

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 2020

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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 2020.

Key Findings:

- The year 2020 was dominated by the Covid-19 pandemic. Changes were made to the registration and regulation of doctors in response to the pandemic.
- At the end of 2020 there were a total of 249 doctors on the Bailiwick Register and with a licence to practice. Of these 149 were “local practitioners” and 100 were “UK-connected Practitioners”. A breakdown is given in section 7 of this report.
- A more flexible approach to medical appraisal was supported by the GMC and the Royal Colleges in response to the pandemic.
- Nonetheless, 97.3% of local practitioners had completed appraisals in 2020. This is similar to 2019, and compares favourably with the most recently published UK rates of 91.5% [NHS England Annual Report for 2018/19 ¹]
- The GMC deferred revalidation dates in response to the pandemic.
- Revalidation recommendations were made for sixty one local to the GMC by the RO in 2020. Positive recommendations were made for 60 of these doctors.
- Some of the work of the fitness to practice side of GMC and of the Medical Practitioners Tribunal Service was delayed due to the pandemic.
- Three local doctors began 2020 with ongoing General Medical Council investigations from 2019. One doctor was erased from the medical register, two other cases remain open.
- The RO is aware of another 1 open GMC case involving a doctor who was in Guernsey at the time of the initial concern but who is no longer on the local register.
- Governance: The Responsible Officer continues to maintain strong links with the General Medical Council, NHS England, and the Faculty of Medical Leadership and Management (FMLM).

¹ (<https://www.england.nhs.uk/wp-content/uploads/2019/10/nhs-englands-professional-standards-report-to-ministers-1819.pdf>)

2. Purpose of the Report

This report is to inform the Committee *for* Health & Social Care and through them the States of Guernsey, as to the discharge of the Responsible Officer's functions during the calendar year 2020. This is a requirement of the Responsible Officer under the Ordinance.

3. Background

In 2015 the Bailiwick established the role of Responsible Officer for the States of Guernsey as part of "The Regulation of Health Professions (Medical Practitioners) (Guernsey and Alderney) Ordinance, 2015". The role mirrors, to a significant extent, that established in 2010 UK legislation ("The Medical Profession (Responsible Officers) Regulations 2010").

The Responsible Officer has prescribed obligations regarding medical practitioners which include: ensuring that appropriate annual appraisals take place (for local practitioners), liaising with UK RO's (for UK-connected doctors working here), making recommendations to the General Medical Council (GMC), investigating and referring concerns, protecting patients, and ensuring that any conditions are complied with.

The ordinance 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).

Although defined as Responsible Officer in local law, the GMC recognise a Suitable Person role for local practitioners in the Bailiwick, rather than a Responsible Officer role under the UK Regulations. This is because the Bailiwick is not a UK Designated Body under their legislation. This is also the case in Jersey, Isle of Man, and Gibraltar (among others). 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.

Dr Rabey remained the Responsible Officer for all but one local doctor in the Bailiwick in 2020. Dr John McInerney, Responsible Officer in Jersey continued to act as RO for one doctor working in the Bailiwick because of a conflict of interest (as described in previous reports).

Every licensed doctor who practices medicine in the Bailiwick of Guernsey must be registered with the General Medical Council and must take part in medical revalidation.

4. Duties of the Responsible Officer

The duties of the Responsible Officer in relation to revalidation of doctors are laid out in schedules 2 and 3 of the Ordinance. For local practitioners they are as follows. For UK-connected practitioners they are similar except that responsibility for appraisal, revalidation, and fitness to practice recommendations lies with their UK responsible officer.

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. Impact of the Covid-19 Pandemic on Appraisal and Revalidation.

The Covid-19 pandemic had a major impact on the delivery of services in 2020, and regulatory bodies made adjustments to prioritise delivery of frontline services. Doctors in the Bailiwick were directly involved in providing frontline services, and all were affected by lockdown, travel restrictions, and other aspects of the pandemic. It is a credit to their professionalism that engagement with appraisal and revalidation remained outstanding.

National Response to Covid-19 Pandemic:

GMC:

The GMC's response to the Covid pandemic was aimed at supporting the provision of frontline clinical care.

From 17th March 2020 the GMC deferred the revalidation dates of doctors who were due to revalidate before the end of September 2020 by one year. This allowed doctors more time to reschedule and complete appraisals. This was extended in June to doctors with revalidation dates between 1st October 2020 and 16 March 2021. In October this was further extended to those due to revalidate before July 2021, whose dates were put back by 4 months. Doctors affected by this were put "under notice", so that a recommendation for revalidation could be made when the evidence to support it was in place.

The GMC also took emergency measures to re-register doctors who had recently left the Medical Register on a temporary basis, in order to support efforts to tackle the pandemic. Some 35,000 doctors were given temporary registration: they were those who had left the register or who gave up their licence to practice in the preceding 3 years, and who had no outstanding fitness to practice investigations, sanctions or conditions on their registration. The doctors were given the opportunity to opt out of re-registration.

