GMC & PROFESSIONAL REGULATION | MODULE 01

Professional regulation: understand the whole system

Separate complaints, clinical governance, employment action, GMC regulation, criminal proceedings and civil claims before deciding what to do.

✓ 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

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

A single event can create several parallel processes, but they have different purposes, decision-makers, evidence rules and deadlines. The safest first step is to map each process separately and obtain the right advice before providing a detailed response.

Three next actions

- List every letter, organisation, deadline and restriction without interpreting the merits.
- Notify your medical defence organisation and, for employment issues, your trade union promptly.
- Protect patients and your health while preserving original records and avoiding informal case discussion.

Learning objectives

- Distinguish the main professional and legal processes that may follow a concern.
- Identify who decides what in each process.
- Build a safe first response without making admissions or obstructing legitimate enquiries.

Six routes that may run in parallel

A patient complaint asks the provider to explain and remedy care. Clinical governance examines safety and learning. An employer process addresses contractual conduct or capability. The GMC considers current fitness to practise and public protection. Police, coronial or procurator-fiscal processes examine possible offences or deaths. A civil or employment claim determines legal rights and remedies. One document may be relevant to several routes, but an answer written for one purpose can have consequences elsewhere.

Create a separate row for each route: issue, decision-maker, current stage, next deadline, adviser, information already supplied and immediate restriction. Do not assume that closure by one body automatically closes another process.

- Map purpose and decision-maker.
- Record exact deadlines.
- Keep advisers for different routes informed.

The GMC is not the employer

The GMC sets professional standards, controls registration and investigates concerns that may put patients or public confidence at risk. It does not resolve ordinary workplace grievances, decide contractual disputes or punish every mistake. Employers can investigate and act under employment procedures even when the GMC does not investigate; the GMC can act even after a local process ends.

Responsible officers and employers may consult GMC Employer Liaison Advisers about thresholds. NHS Resolution Practitioner Performance Advice can advise organisations in England and Wales on managing practitioner performance; it is not the doctor's personal representative.

- Regulation and employment are independent.
- No-action by one body is not a verdict for every route.
- Know who represents you.

Standards are not the same as investigation thresholds

Good medical practice describes expected standards. A departure can require reflection, apology, local learning or employer action without necessarily raising a question of impaired fitness to practise. GMC threshold guidance focuses on seriousness, current and ongoing risk, public confidence and proper professional standards. In 2025, 12,146 of 13,465 concerns assessed at triage were closed without a full investigation.

Avoid treating every complaint as trivial or every criticism as a likely tribunal. Obtain the allegation and evidence, identify possible current risk and respond proportionately.

- Use current threshold guidance.
- Do not predict outcome from the label alone.
- Address current risk promptly.

Evidence, fairness and context

Each process should identify the allegation, evidence, standard, opportunity to respond and decision-maker. Context can include staffing, supervision, role, experience, disability, culture, language,

systems and actions taken after the event. Context is not an excuse and does not replace facts; it helps decision-makers assess responsibility, seriousness and current risk.

SAS, LED and internationally qualified doctors may have poorly defined roles or reduced access to induction and support. Make this evidence specific: job description, rota, supervision arrangements, policies, training, contemporaneous escalation and comparable practice.

- Separate fact, context and interpretation.
- Ask for the precise allegation.
- Evidence systemic factors objectively.

Confidentiality, disclosure and legal privilege

Clinical records belong in authorised systems. Preserve the original record and its audit trail; never backdate, overwrite or change an entry to improve an account. Make any necessary correction or late entry transparently under the approved records policy. Keep a private evidence index rather than copying entire records to personal devices. A communication with a lawyer may be legally privileged in defined circumstances; an email to a colleague, manager, advocate or this website is not automatically privileged. Ask before circulating advice or documents.

Confidentiality may be limited by patient safety, safeguarding, court orders and professional duties. Share the minimum necessary information through secure routes and record why disclosure was needed.

- Never alter original clinical records.
- Do not assume a conversation is privileged.
- Use minimum-necessary disclosure.

A disciplined first response

Read the communication once for action, then again with an adviser. Preserve the original, note the deadline, comply with immediate safety restrictions and acknowledge receipt if needed. A short holding reply can confirm safe receipt and request reasonable time or documents without rehearsing the whole case.

Do not contact complainants or witnesses to influence accounts, post about the case, undertake private investigation or send an emotional rebuttal. If a deadline is genuinely impossible, seek an extension early and in writing; do not assume it has been granted.

- Acknowledge safely.
- Obtain advice before detail.
- Protect evidence and people.

Worked process map: one concern, different decisions

A generic medication incident may lead to an incident review asking how the system failed, a complaint response addressing the patient’s experience, an employer fact-finding exercise about the doctor’s actions and a responsible-officer decision about whether local remediation is sufficient. If the alleged conduct suggests serious or continuing risk, information may also be sent to the GMC. The same chronology is relevant, but the questions are not identical.

