WELLBEING & WORKPLACE DIGNITY | MODULE 09

Informal, formal and speaking-up routes

Choose between direct resolution, mediation, grievance, dignity-at-work and speaking-up processes without confusing their purposes.

✓ 19 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Choose a route by the outcome and risk, not by whichever contact is easiest to find. Informal resolution can repair workable relationships; formal procedures investigate or decide employment concerns; speaking-up routes address risks or wrongdoing in the public interest. More than one route may be relevant, but each should have a clear purpose.

Three next actions

- Write the outcome you need before selecting a process.
- Read the current local policy and identify its scope, stages and appeal route.
- Obtain advice if patient safety, discrimination, whistleblowing, disciplinary action or short legal time limits may be involved.

Learning objectives

- Match common workplace concerns to possible routes.
- Understand the strengths and limits of informal resolution.
- Use four-nation speaking-up frameworks accurately.

Start with the outcome

Ask what needs to change: behaviour, communication, workload, a decision, patient safety, access to support, an adjustment, policy compliance or a formal finding. A direct conversation may change behaviour but cannot provide an independent finding. A grievance may address a personal employment complaint but may not be the best route for a systemic patient-safety concern. Speaking up may protect wider interests but does not automatically determine an individual contractual remedy.

Write one sentence describing the issue and one describing the outcome. Then check policy scope and obtain advice. If several routes are relevant, ask how they will be coordinated, whether one will pause, who owns each decision and how information will be shared.

Informal resolution

Informal action may include a direct conversation, a manager-facilitated discussion, coaching, an agreed behaviour plan or voluntary mediation. It can be faster, less adversarial and well suited to misunderstanding, communication difficulty or early low-level conduct. Record agreed actions and a review date so that 'informal' does not mean invisible.

It is unsuitable where there is immediate danger, violence, serious sexual conduct, severe intimidation, a marked power imbalance, risk of evidence being lost, repeated failed attempts or a policy requirement for formal action. The person raising a concern should not be pressured to mediate merely to protect organisational comfort.

Formal grievance and dignity-at-work procedures

The current Acas Code for Great Britain sets core principles of promptness, consistency, necessary investigation, information about the issue, an opportunity to respond, accompaniment at qualifying formal meetings and appeal. An employer may use a separate dignity-at-work, bullying, harassment, sexual-harassment or capability procedure. Read the actual policy rather than assuming the title determines the process.

A focused grievance identifies the issue, key events, relevant policy or duty, effect, prior attempts and remedy. Ask who will investigate, how conflicts will be managed, what interim protections apply, which information will be shared, the expected timescale and how to appeal. Internal findings do not automatically decide an employment tribunal claim.

Speaking up and whistleblowing

Speaking up can concern anything that gets in the way of safe, high-quality care or affects working life, depending on the national and local framework. Legal whistleblowing protection has specific tests, including the nature of the disclosure and reasonable belief; not every personal grievance qualifies. A concern may contain both personal and public-interest elements.

Keep the concern factual: what risk exists, who may be affected, what evidence supports it, where it was raised and what action followed. Ask for feedback and escalation options. If detriment is feared or experienced, seek union or legal advice promptly.

Four nations, different frameworks

England uses the NHS Freedom to Speak Up framework and local guardians, although national arrangements continue to evolve. Wales uses Speaking up Safely. Scotland's National Whistleblowing Standards include the Independent National Whistleblowing Officer. Northern Ireland has HSC raising-concerns guidance and local organisational procedures. Contacts, review stages and external bodies differ.

Label the nation before following a template. Doctors working across employers or nations should check each organisation's current policy. A national framework does not remove the need to use urgent clinical escalation when a patient is at immediate risk.

Representation, accompaniment and time limits

At qualifying formal disciplinary and grievance meetings in Great Britain, workers have a statutory right to be accompanied by a fellow worker, trade-union representative or certified official. Local policies may allow additional support. An investigatory meeting does not carry the same automatic statutory right, although policy or reasonable-adjustment considerations may permit accompaniment.

Legal time limits can be short and do not necessarily wait for internal procedures. Acas early conciliation is relevant to Great Britain tribunal claims; Northern Ireland has separate institutions. Seek individual advice early rather than using a general website to calculate a deadline.

