



OFFICIAL REPORT

OF THE

STATES OF DELIBERATION

OF THE

ISLAND OF GUERNSEY

HANSARD

Royal Court House, Guernsey, Thursday, 23rd April 2026

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Present:

Ms J. E. Roland, Deputy Bailiff and Presiding Officer

Law Officers

H. Pullum (H.M. Comptroller)

People's Deputies

C. P. A Blin	M. P. Leadbeater
Y. Burford	M. Malik
T. L. Bury	A. D. S. Matthews
H. L. Camp	L. J. McKenna
G. M. Collins	P. S. N. Montague
R. P. Curgenvén	A. J. Niles
H. L. de Sausmarez	G. A. Oswald
D. F. Dorrity	C. N. K. Parkinson
A. Gabriel	S. R. Rochester
J. A. B. Gollop	T. M. Rylatt
L. T. Goy	A. S. Sloan
S. T. Hansmann Rouxel	G. A. St Pier
M. A. J. Helyar	J. D. Strachan
R. M. Humphreys	L. C. Van Katwyk
B. R. Kay-Mouat	S. P. J. Vermeulen
A. Kazantseva-Miller	S. Williams
M. S. Laine	

Representatives of the Island of Alderney

The Clerk to the States of Deliberation

S. M. D. Ross, Esq. (States' Greffier)

Absent at the Evocation

Deputy A. K. Cameron (*relevé à 9h 32*) ; Deputy N. R. Inder (*indisposé*) ;
Deputy S. J. Falla (*absent de l'île*) ; Deputy J. M. Ozanne OBE (*absent de l'île*) ;
Alderney Representative E. Hill ; Alderney Representative E. A. J. Snowdon

Business transacted

Evocation.....	5
Billet d'État VI.....	5
Appendix Report.....	5
Responsible Officer for the Bailiwick of Guernsey – 2025 Annual Report – Report noted.....	5
4. Schedule for States' Business – Proposition carried.....	20
<i>The Assembly adjourned at 10.31 a.m.</i>	<i>21</i>

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States of Deliberation

The States met at 9.30 a.m.

[THE DEPUTY BAILIFF *in the Chair*]

PRAYERS

The States' Greffier

EVOCATION

The Deputy Bailiff: Deputy Cameron, you have remarkably become undisposé. Do you wish to be relevéd?

5 **Deputy Cameron:** Yes, please, ma'am. In good health.

Billet d'État VI

COMMITTEE FOR HEALTH & SOCIAL CARE

APPENDIX REPORT

Responsible Officer for the Bailiwick of Guernsey – 2025 Annual Report – Report noted

The States' Greffier: That is Billet d'État VI, the motion to debate Responsible Officer for the Bailiwick of Guernsey.

10 **The Deputy Bailiff:** Yes, Deputy Oswald.

Deputy Oswald: Thank you, madam; thank you, Members of the States.

Madams, Members of the Assembly, Deputy St Pier has successfully argued his case and persuaded the Assembly to debate the Responsible Officers' report for the year 2025. This report was produced as per the requirements of the Regulation of Health Professions (Medical Practitioners) (Guernsey and Alderney) Ordinance 2015. The report is necessarily high level and technocratic in nature and confirms that statutory medical regulation in Guernsey continues to operate effectively. Doctors are indeed the most highly regulated health profession in the Bailiwick.

To commence, I shall refer to the more routine aspects of the report. This covers a successful application locally of the GMC-ordained annual appraisal and its revalidation process, which operates on a five-year cycle. It is at the end of this five-year cycle that Responsible Officers make a recommendation to the UK regulator, which is the General Medical Council, or GMC, as to whether a doctor should retain their licence to practice.

25 Appraisals are carried out by a mixture of on and off-Island appraisers, all of whom have received appropriate training. As in previous years, uptake of the annual appraisal by all locally registered doctors approached 100%. Nine revalidation recommendations to the GMC were made, all being positive, and there were no cases of non-engagement with appraisal process, which would require notification to the GMC.

30 Complaints and incidents relating to individual doctors are recorded through HSC's established procedures, but are communicated to the appraiser to ensure that they are properly reflected in a doctor's ongoing appraisal and fitness-to-practice assessment. As a result, some further action, which could include reflection and learning, may be required in some cases.

35 Where concerns raised about a doctor are serious, persistent or raise patient safety issues, the Responsible Officer has a statutory duty to refer the matter to the GMC. In this respect, the RO instigated five investigations into concerns regarding doctors in 2025. For reasons given in the report, details of these investigations are not included. No locally registered doctors received sanctions or warnings from the GMC in 2025.

40 Two previously referred cases to the GMC could, in my view, now be considered historic. The details of these cases are included, where appropriate, in the report. The Responsible Officer referred one local doctor to the GMC in 2025, supported by advice from the GMC Employment Liaison Officer. No details of this case are supplied and, as at the time of writing and submitting the report, no decision had come from the GMC.

45 Madam, in conclusion, I am satisfied that the Responsible Officer's Annual Report for 2025 provides assurance that the statutory framework for medical regulation continues to operate effectively. The systems of appraisal, revalidation and escalation for General Medical Council are clearly functioning as intended, with a strong culture of professional engagement and oversight. The role of a Responsible Officer is central in providing independent assurance that concerns are identified early and addressed appropriately.

50 While no system can be entirely without risk, the evidence presented in the Annual Report demonstrates that appropriate safeguards are in place and are being applied consistently. I therefore commend the States to support the proposition to note the report.

The Deputy Bailiff: Thank you.

Who wishes to speak on the debate?

