

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 2017

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Responsible Officer

States of Guernsey.

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1. Executive summary

The Responsible Officer is required to submit an annual report to the States of Guernsey, through the Committee for Health & Social Care, as to the discharge of his or her functions. This report provides a summary of activity relating to regulation and revalidation of doctors in 2017.

2017 saw consolidation and progress in the regulation of medical practitioners in the Bailiwick of Guernsey. Dr Peter Rabey remained in post as Responsible Officer as Suitable Person for local doctors for the General Medical Council throughout the year.

A second Responsible Officer was appointed in 2017. Dr Martyn Siodlak, Medical Director in Jersey agreed to become Responsible Officer (unpaid) to avoid a conflict of interest between the existing RO and a new doctor on the Register (his wife).

Key Findings:

- At the end of 2017 there were a total of 218 doctors on the Guernsey Register and with a licence to practice. Of these 152 were “local practitioners” and 66 were “UK-connected Practitioners”. A breakdown of these numbers is given in the report.
- 95.3% of local practitioners had appraisals conducted on time in 2017. This compares favourably with UK rates of 91.9% [NHS England Annual Report for 2016/17 ¹]
- Delayed and missed appraisals: either firm plans are in place or appropriate escalation has taken place
- Three local doctors required revalidation recommendations to the GMC by the RO in 2017. All received positive recommendations, made on time, and all were accepted.
- Formal management of concerns was required for 4 doctors in 2017: 2 at high level (1 capability and 1 conduct); 1 at medium level (conduct); and 1 at low level (capability).
- Four doctors had cases ongoing from 2016 involving fitness to practice investigations by the General Medical Council. All were closed in 2017. No action was taken in 3 cases; 1 went to the Medical Practitioners Tribunal Service and resulted in Undertakings (the doctor had left the Bailiwick and is not on the local Register).
- The RO is aware of 3 doctors being investigated by the GMC in 2017 (It is possible under new GMC procedures that a patient and/or family might report a doctor to the GMC without the RO being involved if closed at an early stage). All were still under investigation at the end of the year.
- The Responsible Officer referred one local doctor to the GMC during 2017. The case remains under investigation and the doctor is not working as a medical practitioner in the Bailiwick

¹ (<https://www.england.nhs.uk/wp-content/uploads/2017/10/report-to-ministers-responsible-officer-regulations-revalidation-1617.pdf>)

- Governance: The Responsible Officer maintains strong links with the General Medical Council, NHS England, and the Faculty of Medical Leadership and Management (FMLM).
- The Medical Practitioners Registrations Panel commenced its work in 2017.
- Complaints: There were no complaints about the RO in 2017.

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 2017. This is a requirement of the Responsible Officer under the Ordinance.

3. Background

Medical revalidation has, since 2012, provided doctors with a way to demonstrate that their skills are up to date and that they are fit to practice in their chosen field. It gives confidence to patients and the public that appropriate regular checks on doctors both locally and by the General Medical Council are in place. A good appraisal system is at the heart of revalidation.

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).

Dr Peter Rabey remained in post throughout 2017 as Responsible Officer for the States of Guernsey for both classes of medical practitioner.

Dr Peter Rabey also remained the GMC Suitable Person for the Bailiwick throughout 2017. He is 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". 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.

In 2017 a second Responsible Officer was appointed for the Bailiwick. Dr Martyn Siodlak, Medical Director in Jersey, agreed to become RO (unpaid) for one doctor in the Bailiwick for whom the existing RO had a conflict of interest (his wife). Dr Siodlak

will oversee appraisal and revalidation recommendations for this one doctor. This amendment was supported by the Committee for Health and Social Care, and approved by the Policy & Resources Committee on 13 April 2017. The GMC were consulted, and supported these arrangements.

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 continues to be 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.gg/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.

In 2017 appointments were made to the Panel and confirmed by the Policy and Resources Committee. The Registrations Panel met in the first quarter of 2017. The panel has 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 high standards.

