NAVIGATING THE NHS | MODULE 11

When work becomes difficult

Protect patients, preserve evidence and use the route that can make the decision you need.

- ✓ 23 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

Author: Dr N Aziz

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

An incident, complaint, conflict or unfair experience does not always require the same response. Deal with immediate safety first, keep a factual record and seek the right advice early.

Three next actions

- Separate immediate patient safety from employment, conduct, regulatory and wellbeing questions.
- Write a factual chronology and preserve relevant lawful records without exporting confidential material.
- Seek early advice from the appropriate supervisor, employer route, union, defence organisation or clinical support service.

Learning objectives

- Separate immediate patient safety, employment, education, conduct, discrimination, health and regulatory issues.
- Create a factual chronology and choose a proportionate support route.
- Protect confidentiality, wellbeing and professional position during complaints or investigations.

Triage the problem before choosing the process

Different problems require different first actions. A deteriorating patient or unsafe shift needs immediate clinical escalation. A rota or pay dispute is usually an employment issue. Inadequate supervision may be educational and safety-related. Bullying or discrimination may engage dignity, equality, speaking-up and employment routes. A complaint, incident investigation or GMC matter has its own process and may require early professional advice.

Do not let the most emotionally charged label determine the route. Write what happened, who or what is currently at risk and what decision is needed. Several routes may eventually apply, but one usually has priority. Patient protection comes before building an employment case; urgent personal health needs may require stepping back from the process long enough to obtain care.

- Is anyone at immediate risk?
- What factual event or decision is disputed?
- Who owns the next safe action?
- Which process has authority to decide it?
- What advice is needed before responding?

Act on immediate patient-safety risk

Use the clinical chain of command, emergency response or incident process appropriate to the situation. State the patient, risk, action already taken and help required. If staffing or workload makes care unsafe, distinguish the immediate mitigation from the longer-term workforce concern. Document clinical decisions in the correct record and organisational concerns through approved systems.

Speaking up should be proportionate but not delayed because a doctor fears appearing difficult. If a usual manager is involved or unavailable, alternative routes may include another senior clinician, duty executive, guardian or national speaking-up structure depending on the nation. The aim is protection and response, not creating a perfect dossier before anyone acts.

- Protect the patient now.
- Escalate with a clear request.
- Record clinical actions in the clinical record.
- Report organisational risk through the approved route.
- Review whether mitigation actually occurred.

Build a factual chronology without turning it into advocacy

A chronology records date, time, event, participants, contemporaneous evidence, action and outcome. Separate direct observation from what another person reported and from your interpretation. Use neutral language and preserve the original documents. Do not edit screenshots, reconstruct quotations from memory as exact words or include confidential patient details in a personal file.

The chronology should help an adviser or decision-maker understand the issue quickly. A large unstructured email archive can conceal the key event. Create an index and retain the originals securely. If litigation, regulatory action or a serious investigation is possible, obtain advice before recording or sharing material outside normal systems.

- Date and source.
- Observed fact.
- Reported information clearly labelled.
- Decision or request.
- Response and outstanding issue.
- Location of the original evidence.

Choose support according to the issue

A supervisor can address learning and scope; a clinical lead or manager can address service arrangements; medical staffing and payroll can address contract administration; a SAS or LED lead can help navigate systems; a freedom-to-speak-up or equivalent service can support concerns; a trade union can advise on employment rights; and a defence organisation or solicitor may advise on medico-legal or regulatory risk. These functions overlap but are not interchangeable.

Contact support early when a formal statement, complaint response, disciplinary meeting, exclusion, police request, inquest or GMC correspondence is involved. Meet deadlines, but ask for a reasonable extension where advice or records are needed. Do not provide a hurried opinion outside your knowledge simply because another organisation describes the request as urgent.

- Clinical and patient-safety route.
- Educational and supervision route.
- Employment and trade-union route.
- Speaking-up, equality or dignity route.
- Medico-legal and regulatory advice.
- Health and wellbeing support.

Respond to complaints and investigations carefully

Read the allegation or question exactly. Preserve records and follow confidentiality rules. A factual response should distinguish what you remember, what the record shows and what falls outside your involvement. Avoid speculation, retrospective alteration and discussion with people who may be witnesses unless the process permits it.

Being involved in an investigation does not itself establish wrongdoing. Engage professionally, seek representation where appropriate and keep communication measured. If the process is affecting sleep, concentration or safe work, obtain health support and consider whether temporary adjustments are needed. Wellbeing care and procedural advice can proceed together.

- Confirm the process and deadline.
- Obtain the relevant records lawfully.
- Seek advice before a formal response where appropriate.
- Answer the question within your evidence and role.
- Keep copies and note submission.

