

RESPONSIBLE OFFICER FOR THE BAILIWICK OF GUERNSEY

**Under “The Regulation of Health Professions
(Medical Practitioners) (Guernsey and Alderney)
Ordinance, 2015”**

ANNUAL REPORT FOR THE YEAR 2016

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Responsible Officer

States of Guernsey.

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Contents

1. Executive summary	3
2. Purpose of the Report	4
3. Background	4
4. Duties of the Responsible Officer	4
5. Governance Arrangements	5
6. Register of Doctors.....	7
7. Medical Appraisal	8
a. Appraisal and Revalidation Performance Data	8
b. Appraisers	9
c. Quality Assurance	10
d. Access, Security and Confidentiality	11
e. Clinical governance	11
8. Revalidation Recommendations.....	12
9. Recruitment and engagement background checks	12
10. Responding to Concerns and Remediation.....	13
11. Risks and Issues:.....	14
12. Next Steps	14
13. Conclusion	15
14. Annual Report Appendix A: Audit of concerns about a doctor's practice	16
15. Annual Report Appendix B – Audit of revalidation recommendations	18

1. Executive summary

It is a duty of the Responsible Officer to submit an annual report to the States of Assembly, through Committee for Health & Social Care, as to the discharge of the Responsible Officer's functions. This report provides a summary of activity relating to regulation and revalidation of doctors in 2016.

The year 2016 was a year of change and progress in the regulation of medical practitioners in the Bailiwick of Guernsey. Dr Peter Rabey was appointed as Responsible Officer in succession to Dr Nicholas Lyons in March 2016, and was confirmed by the General Medical Council as Suitable Person.

Key Findings:

- At the end of 2016 there were a total of 211 doctors on the Guernsey Register and with a licence to practice. Of these 146 were "local practitioners" and 65 were "UK-connected Practitioners". A breakdown of these numbers is given in the report.
- 94.2% of local practitioners had appraisals conducted on time in 2016. This compares favourably with UK rates of 87.5% for NHS Southern region (latest figures).
- Plans are in place for all delayed and missed appraisals. The RO works closely with Appraisal Leads as described in the report.
- Only two local doctors required revalidation recommendations to the GMC by the RO in 2016. Both received positive recommendations, which were accepted by the GMC, and they revalidated successfully.
- Formal management of concerns was required for 5 doctors in 2016: 1 at high level (health); 3 at medium level (2 capability, 1 conduct); and 1 at low level (conduct).
- Eight doctors were subject to Fitness to Practice investigations by the General Medical Council during 2016 – four of these were ongoing from earlier years and were closed without further action in 2016. Four remained under investigation at the close of 2016.
- The Responsible Officer referred one local doctor to the GMC during 2016.
- Governance: The Responsible Officer maintains strong links with the General Medical Council, NHS England, and the Faculty of Medical Leadership and Management (FMLM).
- In 2016 the FMLM conducted a "Higher Level Responsible Officer Quality Review" of systems and processes in the Bailiwick, with positive feedback.
- Appointments have been made to the Medical Practitioners Registrations Panel, which will commence work early in 2017.
- Complaints: There was one complaint about the RO in 2016. The matter was investigated by the Chief Secretary for Health and Social Care and closed.

2. Purpose of the Report

This report is to inform the Committee for Health & Social Care, and through them the States of Deliberation, as to the discharge of the Responsible Officer's functions during the calendar year 2016. This is a requirement of the Responsible Officer under the Ordinance.

3. Background

Medical revalidation was launched by the General Medical Council in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

In 2015 the States of Deliberation created "The Regulation of Health Professions (Medical Practitioners) (Guernsey and Alderney) Ordinance, 2015". This Ordinance established the role of Responsible Officer for the States of Guernsey. The legislation describes two classes of medical practitioner: "Local Practitioners" (those doctors on the local register who do not have a connection to UK designated body), and "UK Connected Practitioners" (those doctors on the local register who do). The position of Responsible Officer was filled by Dr Nicholas Lyons until March 2016.