55 Deputy St Pier.

Deputy St Pier: Madam, four years ago, in moving a motion to debate 2021's Annual Report, I described it as brief, formal, technocratic, rather dry, and anodyne. That was not the most controversial part of that speech. The consequences flowing from which had a very long tail, including, of course, four codes of conduct, one abuse of privilege complaint, a further complaint to HSC, and two arrests. But those are not matters for today.

60 The description of the Responsible Officer's report as brief, formal, technocratic, rather dry and anodyne remain as pertinent to the 2025 report as to the 2021 report. Arguably, it has become more so in the intervening four years, and a number of my observations are about the information that is missing from the report rather than what is in it. For example, in 2021, the report had two appendices. The 2025 report has only one.

70 The appendix that has been removed was entitled 'Audit of Concerns about a Doctor's Practice'. This contained potentially relevant and important detail, such as a table setting out the number of doctors with new concerns about their practice, broken down between concerns about capability, conduct or health, and further analysed between high, medium and low level. That year the report noted there were two doctors about whom there were new concerns about their conduct, one of which was ranked medium level and one ranked low level.

75 The appendix also had fields for local actions taken to exclude, suspend or restrict practice, and similarly for GMC actions, including the numbers who were referred to the GMC, whose fitness to practice was investigated or who had conditions placed upon them or were suspended or erased

from the register. All those fields had nil returns for that year, which of course was a good news story.

80 I think the States and the community are entitled to benefit from this level of data, which it is worth emphasising is about numbers, not names. For example, if there was a rising trend of GMC actions without local actions, there might be legitimate questions to ask as to why. Or if there were a number of doctors subject to new concerns, ranked as giving a high level of concern about their capability or conduct, this could give rise to valid questions about local recruitment practices.

85 We know from section 10 of the report that five investigations were begun in 2025, the same number as 2024. We have no idea how many were begun in 2022 or 2023, as the Annual Reports for those years are silent. Maybe there were none. Maybe there were a dozen. Is five a normal number of investigations or is it high or low? Have they been closed with any action or with no action? It would be reasonable to expect some of both.

90 Each investigation will come at a public cost. If each investigation closes with no action, does that mean the RO is triggering too many? If each closes with action, does that mean that there are more cases that ought to be investigated but have not been? How do we or the GMC know if the RO is doing a good job or a bad job as Responsible Officer if there is no data from which to draw any analysis or trends?

95 In responding to the debate, I would like the President to confirm that his Committee will consider a refresh with the new RO reinstating this part of the report when the 2026 Report is prepared.

100 Secondly, following media coverage around the intention to lay a motion to debate this Annual Report, I was contacted by a member of the public who drew my attention to an apparent anomaly. In October 2024, the MSG announced that a consultant had joined them from a hospital in the Midlands. But that individual is still showing on the GMC's website today as working at that Midlands hospital with a different Responsible Officer to our own. What are the reasons for such an anomaly? And what, if any, are the implications? Are there any similar cases?

105 If there are substantive concerns in relation to a practitioner, the RO has been granted by legislation extraordinary powers. How many Members realise that the RO has the power to compel a response to questions, to produce information, or even to seek a warrant to enter and inspect premises? Under section 9E, if the RO has concern that raises substantive concerns, then they must appoint an authorised person to investigate the facts and report back to the RO.

110 The RO then must decide whether the concern has raised any substantive issue, and if so, what to do about it. In short, the RO operates inside a governance black box. They decide whether or not they have a substantive concern. They decide whom to appoint to investigate and what to investigate. They decide whether or not the substantive concern has or has not raised a substantive issue, and if so, they decide what to do about it.

115 There is no appeal mechanism to this part of the law. The only route for a complainant or a practitioner who is dissatisfied with any of the RO's decisions is to seek a judicial review, which of course is prohibitively costly for many people. This is a good segue into a judgment from the Royal Court handed down in February 2025. It is therefore a matter of public record and the names of those concerned are already in the public domain.

120 It was a decision following an application for judicial review by Dr Simone Borchardt, the former doctor at the Sark Medical Centre, against a decision of the RO. Given the process in dispute took place in accordance with Sark's parallel legislation, there are clear implications for our own regulatory regime.

Deputy Oswald: Matter of order.

125 **The Deputy Bailiff:** Sorry, did you say you have got a point of order?

Deputy Oswald: Point of order, please. Rule 17(6), is this relevant to the current RO's report?

The Deputy Bailiff: Well, it is true to say that the judicial review was not in relation to this law but in relation to the Sark Law, so it is not directly related to this report. But I think I need to give Deputy St Pier an opportunity to develop the point he is making before I can say it is or is not relevant to the debate.

Deputy St Pier: Thank you, madam.

I will repeat the sentence which I think explains the relevance. Given that the process took place in accordance with Sark's parallel legislation, there are clear implications for our own regulatory regime. The case successfully made by Dr Borchardt was that the decisions were flawed because, in reaching them, the RO relied on an investigation report which itself was flawed, having been infected by, I quote, 'procedural impropriety and irrationality'. So much so that Judge Connolly quashed the decisions.

Now these will come with some cost implications for Guernsey, but I am more concerned to understand what lessons have been learned from the experience. What will be done differently in the future? In addition, has or will the Committee give consideration to reviewing the legislative regime to allow a less cumbersome and less expensive appeal mechanism? I think fair process, good practice and human rights requires this, not least because a decision by the RO could well be career-ending for a doctor.

There are application fees and annual fees levied. The law at section 3(3) requires the RO to maintain proper accounts and to furnish these to HSC at least once every 12 months. I am advised by officers that these are, I quote:

... produced by the Finance Team as part of HSC's normal accounting process. We do not separate them out in a separate report, but they are there.