"Appraisal 2020"

The GMC, Academy of Medical Royal Colleges, and NHS England agreed a revised format for medical appraisal in light of the pandemic. The goal was to simplify expectations around supporting information and pre-appraisal paperwork, and to focus on how doctors maintained their health and wellbeing during the Covid pandemic, and any support they might require.

NHS England encouraged Responsible Officers to adopt a flexible approach to resumption of appraisals after the first wave of the pandemic. They also cancelled the 2019/20 Annual Organisational Audit, meaning that comparison data for completed appraisal rates in NHS England have not been updated since 2018/19.

Local Response to Covid-19 Pandemic:

A total of 31 doctors with local addresses were re-registered by the GMC during the pandemic. One continues to take an active part in providing Covid-related services in the Public Health team.

Local doctors due to revalidate between 17th March and the end of 2020 had their revalidation date deferred by the GMC. However the great majority achieved the requirements of revalidation during the year, and 60 were revalidated in 2020. The doctors were not disadvantaged by revalidating within the year. A total of 5 doctors with

deferred dates from 2020 will be due for recommendations in the coming months, and plans are in place for all to achieve the requirements for a positive recommendation.

“Appraisal 2020” was accepted locally, and widely used. Doctors commented favourably on the reduced administration demands in preparing for appraisal, and on the emphasis on health, wellbeing and support of the new appraisal format.

The great majority of off-island appraisals in 2020 were conducted remotely using applications such as “Teams”. Feedback was positive and it is likely that this will continue in most cases even when travel is unrestricted in future.

6. Governance Arrangements

Register of Local Doctors:

Administration of the local register of doctors in 2020 was supported by Ms Tanya le Pavoux. The register describes the two classes of medical practitioners (“Local” and “UK-connected”), and indicates whether the doctors main link is with the Medical Specialist Group (MSG), Health and Social Care (HSC), Primary Care (GP’s), 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 GMC register may be accessed through their website at <https://www.gmc-uk.org>

The Registration Panel:

The Ordinance describes the role of the Registrations Panel in supporting the local register and as a review body to review decisions relating to registration made by the Responsible Officer. Appointments to the Panel are made by the Policy & Resources Committee. No decisions of the RO were appealed to the Registration Panel in 2020.

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 2020 for the different groups of Local Practitioners:

- HSC and MSG Doctors: Dr Heather Flambert (supported by Mr Marc le Page).
- General Practitioners: Dr Tony Chankun (supported by Ms Jocelyn Le Guilcher.)

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

Appraisal Quality Review:

The Wessex Area Team from NHS England will oversee new appraiser training and update appraiser training for both primary and secondary care doctors. It was not possible to run this in the normal way in 2020 due to the pandemic, but it will be delivered in 2021.

The Appraisers Network meeting is chaired by the Appraisal Lead for HSC and MSG and considers matters related to appraisal policy and practice.

External quality assurance of appraisals in secondary care will take place led by the Wessex Appraisal Service in 2021.

Local appraisers receive feedback from the Appraisal Leads and if relevant, the RO. All appraisees provide feedback about their appraisal, which is provided in anonymised form to appraisers.

External appraisers undergo quality review from their host organisations: usually the Wessex Area Team or University Hospitals of Southampton.

Engagement with External Bodies:

The RO remains 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. Responsible Officer Network meetings were postponed in 2020. The Suitable Person Reference Group met virtually in December 2020.

The RO meets regularly with their designated GMC Employment Liaison Advisor, and has further ad-hoc communication as required. A contract is in place with NHS Resolution to provide expert advice, support and interventions for concerns regarding 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. The RO was revalidated by the GMC in 2019 and his appraisal position is fully up to date.

7. Register of Doctors

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

At the end of 2020 there were a total of 249 doctors on the Guernsey Register and with a licence to practice; a decrease of 8 from 2019. Of these 149 were “Local Practitioners” and 100 were “UK-connected Practitioners”.

A breakdown for the position at the end of 2020 is provided in the table below, with the change from 2019 identified.

Local Register of Medical Practitioners 2020										
	HSC		MSG		GP's		Others		Total	
	2020	+/-	2020	+/-	2020	+/-	2020	+/-	2020	+/-
Local Practitioners	34	(+3)	50	(+2)	62	(-2)	3	(+1)	149	(+4)
UK-Connected Practitioners	57	(-2)	14	(-)	14	(-8)	15	(-2)	100	(-12)
Total	91	(+1)	64	(+2)	76	(-10)	17	(-1)	249	(-8)

UK Connected Doctors: 57 UK-connected doctors worked for HSC in 2020. This includes locums, visiting doctors, and visiting appraisers for doctors. Twelve doctors acted as locums for MSG in 2020 and retained a UK connection, and 2 others retained a UK connection. A total of 14 GP's were connected to UK designated bodies; most acted as locums (including for Alderney and Sark) while in the Bailiwick.