On 8th March 2016, the States of Deliberation appointed Dr Peter Rabey as Responsible Officer for the States of Guernsey, for both classes of medical practitioner.

The General Medical Council confirmed Dr Peter Rabey as Suitable Person for doctors "with a licence to practise who do not have a prescribed connection elsewhere and who practice in Guernsey, Alderney, and Sark which fall within the Bailiwick of Guernsey" on 17th February 2016. The Suitable Person role is similar to the UK Designated Body Responsible Officer role in terms of making recommendations to the GMC about revalidation of doctors; but a Suitable Person does not act for an NHS Designated Body. The Bailiwick of Guernsey (as for Jersey, Isle of Man, Gibraltar, etc) is not an NHS Designated Body, and the GMC therefore recognise a Suitable Person role rather than a Responsible Officer role.

4. Duties of the Responsible Officer

The duties of the Responsible Officer as laid out in the Ordinance are as follows:

Duties of responsible officer – appraisals and fitness to practise.

(1) In relation to the evaluation of the fitness to practise of every practitioner, the responsible officer must –

(a) assess –

(i) whether the practitioner undergoes regular appraisals, and

(ii) whether those appraisals satisfy the requirements of subparagraph (2), and receive such appraisals submitted by the practitioner,

- (b) assess whether the designated body of the practitioner has established and is carrying out appropriate procedures, using appropriate persons, to investigate concerns about that practitioner's fitness to practise raised by any person,*
- (c) where appropriate, take all reasonably practicable steps to investigate concerns about the practitioner's fitness to practise raised by any person,*
- (d) where appropriate, refer concerns about the practitioner to a relevant body or officer for a relevant purpose,*
- (e) take any steps necessary to protect patients, including recommend to the designated body of the practitioner that that practitioner should be suspended from practising as a medical practitioner or should have conditions or restrictions placed upon his or her practice,*
- (f) where the practitioner is subject to conditions imposed by, or undertakings agreed with, the General Medical Council, monitor compliance with those conditions or undertakings,*
- (g) make recommendations to the General Medical Council about the practitioner's fitness to practise,*
- (h) maintain records of the practitioner's fitness to practise evaluations, including appraisals and any other investigations or assessments, and*
- (i) communicate to the designated body of the practitioner any concerns held by the responsible officer regarding the discharge or adequate discharge of that designated body's functions under this Ordinance.*

5. Governance Arrangements

Register of Local Doctors:

The day to day running of the local register of doctors is supported by the Registrations Officer, Mr Edward Freestone, with administrative support from Ms Linda Nel. The register describes the two classes of medical practitioners ("local" and "UK-connected"), and indicates whether the doctors main link is with MSG, HSC, Primary Care, or "Other".

The list of names of doctors on the register is in the public domain, as is their GMC registration. The local register of doctors may be accessed by the public through the HSC website at <https://gov.qg/healthprofessionalregisters>.

The Registrations Panel:

The Registrations Panel has responsibility for supporting the local register, to ensure that unsuitable applicants are not registered, and to prevent registration where there are good grounds for concern. The Panel also serves as a review body to review decisions made by the Responsible Officer relating to registration under the Ordinance.

Provisional appointments to the Panel are currently awaiting confirmation by Policy and Resources Committee. The Registrations Panel will meet in the first quarter of 2017. The panel will have a legally-qualified Chair, lay-representation, and an independent medical practitioner who has not worked in the Bailiwick for 20 years.

Appraisal of Doctors:

The Responsible Officer works closely with Appraisal Leads to ensure that appraisals of doctors on the Local Practitioners List are conducted to appropriate and high standards.

The following acted as Appraisal Leads in 2016 for the different groups of Local Practitioners:

HSC Doctors:	Dr Nichola Brink
MSG Doctors:	Dr Graham Beck
General Practitioners:	Dr Tony Chankun, (supported by Karen Diamond.)