I do not ever remember seeing them, and I am not entirely sure that this is a full and proper discharge of section 3(3). Perhaps that is a matter which Deputy Rochester, as finance lead for the Committee, might want to explore in a little more detail.

More significantly, the 2014 States' Report said at paragraph 31:

It is proposed that the RO charge will be reviewed annually.

I have learned that it has not been, and in fact the fees set in 2016 remain unchanged. Having drawn attention to this, I understand that they will now be reviewed.

In preparing for this debate, I also asked who pay the fees. It seems that GPs pay for themselves and HSC pays for HSC-employed doctors. Fair enough. Officers have advised the secondary health contract does not specifically govern how the registration fees are funded. In practice, however, Medical Specialist Group (MSG) are charged for the initial registration of a new doctor, but then do not pay the annual fee to remain on the register. This was agreed between HSC and MSG in 2023. Why? Why did HSC feel that it was necessary to agree to this?

The £15,000 or £20,000 a year for MSG's doctors is clearly a cost that MSG is quite capable of bearing, rather than taxpayers. Will HSC review this, particularly in light of the current financial situation and the 1% challenge?

As Deputy Oswald noted in responding to the motion, the RO is a statutory role. Section 10(3) of the law provides that:

If, in the opinion of the Policy & Resources Committee, there is a conflict of interest or an appearance of bias in relation to a Responsible Officer and any registered practitioner, the Policy & Resources Committee must appoint a second or further Responsible Officer.

P&R have exercised this power recently, and this was noted in paragraph 2.3 of HSC's policy letter reappointing the RO in February this year, which stated the following:

As a member of Dr Rabey's family also practices medicine on the Island, the P&RC has used powers conferred to it to appoint a second, Jersey-based RO to oversee the revalidation of this doctor.

175

In preparing for this debate, I have acquired a concern of another conflict of interest or an appearance of bias. My understanding from Dr Oswald, and indeed GMC, is that it is expected and indeed is regarded as good practice that ROs should remain clinically current. In other words, keep their hand in on their professional practice and should be embedded within organisations and not sit outside them.

180

My concern is this: the present RO is an anaesthetist. Twenty per cent of his time, one day a week, is in theatre, working alongside numerous consultants for whom he has regulatory responsibility. So far, so normal. This is recognised as a potential conflict under the GMC and NHS guidance. However, the water is muddied by the existence of private work. In other words, in any surgery list there may be some private patients. In those instances, there is, the RO has said, an informal arrangement between him and the MSG for his fees in those cases. The key test is the reason –

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Deputy Oswald: Point of order, sir. Is this relevant under 17(6)?

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The Deputy Bailiff: I am slightly troubled by this, Deputy St Pier, because the report itself is not actually in relation to the appointment of the Responsible Officer. The appointment has been made. This is his report. So I do have some concerns you are straying beyond the noting of this report in the point you are making.

195

Also, are you making the point as Deputy St Pier, or are you making the point as a member of the P&R Committee?

Deputy St Pier: I am speaking as a Deputy, madam. Obviously, as a member of P&R there are responsibilities under the Law. The point about that I am seeking to raise is I think there is information which is missing, which relates to the declaration of interest which should have been in the report.

200

The Deputy Bailiff: Does the report require a declaration of interest? From my reading of what is required under schedule 2 and schedule 3, I do not think – although there is a reference to Dr Rabey stepping aside in relation to his family member, that is not in relation to a conflict of interest so much as the relationship with the particular individual doctor who has a separate Responsible Officer. I have not read the report as one requiring a declaration of interest by the Responsible Officer.

205

Deputy St Pier: It is your ruling, madam.

210

The Deputy Bailiff: Yes, it is my ruling.

Deputy St Pier: In which case ... I think, clearly, the challenge for the Policy & Resources Committee is in relation to determining when it is appropriate that there should be a second or alternative Responsible Officer appointed.

215

My view, madam, was that the Annual Report would be a logical place for the RO's interests to be transparently declared. Obviously, as you have identified, the report is silent on that. I think that the guidance certainly does emphasise the importance of documented mitigation, and I have certainly found no evidence of any such mitigation.

220

I think it is the existence of an informal arrangement, which does create the risk of an appearance of bias test, which would be a conclusion.

225 **The Deputy Bailiff:** Deputy St Pier, having ruled on this, I think you are now straying back into that subject again. So I think you need to move on.

Deputy St Pier: I will endeavour to move on.

230 From a regulatory perspective, I have concerns that it is a problem. There is, I think, a further wrinkle in relation to the relationships which – and this is to do with the MSG relationship with HSC. This concerns actually who is in essence paying –

Deputy Oswald: Point of order. Again, is this relevant to the report in front of us?

235 **The Deputy Bailiff:** Well, I am just waiting to hear what Deputy St Pier is going to say, but I am listening with interest.

240 **Deputy St Pier:** The concern is that, of course, MSG are not actually paying for any of the Responsible Officer's time. Now, obviously, the individual benefits from this is the RO is able to maintain their practice as a consultant anaesthetist.

The Deputy Bailiff: Deputy St Pier, you are not listening to my guidance, that you are now going beyond what is contained in the Responsible Officer report, and after all, it is up to the Policy & Resources Committee, as you have identified, to deal with that conflict of interest if they consider there is such a conflict.

245 **Deputy St Pier:** Okay.

The Deputy Bailiff: But it is not the position of the debate on the Annual Report for the year 2025.

250 **Deputy St Pier:** Okay, well, in that case, I think I can bring it to a conclusion by saying this. As I said earlier, I think under the legislation there are actually matters that P&R will need to give further consideration to. But I would like reassurance from the President when he responds, to particular consideration will be given to these issues when a new RO is appointed to replace the outgoing RO on his retirement later this year.