The doctor should create separate headings for each route and mark which facts are established, disputed or not yet known. A patient apology can occur without waiting for a disciplinary finding; immediate safety improvement can occur without admitting disputed culpability; a GMC response can address current risk while an employment representative protects contractual rights.

- Name each decision-maker.
- Keep a common factual core.
- Adapt the response to the legitimate question.

Questions before any substantive action

Ask: What is this process called? What policy or statutory power governs it? What exactly is alleged? Am I a witness, subject, treating clinician, manager or expert? Who will receive my response? Can it be shared with another body? What is the deadline? What representation and reasonable adjustments are available? Is any immediate restriction already in force?

Write answers in a one-page control sheet and update it when the process changes. If two advisers give apparently different advice, identify whether they are addressing different routes before concluding that the advice conflicts. Obtain coordinated clarification in writing.

- Status and role.
- Disclosure and deadlines.
- Coordinated advice.

Common mistake

Avoid this	Treating the whole situation as one case can cause missed deadlines, inconsistent accounts and the wrong adviser being asked to solve the wrong problem.

Pause and reflect

If one event produced three processes, what would each decision-maker actually be deciding?

Takeaways

- Map parallel processes before responding.
- The GMC threshold is not identical to a breach of guidance or an employer concern.
- Early specialist advice and evidence preservation are protective, not obstructive.

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 complaint letter also mentions an internal investigation. What is the best first step?

A. Recreate the notes from memory and use the reconstruction as the only evidence record

B. Map the complaint and employment process separately and contact the appropriate advisers

C. Assume the complaint process controls the employer

D. Prepare one combined account before establishing the different questions each process asks

2. The GMC closes a concern at triage. What follows?

A. The doctor should publish the closure letter

B. The employer may still continue a fair local process

C. Every local process must stop

D. The triage decision resolves the factual merits of the separate local complaint

3. A doctor receives a complaint about one communication failure with no ongoing safety concern. What is accurate?

A. Defer the local response because there is no immediate ongoing safety concern

B. It may require local response and reflection without necessarily meeting the GMC threshold

C. It must lead to erasure

D. It automatically proves impaired fitness to practise

4. A concern arose during an understaffed shift. How should context be presented?

A. By omitting the clinical facts

B. With objective staffing, role, escalation and workload evidence while still addressing the doctor's decisions

C. As proof the doctor has no responsibility

D. As a general accusation against management

5. A doctor wants a complete patient record on a personal laptop for defence. What is safest?

A. Ask a friend to store it

B. Seek defence advice and use authorised access and disclosure routes

C. Download it secretly

D. Photograph every page

6. A doctor receives a serious allegation late on Friday. Which response is best?

A. Contact witnesses to align accounts

B. Reply immediately from memory

C. Wait for the next routine meeting before checking any deadline or reporting duty

D. Preserve it, note deadlines and restrictions, contact advisers, and send only a necessary holding response

Answers and explanations

1. B — Map the complaint and employment process separately and contact the appropriate advisers

Map the complaint and employment process separately and contact the appropriate advisers This reflects the safer principle explained in “Six routes that may run in parallel”.

Re-read “Six routes that may run in parallel” and identify the action, adviser or evidence needed before proceeding.

2. B — The employer may still continue a fair local process

The employer may still continue a fair local process This reflects the safer principle explained in “The GMC is not the employer”.

Re-read “The GMC is not the employer” and identify the action, adviser or evidence needed before proceeding.

3. B — It may require local response and reflection without necessarily meeting the GMC threshold

It may require local response and reflection without necessarily meeting the GMC threshold This reflects the safer principle explained in “Standards are not the same as investigation thresholds”.

Re-read “Standards are not the same as investigation thresholds” and identify the action, adviser or evidence needed before proceeding.

4. B — With objective staffing, role, escalation and workload evidence while still addressing the doctor's decisions

With objective staffing, role, escalation and workload evidence while still addressing the doctor's decisions This reflects the safer principle explained in “Evidence, fairness and context”.

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

5. B — Seek defence advice and use authorised access and disclosure routes

Seek defence advice and use authorised access and disclosure routes This reflects the safer principle explained in “Confidentiality, disclosure and legal privilege”.

Re-read “Confidentiality, disclosure and legal privilege” and identify the action, adviser or evidence needed before proceeding.

6. D — Preserve it, note deadlines and restrictions, contact advisers, and send only a necessary holding response

Preserve it, note deadlines and restrictions, contact advisers, and send only a necessary holding response This reflects the safer principle explained in “A disciplined first response”.

Re-read “A disciplined first 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: 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 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: 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

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

Medical Act 1983, section 35C
UK · https://www.legislation.gov.uk/ukpga/1983/54/section/35C

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