Dean of HYMS and HYMS Management Board, and referrals the student's concerns to

If the concern is in the HYMS context,
It is referred to internal investigation

If the concern is in the NHS context,
it is referred to the NHS Trusts’ procedures

Head of Quality & Standards
1. reports to the Dean of HYMS and HYMS Management Board regarding the conclusions and actions, and
2. informs the Student of the outcome.
Appendix Two: Student Patient Safety Card

Make sure you have a HYMS Student Patient Safety Card:

**Concerned about patient safety?**

Notify your supervisor and e-mail
patientsafety@hyms.ac.uk

Further information:
http://www.hyms.ac.uk/patientsafety