In summary, the report is far more brief, formal, technocratic, dry, and anodyne than it should be. It is more interesting what is missing from it than what is in it. I think that should concern anyone who has an interest in good governance and effective regulation.

260 Thank you, madam.

The Deputy Bailiff: Thank you.
Does anybody else wish to speak in debate?
Deputy Gollop.

265 **Deputy Gollop:** Thank you, Madam Deputy President.

As our Presiding Officer, you did not allow me to speak yesterday because of course it is only the person who is putting the motion and the respondent, the President.

270 **The Deputy Bailiff:** Yes, the rules as required by this States' Assembly mean that I had to not allow you to speak on that.

275 **Deputy Gollop:** And I should have remembered that. But I was going to say in the very unlikely event I would ever be employed by the Health & Social Care I would probably be labelled an irresponsible officer. But clearly this debate is wide-ranging on one level but we have to keep it on proper tram lines, as your rulings have identified.

I do not want to insult the report and say it is dry and anodyne because it is a professional purpose, based on a requirement from somebody who has acquitted themselves well in their career for many years. But it is a little bit of a hard read, even though it is brief, for people who are not acquainted. I will admit I do not really know what I am reading or talking about but I would imagine that would be true for most Members in this Chamber on this.

Every year now it is like an annual season, like the Easter rabbits or the turkey at the White House. Deputy St Pier makes a motion for this to be debated, this time seconded by Deputy Blin, and we usually agree and we go into the debate but without much context, especially if we are not a health professional or involved on Health & Social Care.

This report is a hard read and I think, in the future – especially if we have a new Responsible Officer and we have a new team at Health in many respects who are very much interested, possibly more than the last Committee, in what I would say professional governance and change in that respect – I do not see why, when this report is published, we cannot have a workshop or presentation for interested Deputies so that we know more about the issues. There are allusions in the report to confidentiality.

I always think Deputies want to know more and more confidential information, and over the years I think we get told less than we did 20 or 30 years ago because certain people do not trust us because we leak or say the wrong thing. We are often in a situation where certain officers know things and we get them second-hand through a cause, and this is the case here.

I remember a little while ago there was reluctance in Guernsey to publish suicide figures partly because individuals could be identified. We read in this report that five cases where there was no malpractice or things to consider but they were rather not – even I discussed them in the broadest terms because whereas in England a report about hundreds of people would not be identifiable, there is a greater risk here of breach of confidentiality, but it makes it more opaque rather than less.

I genuinely do not know the answers here. I do not know why there are 345 doctors on the register, and there is a difference between local practitioners and UK connected who come here to do – well, we have even got cannabis prescriptions and cosmetic surgery at that level. But 182 seems a large number, but it may also include not just people in Alderney and Sark but presumably part-time practitioners and practitioners who work aligned to the – I will give way to Deputy Oswald.

Deputy Oswald: Point of order.

The Deputy Bailiff: Deputy Oswald, are you making a point of order?

Deputy Oswald: 17(6). The make-up of the numbers is not a specific responsibility of the Responsible Officer. Although he quotes them in the report, he points out that it is not his responsibility to keep note of numbers.

The Deputy Bailiff: Deputy Gollop.

Deputy Gollop: Yes, I will not go further into that. We need to know the context of the numbers, because one thing the report does go into, it goes into the two classes of medical practitioner, local practitioners and UK-connected practitioners who do not have a – the locals who do not have a connection to a UK-designated body.

In fact, the report technically says, although we do have a Responsible Officer, it would in the UK actually have a different title. It would be a special – it is a bit strange, but it would have a different role. It would be a suitable person. But what is interesting, the report does identify, where I would add a point here, that there has been a net decrease of 19. We are not given the reasons for that, but clearly the number of doctors here is an intriguing possibility.

The Deputy Bailiff: If it is a point of order, you need to say, Deputy Oswald, 'Point of order'.

Deputy Oswald: Point of order, Rule 17(6) again. It is not relevant to the Responsible Officer's report to actually account as to why there has been a decline in numbers; just to document it.

330

The Deputy Bailiff: You have a point, Deputy Oswald. But I think it would be a little bit too restrictive if Deputy Gollop was not able to comment on them. But the fact is, Deputy Gollop, the Responsible Officer is recording them. He does not create the numbers. He does not decrease the numbers. He is simply a record maker in this regard. But do carry on.

335

Deputy Gollop: If that is the case, what is the point of discussing the report, because the report does not give us anything to vote on? It is just a report about the scenario. Again, this proves my point that this is a poor forum to do this kind of debate. We would be much better off with a workshop and presentation where the issues could be explained.

340

What is relevant and has been identified is 178 were due for appraisals; 176 were completed. We were informed perhaps why there were not issues, but the two were historic.

We also are told that everybody is satisfactory. We are told the revalidation typically takes place over a five-year cycle and that the Responsible Officer made nine revalidation recommendations. Positive recommendations were made to all doctors. In fact, the general theme in this report is actually pretty favourable.

345

What is perhaps mysterious is on paragraph 9 that they define:

The use of very short-term locums is impractical for geographical and regulatory reasons

350

But again, it is not defined in the report what is a very short-term locum and what is not. We are told:

There are robust processes for identifying and checking on any new doctors ...

Which I am sure there are. But that clearly is a different process outside of Guernsey registration. We are told that:

355

Concerns about doctors may result in informal or formal management.

Which are used for minor matters and the doctor demonstrates insight. So I have confidence on the face of it that that is being done. I have already alluded to the fact:

Public identification in cases where investigation has found no substantive concern can cause unfair and lasting harm to a doctor's reputation.