Worked example: two connected routes

A doctor is repeatedly denied safe senior cover and is also criticised after raising the gap. The continuing patient risk is described through the clinical governance and national speaking-up framework. The alleged retaliatory treatment is discussed with the union and, where appropriate, raised under the employment or equality procedure. The accounts share a factual chronology but ask different decision-makers for different outcomes.

The doctor asks whether the processes will be coordinated and who will receive information. This avoids duplicate contradictory interviews while preserving the distinction between correcting a safety risk and resolving personal detriment.

Questions to compare routes

For each route ask: What concerns can it consider? Can it impose a remedy? Who investigates and decides? Is accompaniment allowed? What confidentiality applies? What feedback and appeal are available? Does it affect an external deadline? What protection exists against detriment?

Record why the route was chosen and what would trigger escalation. A route that is appropriate today may need to change if behaviour repeats, new evidence emerges or immediate safety deteriorates.

Common mistake

Avoid this	Using a speaking-up route to obtain a purely personal employment remedy, or using a grievance alone for an unresolved systemic safety risk, can leave part of the problem unaddressed.

Pause and reflect

What outcome do you need, which process has authority to deliver it, and what separate support will you need while it runs?

Takeaways

- Select the route by purpose and authority.
- Informal action must be safe, voluntary where appropriate and reviewable.
- Check national and local frameworks and seek advice before deadlines expire.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. What should guide the choice of process?

A. Whether colleagues approve

B. The outcome and risk

C. The shortest policy name

D. The first person who replies

2. When is informal resolution least suitable?

A. Early misunderstanding

B. Voluntary mediated discussion

C. A minor communication problem

D. Serious intimidation with a large power imbalance

3. What does the Acas Code support?

A. Automatic dismissal after an allegation

B. Immediate findings without investigation

C. Fair, prompt procedures and an opportunity to respond

D. No appeal

4. Does every personal grievance qualify as legal whistleblowing?

A. Only for doctors

B. No; statutory tests and public-interest features matter

C. Yes

D. Only when anonymous

5. Which statement about national routes is correct?

A. One NHS route covers the whole UK

B. England, Wales, Scotland and Northern Ireland use different frameworks

C. National guidance replaces urgent clinical escalation

D. Only England has speaking-up routes

6. Why seek advice before an internal process ends?

A. External time limits may continue

B. A representative decides the case

C. No evidence is needed

D. Internal processes are never useful

Answers and explanations

1. B — The outcome and risk

Different processes have different authority and purposes.

Review the outcome-first method.

2. D — Serious intimidation with a large power imbalance

Serious or unsafe circumstances may require formal protective action.

Review limits of informal action.

3. C — Fair, prompt procedures and an opportunity to respond

The Code sets core procedural fairness principles.

Review formal procedure.

4. B — No; statutory tests and public-interest features matter

Speaking up is broad, but statutory whistleblowing protection has specific tests.

Review the distinction.

5. B — England, Wales, Scotland and Northern Ireland use different frameworks

The four nations have distinct arrangements.

Review the jurisdiction map.

6. A — External time limits may continue

Internal and external timelines may not align.

Review accompaniment and time-limit cautions.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

Acas Code of Practice on disciplinary and grievance procedures
Great Britain · https://www.acas.org.uk/acas-code-of-practice-on-disciplinary-and-grievance-procedures/html

NHS England Freedom to Speak Up policy
England · https://www.england.nhs.uk/wp-content/uploads/2022/06/PAR1245i-NHS-freedom-to-speak-up-national-Policy-eBook.pdf

Speaking up Safely: a framework for the NHS in Wales
Wales · https://www.gov.wales/sites/default/files/publications/2023-10/speaking-up-safely_0.pdf

Independent National Whistleblowing Officer standards
Scotland · https://inwo.spso.org.uk/national-whistleblowing-standards

HSC Northern Ireland: your right to raise a concern
Northern Ireland · https://www.health-ni.gov.uk/sites/default/files/publications/health/hsc-whistleblowing.PDF

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-07. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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