



Hull York Medical School

## Policy on Raising Concerns and the Public Interest Disclosures

<b>Approval Process:</b>	
<b>Committee</b>	<b>Outcome/Date of approval</b>
Board of Studies	9 June 2023
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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](mailto:governance@hyms.ac.uk)

## Definition of terms

The following terms will apply throughout this Policy:

<b>Students</b>	means any students registered on a HYMS programme
<b>Staff</b>	means those employed contractually by the University of Hull and the University of York.
<b>Individuals</b>	means those who are engaged to work in the Hull York Medical School (referred to hereafter as individuals) and includes apprentices, interns, casual and temporary staff, agency workers, self-employed workers, contractors and suppliers, those with honorary contracts, work placements and visiting (but unpaid) researchers.
<b>Day</b>	means a working day
<b>Programme</b>	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
<b>Supporter</b>	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.
<b>Patients</b>	means real patients in all healthcare settings. However in this Policy, the term also means other participants or members of the public involved in medical education and research, such as healthy volunteers and simulated patients.

## Further Guidance

All HYMS staff and students and individuals 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 Raising and Acting on Concerns about Patient Safety \(2012\)](#). 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 students with clinical placements can be found here. This site also provides the telephone number of the GMC Confidential Helpline along with online tools to help students when they are faced with a concern about patient safety.

Please also refer to Appendix Two Student-friendly flow-diagram to support students reporting patient safety concerns.

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:**        [studentsupport@hyms.ac.uk](mailto:studentsupport@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)

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### 1. Scope and purpose

- 1.1. The scope of this Policy is for students and individuals to disclose genuine concerns about an actual or potential danger (including patient or study participant safety), fraud or other illegal or unethical conduct.
- 1.2. This Policy applies to all Hull York Medical School (HYMS) students studying undergraduate and postgraduate programmes jointly awarded by the University of Hull and the University of York.
- 1.3. For students studying a programme with clinical placements such as the MB BS and MSc in Physician Associate Studies, raising concerns may include patient safety concerns and public interest disclosures (whistleblowing) involving the NHS or other placement providers.
- 1.4. The scope of this policy relates to a number of Policies and Codes of Practice in HYMS such as:
  - 1.4.1. [Dignity at Work and Study Policy](#);
  - 1.4.2. [Harassment Policy for Students](#);
  - 1.4.3. [Code of Practice on Academic Misconduct](#);
  - 1.4.4. [Code of Practice on Student Research Misconduct](#);
  - 1.4.5. [Code of Practice on Fitness to Study](#);
  - 1.4.6. [Code of Practice on Student Fitness to Practise](#).

- 1.5. This policy does not apply to members of staff who should refer to the provision made by their employing institution as set out in the [HYMS Dignity at Work and Study Policy](#). HYMS staff who wish to disclose concerns regarding public interest should refer to the policy of their organisation of employment: University of Hull's [Policy and Procedure on Disclosures in the Public Interest \(Whistle-blowing\)](#) and the University of York's [Speak Up \(Public Interest Disclosure\) Policy](#). NHS staff should refer to their organisation's policy.
- 1.6. 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 and covers student research activities.
- 1.7. This policy is intended to support and protect students and individuals who have raised concerns in good faith, even if subsequently after investigation such concerns may be judged to have been ill-founded.
- 1.8. However, the provisions must be used responsibly and students or individuals who raise vexatious concerns with malicious intent or reckless irresponsibility may be subject to disciplinary action and/or fitness to practise process.
- 1.9. This policy applies to all HYMS students. All HYMS students 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 on the [GMC website](#).
- 1.10. 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.
- 1.11. The needs of those being abused or harmed must take precedence over the risk of upsetting others.
- 1.12. 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 a reasonable belief that the disclosures are substantially true and have made the disclosure in good faith. This includes potential prejudicial treatments around assessment.
- 1.13. This policy is intended to cover major concerns that fall outside the scope of other Codes of Practice or procedures. These concerns might include:
  - 1.13.1. Conduct which is an offence or a failure to comply with legal obligations;
  - 1.13.2. Miscarriages of justice;
  - 1.13.3. Dangers to health and safety including risks to the public and service users as well as staff and students;
  - 1.13.4. Dangers to the environment;

- 1.13.5. Financial malpractice, including the inappropriate or unauthorised use of public funds or other resources;
- 1.13.6. Possible fraud, corruption, or other impropriety;
- 1.13.7. Abuse of service users;
- 1.13.8. Professional malpractice;
- 1.13.9. Improper conduct or unethical behaviour;
- 1.13.10. Attempts to conceal any of the above.

