GMC & PROFESSIONAL REGULATION | MODULE 03

Local investigations, restriction and exclusion

Understand allegations, fact-finding, representation, interim measures and fair local procedures before disciplinary or capability decisions.

- ✓ 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

An employer investigation should establish facts before a decision. Restriction or exclusion may be used as an interim risk measure, but should not be treated as punishment. Medical staff procedures differ by nation, contract and employer, so obtain union and defence advice immediately.

Three next actions

- Request the precise allegation, policy, investigator's terms of reference and your status.
- Ask for representation and the evidence needed to prepare fairly.
- Clarify any restriction, pay position, contact rules, review date and permitted professional activity in writing.

Learning objectives

- Prepare for a fair fact-finding interview.
- Distinguish conduct, capability, health and clinical-governance concerns.
- Respond safely to exclusion, supervision or restricted duties.

Identify the process and allegation

A vague invitation to discuss 'concerns' can conceal very different processes. Ask whether the meeting is informal, fact-finding, disciplinary, capability, grievance, sickness, job-planning or clinical governance; what allegations and dates are in scope; which policy applies; and whether it could lead to formal action or referral.

Conduct asks whether behaviour breached a standard. Capability concerns knowledge, skill or ability and should examine support and systems. Health needs clinical and occupational-health input. These may overlap but should not be collapsed without explanation.

- Ask for scope in writing.
- Know your status and rights.
- Separate conduct, capability and health.

Elements of a fair investigation

A fair investigation gathers relevant inculpatory and exculpatory material, tests reliability, avoids predetermined conclusions and gives the doctor a meaningful opportunity to respond. The investigator should work within terms of reference and identify conflicts. The final decision should be made by the authorised decision-maker, not assumed by the investigator.

Keep a log of requests, evidence supplied, meetings and unresolved procedural issues. Raise concerns promptly and proportionately rather than saving every objection for an appeal.

- Relevant evidence in both directions.
- Independent decision-making.
- Prompt procedural objections.

Interviews and written statements

Prepare a chronology and key documents with your representative. Listen to each question, distinguish observation from hearsay and say when you do not know or remember. Do not guess. Ask to correct an inaccurate note or transcript. If a new allegation appears, request time to take advice and respond.

A companion's role and right to representation depend on the process and local policy. Medical defence organisations commonly advise on clinical or regulatory risk; trade unions advise and represent on employment matters. Both may need to coordinate.

- Answer the question asked.
- Do not speculate.
- Coordinate union and defence advice.

Restriction, supervision and exclusion

Interim controls can include adjusted duties, increased supervision, removal from particular activity, alternative work or exclusion. They should be proportionate to identified risk, documented, reviewed and no broader or longer than necessary. Clarify whether the measure is contractual, voluntary or linked to regulatory conditions.

Obtain written terms covering pay, availability, contact with colleagues, access to records, appraisal, CPD, indemnity, communication and review. Do not breach a restriction while disputing it; challenge through advice and the correct process.

- Comply while obtaining advice.
- Demand clarity and review.
- Maintain safe permitted practice.

Nation, contract and policy matter

England commonly uses Maintaining High Professional Standards for NHS medical staff alongside local policies. Northern Ireland has an MHPS framework for its health service. Wales has all-Wales workforce policies and specific medical contractual arrangements. Scotland's workforce policies state exclusions for much medical and dental staff in some contexts, so the applicable medical procedure must be checked rather than assumed.

Locally employed doctors may be on locally drafted contracts and titles. That does not remove statutory employment rights or professional obligations, but contractual procedure and representation can differ. Obtain the actual policy incorporated or applied.

- Do not import an English policy automatically.
- Check contract and nation.
- LED titles do not define rights by themselves.

Outcome, reasons and appeal

The outcome should identify findings, evidence, standard of proof or decision approach, action, duration and appeal route. Check whether recommendations are mandatory, whether referral is proposed and how re-entry or improvement will be supported. Appeal grounds commonly concern evidence, procedure, proportionality or new material, but the applicable policy governs.

An appeal is not improved by repeating every point. Build a short table: finding, error, supporting material, effect on outcome and remedy requested. Keep external limitation dates under separate advice.

- Require written reasons.
- Target appeal grounds.
- Do not miss external deadlines.

Worked example: capability or conduct?

A generic investigation begins after several delayed discharge summaries. The employer must establish whether expectations were clear, workload and systems were workable, training and support were available, and the doctor deliberately disregarded duties or could not meet the required standard. Labelling the matter ‘conduct’ or ‘capability’ at the outset can predetermine the route.

The doctor can prepare evidence of allocated workload, competing clinical priorities, previous escalation, system access, feedback and completed work. This does not remove accountability; it allows the investigator to identify the right cause and remedy—clarified standards, system correction, supported improvement or disciplinary consideration.

- Test the correct classification.
- Evidence expectations and resources.
- Match remedy to cause.