Address bullying, discrimination and health without self-blame

Repeated humiliation, exclusion, discriminatory treatment or retaliation should not be normalised as NHS culture. Record specific behaviour and consequence rather than relying only on labels. Consider immediate safety, informal resolution where appropriate, dignity-at-work or grievance routes, equality support, speaking-up arrangements and trade-union advice. Serious conduct may require formal action without an informal stage.

Health can both affect and be affected by workplace difficulty. Use a GP, occupational health, practitioner health or other appropriate service. A request for reasonable adjustment should describe the functional barrier and helpful change; it does not require a doctor to disclose unnecessary detail to every colleague. Urgent mental-health or physical-health risk requires immediate clinical help.

- Specific behaviour, date and impact.
- Comparator or pattern where relevant.
- Requested protection or adjustment.
- Response and any retaliation.
- Independent support and health care.

Define what resolution would look like

A process can consume energy without resolving the practical issue. Define the outcome needed: safer staffing, corrected pay, an agreed scope, restored development opportunity, behaviour stopped, accurate findings, reasonable adjustment or another specific action. Some outcomes require more than one route, but each request should be clear.

After a decision, review what remains. There may be an appeal, grievance, review or external route, each with time limits and evidential standards. Obtain individual advice before escalating serious matters. Where the issue is resolved, retain the record for an appropriate period and convert any wider learning into governance improvement without identifying individuals unnecessarily.

- Desired practical outcome.
- Decision-maker with authority.
- Evidence and applicable policy.
- Timescale and interim protection.
- Review or appeal route.
- Learning and prevention.

Common mistake

Avoid this	Do not send one long email to every possible organisation. Decide what decision is required and give each route the information it is responsible for considering.

Pause and reflect

If an independent adviser read your current account, could they distinguish facts, reports, interpretation, immediate risk and the outcome you are asking for?

Takeaways

- Triage the issue before selecting a policy or person.
- A concise factual chronology is more useful than an emotional document dump.
- Seek early individual advice for formal, regulatory, police, legal or serious employment processes.

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. A patient is currently at risk because senior cover is unavailable. What comes first?

A. Wait for appraisal.

B. Post anonymously online.

C. Immediate clinical escalation and mitigation.

D. Draft a grievance.

2. Which chronology entry is strongest?

A. On 4 September at 14:10, I requested senior review by email; the attached reply declined and no alternative was named.

B. This proves discrimination.

C. My manager always undermines me.

D. Everyone agrees the rota is unsafe.

3. Who is best placed to advise on a formal GMC letter?

A. A defence organisation, union legal service or suitably qualified adviser.

B. A patient.

C. Payroll.

D. A social-media group.

4. A complaint asks about an event you do not remember but the record documents. What should you do?

A. Distinguish your recollection from what the contemporaneous record shows.

B. Refuse all response.

C. Create a memory matching the record.

D. Alter the record.

5. Which statement about discriminatory behaviour is correct?

A. It must be accepted as cultural adjustment.

B. It should always begin with litigation.

C. Only HR can notice it.

D. Specific behaviour, impact and context should be recorded and addressed proportionately.

6. Why define the desired resolution?

A. To replace policy.

B. To avoid advice.

C. To guarantee success.

D. To connect evidence and process to a practical outcome a decision-maker can consider.

Answers and explanations

1. C — Immediate clinical escalation and mitigation.

Current patient protection has priority over the later employment process.

Identify the urgent chain of command for your service.

2. A — On 4 September at 14:10, I requested senior review by email; the attached reply declined and no alternative was named.

The entry separates date, action, source and outcome from interpretation.

Rewrite labels as specific events with source evidence.

3. A — A defence organisation, union legal service or suitably qualified adviser.

Regulatory correspondence warrants confidential specialist advice.

Record your professional defence and union contact details.

4. A — Distinguish your recollection from what the contemporaneous record shows.

Evidence sources must be described honestly.

Use separate headings for recollection, record and matters outside your role.

5. D — Specific behaviour, impact and context should be recorded and addressed proportionately.

Evidence and proportionate routes support protection and fair review.

Identify local equality, dignity, speaking-up and union routes.

6. D — To connect evidence and process to a practical outcome a decision-maker can consider.

A clear requested outcome prevents the process becoming directionless.

Write one sentence describing the protection or correction needed.

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.

GMC: raising and acting on concerns
UK / nation-specific · https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/raising-and-acting-on-concerns

National Guardian's Office
UK / nation-specific · https://nationalguardian.org.uk/

BMA: bullying and harassment
UK / nation-specific · https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/bullying-and-harassment-guidance/bullying-and-harassment-support-resources

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.

Protect confidentiality. Do not enter patient-identifiable information, confidential employer material or privileged case details into website tools. HTML teaching and worksheet alternatives are available through sasdoctors.com/resources.