GMC & PROFESSIONAL REGULATION | MODULE 05

The first 72 hours after a serious concern

Use a calm, sequenced response to protect patients, deadlines, evidence, health and representation before giving a detailed account.

- ✓ 18 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

The first objective is not to win the case in one email. It is to prevent further risk, preserve records, identify deadlines and restrictions, obtain the right advisers and create a reliable chronology before any substantive response.

Three next actions

- Comply with immediate patient-safety and regulatory restrictions.
- Contact your defence organisation and trade union using the correct route.
- Create a deadline and document index on an authorised or private secure system without copying confidential records unnecessarily.

Learning objectives

- Prioritise safety, advice and deadlines.
- Use a holding response appropriately.
- Avoid common actions that worsen regulatory or employment risk.

Pause before narrative

Shock can produce over-explanation, angry rebuttal or premature admissions. Read the letter for action: sender, process, allegation, deadline, required attendance, restriction and contact. Preserve the original. Unless urgent facts must be corrected for safety, do not write the full account before advice.

A short acknowledgement may confirm receipt, state that advice is being obtained and request documents or reasonable time. It should not be used to delay indefinitely.

- Read for action.
- Preserve the original.
- Use a holding response only where appropriate.

Safety and restrictions

Check whether any patient needs review, whether a medicine, result or handover remains outstanding and whether current duties are safe. Comply with any lawful restriction, interim order or instruction while seeking advice. Clarify ambiguity before undertaking affected work.

Do not allow anxiety about professional consequences to delay necessary patient care or incident escalation. Record safety actions in the proper system.

- Patients first.
- Comply with restrictions.
- Clarify affected scope.

Assemble the correct support team

The medical defence organisation deals with clinical complaints, inquests and regulatory risk according to membership and occurrence. The trade union addresses contract, disciplinary and employment rights. A personal lawyer may be needed for criminal or specialist litigation. The BMA Doctor Support Service provides emotional peer support during GMC processes but not legal or employment advice.

Tell each adviser about parallel routes so advice is not siloed. Confirm coverage before assuming historic work, private practice or work abroad is included.

- Defence and union roles differ.
- Check indemnity scope.
- Add emotional and clinical support.

Map every deadline

Record the actual date and time, what must be provided, by whom, adviser and status. Internal grievance or appeal procedures do not automatically stop external limitation periods. As at 7 September 2026, most Great Britain employment claims generally require Acas notification within three months minus one day; for relevant events from 1 October 2026, the announced general limit becomes six months minus one day. Exceptions and Northern Ireland rules require advice.

Never rely on a website to calculate the final date. Ask an adviser to confirm it and keep evidence of Acas notification or extension requests.

- Record, do not mentally track.
- Internal processes do not preserve external limits.

- Obtain exact legal advice.

Create a disciplined chronology

Start with source documents: clinical record, rota, emails, policy, meeting invite and incident report. For each event, record date, fact, source, action and unresolved question. Distinguish what you observed, what someone reported and your later interpretation.

Do not amend clinical records to improve the account. If a legitimate late clinical entry is needed, follow policy and label it transparently. Keep the chronology free of unnecessary identifiers.

- Source every event.
- Separate fact from inference.
- Never rewrite history.

Protect health and decision-making

A serious complaint or investigation can cause insomnia, panic, shame and suicidal thinking. Tell a trusted person, GP or specialist doctor service. Arrange practical cover if you are not safe to work or drive. The BMA Doctor Support Service is available to doctors notified of a provisional enquiry, investigation or licence risk; urgent wellbeing routes remain separate.

Do not self-prescribe or use alcohol or sedatives to force sleep. If there is immediate danger, use emergency services. Seeking treatment is compatible with professional responsibility; the regulatory concern is unmanaged risk, not the mere existence of a health condition.

- Use independent clinical care.
- Do not manage acute risk alone.
- Health conditions are not misconduct by themselves.

Worked example: notification during clinical duty

A generic doctor receives a GMC email while leading a busy shift. Unless the message creates an immediate restriction or safety requirement, the doctor should not attempt a detailed response between clinical tasks. They should preserve the message, check the deadline, contact their defence organisation and decide whether distress affects safe continuation of duty.

If they cannot work safely, they should use the clinical management route to arrange cover without broadcasting the allegation. A holding acknowledgement can be sent after advice. A trusted person or confidential support service can help with distress, but should not be asked to draft the legal response.

- Do not mix clinical duty and reactive drafting.
- Address fitness to continue the shift.
- Use support and representation separately.

