

# Whistleblowing disclosures report 2020

---

**Healthcare professional regulators**

**This report has been produced by the healthcare  
professional regulators**



**General  
Chiropractic  
Council**



**General Optical Council**

**General  
Medical  
Council**

**General  
Dental  
Council**



**General  
Osteopathic  
Council**

**General  
Pharmaceutical  
Council**

---

**hcpc** health & care  
professions  
council

**NMC** Nursing &  
Midwifery  
Council

# Contents

- 2     About the report
- 5     General Chiropractic Council
- 6     General Dental Council
- 8     General Medical Council
- 10    General Optical Council
- 12    General Osteopathic Council
- 13    General Pharmaceutical Council
- 15    The Health and Care Professions Council
- 18    Nursing and Midwifery Council (NMC)
- 20    Note on data

## About the report

On April 1 2017, a new legal duty came into force that required all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

**"The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures."**

Department for Business, Energy and Industrial Strategy (2017)

As with previous years, we, as healthcare professional regulators, have compiled a joint whistleblowing disclosures report to highlight our coordinated effort in working together to address the serious issues raised to us.

Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the 'action taken' categories, each regulator will have slightly different definitions, activities and sources of disclosures.

**Table 1: Types of action taken after receiving a whistleblowing disclosure**

Action type	Description
Under review	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required.  This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.
Onward referral to alternative body	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit.  This may include but is not limited to: <ul style="list-style-type: none"> <li>● referral to its Fitness to Practise team or any other fitness to practise process</li> <li>● opening an investigation</li> <li>● advice or guidance given to discloser, employer, education body or any other person or organisation</li> <li>● registration actions</li> <li>● other enforcement actions.</li> </ul> In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as 'no action - not enough information'.
No action – not enough information	This applies to disclosures that have been assessed by the regulator and a decision has been made that there is not enough information to progress any further.  This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser is unable to provide more information or the disclosure was withdrawn before it could be investigated.
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.

To protect the confidentiality of whistleblowers and the other parties involved, no information is included here that would enable a worker who has made a disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2019 and 31 March 2020.

## General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary.  
The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

### Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the General Chiropractic Council received no whistleblowing disclosures.

## General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of approximately 113,000 members of the dental team. This includes dentists, dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

**Our purpose:** We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

**Our legislation, the Dentists Act 1984 (as amended), sets us the following objectives:**

- to protect, promote and maintain the health, safety and Wellbeing of the public
- to promote and maintain public confidence in the professions regulated
- to promote and maintain proper professional standards and conduct for members of those professions.

In addition, we provide the Dental Complaints Service (DCS), which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

### Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the GDC received 116 whistleblowing disclosures of information.

### Actions taken in response to disclosures

Regulatory action taken	95
No action – not enough information	21

## Summary of actions taken

All disclosures were made directly to the Fitness to Practise team. In 95 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases.

These could lead to a range of resolving actions determined by a statutory practice committee, ranging from removal of the registrant from the Register, suspension or conditions for a determined period to the conclusion that fitness to practise is not impaired and the case could be closed. There were 21 cases that were not progressed due to lack of sufficient information provided by the informant.

None of the disclosures have resulted in resolution via employer(s). This is largely because either we did not have jurisdiction to consider this option or because the nature of the disclosures made them unsuitable for resolution in this way.

## Learning from disclosures

The disclosures we have received have not had an impact on our ability to perform our regulatory functions and objectives during the period. Given our statutory framework the action we would take in response to a disclosure is the same as the regulatory action we would normally take.

The number of disclosures we received increased to 116 from 75 in 2018–2019. Compared to some other regulators we have received a higher number of disclosures in comparison to the size of the register. It is worth noting that most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator.

## General Medical Council

**The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public\* and act in the public interest.**

- We decide which doctors are qualified to work in the UK and oversee medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

### Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020, the General Medical Council received 36 whistleblowing disclosures.

### Actions taken in response to disclosures

Regulatory action taken	28
No action – not enough information	5
Onward referral to alternative body and regulatory action taken	3

The majority (34 of 36) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and two were received by our Registration and Revalidation directorate. Of all the disclosures we received, 21 were made by doctors, seven were made by other healthcare professionals and eight were made anonymously.

Of the 34 disclosures that were assessed by our Fitness to Practise team:

- 19 were closed after an initial assessment
- two are currently being assessed

\*Medical Act 1983 (as amended)

- 13 resulted in either a preliminary or full investigation. Eight of these are still going through the investigation process and five have been closed. We closed five of the disclosures as:
  - for four of them there was not enough information disclosed to take any further action
  - one disclosure was already under investigation.