Appraisal policies are in place for all these doctor groups.

The Responsible Officer receives copies of all appraisal documentation including: scope of practice, supporting evidence, inputs (including incidents and complaints), details of continuing professional development, reflection, personal development plan, and the appraisal output form completed by the appraiser. The appraiser in every case must determine whether or not any concerns should be escalated to the RO, and sign statements about the doctor's fitness to practice.

The RO can access real-time information about appraisals, allowing the monitoring of progress against completions. Progress is monitored regularly and any issues flagged with the appraisal leads in the first instance.

Appraisal Quality Review:

New local appraisers undergo appraisal training delivered by the Wessex Area Team from NHS England, and update training is provided annually. The first 3 appraisals conducted by a new appraiser are subjected to quality review.

An Appraisers Network meeting takes place quarterly, jointly chaired by the Appraisal Lead for HSC and MSG.

External Quality Assurance of appraisals is scheduled to take place as part of a visit by the Appraisal Lead team for Southampton University Hospitals on 31/3/17. Individual feedback will be given by the external team to each local appraiser.

In addition the RO provides feedback to local appraisers, and all appraisees provide feedback about their appraisal, which is provided in anonymised form to appraisers.

External appraisers undergo quality review from their host organisation: Wessex Area Team, NHSE.

Higher Level Responsible Officer Quality Review:

The Faculty of Medical Leadership and Management (FMLM), under the auspices of the Academy of Medical Royal Colleges, conducted a "Higher Level Responsible Officer Quality Review" of systems in Guernsey in August 2016. The review looked in detail at systems in place for revalidation of doctors in the Bailiwick, including the designated body, engagement, processes for appraisal, monitoring performance, and addressing concerns. Feedback from that review was positive. The FMLM made some recommendations following the visit, and an Action Plan has been drawn up to

ensure that we maximise learning from their visit. The action plan has been approved by CHSC; many of the recommendations are fully in place. Outstanding recommendations relate to improving patient and public engagement in the processes, and the establishment of CareWatch and the establishment of the Registrations Panel will provide opportunity to do this in 2017. The visit provided assurance that local systems and practice relating to revalidation were of an acceptable standard.

Engagement with External Bodies:

The RO is an active participant in the Responsible Officer Network organised by NHS England, and also attends the Suitable Person Reference Group meetings organised by the General Medical Council. The RO meets quarterly with the GMC Employment Liaison Advisor, and has further ad-hoc communication as required. The RO has a contract in place with Wessex Area Team of NHS England to provide support, advice, and expertise for concerns regarding primary care doctors. The RO has an external Responsible Officer – Mr Peter Lees of the Faculty of Medical Leadership and Management, and takes part in appraisal and revalidation under the auspices of that organisation.

6. Register of Doctors

The Register of doctors is a live document and is amended regularly to reflect additions, departures, and other changes. The Guernsey register is available in summary form on-line at <https://gov.gg/healthprofessionalregisters>.

At the end of 2016 there were a total of 211 doctors on the Guernsey Register and with a licence to practice. Of these 146 were “local practitioners” and 65 were “UK-connected Practitioners”.

A breakdown for the position at the end of 2016 is provided in the table below:

Local Register of Medical Practitioners, 2016.					
	Hospital Doctors with HSC (including visiting consultants)	Medical Specialist Group Consultants	General Practitioners	Others	Total
Local Practitioners	32	43	67	4	146
UK Connected Practitioners	32 (visiting)	7 (5 locums)	12	14	65
Total	64	50	79	18	211

UK Connected Doctors: There were 32 UK-connected doctors working for HSC in 2016: this included visiting doctors and visiting appraisers for doctors. Seven doctors working for MSG in 2016 retained a UK connection: this included 5 locum doctors and 2 new arrivals who still had a UK connection. A total of 12 GP's were connected to UK designated bodies; most of these acted as locums while in the Bailiwick.

