**International Congress 2017**

**Workshop: Whistle-blowers: Is it still ‘Speak out, and get out’?**

Chair: Professor George Ikkos, Honorary Archivist, RCPsych.

***Barbara Robb and whistleblowing in the 1960s: what can it teach us today?* Claire Hilton, Chair, History of Psychiatry Special Interest Group.**

In 1967, Barbara Robb compiled *Sans Everything: a case to answer*,mainly about appalling psychiatric hospital care of older people. Most of Robb’s whistle-blower contributors were untrained, idealistic, unsensitised to usual practice and new to the hospital. They were victimised by peers for being disloyal, denigrated and discredited by superiors, and deemed to have no right to criticise on grounds of their status and clinical inexperience. Senior staff had usually conformed to organisational practice to achieve high status: many enforced harsh, outdated and rigid care, and were reluctant to deviate from established practice. The Minister of Health publicly discredited Robb, but more mal-practice allegations emerged, were upheld, and remedial action began.

* 1960s: NHS authorities rejected opinions about quality of care from new and inexperienced staff, despite evidence that a ‘new pair of eyes’ could be insightful. Whistle-blowers were victimised and discredited. The Ministry of Health said it was important to protect whistle-blowers, but gave no advice how to do so.
* Then and now: Hierarchical, rigid, top-down management discouraged front-line staff from questioning clinical practice. Standards fell, passed unchallenged, and became the new norm. Today, target-driven, task orientated inflexible ‘care pathways’ may have similar pitfalls.
* Then and now: ‘Best health service in the world’ rhetoric lacked evidence. Relative, politically driven and unsubstantiated ‘best’ still engenders complacency to criticism and frames whistle-blowers as unreasonable.

***Perspectives on raising concerns*: Dr Irene Cormac, Member of the Psychiatrists' Support Service of the Royal College of Psychiatrists.**

In the UK, the General Medical Council (GMC) states that all doctors have a duty to raise concerns about patient safety (1). The GMC provides guidance and a decision-making tool about raising concerns. When doctors contemplate the need to raise concerns, there are a range of options to consider. The Royal College of Psychiatrists’ Support Service (PSS) is a free, confidential support and advice service for psychiatrists at all stages of their career who find themselves in difficulty or in need of support. PSS has given support to psychiatrists at various stages of the process of raising concerns.

This talk will focus on issues related to the challenges that a doctor may face before, during and after raising concerns. Tips will be given on avoiding getting into difficulty and on ways to cope during the process.

1. Recommended reading: [Raising and acting on concerns about patient safety](http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp), GMC (2012)

***After Francis?* Andrew Pepper-Parsons, Head of Policy, Public Concern at Work.**

Whistleblowing in the NHS has come under increased scrutiny over the last few years, most recently through the public inquiry into patient deaths at Mid Staffordshire NHS Trust ([Francis Report, 2013](http://webarchive.nationalarchives.gov.uk/20150407084003/http:/www.midstaffspublicinquiry.com/report)) and then through the [Freedom to Speak Up](http://freedomtospeakup.org.uk/the-report/) review of whistleblowing right across the NHS.  The Freedom to Speak Up review found the NHS had a culture of defensive attitudes and a climate of fear towards staff raising concerns, and this needed to move to a culture where raising concerns and challenging poor practice are the norm.  Andrew Pepper-Parsons from the whistleblowing charity Public Concern at Work will outline reforms to whistleblowing in the NHS and compare them with whistleblowing reforms proposed in another troubled sector, financial services.