Doctors Classed as "Others": This group consist largely of doctors who hold private clinics, provide medical advice to local firms, and services to Guernsey prison. The local RO is able to identify and communicate with the RO of any UK-connected doctors through use of GMC Connect – the GMC's online portal for revalidation of doctors.

Conditions: The RO has powers to add conditions to a doctor's local registration. In 2020 this power was not exercised. The GMC also did not impose conditions on the practice of any locally registered doctors in 2020.

8. Medical Appraisal

a. Appraisal and Revalidation Performance Data

In 2020 there were 149 locally connected doctors who required an appraisal in-year. A total of 145 appraisals were completed within the agreed time period. The table below gives details:

Appraisals 2019					
	HSC	MSG	GP's	Others	Total
Number with appraisal due in 2020	34	50	62	3	149
Appraisals within agreed time period	34	48	61*	2**	145
%	100%	96%	98%	67%	97%

Of appraisals not completed within prescribed time period:

- MSG: 2 doctors had late appraisals. One was due in January 2020 but not done until Jan 2021. The other had their appraisal in Dec 2020 but it was not signed off until Jan 2021.
- GP's: 1 GP* had their appraisal in October, but due to illness the appraiser had not written it up by the end of 2020. 100% compliance among the remainder.
- Other: One doctor** retained a licence to practice in 2020 but did not actually work as a doctor or have an appraisal in the calendar year. They have subsequently relinquished their licence to practice and no longer need to undergo appraisals or take part in revalidation.

It is worthy of note that, for the first time, 100% of HSC doctors completed their appraisal in 2020, and I am grateful to the efforts of Dr Flambert as Appraisal Lead in this achievement.

The overall in-year appraisal rate for local practitioners was 97.3%. This is similar to 2019 (96.6%) and compares favourably with the most recent NHS England rate of 91.5% [NHS England Professional Standards Report to Ministers for 2018/19 ¹]. (Note NHS England reporting was suspended in 2020 in response to the Covid-19 pandemic.)

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. This was not done in 2020, although concern was raised about one of the delayed appraisals.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/10/nhs-englands-professional-standards-report-to-ministers-1819.pdf>

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 main 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 high levels of engagement in appraisal. Only one doctor was not able to complete their appraisal in-year, due to illness affecting the appraiser after the meeting but before write-up (now completed). The others were all category 1 appraisals (appraisals satisfactorily completed to the standard required). Most GP's undertake appraisals with the Wessex Appraisal Service, a service run by Health Education England; they use a mix of off-island and on-island appraisers.

Secondary Care: Approximately half of appraisals in secondary care were conducted on-island (46), with the remainder conducted by an off-island appraiser (largely remotely). The on-island appraisals were delivered by a group of eight trained doctors comprising of both States employed doctors and doctors from the Medical Specialist

Group. Off-island appraisers were largely delivered by experienced appraisers from Southampton University Hospitals.

Over a five year revalidation cycle every secondary care doctor will have at least 2 off-island appraisals as part of a continuing programme to facilitate specialty-specific and independent appraisals over the revalidation cycle. Individual appraiser feedback continues to demonstrate high levels of satisfaction with the quality of appraisers.

A local Appraisers Network meeting takes place regularly, chaired by the Appraisal Lead, Dr Flambert.

Others: One doctor used the Wessex scheme and the other used an independent appraisal scheme.

c. Quality Assurance

As in previous years, routine ongoing quality assurance continues with active involvement of the appraisal leads and the RO, including reviews of appraisal portfolios and reflection and feedback for individual appraisers. Formal feedback to appraisers from the Wessex Appraisal Service will resume in 2021.

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.

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 the 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.

9. 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 2020, the RO made a total of 61 revalidation recommendations to the GMC. Positive recommendations were made for 60 doctors, following review of their appraisal portfolios and the evidence submitted against GMC requirements.

One deferral recommendations was made, for a doctor who had not been able to produce sufficient evidence to support a positive recommendation due to illness. The doctor subsequently voluntarily relinquished their licence to practice.

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

All 61 recommendation were made on schedule and were accepted by the GMC. (Appendix B presents numerical details using the NHS England audit template.)

10. Recruitment and engagement background checks

Background checks remain in place for doctors seeking to join the local Register, 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)
- Recent enhanced Disclosure and Barring Service (DBS) check
- Form of information completed (contact details, training, qualifications, etc.)
- Specimen Signature
- Registration fee paid.

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 undergo normal employment checks by their prospective employer in addition to the process of adding to the local register.

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.