Doctors Classed as "Others": Among those classed as "Others" were the Sark doctor (local practitioner), some recently retired doctors who wished to stay on the register, 3 visiting doctors involved in the bowel-screening programme, 2 prison doctor locums, and some doctors who provide medical advice to local firms or do occasional private clinics.

The local RO is able to identify and communicate with any UK-connected doctors Responsible Officer through use of GMC Connect – the GMC's online portal for revalidation of doctors. In addition the public can search the GMC register to identify a doctor's Responsible Officer through the GMC website: <http://www.gmc-uk.org/index.asp> .

Conditions: The RO has authority to add conditions to a doctor's local registration. In 2016 background checks resulted in one doctor working in the Bailiwick with conditions. The doctor was assigned a clinical supervisor, and there were no incidents of concern during their period here. The doctor has since left the Bailiwick. A second doctor had conditions added during 2016, and although remaining on the local register has not worked in the Bailiwick since.

7. Medical Appraisal

a. Appraisal and Revalidation Performance Data

In 2016 there were 138 locally connected doctors who required an appraisal in-year. This is not the same as the total number of local practitioners (146) because of movement within year, for example some had appraisals done before arriving in Guernsey. A total of 130 appraisals were completed within the agreed time period. The table below gives details:

Appraisals: Due and Completed, 2016.					
	Hospital Doctors with HSC (including visiting consultants)	Medical Specialist Group Consultants	General Practitioners	Others	Total
Number of doctors with appraisal due within year 2016	29	41	64	4	138
Appraisals Completed within agreed time period.	27 (93.1%)	36 (87.8%)	64 (100%)	3 (75%)	130 (94.2%)

Of appraisals not completed within prescribed time period:

- HSC: 2 doctors missed appraisals for health reasons, and the delays were agreed with the RO.
- MSG: 5 late appraisals. 4 are scheduled to take place in early 2017 with the RO aware of the delay – 3 of these had recently joined MSG. One was a missed appraisal without agreement from the RO. That doctor has left the island, and the doctor's new RO has been informed.
- GP's: 100% compliance.
- Others: One doctor missed an appraisal for health reasons, and the delay was agreed with the RO in advance.

If the RO believes that a doctor may not be engaging appropriately in the process of revalidation he may, after consultation with the GMC Employment Liaison Advisor, request that the GMC send a non-engagement concern to the doctor directly by completing a "Rev6" form. In 2016, no Rev6 forms were submitted by the RO.

No doctors are involved in disciplinary processes because of missed or delayed appraisals, although one was reported to his new RO.

b. Appraisers

Medical appraisal is the cornerstone of revalidation of doctors. Doctors with a UK connection take part in appraisal and revalidation with their UK designated body. For locally-connected doctors there are 2 groups of appraisers. Most doctors fit cleanly into one of these groups, but for doctors in the "other" category, their appraiser is determined by best-fit (nearly always obvious).

Primary Care; Doctors in General Practice in Guernsey undertake appraisals with the Wessex Appraisal Service, a service run by Health Education England. In 2016, a total of 64 primary care doctors underwent appraisals, with an average of 4 appraisals per appraiser. As well as receiving all individual appraisal information, the RO receives an annual report from the Wessex Appraisal Service, reported from April to April. The latest report demonstrated that feedback rates from Guernsey doctors were higher than their UK counterparts (77% vs 55%). 91% of respondents said that appraisal had helped to facilitate improvements to patient care in the past year, compared to 33.4% who responded to the RCGP Revalidation Survey. This demonstrates high levels of engagement and quality from the primary care appraisal service. The commentary expressed a desire for allocation of appraisees to appraisers to be modified to allow greater continuity of pairings in future.

