

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 2025

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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 2025.

Key Findings:

- At the end of 2025 there was a record total of 345 doctors on the Bailiwick Register and with a licence to practice. Of these 182 were “local practitioners” and 163 were “UK-connected Practitioners”. A breakdown is given in section 7 of this report.
- All doctors should have an annual appraisal. Only two local doctors did not complete their appraisals in 2025: one GP arrived in-year and had their first local appraisal in early 2026; the second was a doctor who retired in early 2026.
- In 2025 revalidation recommendations to the GMC became due for 9 local doctors. Positive recommendations were made for all 9, and all recommendations were accepted by the GMC.
- No local doctors received sanctions or warnings from the General Medical Council in 2025.

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 2025. 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; the same position applies to 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 locally connected doctor in the Bailiwick in 2025. Dr Simon West, Responsible Officer in Jersey, was approved by Policy and Resources to act as a second Responsible Officer for doctors working in the Bailiwick where there is a conflict of interest with Dr Raby, and he acts as RO for one local doctor.

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

4. Duties of the Responsible Officer

Earlier 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 2025 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> .

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

The RO meets regularly with the 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 Richard Withnall 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 2025 there were a total of 345 doctors on the Guernsey Register – a decrease of 19 from the end of 2024. Of these 182 were “Local Practitioners” and 163 were “UK-connected Practitioners”.

A breakdown for the position at the end of 2025 is provided in the table below.

Local Register of Medical Practitioners Close of 2025					
	HSC	MSG	GP's	Others	Total
Local Practitioners	37	59	81	5	182
UK-Connected Practitioners	51	46	29	37	163
No Connection	0	0	0	0	0
Total	88	105	110	42	345

UK Connected Doctors: 51 UK-connected doctors worked for HSC in 2025. This includes locums, visiting doctors, and visiting appraisers for doctors. 46 doctors working as locums for MSG in 2025 retained a UK connection. 37 GP's connected to UK designated bodies were registered to work in the Bailiwick; many of these were registered as locums for Alderney and Sark and the remainder mainly as locums for the Guernsey practices. A small number are in permanent posts but have retained their status on the UK Performers List.

Doctors Classed as “Others”: The number in this category continues to grow (50% growth in 3 years). This group includes doctors who hold private clinics including for medical cannabis, cosmetic services, and musculoskeletal clinics. Others provide medical advice to local firms, or services to Guernsey prison and other non-HSC States of Guernsey functions. 5 were connected locally, 42 had a UK connection.

Conditions: The RO has powers to add conditions to a doctor's local registration. In 2025 this power was not exercised. The GMC also did not impose conditions on the practice of any locally registered doctors in 2025.

The table below shows the numbers of doctors on the local register by year since the first RO report of 2016. Overall numbers have grown but 2025 saw a reduction of 19 from the peak of the previous year. The overall increase over the years reflects increasing use of locum and visiting doctors, and a trend towards more part-time working in general practice.

Number of Doctors at year-end, by category and year										
	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
GP's	<u>79</u>	<u>78</u>	<u>78</u>	<u>86</u>	<u>76</u>	<u>76</u>	<u>89</u>	<u>107</u>	<u>120</u>	<u>110</u>
MSG	<u>50</u>	<u>51</u>	<u>52</u>	<u>62</u>	<u>64</u>	<u>64</u>	<u>81</u>	<u>88</u>	<u>109</u>	<u>105</u>
HSC	<u>64</u>	<u>70</u>	<u>79</u>	<u>90</u>	<u>91</u>	<u>89</u>	<u>90</u>	<u>100</u>	<u>100</u>	<u>88</u>
Others	<u>18</u>	<u>19</u>	<u>15</u>	<u>19</u>	<u>17</u>	<u>16</u>	<u>25</u>	<u>28</u>	<u>35</u>	<u>42</u>
Total	<u>211</u>	<u>218</u>	<u>224</u>	<u>257</u>	<u>249</u>	<u>245</u>	<u>285</u>	<u>323</u>	<u>364</u>	<u>345</u>

7. Medical Appraisal

a. Appraisal and Revalidation Performance Data

In 2025 there were 178 locally connected doctors who required an appraisal in-year. A total of 176 appraisals were completed in-year. The table below gives details:

Appraisals 2025					
	HSC	MSG	GP's	Others	Total
Number with appraisal due in 2025	35	57	81	5	178
Appraisals completed	34	57	80	5	176
%	97%	100%	98.7%	100%	98.9%

One doctor connected to HSC did not complete their appraisal in-year before retiring early in 2026. All other MSG and HSC doctors had an in-year appraisal, although some were completed after the due date. One GP arrived in-year and will have their first local appraisal in early 2026.