## **2. Approach to 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 [Whistleblowing and the Public Interest Disclosure Act 1998](#) and by taking into account the requirements of funders and regulators.
- 2.2. Moreover, HYMS subscribes to the [seven standards in public life](#) 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 [GMC Guidance Raising and Acting on Concerns about Patient Safety \(2012\)](#) and [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry](#) chaired by Robert Francis QC (2013).
- 2.3. HYMS is committed to permitting students and individuals 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 manner which respects proper confidentiality. This policy sets out informal and formal routes for students to raise and escalate concerns.

## **3. Informal procedure for students and individuals wishing to make a disclosure**

- 3.1. If a student or individual becomes concerned that there has been a violation of standards or has patient safety concerns, they should first discuss the matter with someone in a position to advise how best to proceed. Examples of who this might be include their Personal Tutor, Educational Supervisor, Phase Lead, Programme Director, Thesis 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, Clinical Dean, Director of Primary Care Placement, Personal tutor, Educational supervisor, or a member of the HYMS Student Support Office. Appendix Two of this Policy shows a student-friendly flow-diagram to support students reporting concerns about patient safety.

- 3.3. There may be circumstances where immediate action to prevent harm is necessary. If that is the case, the Programme Director or Thesis Supervisor should be contacted immediately.
- 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 on Raising Concerns and Public Interest Disclosures, and that according to the policy they should be satisfied that the issue has been properly addressed.
- 3.6. The student or individual 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 Governance Manager. This should also be disclosed via the dedicated HYMS email address: [governance@hyms.ac.uk](mailto:governance@hyms.ac.uk)
- 3.8. If the student or individual 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. The formal procedure is instigated by the submission of a written report using the [Report & Support online reporting tool](#).
- 4.2. The Governance Team will receive the written report and the Governance Manager (or their Deputy) will become the Designated Officer responsible for handling the disclosure.
- 4.3. Within seven working days, the student will be sent an acknowledgement, with an indication of how the matter will be dealt with.
- 4.4. The Designated Officer will bring the disclosure to the attention of and/or seek advice from the Dean (or their Deputy).
- 4.5. If deemed appropriate by the Dean (or their Deputy), relevant HYMS Policies and Codes of Practice may be invoked, including but not limited to those mentioned in section 1.4. HYMS may also share the allegation with the University for them to consider if relevant University policies or procedures, for example, Disciplinary Process, should be invoked.
- 4.6. Following advice from the Dean (or the Deputy), if the disclosure is deemed to require investigation under this Policy, the Dean (or their Deputy) will appoint the

Investigating Officer for dealing with the disclosure. The investigation will be supported by HYMS Governance Team.