The following acted as Appraisal Leads in 2017 for the different groups of Local Practitioners:

HSC Doctors:	Dr Nicola Brink
MSG Doctors:	Dr Graham Beck (to Sept '17), then Dr Carol Makin
General Practitioners:	Dr Tony Chankun (supported by Karen Diamond.)

Appraisal policies are in place and up-to-date 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 took place as part of a visit by the Appraisal Lead for Southampton University Hospitals on 31/3/17. Dr Henrik Steinbrecher also provided individual feedback 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 outstanding recommendations of the Faculty of Medical Leadership and Management (FMLM) “Higher Level Responsible Officer Quality Review” of systems in Guernsey [August 2016] were closed in 2017 with the establishment the Medical Practitioners Registrations Panel and of Care-Watch as a forum for lay-involvement.

Engagement with External Bodies:

The RO is an active participant in the Responsible Officer Network organised by NHS England, and 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. A contract is 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 their auspices.

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 2017 there were a total of 218 doctors on the Guernsey Register and with a licence to practice; an increase of 7 from 2016. Of these 152 were “local practitioners” and 66 were “UK-connected Practitioners”.

A breakdown for the position at the end of 2017 is provided in the table below (figures in brackets are 2016 for comparison):

Local Register of Medical Practitioners, 2017.					
	Hospital Doctors with HSC (including visiting consultants)	Medical Specialist Group Consultants	General Practitioners	Others	Total
Local Practitioners	35 (32)	45 (43)	66 (67)	6 (4)	152 (146)
UK Connected Practitioners	35 (32) (visiting)	6 (7) (4 locums)	12 (12)	13 (14)	66 (65)
Total	70 (64)	51 (50)	78 (79)	19 (18)	218 (211)

UK Connected Doctors: There were 35 UK-connected doctors working for HSC in 2017: this included visiting doctors and visiting appraisers for doctors. Six doctors working for MSG in 2017 retained a UK connection: this included 4 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), five recently retired doctors who wished to stay on the register, 3 visiting doctors involved in the bowel-screening programme, 3 prison doctors (2 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: <https://www.gmc-uk.org/index.asp> .

Conditions: The RO has authority to add conditions to a doctor's local registration. In 2017 this authority was not used.

7. Medical Appraisal

a. Appraisal and Revalidation Performance Data

In 2017 there were 150 locally connected doctors who required an appraisal in-year. This is not the same as the total number of local practitioners (152) because of movement within year, for example some may have had appraisals done before arriving in Guernsey. A total of 143 appraisals were completed within the agreed time period. The table below gives details:

Appraisals: Due and Completed, 2017.					
	Hospital Doctors with HSC (including visiting consultants)	Medical Specialist Group Consultants	General Practitioners	Others	Total
Number of doctors with appraisal due within year 2017	34	45	65	6	150
Appraisals Completed within agreed time period.	34 * (100%)	41** (91%)	65 *** (100%)	3 **** (50%)	143 (95.3%)

Of appraisals not completed within prescribed time period:

- * HSC: 1 doctor's appraisal was delayed for health reasons and completed in January 2018 with agreement from the RO.
- ** MSG: 2 appraisals were completed late (February 2018). Of the 4 outstanding appraisals, 3 are awaiting scheduled off-island appraisals, and the delay was due to the off-island appraiser's availability. One has been affected by health reasons.
- *** GP's: 100% compliance.
- **** Others: One doctor with late appraisal is not working and is under formal investigation. Two doctors did not submit 2017 appraisals: one is not working and one does occasional locum work. The circumstances of both are being followed up.
-

The overall in-year appraisal rate for local practitioners was 95.3%. This compares favourably with UK rates of 91.9% [NHS England Annual Report for 2016/17 ¹]

¹ (<https://www.england.nhs.uk/wp-content/uploads/2017/10/report-to-ministers-responsible-officer-regulations-revalidation-1617.pdf>)

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 2017, no Rev6 forms were submitted by the RO.

One doctor with a missed appraisal in 2017 is under investigation by the GMC, and the GMC are aware of the doctor’s appraisal status. The doctor is not currently working in the Bailiwick.