Secondary Care: The secondary care appraisal team in 2016 consisted of a group of nine trained doctors comprising of both States Employed Doctors and doctors from the Medical Specialist Group. 63 appraisals were conducted by this team in 2016. Individual appraiser feedback demonstrates high levels of satisfaction with the quality of appraisers. New local appraisers undergo appraisal training delivered by the Wessex Appraisal Service Team from Health Education England, and update training is provided annually. The first 3 appraisals conducted by a new appraiser are subject to quality review. A local Appraisers Network meeting takes place quarterly, jointly chaired by the Appraisal Lead for HSC and MSG.

In 2017 approximately half of secondary care doctors will have appraisals conducted by off-island appraisers arranged through Southampton University Hospitals, who will also provide quality assurance of the on-island appraisal process.

c. Quality Assurance

In August 2016 the Faculty of Medical Leadership and Management (FMLM) conducted a “Higher Level Responsible Officer Quality Review” of systems in Guernsey in August 2016 (see section 5 above). The Faculty were assured that appropriate standards are in place, and commented favourably on engagement with appraisal among doctors on the island.

Routine ongoing quality assurance is achieved by active involvement of the appraisal leads and the RO. This includes:

Appraisal portfolios:

- Review of appraisal folders to provide assurance that the appraisal inputs, including pre-appraisal declarations and supporting information provided is appropriate and available .
- Review of appraisal folders to provide assurance that the appraisal outputs including personal development plan, summary and sign-offs are complete and to an appropriate standard.
- Review of appraisal outputs to provide assurance that any key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs.

For the individual appraiser:

- An annual record of the appraiser's reflection on his or her appropriate continuing professional development is included in their appraisal
- An annual record of the appraiser's participation in appraisal calibration events such as reflection on appraisal network meetings.
- 360° feedback from doctors for each appraiser is collected at the conclusion of the appraisal process. The information is collected and reviewed by the appraisal leads, and collated and fed back to the appraiser in an anonymised manner. It is calibrated with the feedback for other appraisers and feedback to each appraiser includes anonymised score averages for all appraisers.

For the organisation:

- The RO receives real-time timelines of process of appraisal for each group of doctors.
 - Feedback from appraisees includes views on the systems used.

d. Access, Security and Confidentiality

The RO deals with a significant amount of sensitive personal data, and it is important that this is dealt with in line with best practice.

The Responsible Officer is registered with the Data Protection Commissioner for the Channel Islands, and attended Data Protection training in December 2016.

Appropriate safeguards are in place. Paper records are kept in locked filing cabinets, in offices which are locked when not occupied. Doctors' appraisal portfolios are kept in secure on-line systems designed for the purpose: MSG and HSC doctors use the PreP system and Primary Care doctors use the Clarity system. A few doctors use other systems including the "Fourteen Fish" online appraisal system. Each of these systems has security built in. The RO has access to doctors' appraisal details via these systems. A few UK connected doctors are required to use the electronic MAG form (Medical Appraisal Guidance form, developed for NHS England), which must be stored electronically and does not have inbuilt security.

Doctors are firmly instructed that patient-sensitive data must not be uploaded into their appraisal portfolio, and if an appraiser discovers that this has inadvertently happened they request that the information be redacted.

The RO is not aware of any information governance breaches in this area in 2016.

e. Clinical governance

In preparation for appraisal each doctor is sent a list of all complaints and incidents in which they have been named in the relevant time period. This report is prepared by the governance team. The doctor will reflect on these in preparation for their appraisal.

This allows transparency as the report is available to the appraiser, appraisal lead, and to the RO; who can ensure that appropriate reflection and learning has taken place and been evidenced at appraisal.

8. Revalidation Recommendations

Revalidation typically takes place over a five year cycle, at the end of which the GMC seek a recommendation from the doctor's RO / Suitable Person (if they have one). In 2016, only two doctors required revalidation recommendations to the GMC. Positive recommendations were made by the RO for both doctors, following review of their appraisal portfolios and the evidence submitted against all the GMC requirements.

No doctors required a deferral recommendation (made when the doctor has not produced sufficient evidence to support a positive recommendation, or when a process concerning fitness to practice is in place).