Of the 24 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- the disclosure was outside of our remit to deal with e.g. local employment dispute
- no concerns were found from the information provided.

Our Registration and Revalidation directorate handled two disclosures, one case resulting in regulatory action and an outward referral to an alternative body. The other was closed as there was insufficient information to progress.

## Update on disclosures from last year

13 disclosures that we received prior to 1 April 2019 were concluded.

## Learning from disclosures

The information disclosed to us during the reporting period has not had an impact on our ability to perform our regulatory functions and deliver our objectives. We have an operational group that meets throughout the year to reflect on the disclosures we have received.

Some complainants made disclosures anonymously as they were fearful of repercussions. This shows there is still some way to go in improving a culture that supports raising and acting on concerns.

However, compared to last year, we have seen a reduction in the number of anonymous disclosures, which may indicate that confidence in our processes is increasing.

We have guidance available to doctors on what to do if they have a concern and continue to support and encourage doctors to raise their concerns through the appropriate channels.

## General Optical Council

**The General Optical Council (GOC) is the regulator for the optical professions in the UK.**

Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

A brief description of our four core regulatory functions is:

- setting standards for optical education and training, performance and conduct
- approving qualifications leading to registration
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Our overarching objective, as set out in the Opticians Act 1989, is the protection of the public.

We published our 'Raising Concerns' (Whistleblowing) Policy in 2016:

[www.optical.org/en/Investigating\\_complaints/raising-concerns.cfm](http://www.optical.org/en/Investigating_complaints/raising-concerns.cfm)

### Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the General Optical Council received 15 disclosures of information.

#### Actions taken in response to disclosures

Under review	2
Regulatory action taken	5
No action – not enough information	7
Onward referral to alternative body and regulatory action taken	1

#### Summary of actions taken

All 15 disclosures that we received in 2019–20 were placed in our fitness to practise triage system for formal assessment.

Out of these disclosures, seven cases were assessed by our triage team and a decision was made to take no further action as there was not enough information to progress any further:

- we were unable to pursue three of these disclosures as the discloser decided to withdraw their concerns and there was no way in which the GOC could have pursued the concerns further

- for one case there were no identified fitness to practice concerns raised by the discloser, so the case was closed
- for two disclosures we did not receive enough information to progress them any further, so they were recommended for closure
- another case was investigated and closed by NHS (England), therefore a decision was made that regulatory input would not be required.

In six cases, we have taken regulatory action of some description:

- in three cases we have opened fitness to practise investigations. Of these, two cases are still being investigated and have not yet gone to our Case Examiners for consideration. One case has been considered by our Case Examiners and has been referred to our Fitness to Practise Committee
- in one case we were unable to continue with the investigation as the discloser disengaged, therefore the matter was referred to another external organisation to consider systems regulation action
- two disclosures were referred to our Illegal Practice team for further investigation.

Two disclosures are still subject to assessment and no decision has been made as to what, if any, regulatory action will be taken.

## Learning from disclosures

The number of disclosures received by the GOC in 2019–20 is relatively small. In total in 2019–20, we received 348 new referrals, so protected disclosures account for only four per cent of these. Although protected disclosure complaints are, by their very nature, more difficult and time-consuming to investigate, they have not directly had an impact on our ability to perform our regulatory functions.

Identification of a qualifying disclosure on day one is crucial for the proper management of the disclosure and for securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward.

We continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there might be a public interest in doing so. Although it is possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and the registration of businesses with the GOC is only mandatory in certain circumstances: [www.optical.org/en/Registration/Applying\\_for\\_registration/Bodies\\_corporate.cfm](http://www.optical.org/en/Registration/Applying_for_registration/Bodies_corporate.cfm).

Although we have powers under the Opticians Act 1989 to demand information, this is very challenging in the absence of a discloser who can advise as to the relevant information to be sought.

## General Osteopathic Council

**The General Osteopathic Council regulates osteopathic practice in the UK. Our purpose is to protect the public by ensuring high standards of education, practice and conduct among osteopaths.**

Our core functions are:

- Assuring the quality of osteopathic education and training
- Registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- Setting and promoting high standards of osteopathic practice and conduct
- Helping patients with complaints or concerns about osteopaths and, where necessary, dealing with those complaints through fitness to practise procedures.

### Whistleblowing disclosures from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the General Osteopathic Council received three whistleblowing disclosures.