Build an investigation control file

Keep the invitation, allegations, policy, terms of reference, investigator details, meeting notes, documents supplied, requests made, interim measures and review dates. Create an allegation table with the employer’s evidence, your response, supporting source and unresolved question. Record procedural concerns calmly when they arise.

Do not store clinical documents on an insecure personal device. The control file can contain references to authorised originals. Agree with the representative what may lawfully be retained after employment ends, because loss of access can make later preparation difficult but does not justify unauthorised copying.

- One row per allegation.
- Record process as it happens.
- Protect confidential evidence.

Common mistake

Avoid this	Treating interim exclusion as proof of guilt—or breaching it because it feels unfair—can create avoidable professional and employment risk.

Pause and reflect

Can you state the allegation, process, evidence, interim control and decision-maker in one page?

Takeaways

- Demand clarity without obstructing investigation.
- Restriction should be proportionate and reviewed.
- Medical staff procedures vary by nation, employer and contract.

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 receives an invitation with no allegations or policy. What is the best response?

A. Request scope, status, documents and representation before the meeting

B. Write a full confession

C. Refuse all contact

D. Assume it is an informal chat

2. The investigator has omitted evidence that supports the doctor. What should happen?

A. Identify it promptly, explain relevance and request that it be considered

B. Post it publicly

C. Contact witnesses to change their statements

D. Hide it for appeal

3. A new serious allegation is raised for the first time during interview. What is safest?

A. Ask for it in writing and reasonable time to obtain advice and respond

B. Contact the complainant

C. Guess an answer immediately

D. Leave and destroy notes

4. A doctor believes an exclusion is unfair. What should they do first?

A. Discuss it on social media

B. Contact patients

C. Comply with it, obtain representation and challenge it through the proper route

D. Resume normal duties while challenging the exclusion informally

5. A Scottish NHS doctor is sent an England MHPS document. What should they do?

A. Proceed under the supplied policy without clarifying its national and contractual applicability

B. Use a resident-doctor contract instead

C. Assume every UK employer uses identical rules

D. Ask which Scottish and local medical procedure actually applies

6. What makes an appeal focused?

A. Repeating the entire history

B. Waiting beyond external deadlines

C. Linking each alleged error to evidence, impact and requested remedy

D. Attacking individuals

Answers and explanations

1. A — Request scope, status, documents and representation before the meeting

Request scope, status, documents and representation before the meeting This reflects the safer principle explained in “Identify the process and allegation”.

Re-read “Identify the process and allegation” and identify the action, adviser or evidence needed before proceeding.

2. A — Identify it promptly, explain relevance and request that it be considered

Identify it promptly, explain relevance and request that it be considered This reflects the safer principle explained in “Elements of a fair investigation”.

Re-read “Elements of a fair investigation” and identify the action, adviser or evidence needed before proceeding.

3. A — Ask for it in writing and reasonable time to obtain advice and respond

Ask for it in writing and reasonable time to obtain advice and respond This reflects the safer principle explained in “Interviews and written statements”.

Re-read “Interviews and written statements” and identify the action, adviser or evidence needed before proceeding.

4. C — Comply with it, obtain representation and challenge it through the proper route

Comply with it, obtain representation and challenge it through the proper route This reflects the safer principle explained in “Restriction, supervision and exclusion”.

Re-read “Restriction, supervision and exclusion” and identify the action, adviser or evidence needed before proceeding.

5. D — Ask which Scottish and local medical procedure actually applies

Ask which Scottish and local medical procedure actually applies This reflects the safer principle explained in “Nation, contract and policy matter”.

Re-read “Nation, contract and policy matter” and identify the action, adviser or evidence needed before proceeding.

6. C — Linking each alleged error to evidence, impact and requested remedy

Linking each alleged error to evidence, impact and requested remedy This reflects the safer principle explained in “Outcome, reasons and appeal”.

Re-read “Outcome, reasons and appeal” 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.

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

Acas: Investigations for discipline and grievance
Great Britain · https://www.acas.org.uk/investigations-for-discipline-and-grievance-step-by-step

NHS Employers: Maintaining high professional standards and appeal panels
England · https://www.nhsemployers.org/publications/maintaining-high-professional-standards-and-appeal-panels

NHS Wales: All-Wales disciplinary policy
Wales · https://heiw.nhs.wales/files/key-documents/policies/human-resources-policies/all-wales-disciplinary-policy-1-docx/

NHS Scotland: Conduct policy
Scotland · https://workforce.nhs.scot/policies/conduct-policy-overview/

Department of Health NI: Maintaining High Professional Standards
Northern Ireland · https://www.health-ni.gov.uk/publications/maintaining-high-professional-standards-modern-hpss-mhps

NHS Resolution: Practitioner Performance Advice
England and Wales · https://resolution.nhs.uk/services/practitioner-performance-advice/advice/

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