- 4.7. If an allegation made under this policy is considered to be so serious as to warrant suspension of a student studying a programme with clinical placement, the Chair of Student Fitness to Practise Committee will be informed to consider if a critical incident suspension under the [Code of Practice on Student Fitness to Practise](#) should be invoked. In this case, HYMS may also share the allegation with the University for them to consider if relevant University policies or procedures, for example, Disciplinary Process, should be invoked.
- 4.8. If an allegation made under this policy is related to research, the [Code of Practice of Student Research Misconduct](#) may be invoked to process the allegation.
- 4.9. A meeting will be convened between the student or individual and the Investigating Officer to clarify the concerns. If the concerns relate to an incident in clinical placements the relevant Clinical/Hospital Dean or Academic Lead may also attend the meeting if appropriate.
- 4.10. The student or individual 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.
- 4.11. The Investigating Officer will begin an investigation, or if the concerns relate to a clinical placement, the Investigating Officer will forward the student's concern to an appropriate person in the relevant organisation, with a request for the organisation's procedures for handling disclosures in the public interest to be activated.
- 4.12. Where an allegation is made against a named individual, they will normally be informed of the allegation and any supporting evidence, and they will be given a right to respond to any allegations. The point at which this will occur will depend on the specific nature of the case. Where such disclosure would jeopardise the ability of HYMS, the University, the police or other independent investigator to conduct a proper investigation, the individual(s) against whom the disclosure is made may not be told prior to an initial investigation. The Investigating Officer will consult with the student or individual and other relevant colleagues to consider whether it is appropriate for the student to remain in any placement.
- 4.13. The student or individual making the disclosure will be assured that strict confidentiality of their disclosure will be maintained and told what action, if any, is to be taken. Feedback will also be given during the course of any investigation arising as a result of the disclosure. However, it may not be possible to disclose the precise action to be taken where this would infringe a duty of confidentiality owed to another person. For more information about confidentiality, please refer to Section 8.
- 4.14. The Investigating Officer may interview and/or seek a written statement from the student or individual who made the disclosure and any other individuals who they consider to be relevant to the investigation including anyone named in the disclosure. Any staff being interviewed under this policy and procedure may be accompanied to



an investigatory interview by a colleague or trade union representative, who will also be bound by a duty of confidentiality.

- 4.15. When the Investigating Officer has concluded the investigation, they will provide a report with their findings to the Designated Officer and Dean (or their Deputy). The Dean (or their Deputy) will determine what action if any, should be taken in the circumstances. This may include the initiation of other University procedures, reference to an external third party or no further action.
- 4.16. No individual involved in the conduct of an investigation, or in deciding action following a disclosure under this policy and procedure, will form part of any subsequent disciplinary panel.
- 4.17. Normally HYMS would expect the matter to be investigated and a report with conclusions and recommended actions made within 28 working days.
- 4.18. Subject to legal constraints and confidentiality requirements, HYMS will endeavour to ensure that students are informed of the outcome of any investigation.
- 4.19. The formal process is set out in diagrammatic form in the Appendix.

## **5. Reports**

- 5.1. A report of all disclosures made under this policy and procedure, and any subsequent action taken, will be prepared by the Investigating Officer who will retain such reports for a period of 6 years.

## **6. Appeals**

- 6.1. Appeals may be made in writing to the Chair of HYMS Joint Senate Committee, stating the grounds for the appeal and providing supporting evidence.
- 6.2. Grounds for appeal may include where:
  - 6.2.1. There is evidence of procedural irregularity, or
  - 6.2.2. There is evidence of prejudice or bias, and/or
  - 6.2.3. There is further evidence that was not available at the time the original disclosure was made.

## **7. Anonymous Disclosures**

- 7.1. Individuals making a disclosure are expected to identify themselves (see 8.1 on confidentiality), as disclosures raised anonymously may not be possible to address. HYMS may investigate anonymous disclosures depending on the seriousness of the issue, the credibility of the concern, any prejudice to those named in an anonymous disclosure and the likelihood of being able to investigate the matter and confirm the allegation from alternative sources.

- 7.2. HYMS reserves the right not to investigate anonymous disclosures.
- 7.3. It should be noted that the ability to provide appropriate feedback and protect against detriment will depend on HYMS knowing the identity of the individual making a disclosure.

## **8. Confidentiality**

- 8.1. All disclosures made under this policy and procedure will be treated in a sensitive and, where possible, confidential manner. If necessary, the identity of the individual making the disclosure will be kept confidential for as long as possible, provided that this is compatible with an effective investigation. The investigatory process may have to reveal the identity of the individual making the disclosure and they may be requested to make a statement and/or attend an investigatory interview as part of the process.

## **9. False Allegations**

- 9.1. Students or individuals who make allegations that turn out to be unfounded, will not be penalised for being genuinely mistaken.
- 9.2. However, students or individuals who - it is believed on reasonable grounds - knowingly make malicious, vexatious or false allegations may be subject to disciplinary or other appropriate action.