No action – not enough information

3

### Summary of actions taken

The three disclosures received related to the fitness to practise of osteopaths. For each disclosure, we assessed that further information was required. Several attempts were made to contact the informants to request further information about the disclosures, using the contact details provided. Details of the process for investigating the disclosures were explained and, where relevant, informants were provided with information about the helpline provided by Victim Support on behalf of the General Osteopathic Council. The further information we requested was not provided by the informants, and the disclosures were closed on the basis of a lack of information.

### Learning from disclosures

The concerns received have not impacted on our ability to perform our regulatory functions or meet our objectives during the reporting period.

All the concerns we receive inform the ongoing development of our policies, standards and guidance.

In December 2019, the General Osteopathic Council entered an agreement with the independent charity Victim Support to provide a confidential support service to those involved in fitness to practise cases. Details of the service are now provided to all informants who make qualifying disclosures to us.

# General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

## What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- We help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

## Whistleblowing disclosures made from 01 April 2019 and 31 March 2020

From 01 April 2019 to 31 March 2020 the General Pharmaceutical Council received 22 disclosures of information.

## Actions taken in response to disclosures

The action we took on the 22 disclosures received during this reporting period are set out in the table below.

Under review	4
Onward referral to an alternative body	5
Regulatory action taken	13

## Summary of actions taken

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome throughout the fitness to practise process. The latter can include guidance, a follow-up visit or an unannounced inspection.

Eleven cases were investigated and concluded with no further action. Five cases were signposted to other organisations. The remaining two cases were investigated and concluded with guidance from fitness to practise, inspection or education colleagues.

In addition, of the seven concerns from the previous reporting period, five were investigated and concluded with no further action. The remaining two cases were investigated and concluded with guidance from fitness to practise, inspection or education colleagues.

## Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concern, including those that arise through inspections, are widely shared to ensure learning across the inspectorate. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also informs our work on ensuring safe and effective pharmacy teams.

## The Health and Care Professions Council

**The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.**

### **Whistleblowing disclosures made from 01 April 2019 and 31 March 2020**

From 01 April 2019 to 31 March 2020 the Health and Care Professions Council received eight disclosures of information.

### **Actions taken in response to disclosures**

Closed with no action taken	1
Regulatory action taken	7

### **Summary of actions taken**

The majority of the whistleblowing disclosures we received came in to the Policy and Standards department in the form of policy enquiries. These were from registrants who had concerns about their employers, and were seeking advice to ensure they continued to meet our standards.

These came from the following registered professionals; occupational therapists, operating department practitioners, paramedics and physiotherapists. We also received one anonymous phone call and do not know which registered profession they were from.

The subject of the disclosures ranged from concerns about the level of training a registrant received, an employer's response to risk in the early stages of the COVID-19 pandemic, employer policies around medication and their storage, information disclosed to service users, and an employer's approach to investigating concerns.

In all of these scenarios, we provided the discloser with advice and guidance. We directed them to the relevant standards and set out our expectations. We also signposted them to organisations that could support them in raising a concern with their employer. In the event someone had already done this, depending on the subject of their concern, we also directed them to the Fitness to Practise department so they could raise a concern, or to another relevant organisation. As most of the concerns related to specific health and care providers and therefore fell outside of our remit, the majority were directed to the relevant service regulators (such as CQC).

The Education department also received one disclosure from a member of an approved programme team, who raised concerns about a lack of appropriate adult and child safeguarding procedures, training and policies in place at the education provider where they worked. They also were concerned that students from particular ethnic backgrounds were being targeted as part of safeguarding procedures, which would contravene the Equality Act 2010.

We undertook an initial assessment of the concern but decided not to investigate this concern, as we can only investigate whether there is an issue against the HCPC's standards and it was deemed that the provider was meeting our standards. Instead, we recommended the complainant refer their concerns to the Office for Students and the Equality and Human Rights Commission.

## Learning from disclosures

We keep data on all the policy enquiries we receive, and regularly reflect on them to establish what additional information or guidance we need to produce.

At the end of last year's reporting period, we published a [blog post on how registrants can raise concerns](#). This sign posts to relevant organisations such as CQC. In July, we published a [follow up article on our registrant hub entitled 'Do you have safety concerns?'](#) In this article, we give registrants advice on how to raise concerns and promote our Whistleblowing Policy.

