GMC & PROFESSIONAL REGULATION | MODULE 04

GMC referral, self-referral and triage

Understand who may notify the GMC, what doctors must report and how the regulator decides whether a concern needs provisional enquiry or full 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

Anyone can raise a concern, but the GMC acts only within its statutory public-protection role. Doctors also have personal reporting duties for specified criminal, regulatory and official-inquiry events. If unsure, obtain defence advice promptly and use the current GMC guidance rather than relying on workplace opinion.

Three next actions

- Check whether the communication is a complaint, an employer referral, a GMC enquiry or a personal reporting obligation.
- Notify your defence organisation before making a self-referral or substantive response.
- Collect the exact court, police, employer or regulatory document rather than paraphrasing it from memory.

Learning objectives

- Explain GMC referral thresholds and the three elements of public protection.
- Recognise events that may require personal notification.
- Understand triage, disclosure to a responsible officer and provisional enquiries.

Who can raise a GMC concern

Patients, relatives, employers, responsible officers, police, coroners, other regulators and members of the public may provide information. The GMC can consider information from any source. Employer referrals should be threshold-based and normally involve the responsible officer and Employer Liaison Adviser unless urgency or seriousness requires immediate action.

A referral is an allegation, not a finding. The doctor should obtain the material and understand whether the employer has completed local fact-finding, what safeguards exist and which matters remain disputed.

- Referral source does not decide outcome.
- Responsible-officer routes matter.
- Urgent risk may justify immediate contact.

The GMC threshold

The GMC's statutory objective covers health, safety and wellbeing of the public, public confidence, and proper professional standards. Its guidance distinguishes minor or locally remediable matters from serious or unresolved current risk. Some matters are shared with the doctor and responsible officer for reflection even when no investigation is opened.

Serious dishonesty, sexual misconduct, violence, grossly negligent or reckless clinical behaviour, unlawful discrimination, abuse of trust and unmanaged risk are examples that may reach the threshold, but every case depends on facts and context.

- Seriousness and current risk matter.
- Local management may be sufficient.
- Labels do not replace evidence.

Personal reporting duties

Good medical practice requires doctors to tell the GMC without delay if they accept a caution, are charged with or found guilty of a criminal offence, or are criticised by an official inquiry. Supporting guidance covers specified alternative police disposals and findings by regulatory bodies in the UK or overseas. Exact obligations are technical and should be checked against the current document.

Do not wait for an employer to report on your behalf. Equally, do not make an unnecessary or inaccurate self-referral without advice. Obtain the formal document, date, jurisdiction and outcome.

- Check current reporting guidance.
- Report without delay where required.
- Use exact documents and advice.

Triage and early closure

Triage asks whether the concern is within the GMC's remit, sufficiently serious and supported enough to require action. In 2025, most triaged concerns were closed before full investigation. Closure does not necessarily mean the concern was false; it can mean it did not meet the regulatory threshold or was better addressed elsewhere.

The GMC may share some lower-level information with the responsible officer to check for a wider pattern or support reflection. A doctor should not assume that no formal investigation means no local follow-up.

- Most concerns do not reach full investigation.

- Closure reasons differ.
- Local action can continue.

Provisional enquiries

Where seriousness or evidence is unclear, the GMC may seek one or two discrete pieces of information before deciding whether to open a full investigation. This may concern a single clinical episode, health, evidence reliability, insight or remediation. The doctor may be notified and eligible for the commissioned Doctor Support Service.

Treat a provisional enquiry seriously but do not describe it as a finding or full investigation. Ask what information is sought, the response date and whether your responsible officer or employer is being contacted.

- Clarify the stage.
- Answer the discrete request carefully.
- Access support early.

Preparing a self-referral or initial response

A safe notification is complete, accurate and proportionate. Identify the event, date, authority, status and documents; explain immediate safeguards; avoid speculation about contested facts. Your defence adviser can help ensure that the notification meets duties without creating inconsistency with criminal or employment advice.

Keep proof of submission and future updates. If circumstances change—charge, conviction, regulatory determination or official criticism—check whether a further notification is required.

- Facts and status first.
- Coordinate parallel advice.
- Keep an update log.

Worked example: a police notification

A generic doctor receives notice of a criminal charge. The personal regulatory question is whether Good medical practice requires notification; the criminal question concerns plea, evidence and defence; the employer question concerns risk and work; and the GMC question concerns public protection. The doctor should not wait for one body to notify another or provide an unadvised narrative that prejudges the criminal case.

With advice, the doctor can submit the verified charge, court or police reference, date, next hearing and current safeguards, while avoiding speculation. They should update the GMC when the formal status changes and comply with employer disclosure requirements.

