GMC & PROFESSIONAL REGULATION | MODULE 08

Full GMC investigation, assessments and case-examiner outcomes

Follow evidence gathering, health or performance assessment, representations and the possible decisions at the end of a GMC investigation.

- ✓ 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

A full investigation gathers evidence and assesses current risk. It may end with no action, advice, a warning, agreed undertakings or referral to an independent medical practitioners tribunal. Engage with advice, meet directions and use the opportunity to submit accurate evidence and representations.

Three next actions

- Confirm the allegation, GMC officer, timetable and information requested.
- Agree with your defence representative how employer, expert, health and remediation evidence will be obtained.
- Prepare representations that address facts, seriousness, context, insight, remediation and current risk separately.

Learning objectives

- Describe the main stages of a full GMC investigation.
- Understand health, performance and English-language assessments.
- Distinguish no action, advice, warning, undertakings and tribunal referral.

Opening and scope

The GMC assigns an officer and explains the concern. It may request records, employer material, witness evidence, expert opinion or information from the doctor. The scope can expand if other serious concerns emerge. Keep contact details current and tell the officer about representation and reasonable-adjustment needs.

Do not assume the investigation prevents work. Many doctors continue unless an interim order or local restriction applies.

- Know the officer and scope.
- Request adjustments early.
- Check actual restrictions.

Evidence gathering and experts

The GMC may obtain clinical records, statements and expert reports. Review disclosure with your representative and identify factual inaccuracies, missing context and relevant material. A disagreement with an expert should be reasoned and supported, not personal.

The doctor may provide their own evidence, including remediation and testimonials. Timing and admissibility should be planned with the representative.

- Analyse evidence, not personalities.
- Identify omissions early.
- Provide relevant current-practice evidence.

Health, performance and language assessments

The GMC may direct assessment of health, performance or English language where relevant. Instructions explain the process and portfolio. A supporter may attend defined interviews but cannot answer on the doctor's behalf. Non-cooperation can itself lead to tribunal proceedings.

Discuss health information, adjustments and preparation with the defence adviser and treating clinician. Do not alter treatment to influence an assessment.

- Cooperate with lawful assessment.
- Use support within role limits.
- Request reasonable adjustments.

Doctor's representations

Representations should address the legal and professional questions, not simply retell events. Organise by allegation, evidence, response, context, insight, remediation and current risk. Identify admitted and disputed matters. Provide supporting documents through the agreed channel.

Concise structure improves clarity; volume does not equal strength. Ensure any testimonial or course evidence is authentic and relevant.

- Structure around decision questions.
- Separate admitted and disputed facts.

- Use relevant evidence.

Case examiners and outcomes

At the end of investigation, case examiners may close with no further action, give advice, issue a warning, agree undertakings or refer to the MPTS. A warning does not restrict practice but is a formal response and may be published or disclosed under applicable rules. Undertakings are agreed restrictions or requirements and must be understood before acceptance.

Do not accept undertakings merely to end stress. Examine workability, duration, monitoring, disclosure, employment effects and review with your representative.

- Outcomes have different effects.
- Warnings are not restrictions.
- Understand undertakings before agreement.

Compliance and review

Conditions or undertakings may require supervisors, reports, treatment, testing, training or limits on work. The doctor must disclose them where required and ensure every role is compatible. Keep a compliance calendar and evidence file.

If a condition is impractical or circumstances change, seek advice and use the formal variation or review route. Do not quietly depart from it.

- Make restrictions operational.
- Document compliance.
- Seek formal variation.

Worked example: full investigation response

A generic full investigation alleges repeated failure to follow up results. The response should address each episode, the record, role allocation, system, escalation and patient consequence. It should then address whether the concern continues, what local review found, changes made, audit results and current supervision. A broad assertion of an excellent career does not answer the allegation.

Where the GMC expert or employer chronology omits material, the doctor identifies the document and explains its relevance. Representations should remain consistent with any employment statement and openly explain any justified difference in purpose or later evidence.

- Allegation-by-allegation response.
- Current risk evidence.
- Explain differences transparently.