These concerns also highlight to us the importance of working closely with employers. Since the last reporting period, we have launched an [employer hub](#) where we produce content tailored to employers. This includes advice on how to support employees with CPD and supervision and how they can manage concerns about an employee. For example, in August 2020, we published an [article for employers on our latest research on supervision](#). We will continue to develop this work, with the recent launch of our Professional Liaison team.

More recently, we have reflected on the importance of raising concerns in our [blog on the Paterson Inquiry](#). This highlights our Whistleblowing Policy and signposts to relevant sources of advice, including the NHS Whistleblowing Helpline. We have committed to consider the findings of the Inquiry and work with everyone concerned to ensure learning points are identified and acted upon to ensure patient safety.

The end of the reporting period saw only the beginning of our COVID-19 response, which will be reflected in more detail in next year's report. A key part of that response was to provide timely [advice to registrants on the standards](#), in response to their concerns. This included advice pages on supervision, scope of practice and raising concerns. Therefore the couple of COVID-19 related disclosures referred to above were key in shaping the guidance we provided on our [COVID-19 hub](#).

Finally, in relation to the Education disclosure, whilst we have not taken action against the education provider, the organisation has taken forward a wider piece of work on safeguarding. This will form a part of next year's review of our Standards of conduct, performance and ethics and Guidance on conduct and ethics for students.

We also continue to strengthen our work in relation to Equality, Diversity and Inclusion (EDI). This includes consideration of any EDI impacts as part of our review of the standards, and so when we next review the relevant standards for education providers this will be a key focus of the review.

## Nursing and Midwifery Council

**Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.**

Our core role is to regulate. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

### Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020, the Nursing and Midwifery Council received 107 whistleblowing disclosures.

### Actions taken in response to disclosures

Regulatory action taken	107
Onward referral to an alternative body	24

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and an onward referral to another body. Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 84 out of the 107 ‘qualifying disclosures’ were dealt with via our Fitness to Practise function.
- Four disclosures were referred to our Education and Standards function.
- Eight were referred to our Employer Link Service who engaged with employers in respect of the issues raised.
- We have made onward referrals to the Care Quality Commission, General Medical Council and Healthcare Improvement Scotland.

We still took action on many disclosures where we did not reasonably believe the whistleblowing criteria were met. We either took regulatory action or made referrals to a range of other bodies including Care Quality Commission, General Medical Council, Healthcare Inspectorate Wales, HM Inspectorate of Prisons, NHS England/ Improvement and Public Health England.

The main reasons why information was not treated as a ‘qualifying disclosure’ was because it did not fall within our regulatory remit or did not meet the public interest criterion.

## Learning from disclosures

We were able to use the disclosures to enhance our knowledge and understanding of the wider healthcare landscape.

As well as assessing whether we have received a qualifying disclosure, we also undertake a further assessment of the information we receive. This is to map any research undertaken and highlight further recommendations for action. All disclosures are graded in accordance with the National Intelligence Model and themes identified from disclosures are captured.

Our Enquiries and Complaints team have received additional training on identifying whistleblowing disclosures which may require an assessment under this process.

We continue to have a panel that meets weekly to discuss any disclosures and the appropriate course of action. This panel also looks into any learning from each piece of information we assess.

## Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. While checks are done to mitigate for the latter, it is not always possible to avoid this completely.

### **General Chiropractic Council**

Park House, 186 Kennington Park Road, London, SE11 4BT

Website: [www.gcc-uk.org](http://www.gcc-uk.org)

### **General Dental Council**

37 Wimpole Street, London, W1G 8DQ

Website: [www.gdc-uk.org](http://www.gdc-uk.org)

### **General Medical Council**

Regent's Place, 350 Euston Road, London, NW1 3JN

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

### **General Optical Council**

10 Old Bailey, London, EC4M 7NG

Website: [www.optical.org](http://www.optical.org)

### **General Osteopathic Council**

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

Website: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

### **General Pharmaceutical Council**

25 Canada Square, London, E14 5LQ

Website: [www.pharmacyregulation.org](http://www.pharmacyregulation.org)

### **The Health and Care Professions Council**

Park House, 184 Kennington Park Road, London, SE11 4BU

Website: [www.hcpc-uk.co.uk](http://www.hcpc-uk.co.uk)

### **Nursing and Midwifery Council**

23 Portland Place, London, W1B 1PZ

Website: [www.nmc.org.uk](http://www.nmc.org.uk)

To ask for this publication in Welsh, or in another format or language, please call the General Medical Council on 0161 923 6602 or email us at [publications@gmc-uk.org](mailto:publications@gmc-uk.org).

Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service.