

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 2018

Dr Peter Rabey, MBChB, FRCA.

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 2018.

Key Findings:

- At the end of 2018 there were a total of 224 doctors on the Bailiwick Register and with a licence to practice. Of these 150 were “local practitioners” and 74 were “UK-connected Practitioners”. A breakdown of these numbers is given in the report.
- 96.7% of local practitioners had appraisals conducted on time in 2018. This is an increase on 2017, and compares favourably with UK rates of 91.3% [NHS England Annual Report for 2017/18 ¹]
- Delayed and missed appraisals: Firm plans are in place for all outstanding appraisals.
- Twelve local doctors required revalidation recommendations to the GMC by the RO in 2018. All received positive recommendations.
- Formal management of concerns was required for 5 doctors in 2018: 1 at high level (conduct); 3 at medium level (2 capability, 1 conduct); and 1 at low level (conduct).
- Four doctors began 2018 with ongoing General Medical Council investigations involving fitness to practice (begun in 2017). Two cases were closed in 2018 and 2 remain on-going.
- The RO is aware of 2 doctors with open investigations by the GMC at the end of 2018. A further 2 cases were opened and closed during the year at case investigator stage, with no further action.
- Governance: The Responsible Officer maintains strong links with the General Medical Council, NHS England, and the Faculty of Medical Leadership and Management (FMLM).
- The RO works closely with the Medical Practitioners Registrations Panel, which reports separately to States of Guernsey.
- Complaints: No complaints were received about the discharge of the RO function in 2018.

¹ (<https://www.england.nhs.uk/wp-content/uploads/2018/10/report-to-ministers-responsible-officer-regulations-revalidation-1718.pdf>)

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 2018. 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).

The Bailiwick of Guernsey is not a UK Designated Body, and the GMC therefore recognise a Suitable Person role for local practitioners in the Bailiwick, rather than a Responsible Officer role under the UK Regulations. 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 2018. Dr Martyn Siodlak, Medical Director in Jersey acted as RO for one doctor working in the Bailiwick because of a conflict of interest (as described in the 2017 report).

Every licensed doctor who practices medicine in the Bailiwick of Guernsey must be registered with the General Medical Council and must revalidate. Revalidation helps to develop better practice and gives patients confidence that doctors are up to date.

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. 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. 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/registration-and-licensing/the-medical-register>.

The Registration Panel:

The Registration Panel has responsibility for supporting the local register. The Panel ensures that unsuitable applicants are not registered, and prevents 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. Appointments to the Panel are made by the Policy & Resources Committee.

The Registration_ Panel met in the first quarter of 2018. 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 2018 for the different groups of Local Practitioners:

HSC Doctors:	Dr Nicola Brink (to October 2018) Dr Heather Flambert (from October 2018)
MSG Doctors:	Miss Carol Makin
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 relevant appraisal documentation. This includes information regarding scope of practice, supporting evidence, incidents and complaints, details of continuing professional development, reflection, the 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 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:

New appraiser training is delivered by the Wessex Area Team from NHS England for primary care doctors, and by the University Hospitals of Southampton Appraisal Lead, Dr Henrik Steinbrecher, for secondary care doctors. The first 3 appraisals conducted

by a new appraiser are subjected to quality review. Appraisers must undergo regular refreshment training.

The Appraisers Network meeting is jointly 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 again took place in 2018. Dr Henrik Steinbrecher, Appraisal Lead for University Hospitals of Southampton visited on 24-25 May 2018 to provide training and assurance. He also provided individual feedback to each local appraiser as part of ensuring consistency of practice.

In addition 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 organisation: Wessex Area Team, NHSE, 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. 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 Bailiwick Register is available in summary form on-line at <https://gov.gg/healthprofessionalregisters>.

At the end of 2018 there were a total of 224 doctors on the Guernsey Register and with a licence to practice; an increase of 6 from 2017. Of these 150 were “local practitioners” and 74 were “UK-connected Practitioners”.

