

# **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 2022**

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**Responsible Officer**

**States of Guernsey.**

**Date: 3<sup>rd</sup> February 2023**

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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 2022.

### Key Findings:

- At the end of 2022 there were a total of 285 doctors on the Bailiwick Register and with a licence to practice. Of these 158 were “local practitioners” and 127 were “UK-connected Practitioners”. A breakdown is given in section 7 of this report.
- All local practitioners had completed appraisals in 2022, although 3 were late.
- Revalidation recommendations were made for 16 local doctors to the GMC by the RO in 2022. Four doctors had a ‘defer’ recommendation for lack of evidence, three of whom have since had positive recommendations. The remaining doctor will come up for revalidation again in 2023. Positive recommendations were made for the other doctors. All recommendations were accepted by the GMC.
- No doctors received sanctions or warnings from the General Medical Council in 2022.

## 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 2022. 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 2022. 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. Governance Arrangements**

Governance arrangements remained largely unchanged from my 2021 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 2022.

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.

## 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 2022 there were a total of 285 doctors on the Guernsey Register and with a licence to practice – an increase of 40 from the end of 2021. Of these 158 were “Local Practitioners” and 127 were “UK-connected Practitioners”. The increase was largely in the UK connected group and includes more locum doctors providing services locally and doctors involved in privately prescribing medical cannabis.

A breakdown for the position at the end of 2022 is provided in the table below, with the change from 2021 identified in brackets.

Local Register of Medical Practitioners 2020										
	HSC		MSG		GP's		Others		Total	
	2022	+/-	2022	+/-	2022	+/-	2022	+/-	2022	+/-
Local Practitioners	36	(+4)	51	(-)	67	(-1)	4	(+3)	158	(+6)
UK-Connected Practitioners	54	(-3)	30	(+17)	22	(+14)	21	(+6)	127	(+34)
Total	90	(+1)	81	(+17)	89	(+13)	25	(+9)	285	(+40)

UK Connected Doctors: 54 UK-connected doctors worked for HSC in 2022. This includes locums, visiting doctors, and visiting appraisers for doctors. 30 doctors working for MSG in 2022 retained a UK connection, most were here as locums. There was an increase from 8 to 22 GP's connected to UK designated bodies; most acted as locums (including for Alderney and Sark) while in the Bailiwick, although some are in permanent posts in Guernsey but have retained their status on the UK Performers List.

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. Four were connected locally, 21 had UK or no declared connection.

Conditions: The RO has powers to add conditions to a doctor's local registration. In 2022 this power was not exercised. The GMC also did not impose conditions on the practice of any locally registered doctors in 2022.

## 7. Medical Appraisal

### a. Appraisal and Revalidation Performance Data

In 2022 there were 149 locally connected doctors who required an appraisal in-year. A total of 146 appraisals were completed within the agreed time period. The table below gives details:

Appraisals 2022					
	HSC	MSG	GP's	Others	Total
Number with appraisal due in 2022	31	47	67	4	149
Appraisals within agreed time period	31	46	66	3	146
%	100%	97.9%	98.5%	75%	98%

The 3 late appraisals were for doctors who required a 'deferral' recommendation to the GMC for revalidation.

The overall in-year appraisal rate for local practitioners was 98%.

No cases of non-engagement with appraisal were notified to the GMC in 2022, although 4 doctors in total required deferral recommendations to the GMC due to insufficient evidence for a positive recommendation. In each case an action plan was put in place to remedy the position and 3 have now successfully revalidated. One was deferred until later in 2023.

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## 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.

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.

### **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 through HSC 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.

## **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).

Revalidation recommendations were made for 16 local doctors to the GMC by the RO in 2022. Four doctors had a 'defer' recommendation because there was insufficient evidence for a positive recommendation. Two of these have since had positive recommendations. The remaining two have remedial plans in place and will come up for revalidation again in 2023. Positive recommendations were made for 13 other doctors. All recommendations were accepted by the GMC

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

All recommendation were made on schedule and were accepted by the GMC. (Appendix A 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)
- 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.

## 10. 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.

The Responsible Officer continues to meet his obligation to investigate concerns and to liaise with the GMC about any fitness to practice issues.

Due to the small number of cases, details of investigations are not included in this report. This is to protect doctors against possible identification in our small community. Where action needs to be taken on a doctor's registration the information is available in the public domain. Public identification in cases where no substantive concern has been upheld by investigation can cause unfair and lasting harm to a doctor's reputation.

### General Medical Council and Medical Practitioners Tribunal Service.

No doctors received sanctions or warnings from the GMC in 2022.



## 11. Risks and Issues:

Complaints: No new complaints were received in 2022 about the discharge of the RO function.

Conflicts of Interest: No new conflicts of interests were reported in 2022.

## 12. Conclusion

This annual report has presented details of the discharge of the Responsible Officer's functions in the year 2022. 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 2022.

### 13. Annual Report Appendix A: Audit of revalidation recommendations.

Revalidation recommendations between 1 January 2022 to 31 December 2022	
Recommendations completed on time (within the GMC recommendation window)	16
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	16
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