There were no notifications to the GMC of non-engagement by a doctor in processes for revalidation.

All recommendations were made on time, and the GMC accepted all submitted recommendations for revalidation of doctors. (Appendix B presents numerical details using the NHS England audit template.)

9. Recruitment and engagement background checks

It is essential that appropriate background checks are made before a doctor's name is added to the local register. Guernsey is in a favourable position in this regard, as the use of very short-term locums is impractical for geographical and regulatory reasons, and there are robust processes for identifying and checking on any new doctors who work in the Bailiwick.

Before a doctor's name is added to the local register, checks are carried out including:

- Checks of GMC registration:
 - o Current GMC Registration
 - o Holds a valid Licence to Practice
 - o On the Specialist Register or GP Register (as appropriate)
- Curriculum Vitae (CV) of the doctor
- References x2
- Form of information completed (contact details, training, qualifications, etc.)
- Specimen Signature
- Registration fee paid (£80).

When a doctor's name is added to the local register a circular is sent widely (including all island pharmacies) informing them of the name, specialty, and role of the new doctor, and providing a specimen signature.

The doctor will, of course, undergo the normal employment checks by their prospective employer in addition to the process of adding to the local register.

10. Responding to Concerns and Remediation

Concerns about doctors can be raised in many ways. Local policies for responding to concerns are in place and up to date for both Primary and Secondary Care. The policies are based on “Maintaining High Professional Standards”, and provide pathways for action when a concern arises, including:

- involvement of independent advice (from NHS England),
- how the concern must be investigated and escalated,
- management of confidentiality,
- the processes to be gone through regarding any restriction of practice,
- exclusion from work,
- management of risk to patients,
- reviews of any exclusions,
- informing other organisations, and
- procedures for dealing with disciplinary, capability and health issues.

Concerns about doctors may result in informal or formal management. Informal management typically is used for minor matters, and when there is no risk to patients, the doctor demonstrates insight, and the consultative group consider that the matter can appropriately be closed with informal action. Appendix A presents numerical information about formal management of new concerns raised about doctors in 2016. Formal management of concerns was required for 5 doctors in 2016: 1 at high level (health); 3 at medium level (2 capability, 1 conduct); and 1 at low level (conduct).

Eight doctors were subject to Fitness to Practice investigations by the General Medical Council during 2016. Four were ongoing investigations from a previous year, and all four were closed without further action. One was referred in 2016 by the RO (see below), and remains ongoing. One was self-reported, and was still under investigation at the end of 2016. Two were the result of a complaint to the GMC from a patient's family, and both remained under investigation at the close of 2016.

The Responsible Officer referred one local doctor to the GMC during 2016. This doctor has had conditions imposed on their practice by an Interim Orders Tribunal of the Medical Practitioners Tribunal Service (MPTS), and has not worked in the Bailiwick since. The doctor will face an MPTS hearing in 2017.

Remediation programmes for doctors are developed using the “Back on Track” framework developed by the National Clinical Assessment Service.

Formal remediation programmes were in place for two doctors in 2016. One programme was completed successfully in-year, and resulted in the closure of a GMC investigation with “no further action”. The GMC Case Examiners specifically referred to the doctor's remediation in their reasoning for determining that the doctor's fitness to practice was not impaired. The second doctor's programme is continuing.

Good Governance Institute Report: In March 2016 the Good Governance Institute produced their “Independent Review of the Health and Social Services Department's actions in relation to Dr Rory Lyons”. The report dealt with events between February and April 2015 when concerns were raised about the practice of Dr Lyons, a GP in Alderney. The report is critical of many aspects of the way events were handled by

HSSD at the time. The present RO notes with sorrow the effect these events and actions had on Dr Lyons, who was subsequently cleared of all the allegations.

Although none of the formal recommendations applied directly to the RO role, the report included observations on the reporting of professional concerns to the GMC, and notes that the authority and responsibility for patient safety and primary care were, at the time, “challenging and complicated”. Since then the Ordinance has been amended, and the role and powers of the RO have been strengthened and clarified. The present RO is acutely aware of the lessons of these events.