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 continue to demonstrate 100% engagement in appraisal, with all appraisals again undertaken on time. GP’s undertake appraisals either directly with the Wessex Appraisal Service, a service run by Health Education England; or with one of five on-island appraisers who receive support from the Wessex service. In 2017, a total of 44 primary care doctors underwent appraisals through the Wessex Appraisal Service with an average of 4 appraisals per appraiser. One locum GP also independently sourced an appraisal from within the Wessex service. The remaining General Practitioners had on-island appraisers. As well as receiving all relevant 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 remain very high at 80%, and demonstrate continuing engagement and satisfaction with the process.

Secondary Care: The secondary care appraisal team in 2017 was expanded to a group of thirteen trained doctors comprising of both States Employed doctors and doctors from the Medical Specialist Group. Individual appraiser feedback continues to demonstrate high levels of satisfaction with the quality of appraisers. In a change to arrangements in 2017, links were established with Southampton University Hospitals (SUH) for secondary care appraisal support. This has involved training and quality assurance being provided by the SUH Lead Appraiser, Dr Henrik Steinbrecher. A local Appraisers Network meeting takes place quarterly, jointly chaired by the Appraisal Leads for HSC and MSG.

In future years approximately half of secondary care doctors will have appraisals conducted by off-island appraisers arranged through Southampton University Hospitals, who will continue to provide quality assurance of the on-island appraisal process. Specialties undergoing off-island appraisals this year include psychiatry, paediatrics, and surgery (including orthopaedics).

c. Quality Assurance

In March 2017 Dr Steinbrecher, Appraisal Lead for Southampton University Hospitals, conducted a visit to Guernsey to look into appraisal systems, provide update training,

and then met individually with appraisers to provide feedback and quality support. His report states that: *“Overall the appraisal system on Guernsey is well managed, organized and matches other systems in NHS England Hospitals. ... I have no concerns about the process and practice of appraisal – revalidation in Guernsey at this time.”*

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 they include any key items identified before the appraisal as needing discussion.

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 and support provided.

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 has up-to-date Data Protection training.

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 2017.

e. Clinical governance

Prior to their appraisal, doctors receive information about all complaints and incidents in which they are named. This report is available to appraiser, appraisal lead and to the RO. In addition some doctors may be asked to reflect with their appraiser about specific incidents or events at their appraisal. The appraisal systems allow for such specific items to be identified clearly to both the appraiser and to the RO, to ensure that appropriate reflection and learning has taken place and been evidenced.

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 2017, three doctors required revalidation recommendations to the GMC. Positive recommendations were made by the RO for all doctors, following review of their appraisal portfolios and the evidence submitted against GMC requirements.

No deferral recommendations were required (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 were accepted by the GMC. (Appendix B presents numerical details using the NHS England audit template.)

9. Recruitment and engagement background checks

Guernsey remains in a favourable position in terms of obtaining appropriate information for background checks before a doctor’s name is added to the local register. 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 (minimum of two)
- 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.

Doctors 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 a 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 2017. Formal management of concerns was required for 4 doctors in 2017: 2 at high level (1 capability, 1 conduct); 1 at medium level (conduct); and 1 at low level (capability). One of these concerned historical allegations regarding conduct in a doctor who has not lived or worked in the Bailiwick for many years, but where new local information required escalation to the GMC.

The General Medical Council investigated three new cases under Fitness to Practice procedures in 2017, with a further four cases ongoing from the previous year.

Of the 2016 cases, three were closed at case examiner stage without formal hearings by the Medical Tribunal Service (2 had been reported by a local patient and /or family, and one from the visiting doctor's UK Trust). The final 2016 case went to a MPTS Panel and resulted in the doctor giving Undertakings about their future practice. That doctor had been referred by the local RO; the doctor had already left the Bailiwick and the local Register of doctors.

Of the 3 new cases, one was formally referred to the GMC by the local RO and remains under investigation for matters relating to conduct and capability. The doctor has not worked in the Bailiwick since. One related to a historical case where new information from the Bailiwick was passed on to the GMC about a doctor who has not lived or worked in the Bailiwick for many years. The third was referred by a patient and/or family. All 3 remained under investigation at the end of 2017.

