WELLBEING & WORKPLACE DIGNITY | MODULE 07

Responding safely to a difficult situation

Use a structured first response when emotions, safety, employment and professional duties compete.

✓ 17 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

Begin with immediate safety, then stabilise the situation, preserve relevant facts, identify the type of help required and agree the next review point. Do not make an irreversible decision while distressed unless urgent safety requires it.

Three next actions

- Check immediate risk to the doctor, patients and others.
- Pause non-urgent replies and preserve the original communication.
- Contact the right adviser before giving a detailed formal response.

Learning objectives

- Prioritise safety during a high-pressure event.
- Separate urgent, health, employment and regulatory needs.
- Avoid common actions that create additional risk.

The CARE first-response model

Use CARE: Check immediate risk; Anchor the facts; Reach the right support; Establish the next step. First ask whether anyone is unsafe, whether clinical work must be handed over and whether urgent health assessment is needed. Then preserve the letter, email, rota, policy or incident reference and write a short factual note. Choose support by role and agree what happens next and when.

CARE is a navigation aid, not a legal or clinical assessment. It deliberately slows the move from shock to action. A doctor who receives a complaint, hostile email, suspension notice or unexpected allegation may feel compelled to answer every point immediately. A short acknowledgement and request for reasonable time or representation is often safer than an unadvised detailed reply.

Check immediate safety

If there is immediate danger, violence, self-harm risk, acute impairment or an unfolding patient-safety problem, use emergency and local clinical routes now. Do not leave someone alone when there is credible immediate risk. Arrange safe handover and transport. Preserve dignity and share only what is necessary to secure help.

If the event is serious but not an emergency, identify protective measures: temporary separation, alternative reporting line, accompanied meeting, adjusted duties or a named contact. These are not findings of fault. They are interim controls while facts are examined.

Pause and preserve

Keep the original message and note when it arrived. Do not delete, alter or annotate the only copy. Record your immediate recollection in neutral language, distinguishing direct observation from what another person said. Note relevant witnesses and systems. Avoid searching records without a legitimate work purpose.

Do not resign impulsively, post publicly, threaten counter-action, contact witnesses to align accounts or send confidential documents to multiple people. These actions can damage health, relationships and a later process. If a deadline is stated, obtain advice promptly and request clarification or reasonable time where needed.

Map the needs

One event can create several needs. Distress requires health or wellbeing support. Contractual or disciplinary questions require union or legal advice. A clinical complaint may require a defence organisation. Patient risk requires governance action. Discrimination may need equality advice. A sponsored doctor may also need regulated immigration advice. Make a short list rather than expecting one supporter to cover everything.

Tell each adviser what other processes exist so that advice is coordinated. Employer, police, coroner, regulator and civil proceedings may have different purposes and disclosure rules. The future GMC and Professional Regulation programme will address those processes in depth; this module concentrates on the safe first response.

Make a measured first communication

A useful acknowledgement confirms receipt, states that you are taking advice, asks which policy and stage apply, requests the allegations and supporting information sufficiently clearly, and asks about representation and timescale. It should not make admissions, accuse others or provide an incomplete

narrative under pressure.

If the communication concerns immediate clinical facts that only you can supply, protect care first while still distinguishing a clinical update from a formal employment statement. Ask where the information will be recorded and who will receive it.

Review and recover

After the first 24 to 72 hours, review what is known, which advice has been obtained, what deadlines exist and what support is sustainable. Arrange follow-up rather than relying on one crisis conversation. Sleep, food, medication, alcohol use, family impact and ability to work safely all warrant active attention.

A difficult event can narrow thinking. Use a trusted adviser to test assumptions and separate worst-case fears from confirmed facts. The objective is not forced optimism; it is to restore enough stability for accurate decisions.

Worked example: receiving a formal letter

A doctor receives an email late on Friday stating that concerns will be discussed on Monday. They feel panicked and begin writing a lengthy reply. Instead, they save the original, check immediate clinical and personal safety, contact their defence organisation or union as appropriate and send a measured acknowledgement asking for the policy, status of the meeting, allegations, available evidence, right to accompaniment and reasonable preparation time.

They create a chronology and list the records that may be relevant but do not access patient files without a legitimate purpose. They arrange wellbeing support separately. This does not obstruct the process; it supports an informed and accurate response.

The first 24 hours

Check: Am I safe? Are patients safe? Do duties need handing over? What exactly has been received? Is there a deadline? Which adviser covers this issue? What must be preserved? What should not be sent yet? Who can support me tonight or over the weekend?

Then set a review time. A problem that cannot be solved immediately can still be contained through safety action, an acknowledgement, preservation of material and connection to appropriate help.

Common mistake

Avoid this	A detailed reply written in shock may contain speculation, unnecessary admissions or confidential material and can be difficult to correct later.

Pause and reflect

If you received a serious allegation today, who would cover each of your health, employment and medicolegal needs?

Takeaways

- Check safety before process.
- Preserve facts and pause non-urgent detailed replies.
- Map each need to the appropriate adviser and review point.

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. What is the first step in CARE?

A. Check immediate risk

B. Compose a defence

C. Estimate the final outcome

D. Contact every colleague

2. A doctor is acutely distressed and due to drive home. What is appropriate?

A. Arrange immediate support and safe transport

B. Wait until tomorrow

C. Ask for a detailed statement first

D. Let them leave alone to preserve privacy

3. Which action creates avoidable risk?

A. Writing a factual private chronology

B. Keeping the original letter

C. Obtaining advice

D. Contacting witnesses to agree accounts

4. Who can usually provide every required form of help?

A. A line manager

B. No single person or service

C. A counsellor

D. A SAS Advocate

5. What belongs in a measured acknowledgement?

A. A threat of litigation

B. Patient-identifiable attachments sent widely

C. Receipt, applicable process, information requested and advice/representation needs

D. A complete unadvised defence

6. What is the purpose of the 24-to-72-hour review?

A. Predict the final outcome

B. Coordinate facts, advice, deadlines and ongoing support

C. End all wellbeing support

D. Contact the media

Answers and explanations

1. A — Check immediate risk

Safety of the doctor, patients and others comes first.

Review the CARE model.

2. A — Arrange immediate support and safe transport

Immediate welfare may require practical action and limited necessary sharing.

Review urgent protective actions.

3. D — Contacting witnesses to agree accounts

Witnesses should not be coached or aligned.

Review what to preserve and what to avoid.

4. B — No single person or service

Health, employment, regulation and safety require different expertise.

Review the needs map.

5. C — Receipt, applicable process, information requested and advice/representation needs

The first communication should protect time and clarify process without overreaching.

Review the acknowledgement structure.

6. B — Coordinate facts, advice, deadlines and ongoing support

A structured review restores decision capacity and prevents missed steps.

Review follow-up after the initial event.

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.

Good medical practice 2024
UK · https://www.gmc-uk.org/cdn/documents/good-medical-practice-2024---english_pdf-102607294.pdf

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

BMA counselling and peer support
UK · https://www.bma.org.uk/doctorshealthmatters

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