The overall in-year appraisal rate for local practitioners was 98.9%.

No cases of non-engagement with appraisal were notified to the GMC in 2025.

b. Appraisers and Quality Assurance

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: GP and Secondary Care. 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: Appraisals for GPs in Guernsey are done by the Wessex Appraisal Service. 80 of 81 locally connected GP’s had their appraisals completed in year. The exception is a new arrival whose first local appraisal took place early in 2026. Quality assessment scored very highly and feedback from doctors was good.

Secondary Care: Appraisals in secondary care are conducted with a mix of on-island and off-island appraisers overseen by Dr Flambert as Appraisal Lead. 89 appraisals were carried out in 2025. Sixteen appraisers were used. Quality assessment (using the ASPAT tool) showed high scores for appraisal outputs. Feedback continues to show very high scores for appraisal usefulness and rating of appraiser skill (4.65 and 4.78 respectively on a 5-point scale).

Some doctors had appraisals with previous organisations before moving to Guernsey in-year. One doctor with a conflict of interest locally is appraised in Jersey and others are linked with bodies such as the Faculty of Medical Leadership or Management or the Faculty of Public Health.

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

c. Access, Security and Confidentiality

The Responsible Officer is registered through HSC with the Data Protection Commissioner and has up-to-date Data Protection training.

d. Clinical governance

Prior to their appraisal, doctors receive information about complaints and incidents in which they are named. This report is available to the appraiser, appraisal lead and to the RO. GPs receive a local ‘scorecard’ providing information about prescribing, referral and investigation trends in comparison to their peers. In addition, some doctors may be asked to reflect with their appraiser about specific incidents or events. 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).

The RO made 9 revalidation recommendations to the GMC in 2025. Positive recommendations were made for all doctors. One doctor had been the subject of a

previous 'defer' recommendation but had now successfully provided sufficient evidence for a positive recommendation.

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

All recommendations were made in line with the GMC protocol for making revalidation recommendations and were made on schedule. All 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.
- Evidence of indemnity / insurance.
- 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 the law officers of the Crown, and 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

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.

Five investigations into concerns about doctors were commenced in 2025. Due to the small number of cases, details of those 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 through the GMC and MPTS websites (see below). Public identification in cases where investigation has found no substantive concern can cause unfair and lasting harm to a doctor's reputation.

General Medical Council and Medical Practitioners Tribunal Service (MPTS).

No locally registered doctors received sanctions or warnings from the GMC in 2025.

The Responsible Officer referred one local doctor to the GMC in 2025 supported by advice from the GMC Employment Liaison Adviser. The case will go through the normal GMC assessment process, but at time of writing there has been no decision from the GMC.

One other local doctor remains the subject of an open investigation by the GMC. No restrictions have been placed on the doctor's practice, no finding against the doctor's fitness to practice has been made and although the GMC investigation began in April 2023, they have yet to determine if there is any case to take forward.

The case of a doctor who previously worked in Guernsey was heard by the Medical Practitioners Tribunal Service (MPTS) in February 2025. This relates to allegations about the doctor's activities in Guernsey in 2017/18 (Dr Shokouh-Amiri) and was widely reported at the time. The doctor was given a warning but the GMC appealed the decision of the MPTS panel. The appeal was heard in December 2025 in the Administrative Court at the Royal Courts of Justice. Judgement was reserved and is still awaited.

11. Risks and Issues:

Complaints: There were no formal complaints about the Responsible Officer role in 2025.

Conflicts of Interest: One doctor working in Guernsey remains attached to a Responsible Officer in Jersey due to a conflict of interest with the Guernsey RO. Dr Simon West was approved as a second RO for Guernsey for this purpose during 2025 as he has taken over the relevant role in Jersey.

12. Conclusion

This annual report has presented details of the discharge of the Responsible Officer's functions in the year 2025. 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 2025.

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

Revalidation recommendations between 1 January 2025 to 31 December 2025	
Recommendations completed on time (within the GMC recommendation window)	9
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	9
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