A formal remediation programme was concluded in 2017 for one doctor who had commenced the programme in 2016. The doctor is now working normally and there have been no new concerns. Remediation programmes for doctors are developed using the "Back on Track" framework developed by the National Clinical Assessment Service. No doctors were undergoing formal remediation programmes at the end of 2017.

11. Risks and Issues:

Complaints: In 2017 no complaints were received about the discharge of the RO functions.

Conflict of Interest: As detailed above (section 3), a conflict of interest was identified when the RO's wife was appointed as a doctor on the local register. The Ordinance allows for this situation, and a second RO was appointed to oversee that doctor. The GMC were consulted and approved these arrangements.

12. Progress against 2016 "Next Steps"

All stated aims for progress in 2017 have been achieved. In particular:

Registrations Panel: In 2017 significant progress was made in the establishment of the Medical Practitioners Panel. Panel members were appointed and confirmed by due process (approval by Policy and Resources). The panel members' induction took place in March 2017, and the panel then formally commenced its statutory duties. The panel conducts most of its work electronically, and the next meeting of the Panel will take place in March 2018. In 2018 there were no appeals to the Panel of decisions taken by the RO. The RO kept the Panel informed about the one doctor who was excluded from practice in 2017.

Appraisals: Off island appraisals were put in place for approximately half of secondary care doctors, through links with Southampton University Hospitals and Southern Health NHS Foundation Trust.

- Quality Assurance of secondary care appraisals took place, led by the Appraisal Lead for Southampton University Hospitals (SUH). Local appraisers received individual feedback from Dr Henrik Steinbrecher, who wrote a report on his findings.
- Training for Local Appraisers: Training to local appraisers was provided by Dr Henrik Steinbrecher, SUH Appraisal Lead.

13. Next Steps for 2018:

Plans for 2018 include:

- Appointment of a new Appraisal Lead for secondary care. (Dr Brink has been appointed as Director for Public Health and will vacate the post).
- Continued external involvement in appraisals, including external appraisals for approximately half of secondary care doctors.
- Ongoing training and quality assurance, with involvement from the Wessex Appraisal Scheme and SUH.

14. Conclusion

This annual report has presented details of the discharge of the Responsible Officer's functions in the year 2017. Further progress has been made in implementation of the Ordinance, and compliance with the requirements of regulation and revalidation of doctors in the Bailiwick.

The RO would like to thank all those involved in helping to deliver high quality regulation of doctors in the Bailiwick in 2017.

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

Concerns about a doctor's practice	High level ¹	Medium level	Low level	Total
Number of doctors with concerns about their practice in the last 12 months (new concerns).	2	1	1	4
Capability concerns (as the primary category) in the last 12 months	1	0	1	2
Conduct concerns (as the primary category) in the last 12 months	1	1	0	2
Health concerns (as the primary category) in the last 12 months	0	0	0	0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 December 2017 who have undergone formal remediation between 1 January 2016 and 31 December 2017. 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				1
Consultants				1
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				0
TOTALS				1
Other Actions/Interventions				
Local Actions:				
Number of doctors who were suspended/excluded from practice between 1 January and 31 December 2017:				1
Duration of suspension:				

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

Less than 1 week	0
1 week to 1 month (*Doctor did not return from exclusion due to sickness)	1*
1 – 3 months	0
3 - 6 months	0
6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	1
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 January 2017 and 31 December 2017	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 January and 31 December (includes investigations; see section 10 above)	1
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 January and 31 December (*Historical case of doctor who had left the Bailiwick, but concluded in 2017).	1*
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 (*Not including those who voluntarily relinquished their registration due to normal retirement).	0*
National Clinical Assessment Service actions:	0
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	1
Number of NCAS assessments performed	0

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

Revalidation recommendations between 1 January 2017 to 31 December 2017	
Recommendations completed on time (within the GMC recommendation window)	3
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	3
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