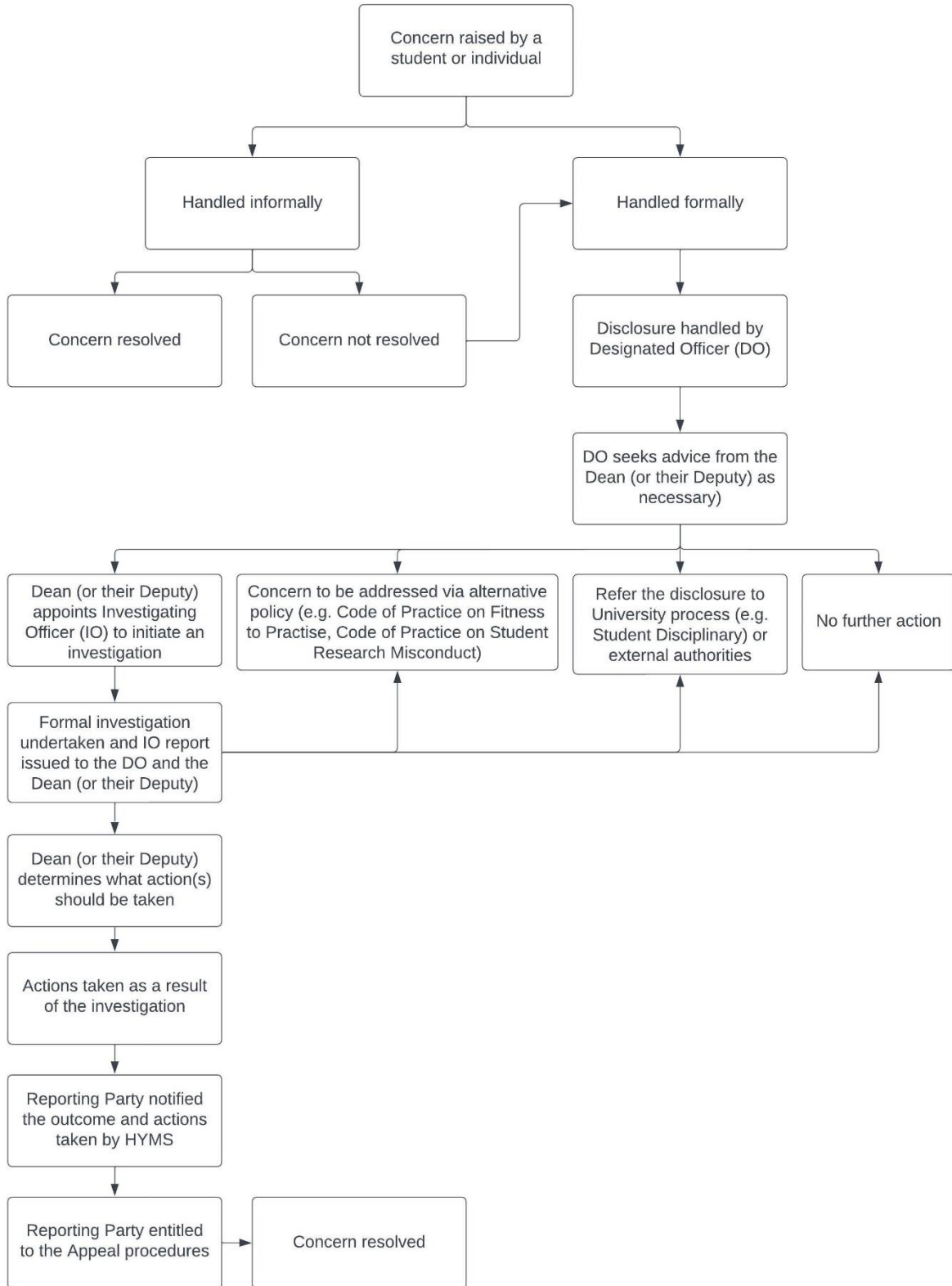
## **10. Data Protection**

- 10.1. When a student or individual makes a disclosure, HYMS will process any personal data collected in accordance with its data protection policy. Data collected from the point at which the individual makes the report is held securely and accessed by, and disclosed to, individuals only for the purposes of dealing with the disclosure.

## **11. Reporting and monitoring of all concerns**

- 11.1. 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 on Raising Concerns and Public Interest Disclosures



**Appendix Two: Student-friendly flow-diagram to support students reporting concerns about patient safety**

