

**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 2021

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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 2021.

Key Findings:

- At the end of 2021 there were a total of 245 doctors on the Bailiwick Register and with a licence to practice. Of these 152 were “local practitioners” and 93 were “UK-connected Practitioners”. A breakdown is given in section 7 of this report.
- 98.6% of local practitioners had completed appraisals in 2021. This is similar to previous years and compares favourably with the most recently published UK rates of 91.5%.
- Revalidation recommendations were made for 23 local doctors to the GMC by the RO in 2021. Positive recommendations were made for 22 of these doctors.
- Two local doctors began 2021 with ongoing General Medical Council investigations from 2020. One doctor received a warning; the other’s case was concluded with no action or finding against the doctor. No new cases are outstanding.
- 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).

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 2021. 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 Ordinance”). 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 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, and is the same in the other Crown Dependencies. 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 2021. 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

Previous reports have set out the duties of the Responsible Officer with respect to revalidation of doctors. These remain as set out in schedules 2 and 3 of the Ordinance.

5. Impact of the Covid-19 Pandemic on Revalidation

My 2020 report recorded how the Covid-19 pandemic had impacted on appraisal and revalidation. In 2021 the GMC moved back to accepting recommendations for revalidation of doctors in normal timeframes.

As described in my 2020 report, the GMC 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. A total of 31 doctors with local addresses were re-registered in this way. Three doctors opted out of re-registration. One re-registered doctor continued to take an active part in providing Covid-related services in the Public Health team in 2021.

As in 2020 the great majority of off-island appraisals in 2021 were conducted remotely using applications such as "Teams".

6. Governance Arrangements

Governance arrangements remained largely unchanged from my 2020 report. 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> .

No decisions of the RO were appealed to the Registration Panel in 2021.

The RO remains an active participant in the Responsible Officer Network organised by NHS England, and takes part in Suitable Person Reference Group meetings organised by the General Medical Council.

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’s 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 2021 there were a total of 245 doctors on the Guernsey Register and with a licence to practice - a decrease of 4 from 2020. Of these 152 were “Local Practitioners” and 93 were “UK-connected Practitioners”.

A breakdown for the position at the end of 2021 is provided in the table below, with the change from 2020 identified in brackets.

Local Register of Medical Practitioners 2020										
	HSC		MSG		GP's		Others		Total	
	2021	+/-	2021	+/-	2021	+/-	2021	+/-	2021	+/-
Local Practitioners	32	(-2)	51	(+1)	68	(+6)	1	(-2)	152	(+3)
UK-Connected Practitioners	57	(-)	13	(-1)	8	(-6)	15	(0)	93	(-7)
Total	89	(-2)	64	(-)	76	(-)	16	(-2)	245	(-4)

UK Connected Doctors: 57 UK-connected doctors worked for HSC in 2021. This includes locums, visiting doctors, and visiting appraisers for doctors. 13 doctors working for MSG in 2021 retained a UK connection, most were here as locums. Only 8 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. All but one had UK connections in 2021.

Conditions: The RO has powers to add conditions to a doctor’s local registration. In 2021 this power was not exercised. The GMC also did not impose conditions on the practice of any locally registered doctors in 2021.

8. Medical Appraisal

a. Appraisal and Revalidation Performance Data

In 2021 there were 152 locally connected doctors who required an appraisal in-year. A total of 151 appraisals were completed within the agreed time period. The table below gives details:

Appraisals 2021					
	HSC	MSG	GP's	Others	Total
Number with appraisal due in 2021	34	51	68	1	152
Appraisals within agreed time period	34	49	68	1	150
%	100%	96%	100%	100%	98.6%

The only two appraisals not completed in the prescribed time period were MSG doctors who had late appraisals. One required a deferral of their recommendation for revalidation to the GMC. An action plan was put in place to remedy the position.

The overall in-year appraisal rate for local practitioners was nearly 99%. GP’s in Guernsey have historically had high compliance, and the improvement for doctors in secondary care reflects the efforts of the Appraisal Lead, Dr Flambert. This compares favourably with the most recent NHS England rate of 91.5% [NHS England Professional Standards Report to Ministers for 2018/19. (Note NHS England reporting was suspended in 2020 in response to the Covid-19 pandemic.)

No cases of non-engagement with appraisal were notified to the GMC in 2021, although the GMC were made aware of the late appraisal which resulted in a deferral of revalidation.

b. Appraisers

Medical appraisal remains 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. 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 are conducted on-island, with the remainder conducted by an off-island appraiser (usually 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.

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: The only locally-connected doctor in this category sourced an appraisal from an independent 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.

d. Access, Security and Confidentiality

The Responsible Officer is registered with the Data Protection Commissioner, 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 2021, the RO made a total of 23 revalidation recommendations to the GMC. Positive recommendations were made for 22 doctors, following review of their appraisal portfolios.

One deferral recommendation was made, for a doctor who had not produced sufficient evidence to support a positive recommendation. The doctor engaged with a remedial plan to resolve matters by early 2022.

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

All 23 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” (MHPS) 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 in 2021, 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 doctor has been the subject of an MHPS process with informal action.

Appendix A presents numerical information about formal management of new concerns raised about doctors in 2021.

General Medical Council and Medical Practitioners Tribunal Service.

My 2020 report referred to two local doctors then awaiting GMC investigation or proceedings at the Medical Practitioner Tribunal Service (MPTS). Both cases concluded in 2021. One doctor received a warning from the MPTS in relation to their conduct. This is in the public domain and will remain visible to the public on the GMC website for 2 years. After that period the warning will still be made available to employers. The second doctor’s hearing resulted in no finding against the doctor.

12. Risks and Issues:

Complaints: No new complaints were received in 2021 about the discharge of the RO function.

Conflicts of Interest: No new conflicts of interests were reported in 2021.

13. Conclusion

This annual report has presented details of the discharge of the Responsible Officer’s functions in the year 2021. 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 2021.

14. 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 2021 (new concerns).	0	1	1	2
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	1	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 2021 who have undergone formal remediation between 1 January 2021 and 31 December 2021. 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 2021 and 31 December 2021:				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: 1 Jan 2021 to 31 Dec 2021	
Number of doctors who:	
Were referred by the designated body to the GMC	0
Underwent or are currently undergoing GMC Fitness to Practice procedures (includes investigations; see section 10 above)	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC	0
Had their registration/licence suspended by the GMC	0
Were erased from the GMC register (*Not including those who voluntarily relinquished their registration due to normal retirement).	0
National Clinical Assessment Service actions:	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 January 2021 and 31 December 2021 for advice or for assessment. (NCAS now part of NHS Resolution)	0
Number of NCAS assessments performed	0

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

Revalidation recommendations between 1 January 2021 to 31 December 2021	
Recommendations completed on time (within the GMC recommendation window)	23
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	23
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