11. Responding to Concerns and Remediation

As noted in previous reports, concerns about doctors can be raised in many ways. In addition to the powers given to the RO under the Ordinance, local policies for responding to concerns are in place for both Primary and Secondary Care. The policies are based on “Maintaining High Professional Standards”, and provide pathways for action when a concern arises.

Concerns about doctors may result in informal or formal management. Informal management typically is used for minor matters when there is no risk to patients and the doctor demonstrates insight.

One formal investigation under the Ordinance was undertaken, with the appointment of an Authorised Person. The conclusion was that no substantive concern was upheld against the doctor. The doctor received words of advice in relation to the concern. This course of action was supported by the GMC Employment Liaison Advisor. Another 2 concerns raised with the RO in 2020 were found not to raise a substantive matter under the Ordinance, but informal attempts to resolve the issues were made.

Appendix A presents numerical information about formal management of new concerns raised about doctors in 2020.

General Medical Council and Medical Practitioners Tribunal Service.

My 2019 report referred to four doctors then awaiting GMC investigation or proceedings at the Medical Practitioner Tribunal Service (MPTS), two of whom were working in the Bailiwick at the time. The MPTS erased one doctor (Dr Lydall) from the GMC Register in August 2020 – his registration had previously been suspended (see 2019 report). One case relates to a doctor who has not worked locally for 2 years, and is no longer on the local register. Both other cases remain outstanding – the pandemic resulted in delays to the work of the MPTS.

In addition the GMC issued a formal Warning to a local doctor in 2020, following a conviction and fine imposed in relation to a planning application. A Warning is in the public domain at the GMC website and remains on the doctor’s record for two years.

As RO I reported one historical matter to the GMC 2020. This related to a former doctor where a new concern was raised with me which I could not investigate locally, as the doctor had left the Bailiwick in 2018. (This does not feature in the table below as it did not relate to a current doctor.)

12. Risks and Issues:

Complaints: In 2019 the Office of the Data Protection Authority (ODPA) received a complaint about the handling of a Subject Access Request by three parties, one of which was the RO. The matter was closed by the ODPA in 2020 with no action. No new complaints were received in 2020 about the discharge of the RO function.

Conflicts of Interest: No new conflicts of interests were reported in 2020.

13. Progress against 2019 “Next Steps”

Progress against the stated aims for the year of 2019 are as follows:

Planned Next Steps for the Year 2020		
	Stated Aim from 2019 Report	Progress in 2020
a	Complete further updates of the appraisal policy for doctors in secondary care.	This was not completed in 2020.
b	Implement and audit the use of the NHS England Medical Practice Information Transfer (MPIT) Form to obtain information about newly registered local Practitioners from their previous RO's.	MPIT forms were requested from previous RO's for all new secondary care doctors in 2020.

14. Next Steps for 2021:

Plans for 2020 include:

- Complete update of the Appraisal Policy.
- Resume off-island appraiser training and feedback following the impact of the pandemic in 2020.
- Complete revalidation recommendations for doctors deferred by the GMC from 2020 to 2021.

15. Conclusion

This annual report has presented details of the discharge of the Responsible Officer's functions in the year 2020. Despite the impact of the pandemic, standards around revalidation remain high, and processes for identifying and acting on concerns are in place and working effectively.

The RO would like to thank all those involved in helping to deliver high quality regulation of doctors in the Bailiwick in 2020.

16. 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 2020 (new concerns).	0	1	0	1
Capability concerns (as the primary category) in the last 12 months	0	0	0	0
Conduct concerns (as the primary category) in the last 12 months	0	1	0	1
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 2020 who have undergone formal remediation between 1 January 2020 and 31 December 2020. 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				0
Consultants				0
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				0
Other Actions/Interventions				
Local Actions:				
Number of doctors who were suspended/excluded from practice between 1 January 2020 and 31 December 2020:				0
Duration of suspension: Less than 1 week				0

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

1 week to 1 month (*Doctor did not return from exclusion due to sickness)	0
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?	0
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 January 2020 and 31 December 2020	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 January 2020 and 31 December 2020 (includes investigations; see section 10 above)	2
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 January 2020 and 31 December 2020	0
Had their registration/licence suspended by the GMC between 1 January 2020 and 31 December 2020	0
Were erased from the GMC register between 1 January 2020 and 31 December 2020 (*Not including those who voluntarily relinquished their registration due to normal retirement).	1*
National Clinical Assessment Service actions:	0
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 January 2020 and 31 December 2020 for advice or for assessment. (NCAS now part of NHS Resolution)	0
Number of NCAS assessments performed	0

17. Annual Report Appendix B: Audit of revalidation recommendations.

Revalidation recommendations between 1 January 2020 to 31 December 2020	
Recommendations completed on time (within the GMC recommendation window)	61
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	61
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