The 72-hour checkpoint

By the checkpoint, aim to know: every process and deadline; immediate restrictions; named union and defence contacts; documents preserved; who must be informed; whether a patient-safety action remains; what health support is in place; and when the first substantive decision is required. Uncertainty should appear as an assigned question, not silent anxiety.

Do not use 72 hours as a rigid regulatory period. Some duties require action without delay and some deadlines are longer. It is a planning horizon for stabilising the situation, not permission to wait.

- Convert uncertainty into questions.
- Do not miss immediate duties.
- Set the next review.

Common mistake

Avoid this	Trying to solve everything immediately can create an inaccurate account, missed deadline or health crisis.

Pause and reflect

What must happen today, what can wait for advice, and who is responsible for each action?

Takeaways

- Safety, restrictions and deadlines come before argument.
- Use defence, union, legal and emotional support for their distinct purposes.
- A reliable chronology is built from sources, not reconstructed certainty.

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 doctor is angry and wants to send a detailed rebuttal immediately. What is safest?

A. Pause, identify immediate duties and obtain advice before the substantive response

B. Contact the complainant

C. Send it to all staff

D. Prepare a final response from memory before obtaining the allegations and advice

2. A restriction letter is unclear about on-call work. What should the doctor do?

A. Ask a patient

B. Obtain written clarification before undertaking the potentially restricted duty

C. Work secretly

D. Assume it does not apply

3. Which service should decide a GMC legal response?

A. An uninvolved colleague

B. A defence organisation or instructed regulatory lawyer

C. A social-media group

D. The emotional peer supporter

4. A doctor starts an internal appeal close to a tribunal deadline. What is safest?

A. Assume the appeal pauses time

B. Wait for the appeal outcome

C. Use the GMC deadline instead

D. Seek urgent legal or union advice and protect the external deadline separately

5. How should a later recollection be recorded?

A. As certain fact

B. As a dated recollection distinct from the contemporaneous clinical record

C. In a colleague's record

D. By editing the original note

6. A doctor develops suicidal thoughts after notification. What is the priority?

A. Continuing the on-call shift

B. Immediate clinical safety and urgent support, alongside notifying advisers

C. Finishing the statement first

D. Keeping absolute secrecy

Answers and explanations

1. A — Pause, identify immediate duties and obtain advice before the substantive response

Pause, identify immediate duties and obtain advice before the substantive response This reflects the safer principle explained in “Pause before narrative”.

Re-read “Pause before narrative” and identify the action, adviser or evidence needed before proceeding.

2. B — Obtain written clarification before undertaking the potentially restricted duty

Obtain written clarification before undertaking the potentially restricted duty This reflects the safer principle explained in “Safety and restrictions”.

Re-read “Safety and restrictions” and identify the action, adviser or evidence needed before proceeding.

3. B — A defence organisation or instructed regulatory lawyer

A defence organisation or instructed regulatory lawyer This reflects the safer principle explained in “Assemble the correct support team”.

Re-read “Assemble the correct support team” and identify the action, adviser or evidence needed before proceeding.

4. D — Seek urgent legal or union advice and protect the external deadline separately

Seek urgent legal or union advice and protect the external deadline separately This reflects the safer principle explained in “Map every deadline”.

Re-read “Map every deadline” and identify the action, adviser or evidence needed before proceeding.

5. B — As a dated recollection distinct from the contemporaneous clinical record

As a dated recollection distinct from the contemporaneous clinical record This reflects the safer principle explained in “Create a disciplined chronology”.

Re-read “Create a disciplined chronology” and identify the action, adviser or evidence needed before proceeding.

6. B — Immediate clinical safety and urgent support, alongside notifying advisers

Immediate clinical safety and urgent support, alongside notifying advisers This reflects the safer principle explained in “Protect health and decision-making”.

Re-read “Protect health and decision-making” and identify the action, adviser or evidence needed before proceeding.

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: Support for doctors under investigation
UK · https://www.gmc-uk.org/concerns/information-for-doctors-under-investigation/support-for-doctors

BMA Doctor Support Service for GMC investigations
UK · https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/gmc-investigation-support-doctor-support-service

MDU: Fitness to practise procedures
UK · https://www.themdu.com/guidance-and-advice/guides/fitness-to-practise-ftp-procedures

Medical Protection: advice and support
UK · https://www.medicalprotection.org/uk/uk/contact

MDDUS: Guidance on GMC investigations
UK · https://www.mddus.com/advice-and-support/medical/medical-advisory-guides/gmc/gmc-investigations

Acas: Employment tribunal time limits
Great Britain · https://www.acas.org.uk/employment-tribunal-time-limits

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