11. Risks and Issues:

Complaint: In 2016 one complaint was received about the discharge of the RO functions. A patient had escalated a complaint about their management in primary care to the RO, which the RO investigated. The RO found that the Practice had acted reasonably in response to the patient’s concerns, although there was evidence that a meeting between the Practice and the patient had not been handled well. The patient complained that the RO had “sided with the doctors” and had made up his mind before meeting with them.

The complaint was investigated by the Chief Secretary to the Committee *for* Health & Social Care. Further independent medical opinions were obtained, and the investigation found that the RO had been correct in his assessment. The matter was closed following a further meeting between the Chief Secretary and the patient.

12. Next Steps

Much progress has been made in 2016, but there is always scope for further improvement. Plans for 2017 include the following:

Registrations Panel:

- Panel members to be appointed (confirmed by Policy and Resources in early 2017).
- An induction programme to be held in March 2017,
- The Panel to commence its statutory functions forthwith. This is a requirement of the Ordinance.

Appraisals:

- External Appraisals: Approximately half of secondary care doctors will receive appraisals from off-island appraisers in 2017, in line with the appraisals policy. Off-island appraisers have been identified through Southampton University Hospitals.
- Quality Assurance: in 2017 external quality assurance of the Secondary care doctor appraisals will take place, led by the Appraisal Lead for Southampton University Hospitals. The Appraisal Leads and RO will receive feedback, and each appraiser will have an individual feedback session.
- Further training for on-island appraisers will be provided, again under the auspices of Southampton University Hospitals.

FMLM Review:

- Most of the actions in response to the FMLM review of 2016 (Section 7c above) are complete, but in 2017 the establishment of CareWatch will allow improved patient and public involvement in processes of revalidation, in line with the outstanding FMLM recommendations.

13. Conclusion

This annual report has presented details of the discharge of the Responsible Officer's functions in the year 2016. Evidence has been presented to demonstrate that significant progress has been made in terms of implementation of the Ordinance, and compliance with the requirements of regulation and revalidation of doctors in the Bailiwick. Further progress is planned for the coming year.

The RO would like to thank all those involved in helping to deliver high quality regulation of doctors in the Bailiwick in 2016.

14. Annual Report Appendix A: Audit of concerns about a doctor's practice.

Concerns about a doctor's practice	High level ¹	Medium level ²	Low level ²	Total
Number of doctors with concerns about their practice in the last 12 months (new concerns).	1	3	1	5
Capability concerns (as the primary category) in the last 12 months	0	2	0	2
Conduct concerns (as the primary category) in the last 12 months	0	1	1	2
Health concerns (as the primary category) in the last 12 months	1	0	0	1
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 December 2016 who have undergone formal remediation between 1 January 2016 and 31 December 2016. Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice				2
Consultants				2
Staff grade, associate specialist, specialty doctor				0
General practitioner				0
Trainee: doctor on national postgraduate training scheme				0
Doctors with practising privileges who are independent healthcare providers,				0
Temporary or short-term contract holders				0
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All Designated Bodies				1
TOTALS				3
Other Actions/Interventions				
Local Actions:				
Number of doctors who were suspended/excluded from practice between 1 January and 31 December 2016:				0
Duration of suspension:				0

¹ http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	2
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 January 2016 and 31 December 2016	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 January and 31 December (includes investigations; see section 10 above)	8
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 January and 31 December	2
Had their registration/licence suspended by the GMC between 1 January and 31 December	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	0
Number of NCAS assessments performed	0

15. Annual Report Appendix B – Audit of revalidation recommendations.

Revalidation recommendations between 1 January 2016 to 31 December 2016	
Recommendations completed on time (within the GMC recommendation window)	2
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	2
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other	0
Describe other	-
TOTAL [sum of (late) + (missed)]	0