- Use verified legal status.
- Avoid duplicative speculation.
- Maintain an update record.

What may help the GMC assess triage

Relevant material may include the precise allegation, reliable source documents, whether it is isolated or patterned, current patient risk, local investigation and safeguards, the doctor’s engagement, health

management, insight and remediation. The regulator may need only limited information at provisional-enquiry stage; sending an uncontrolled bundle can obscure the issue.

A responsible officer’s view carries organisational context but is not the final GMC decision. A doctor can correct factual errors, provide relevant context and identify safe local management through their representative without demanding a particular outcome.

- Relevance over volume.
- Current risk and local safeguards.
- Correct errors with sources.

Common mistake

Avoid this	Assuming that an employer will make every required notification can leave the doctor in breach of a personal reporting duty.

Pause and reflect

Which facts establish whether notification is required, and which questions need defence advice before submission?

Takeaways

- Anyone may raise a concern, but the GMC applies a statutory threshold.
- Doctors have personal reporting duties for specified events.
- Triage, provisional enquiry and full investigation are different stages.

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. An employer says it may refer but has not specified the concern. What should the doctor do?

A. Threaten the referrer

B. Self-refer with an improvised account

C. Resign immediately

D. Seek the precise basis and obtain union and defence advice

2. Does every breach of Good medical practice require a full GMC investigation?

A. Only if the doctor is SAS

B. No; seriousness, current risk and whether local action is sufficient are relevant

C. Only if a patient complains

D. Yes, automatically

3. A doctor is charged with a criminal offence but believes they will be acquitted. What is the safest regulatory approach?

A. Wait for the criminal outcome before checking the current reporting requirements

B. Wait for trial before checking

C. Ask a colleague to decide

D. Obtain immediate defence advice and follow the GMC duty to report a charge without delay

4. What does GMC triage closure prove?

A. That the complainant lied

B. That the employer must apologise

C. Only that the concern did not proceed as a full GMC investigation; other processes may remain

D. That no reflection is needed

5. A GMC letter says it is making provisional enquiries. What is accurate?

A. Impairment has been proved

B. The GMC is gathering limited information to decide whether a full investigation is needed

C. Erasure is inevitable

D. A tribunal has begun

6. What belongs in a self-referral?

A. An attack on the complainant

B. Patient records copied without authority

C. Verified event details, formal status, relevant documents and current safeguards

D. Rumour and speculation

Answers and explanations

1. D — Seek the precise basis and obtain union and defence advice

Seek the precise basis and obtain union and defence advice This reflects the safer principle explained in “Who can raise a GMC concern”.

Re-read “Who can raise a GMC concern” and identify the action, adviser or evidence needed before proceeding.

2. B — No; seriousness, current risk and whether local action is sufficient are relevant

No; seriousness, current risk and whether local action is sufficient are relevant This reflects the safer principle explained in “The GMC threshold”.

Re-read “The GMC threshold” and identify the action, adviser or evidence needed before proceeding.

3. D — Obtain immediate defence advice and follow the GMC duty to report a charge without delay

Obtain immediate defence advice and follow the GMC duty to report a charge without delay This reflects the safer principle explained in “Personal reporting duties”.

Re-read “Personal reporting duties” and identify the action, adviser or evidence needed before proceeding.

4. C — Only that the concern did not proceed as a full GMC investigation; other processes may remain

Only that the concern did not proceed as a full GMC investigation; other processes may remain This reflects the safer principle explained in “Triage and early closure”.

Re-read “Triage and early closure” and identify the action, adviser or evidence needed before proceeding.

5. B — The GMC is gathering limited information to decide whether a full investigation is needed

The GMC is gathering limited information to decide whether a full investigation is needed This reflects the safer principle explained in “Provisional enquiries”.

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

6. C — Verified event details, formal status, relevant documents and current safeguards

Verified event details, formal status, relevant documents and current safeguards This reflects the safer principle explained in “Preparing a self-referral or initial response”.

Re-read “Preparing a self-referral or initial response” 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: Good medical practice 2024
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

GMC: Deciding whether to refer a matter to the GMC
UK · https://www.gmc-uk.org/cdn/documents/dc4528-deciding-whether-to-refer-a-matter-to-the-gmc--doctors-_pdf-48163325.pdf

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: Reporting criminal and regulatory proceedings
UK · https://www.gmc-uk.org/cdn/documents/reporting-criminal-and-regulatory-20200211_pdf-58841314.pdf

GMC: Concerns about fitness to practise annual statistics 2025
UK · https://www.gmc-uk.org/cdn/documents/concerns-about-fitness-to-practise-annual-statistical-report-2025-english_pdf-115384449.pdf

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