360

Of course, some of these things can leak out on social media, which is not, in my view, to be recommended, but can be a problem if it is seen, perhaps wrongly, to be a bit of a shield going on.

We are also told:

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.

365

But the GMC investigation began in April 2023 and they have yet to determine if there is any case to take forward. Well, we are three years into that and that is –

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Deputy Oswald: Point of order.

Deputy Gollop: – not explained.

The Deputy Bailiff: Yes, Deputy Oswald.

375 **Deputy Oswald:** I do not think the workings of the GMC in relation to that particular case is relevant to the Responsible Officer who is just reporting on the fact rather than commenting on the process, which is outside his remit.

380 **The Deputy Bailiff:** Thank you.
Deputy Gollop.

Deputy Gollop: Well, there appears to be no point in going on with this debate.

385 **The Deputy Bailiff:** Thank you, Deputy Gollop.
Yes, Deputy Curgenvén.

Deputy Curgenvén: I echo Deputy Gollop's thoughts, but I might condense them a little bit. I was wondering if the President might agree to speak or work with, if possible, Deputy St Pier. I know that Deputy Rochester is leading the vanguard when it comes to complaints with HSC. Maybe if you could speak to them, Deputy Oswald, and maybe if we could have more information and more context. Maybe a workshop like Deputy Gollop says, because otherwise this debate does seem a little bit pointless. I will end on that note and look forward to hearing what the President says.

395 Thank you, ma'am.

The Deputy Bailiff: Thank you.
Does anybody else wish to speak?
Yes, Deputy Blin.

400 **Deputy Blin:** Thank you, ma'am.

First of all, I am very conscious that Members have given up additional time this morning to consider this report, and it may not have been everyone's first choice. But if nothing else, the fact is we are all here does underline that this is not simply a report to be noted but one that warrants proper attention and scrutiny. I will try and justify that decision because already we heard some interesting possibilities.

405 I seconded Deputy St Pier, not necessarily to revisit what he referred to as the long tail but also to focus on the substance of the report before us. What it tells us about the system we rely on and how the system should evolve and at, first reading, this is a very positive report. We see high appraisal rates, successful revalidation outcomes, no sanctions issued by the GMC in 2025. Those are reassuring indicators, and they reflect well on the professionalism of those working within our healthcare system.

410 But I do think our role here is simply to note that everything appears to be working. Our role is to ask a more important question: is the system robust, transparent, resilient, and particularly as it evolves? As Deputy St Pier has highlighted, sometimes it is not only what is in the report that matters but what is not.

415 The Responsible Officer holds this unique and significant position with the Health & Social, HSC, the GMC, or General Medical Council and providers and Medical Specialist Group. That is a position of considerable influence and one that depends fundamentally on independence. The report itself recognises that conflicts of interest can arise, and that in such cases a second Responsible Officer may be required.

420 I will take back the conflict of interest because it was explained, and it may not be deemed as one but the sentiment was there.

That is an important safeguard but it also reinforces the point that independence is not simply assumed. It must be actively managed, clearly structured and transparently demonstrated. The

425 question for this Assembly is not whether the system works in most cases but whether it is structured in a way that removes doubt in all cases, both in reality but also in perception.

Then, secondly, it is on the transparency. The report provides a high-level summary, but in some areas necessarily limited. So we know that investigations into concerns are taking place, regulatory processes are being followed, but we have limited visibility on the trends over time, the nature and categorisation of concerns, and how cases are resolved and what is learned.

430 As Deputy St Pier has set out, there was previously more structured information available in earlier reports, and I fully recognise the need for confidentiality in a small jurisdiction, but there is a balance to be struck between the confidentiality and accountability. It is reasonable to ask whether more anonymised aggregated data could be provided. Not to identify individuals, but to give this Assembly confidence that the system is operating as it should because without that visibility it is difficult to assess performance, consistency or improvement over time.

435 Thirdly, the Responsible Officer is not simply an administrative function as a statutory, it is a statutory role with significant authority to investigate concerns, to require information, and to take decisions that can have serious professional consequences. With that level of responsibility, it is essential that processes are clear, safeguards are robust, and the overall framework commands confidence. That is not a criticism, it is a recognition of the importance of the role and the need for confidence in how it operates.

440 Next, the report shows a healthcare system that is evolving. We now have a large number of UK-connected practitioners, increasing reliance on locum and visiting doctors and significant growth in the category described as 'Others', around 50% over three years. This includes the private clinics, specialist services, non-traditional roles.

Deputy Oswald: Point of order.

450 **The Deputy Bailiff:** Yes, what is your point of order, Deputy Oswald?

Deputy Oswald: We are now going into details of numbers. The Responsible Officer does not have any responsibility at all for numbers. He does as a matter of information, but he has no influence about that and how those numbers are evolved.

455 **The Deputy Bailiff:** Point of Order, Deputy Oswald, goes to one of the rules. I think you can carry on, Deputy Blin. I am not convinced that it is beyond the ...

Deputy Blin: Thank you, ma'am.

460 It was talking about the changing system as opposed to the role there, but it is part of what this report demonstrates to the Assembly.

465 So assurance and confidence. The report presents very positive outcomes; 100% positive revalidation recommendations, no GMC sanctions, high appraisal compliance. But good governance requires us to go one step further. How do we know these outcomes reflect robust scrutiny? What independent assurance exists? How do we benchmark ourselves? Because strong governance is not just about positive outcomes, it is about the confidence in how those outcomes are achieved.