A breakdown for the position at the end of 2018 is provided in the table below, with the change from 2017 identified.

Local Register of Medical Practitioners 2018										
	HSC		MSG		GP's		Others		Total	
	2018	+/-	2018	+/-	2018	+/-	2018	+/-	2018	+/-
Local Practitioners	33	-2	48	+3	68	+2	1	-5	150	-2
UK-Connected Practitioners	46	+11	4	-2	10	-2	14	+1	74	+8
Total	79	+9	52	+1	78	0	15	-4	224	+6

UK Connected Doctors: 46 UK-connected doctors worked for HSC in 2018. This includes visiting doctors and visiting appraisers for doctors. Only four doctors working for MSG in 2018 retained a UK connection: all were locum doctors. A total of 14 GP's were connected to UK designated bodies; some of these acted as locums while in the Bailiwick and others remain on UK Performers' Lists.

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 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 2018 this authority was not used under the ordinance, although one doctor worked to conditions under the Maintaining High Professional Standards policy while an investigation proceeded.

7. Medical Appraisal

a. Appraisal and Revalidation Performance Data

In 2018 there were 150 locally connected doctors who required an appraisal in-year. This is not always the same as the total number of local practitioners because of movement within year, for example some may have had appraisals done before arriving in the Bailiwick. A total of 145 appraisals were completed within the agreed time period. The table below gives details:

Appraisals 2018					
	HSC	MSG	GP's	Others	Total
Number with appraisal due in 2018	33	48	68	1	150
Appraisals within agreed time period	32	45	68	0	145
%	97.0	93.8	100.0	0.0	96.7

Of appraisals not completed within prescribed time period:

- HSC: 1 doctor's appraisal has been delayed for health reasons with agreement from the RO.
- MSG: 1 doctor's appraisal has been delayed for health reasons with agreement from the RO. 1 off-island appraisal was completed late. 1 off-island appraisal is scheduled for March 2019 and will be late.
- GP's: 100% compliance.
- Other: 1 doctor had a late appraisal.

The overall in-year appraisal rate for local practitioners was 96.7%. This is an improvement on 2017 (95.3%) and compares favourably with the NHS England rate of 91.3% [NHS England Annual Report for 2017/18 ¹].

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 2018, the RO submitted one Rev6 form in relation to a doctor who was not engaging in appraisal in a timely manner. The doctor agreed an action plan with the RO and completed their appraisal within 6 weeks of being contacted by the GMC.

¹ <https://www.england.nhs.uk/wp-content/uploads/2018/10/report-to-ministers-responsible-officer-regulations-revalidation-1718.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 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. Two completed appraisals are described as category 1b: one doctor did not sign off the documentation within 28 days, and for another doctor the documentation did not include the previous appraisal date. The others were all category 1a. There were no missed or late appraisals. 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. A total of 40 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 Bailiwick doctors remain very high, with 94% of doctors who responded reporting that their appraisal had been useful for improving patient care. Feedback confirms the high quality of this off-island appraisal service.

Secondary Care: On-island appraisals were delivered by a group of twelve 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. Links with Southampton University Hospitals (SUH) for secondary care appraisal support continued in 2018. The SUH Appraisal Lead, Dr Henrik Steinbrecher, provided training and quality assurance to local appraisers. A local Appraisers Network meeting takes place quarterly, jointly chaired by the Appraisal Leads for HSC and MSG.

Secondary Care doctors in certain specialties had off-island appraisals in 2018 as part of a continuing programme to facilitate specialty-specific and independent appraisals over the revalidation cycle. Doctors in psychiatry, paediatrics, and surgical specialties had off-island appraisals in 2018. The intention is that over a five year revalidation cycle every secondary care doctor will have at least 2 off-island appraisals.

c. Quality Assurance

Dr Steinbrecher, Appraisal Lead for Southampton University Hospitals, visited Guernsey in May 2018. He provided new appraiser training, an update session for existing appraisers and gave individual feedback to appraisers based on the PROGRESS tool. Overall he found a good quality of write-up, and found the understanding of the principles and ethos of appraisal revalidation was “solid and

sound". He also provided feedback to improve things further, including in moving to a single online system for secondary care appraisals.

