How we investigate concerns about a doctor
Making limited enquiries before deciding whether to investigate

Sometimes we carry out a provisional enquiry to decide whether or not to investigate the concerns fully. This involves getting one or two easily obtainable pieces of information, such as:

- medical records.
- coroner’s report.
- local investigation report.

We may also seek expert medical opinion or, in some circumstances, the opinions of the doctor’s responsible officer to inform our decision-making. These enquiries are usually completed within 63 days.

What if there are no issues that we need to investigate?

We don’t investigate every concern raised with us about a doctor. That’s because the nature of a concern might mean we don’t need to take action, restrict or stop the doctor from practising medicine in the UK. Even so, some of these concerns should form part of the doctor’s reflection on their practice or appraisal. In these instances, we may send the concerns to the doctor’s responsible officer or organisations where the doctor works. They are often better placed to give an explanation and assess whether there are any wider problems.
When a serious concern about a doctor’s behaviour, performance, or health is raised, we investigate. We want to see if there is evidence of a failing that is a risk to patient safety or the public’s confidence in doctors.

We normally only investigate concerns that could require us to restrict or stop the doctor from practising medicine in the UK.

We explain what we do if the concerns aren’t as serious over the page, including if we decide to make some initial enquiries to better understand the concerns.

If we decide to investigate the concerns, and the information we hold suggests there may be a risk to the public or the doctor during the investigation, an interim orders tribunal can take action. It can restrict the doctor’s practice or suspend them while we gather further information.

The diagram opposite outlines what we do to investigate concerns. You can find more information on our website: www.gmc-uk.org/concerns
Let the patient and/or complainant know how we will use their personal information, and ask if they have any concerns or specific requests about this.

Share the concerns with the doctor, asking for details of their work and if they want to comment on the concerns.

Share the concerns with the doctor’s responsible officer, employers, and organisations where the doctor works.

Gather evidence to assess the doctor’s fitness to practise, which can make the investigation last longer depending on the type of concerns (see opposite).

By law, we must carry out the tasks in this diagram before we can decide if a doctor’s fitness to practise may be impaired. It takes six months to complete these tasks. When we’re investigating complex allegations, it can take longer to collect evidence.

- **+6 months**  
  Performance assessments
- **+3 months**  
  Language and health assessments
- **+2 months**  
  Expert reports and witness statements
- **+2 weeks**  
  Medical records

Tribunals usually take an extra nine months or more to finish.

Refer the doctor to the MPTS for a medical practitioners tribunal hearing to decide whether the doctor’s fitness to practise is impaired.

Share all the evidence with the doctor for comments. We may share some information with the patient, responsible officer, or employers.

Two senior decision-makers called case examiners (medical and lay) consider all the evidence to assess whether the doctor’s fitness to practise may be impaired.

The doctor’s fitness to practise is not impaired. The hearing ends with no further action or a warning is issued.

OR

The doctor’s fitness to practise is impaired. The hearing ends with no further action, conditions, suspension, or erasure.

Investigation ends without the need for a hearing, resulting in:

- no further action being taken
- the doctor being given advice
- the doctor being given a warning
- the doctor agreeing to undertakings.

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Commonly used terms

Advice highlights standards set out in *Good medical practice* for future reference.

Conditions restrict the doctor’s right to work, as imposed by a tribunal.

Erasure removes a doctor’s name from the medical register, so they cannot work as a doctor in the UK.

Fitness to practise describes whether a doctor is following our standards and safe to treat patients.

Interim orders tribunals can suspend or restrict a doctor’s right to work while an investigation continues.

Medical Practitioners Tribunal Service (MPTS) hears the most serious cases where we consider that a doctor’s fitness to practise is likely to be impaired.

Responsible officers are licensed doctors. They deal with fitness to practise concerns, including approving any arrangements for a doctor who is subject to undertakings or conditions to practise safely.

Suspension removes a doctor from the medical register temporarily.

Undertakings restrict the doctor’s right to work, as agreed between us and the doctor.

Warnings mark where the doctor’s practice involves a significant breach of our standards, even though their fitness to practise is not impaired.

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The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).