470 This debate for me is timely in supporting Deputy St Pier, because with the Responsible Officer now retiring shortly after reappointment we have a natural opportunity and the responsibility to reflect on whether the structure we have in place is the right one for the future. Not because the system is failing but because it is evolving. Healthcare delivery is changing and workforce models are changing, so therefore surely governance must evolve alongside them.

475 In supporting this debate, my intention is simple. It is to ensure that we are not only satisfied with where we are but confident in where we are going. More broadly than that, I would also hope that as an Assembly we have moved beyond just simply noting reports of this nature. These are not just formal documents, but they are an important part of how we understand the systems are responsible for overseeing.

480 It is through debates such as this that we can ensure that we are not only informed but we are learning, we are questioning and we are strengthening our understanding so that we are better equipped to carry out our role as Deputies effectively. Because if we are to provide proper scrutiny we must be fully sighted, fully informed and willing to engage with the detail and not simply receive it.

485 In that context, I would ask the President of HSC for a clear assurance that the following will be actively considered as part of the process for appointing the next RO, or Responsible Officer. That independence, both actual and perceived, is clearly structured and demonstrable; that transparency is strengthened, including appropriate anonymised data to consider to support oversight; that governance arrangements include clear processes, safeguards and proportionate review mechanisms; that conflicts of interest are not only managed but declared and documented.

490 **The Deputy Bailiff:** Deputy Blan, the requirement of the Responsible Officer is not to deal with the issues of conflict of interest. He can report them but that is it.

Deputy Blin: Okay, noted, ma'am.

495 That the system continues to involve in line with the changing nature. Because this is not just about reviewing the past, it is about ensuring that we have a system that is robust and transparent. Thank you.

The Deputy Bailiff: Thank you.
Does anybody else wish to speak?
Deputy Collins.

500 **Deputy Collins:** Thank you, ma'am.

Just on page 5, there was a useful link to where the forms are. So I have just filled out a form. Very interestingly, there are 43 fields that are required to be filled in, in order for the Responsible Officer to report on that. I was just going to exactly echo the comments made from some colleagues. 505 There are actually lots of fields that are not reported in this that possibly could be. Certainly around employment status and self-employed, and that might be very useful.

So it is really just to echo that I think there are some extra KPIs that could be put in this report, ma'am, and to maybe also help understand why we have had a 40% increase in the numbers. That is all I wanted to say. 510 Thank you.

The Deputy Bailiff: Thank you, Deputy Collins.
Yes, Deputy Rochester.

515 **Deputy Rochester:** I think, as with any report that this Assembly receives, improvements can always be made and should be made. I think Deputy St Pier and Deputy Blin for raising the points they have about completeness of the report, I know the Committee would support me in suggesting that with the incoming officer a review of the report against UK best practice, taking into consideration the peculiarities of our own healthcare system, would not be too onerous and would be prudent as it would be for any reporting format over time. 520

I would also suggest, as I would in any part of HSC's mandate, that some independent assurance at some point in time after that revised reporting format had been agreed would be appropriate. I hope I do not corner Deputy Oswald in any way by saying that they seem to me to be sensible actions to take in response to the concerns raised today, and if the Committee are willing to do that 525 I would be very supportive.

The Deputy Bailiff: Deputy Leadbeater.

Deputy Leadbeater: Thank you, madam.

530 I have just got a couple of – it is Deputy Gollop that piqued my interest really when talking about the ‘Others’ and the cannabis prescribers that are caught up in that piece,. Because I noted we had medicinal cannabis, I think it was available from off-Island clinics in 2020, and there were 17 others there, and we have got –

535 **Deputy Oswald:** Point of order. Are we straying off the field again?

The Deputy Bailiff: Well, you have got the heading ‘Others’, so I think he has got a right to be able to ask what the ‘Others’ are?

540 **Deputy Leadbeater:** I am just debating what is contained within the report and the numbers within the report, and I just would like a bit of clarification. I do not expect Deputy Oswald to get the clarification for me today. I have just got a couple of questions.

I assume that a big part of that increase from 17 in 2020 to 42 in 2025 is in relation to those cannabis prescribing clinics that we have.

545 Also on the table on page 5, we note that local practitioners are 37 at HSC and ‘Others’ there are five. There are a couple of doctors working for HSC that also work for cannabis clinics. So are they counted in the HSC or are they double counted in the ‘Others’ as well? It is just for my trying to understand it because local practitioners, five in the ‘Others’ just seems a little bit light really considering we have got two cannabis clinics serving about 2,000-plus patients. So I would just like
550 some clarification on that.

I do not need that today so I do not expect Deputy Oswald to know that, but if he can find out and ping me an email that would be great.

Thank you.

555 **The Deputy Bailiff:** Thank you.
Deputy Niles.

Deputy Niles: Madam, we are here to debate this morning – we probably could have finished early yesterday but we are here and so we are having a debate.

560 **The Deputy Bailiff:** Will of the Chamber, Deputy Niles.

Deputy Niles: It gives me the opportunity to rise, because I did not say very much yesterday because my esteemed colleagues, Deputy Gollop and Deputy Goy, always beat me to my feet, so
565 I will give it a go. I am going to stumble into an area of which I have got very few reference points, and so excuse me.

Madam, the Responsible Officer reports through the Committee *for* Health & Social Care, but importantly operates independently of it. This report shows a system where professional standards are high and processes are working, but it also highlights something broader. Accountability here
570 is structured, validated, visible, and enforced. If I had to make a comparison that stands in contrast the findings of the MyGov report, where significant failure occurred, yet political accountability has been notably absent, would the President of Health & Social Care agree with me that if he saw and recognised systemic failure in the report of the Responsible Officer, that he would take some political accountability for it?