Compare possible investigation outcomes

No further action ends the GMC investigation but may not end employer action. Advice is guidance without registration restriction. A warning records significant concern without restricting practice. Undertakings are agreed and monitored commitments. Tribunal referral places facts, impairment and sanction before the MPTS. Each has different publication, disclosure, employment and review implications.

Ask the representative to explain practical consequences, not only the label. A proposed undertaking must be possible in the doctor’s actual or prospective work and compatible with immigration, indemnity

and employer arrangements.

- Know legal and practical effect.
- Check disclosure.
- Test workability.

Common mistake

Avoid this	Treating an agreed undertaking as an informal promise can lead to inadvertent non-compliance and further regulatory risk.

Pause and reflect

Does your response address the GMC's current-risk decision, or only argue about the original event?

Takeaways

- Full investigation is an evidence process, not a finding.
- Cooperation and accurate representations matter.
- Understand the practical effect of every proposed outcome.

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 under full investigation. Can they automatically no longer work?

A. Only SAS doctors can work

B. No; work depends on any actual GMC order, undertakings and employer restrictions

C. Treat the absence of a GMC restriction as permission to disregard an employer restriction

D. Yes, every investigation suspends registration

2. An expert report contains a factual error. What should the response do?

A. Alter the record

B. Identify the exact error, source document and effect on the opinion

C. Rely on the decision-maker to notice and resolve the discrepancy without a focused response

D. Attack the expert's character

3. A doctor refuses a directed assessment because it feels unfair. What is the risk?

A. Nothing can happen

B. Non-participation prevents the regulator from reaching any further decision

C. The employer must decide it

D. Non-cooperation can lead to a separate tribunal process

4. What is the strongest structure for representations?

A. A long chronology of workplace disagreements without linking it to the disputed findings

B. Only character references

C. A one-line denial

D. Allegation, evidence, response, context, insight, remediation and current risk

5. What is true of a GMC warning?

A. It ends all employer action

B. It does not restrict practice but is a formal outcome with potential disclosure consequences

C. It is private in every case

D. It is the same as suspension

6. An undertaking becomes impossible after changing jobs. What should the doctor do?

A. Seek immediate advice and formal clarification or variation before affected practice

B. Rely on the decision-maker to notice and resolve the discrepancy without a focused response

C. Work outside it temporarily

D. Ask the new employer to conceal it

Answers and explanations

1. B — No; work depends on any actual GMC order, undertakings and employer restrictions

No; work depends on any actual GMC order, undertakings and employer restrictions This reflects the safer principle explained in “Opening and scope”.

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

2. B — Identify the exact error, source document and effect on the opinion

Identify the exact error, source document and effect on the opinion This reflects the safer principle explained in “Evidence gathering and experts”.

Re-read “Evidence gathering and experts” and identify the action, adviser or evidence needed before proceeding.

3. D — Non-cooperation can lead to a separate tribunal process

Non-cooperation can lead to a separate tribunal process This reflects the safer principle explained in “Health, performance and language assessments”.

Re-read “Health, performance and language assessments” and identify the action, adviser or evidence needed before proceeding.

4. D — Allegation, evidence, response, context, insight, remediation and current risk

Allegation, evidence, response, context, insight, remediation and current risk This reflects the safer principle explained in “Doctor's representations”.

Re-read “Doctor's representations” and identify the action, adviser or evidence needed before proceeding.

5. B — It does not restrict practice but is a formal outcome with potential disclosure consequences

It does not restrict practice but is a formal outcome with potential disclosure consequences This reflects the safer principle explained in “Case examiners and outcomes”.

Re-read “Case examiners and outcomes” and identify the action, adviser or evidence needed before proceeding.

6. A — Seek immediate advice and formal clarification or variation before affected practice

Seek immediate advice and formal clarification or variation before affected practice This reflects the safer principle explained in “Compliance and review”.

Re-read “Compliance and review” 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: How we investigate concerns about doctors
UK · https://www.gmc-uk.org/concerns/information-for-doctors-under-investigation/how-we-investigate-concerns

GMC: Deciding whether to open an investigation
UK · https://www.gmc-uk.org/cdn/documents/dc23657---deciding-whether-to-open-an-investigation--doctors-_pdf-110172705.pdf

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

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

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

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