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. No information breaches were reported in 2018.

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 2018, twelve 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.

Of the twelve positive recommendations, 11 have been accepted by the GMC and one remains under review at time of writing. (Appendix B presents numerical details using the NHS England audit template.)

9. 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)
- 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.

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.

10. Responding to Concerns and Remediation

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, including:

- involvement of independent advice where appropriate,
- 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.

Appendix A presents numerical information about formal management of new concerns raised about doctors in 2018.

General Medical Council (GMC): Three cases known to the RO remained under investigation under Fitness to Practice procedures at the end of 2017. Two were closed with no action during 2018. Two others remain under investigation at the time of writing. In addition a patient had directly referred a local doctor to the GMC in 2017 without reference to the local RO. The GMC closed this at case examiner stage without opening a formal investigation. (As the 2017 RO report notes, it is possible under 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.)

Two new cases were reported to the GMC in 2018 – one was a self-referral by a doctor and one was reported by a patient. Both were closed within the year at case examiner stage with no action.

No local doctors were subject to any GMC sanction in 2018.

It should be noted that certain traffic offences which result in convictions in Guernsey are dealt with by the system of fixed penalty points in the UK. All convictions must be reported to the GMC, whereas UK doctors with points on their licence do not come to the GMC's attention. In practice these cases have been closed without action by the GMC as they have not been considered to impact on a doctor's fitness to practice.

11. Risks and Issues:

Complaints: In 2018 no complaints were received about the discharge of the RO functions.

Conflicts of Interest: No new conflicts of interests were reported in 2018.

12. Progress against 2017 “Next Steps”

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

Appointment of a new Appraisal Lead for secondary care: Dr Flambert was appointed as the new Appraisal Lead for Secondary Care, in succession to Dr Nicola Brink. Advice was taken from the GMC about this appointment.

Continued external involvement in appraisals: Mechanisms to ensure off-island involvement for appraisals for both primary and secondary care doctors over the 5 year revalidation cycle are now in place and working.

Ongoing training and quality assurance: As described above both primary and secondary care appraisals continue to have strong external involvement, through the Wessex Appraisal Service for primary care, and Dr Henrik Steinbrecher for secondary care. Both report favourably on arrangements in Guernsey.

13. Next Steps for 2019:

Plans for 2019 include:

- Consolidation of secondary care appraisals onto a single appraisal system for all doctors in HSC and MSG.
- Improved allocation and reminder systems for appraisal dates, and enhanced monitoring for poor compliance.
- Improved administrative support for secondary care appraisals.
- Review and update of the appraisal policy.
- Increase resilience of the local system by having another local doctor undergo Responsible Officer training.

14. Conclusion

This annual report has presented details of the discharge of the Responsible Officer's functions in the year 2018. 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 2018.

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 2018 (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	1	1	1	3
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 2018 who have undergone formal remediation between 1 January 2018 and 31 December 2018. 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 2018 and 31 December 2018:				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?	1
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 January 2018 and 31 December 2018	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 January 2018 and 31 December 2018 (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 2018 and 31 December 2018	0
Had their registration/licence suspended by the GMC between 1 January 2018 and 31 December 2018	0
Were erased from the GMC register between 1 January 2018 and 31 December 2018 (*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 January 2018 and 31 December 2018 for advice or for assessment. (NCAS now part of NHS Resolution)	1
Number of NCAS assessments performed	0

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

Revalidation recommendations between 1 January 2018 to 31 December 2018	
Recommendations completed on time (within the GMC recommendation window)	11
Late recommendations (completed, but after the GMC recommendation window closed)	1*
Missed recommendations (not completed)	0
TOTAL	12
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	1
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other	0
Describe other	-
TOTAL [sum of (late) + (missed)]	1

* One recommendation was submitted 9 hours after the prescribed date ended, due to annual leave.