575 Thank you.

The Deputy Bailiff: Does anybody else wish to speak in debate?
In that case, Deputy Oswald, your opportunity to respond before we note the report.

580 **Deputy Oswald:** Thank you, madam; and I thank all my colleagues for their important input.

Who would have thought that a report, which I would totally agree with Deputy St Pier's description of it as anodyne, technocratic, and short, would precipitate such debate? (**A Member:** Hear, hear.)

585 I have gone back to the original Ordinance, stating that 2015 now, as it was, is 133 pages long of virtually impenetrable legalistic matter, and includes, as Deputy St Pier accounts, powers which I think are not applicable anywhere else; including the right to obtain entry to premises to do searches. I can think of no other Responsible Officer in England who might have similar powers. Similarly, I have compared our Ordinance with that of our neighbouring Crown Dependency and also the Isle of Man, which are remarkably short and brief and to the point in their description. So
590 I cannot think that we have gone into a bit of overkill in basically describing what the Responsible Officer's role is here.

Effectively, as Deputy St Pier points out, that this is a GMC-ordinated role. It is necessary to enable doctors, should they choose to move back to the UK and continue their practice, to have the appropriate documentation in place, including revalidation and regular appraisal. This is what the
595 Ordinance was designed to produce. It seems to have gone down many other rabbit holes along the way, but that is what it is all about.

Deputy St Pier raised a number of issues, some of which are highly technical. I also saw tables in the previous documented report and noticed the number of zeros on this. I suspect, and I can ask, and I think it is appropriate to ask, why it has been missed out from current reports. But I suspect it
600 reflects the fact that although those data are being kept, there is no trend which has been observed and therefore no possible comment to make in the report.

It is a good point. Are we missing trends? I relate to Deputy Niles's comment right at the end here. If we at HSC were informed of worrying trends and these being missed by our Responsible Officer, yes, I would take personal responsibility for that, as would my Committee in the committee
605 role. Indeed, that has happened probably once in the past when there was a disaster on the maternity side when the Committee resigned because of lack of oversight. That was not actually related to the Responsible Officer, but it reflects that we do have responsibilities outside what we have to present at this States.

I think it is important to talk about right of appeal to the Responsible Officer's decisions to investigate. Again, the Responsible Officer's role and how it is being described is based wholly on
610 that which applies to the UK similar officer, and similarly to the Isle of Man and the Jersey officers. I am not aware in any of those other circumstances that there is an independent right of appeal.

If we are going to look at the new role, I think it is important to note that the Responsible Officer in Guernsey is already open to much more scrutiny than his colleagues in the other Crown
615 Territories. Only in Guernsey does the Responsible Officer have to submit an annual report to the HSC, and through them to the States for debate. As indeed we see this process in action today.

It would be wrong to place on any future Responsible Officer further political oversight over and above that which already applies locally and to doctors fulfilling similar roles in other parts of the
620 UK. This Responsible Officer role is an established part of GMC appraisal and supervision of licensed and practising doctors. We would be unwise to stray outside the bounds which has been deemed appropriate by the UK authority, which has considerably more experience in this field than we do. I would certainly take the point that we should discuss the various sensible suggestions which have been made along the line in more detail.

Deputy Curgenvin said, 'Can I work with Deputy St Pier on this?' You may or may not be aware
625 that Deputy St Pier and I have regular meetings which cover a variety of matters, much of which may be financial but some of which may be regulatory. We have had some discussion about these matters, and I am more than happy to discuss this further with either himself or with other Members who are of interest.

Deputy Gollop actually comes to the nub of the matter. Why are we actually debating this report?
630 Would there not actually be a more suitable way that Members can be informed as to what is happening in the Responsible Officer role? I think Deputy Blinn also related to that as well. I think we certainly should take that into consideration.

I personally felt, when I was working out my response to the debate, I did ask myself the question, why are we doing this? Because it is a short report. It is technocratic and anodyne. Many of the answers that Deputies will be seeking will not be possible to be debated because of the various rules I have been keeping on getting on my feet and quoting, and also applying to me if I was actually to stray outside the lines when I came back to this.

That particularly applies to when we start talking about individual investigations into certain doctors. I think it is right that that is anonymised. I cannot remember – I think it is Deputy Gollop who said, Deputies seem to be seeking more and more confidential information about more and more matters. When it applies to Responsible Officer function, what makes Guernsey so special that we have to stray outside what our fellow members in other island territories are doing or indeed in the UK to actually investigate further? I think if we were to place irksome duties on any future Responsible Officer, this might have a significant effect on our ability to recruit, and I think we should take that in point.

Deputy Rochester, I thank you for your contribution; clearly we will discuss this at Committee. I do not think any of us probably expected the amount of feedback that we were going to get this morning, and this is quite right that we should discuss this at Committee and make appropriate recommendations subsequently about this.

Deputy Leadbeater, let us talk about classification numbers. The Responsible Officer actually under the Ordinance has no requirement, as I see it, to actually recount the details that he has done in terms of classification of locally-registered doctors and the actual numbers put in. He tells me he put it in because he started looking at numbers, that the registry is actually in the same office where he works, and he thought it was important to inform the Deputies about actually the extent of his role.

People have wondered whether the evolution in terms of increasing numbers might affect his role, but he was previously a Responsible Officer to an organisation in the UK and he had to handle that role serving 800 doctors. Although we are up to about 300 now, it does not compare to what his previous numbers are.

We probably cannot supply the details that Deputy Leadbeater has asked for, where these five others are, because these are private organisations employing them. If they want to employ them as a doctor on this Island, quite rightly they have to follow the Responsible Officer recommendations. But actually, the record of what they do, if it is employed by a private organisation, is perhaps nothing to do with us on HSC. I will give way.

The Deputy Bailiff: Are you giving way, Deputy Oswald?
Yes, Deputy Leadbeater.

Deputy Leadbeater: I thank Deputy Oswald for giving way.

My question primarily was the two doctors that work at HSC also work for a private cannabis clinic. I wondered if they were counted in the 37 for HSC or if they were in the five for the 'Others'. I assume it is the 37 that are in HSC; I just wanted clarification, that is all.

Deputy Oswald: Clearly I cannot answer that question here and now. I suspect I know the answer, but I do not want to give the States false information, so I will come back to you on that point.

We welcome scrutiny. I am not saying that we are opposed to the scrutiny, I am not saying that I am opposed to the level of questioning we had today. Many important points have been raised. I understand the concerns that Deputy Blin and Deputy St Pier have raised. I have had discussions with Deputy St Pier about some of these matters in the past, and we will have further discussion at committee level as to whether we should be doing anything different.

My personal view at the moment, subject to persuasion of course, is that I think the Responsible Officer locally, as I have already pointed out, is actually under much closer observation and scrutiny than any of his colleagues elsewhere, that the system seems to work well, that in a small community

685 it is right to protect the confidentiality and anonymity of doctors who are under scrutiny because many of those scrutinies will turn into nothing. It is also right that we should not publish anything about GMC proceedings outside of what is already available on the GMC publicly available website.

I could probably say a lot more but I will not. I think I am just going to sit down at this point and commend to the States that we note the report as requested.

690 Thank you.

The Deputy Bailiff: Thank you.

Members, you should have on your screens what is required of you this morning, which is to take note of the report. States' Greffier, would you open the voting on this please?

695

There was a recorded vote.

Carried – Pour 33, Contre 0, Ne vote pas 1, Did not vote 0, Absent 5

Pour	Contre	Ne vote pas	Did not vote	Absent
Blin, Chris	None	Helyar, Mark	None	Falla, Steve
Burford, Yvonne				Hill, Edward
Bury, Tina				Inder, Neil
Cameron, Andy				Ozanne, Jayne
Camp, Haley				Snowdon, Alexander
Collins, Garry				
Curgenvin, Rob				
de Sausmarez, Lindsay				
Dorrity, David				
Gabriel, Adrian				
Gollop, John				
Goy, David				
Hansmann Rouxel, Sarah				
Humphreys, Rhona				
Kay-Mouat, Bruno				
Kazantseva-Miller, Sasha				
Laine, Marc				
Leadbeater, Marc				
Malik, Munazza				
Matthews, Aidan				
McKenna, Liam				
Montague, Paul				
Niles, Andrew				
Oswald, George				
Parkinson, Charles				
Rochester, Sally				
Rylatt, Tom				
Sloan, Andy				
St Pier, Gavin				
Strachan, Jennifer				
Van Katwyk, Lee				
Vermeulen, Simon				
Williams, Steve				

700

The Deputy Bailiff: There voted in relation to noting the report: 33 pour, there was 1 abstention. I therefore declare that the report is duly noted and the Proposition is carried.

POLICY & RESOURCES COMMITTEE

**4. Schedule for States' Business –
Proposition carried**

Article 4.

The States are asked to decide;

Whether, after consideration of the attached Schedule for Future States' Business, which sets out items for consideration at the Ordinary States Meeting on 20th May 2026, they are of the opinion to approve the Schedule.

705 **The States' Greffier:** Article 4, Policy & Resources Committee, Schedule for Future States' Business.

The Deputy Bailiff: Deputy de Sausmarez.

Deputy de Sausmarez: Thank you, madam.

710 There is not much in this schedule, but I would note that there is more work that I am aware of in the pipeline coming down the track, so I think we will get a little bump ahead of the summer recess with some quite significant items. But for this one it looks like a very light agenda.

Thank you.

715 **The Deputy Bailiff:** Unless anybody wants to engage in debate on the schedule I will ask the States' Greffier to open the voting.

There was a recorded vote.

720 *Carried – Pour 34, Contre 0, Ne vote pas 0, Did not vote 0, Absent 5*

Pour	Contre	Ne vote pas	Did not vote	Absent
Blin, Chris	None	None	None	Falla, Steve
Burford, Yvonne				Hill, Edward
Bury, Tina				Inder, Neil
Cameron, Andy				Ozanne, Jayne
Camp, Haley				Snowdon, Alexander
Collins, Garry				
Curgenven, Rob				
de Sausmarez, Lindsay				
Dorrity, David				
Gabriel, Adrian				
Gollop, John				
Goy, David				
Hansmann Rouxel, Sarah				
Helyar, Mark				
Humphreys, Rhona				
Kay-Mouat, Bruno				
Kazantseva-Miller, Sasha				
Laine, Marc				
Leadbeater, Marc				
Malik, Munazza				
Matthews, Aidan				
McKenna, Liam				
Montague, Paul				
Niles, Andrew				
Oswald, George				
Parkinson, Charles				
Rochester, Sally				
Rylatt, Tom				

Sloan, Andy
St Pier, Gavin
Strachan, Jennifer
Van Katwyk, Lee
Vermeulen, Simon
Williams, Steve

The Deputy Bailiff: There voted pour 34, therefore unanimously the Schedule for Future States' Business has been carried.

725

That brings us to the end of this session of the States. When we see each other again in May, we will have a new Member of States. So I just remind everybody who might be listening to exercise their democratic right to vote, and I look forward to seeing you all in May.

States' Greffier, would you close the meeting?

The Assembly adjourned at 10.31 a.m.