

## RO statements - factsheet

### Introduction

- 1 The Responsible Officer Regulations introduced statutory responsibilities for responsible officers ('ROs') to manage concerns about doctors at a local level, including ensuring effective systems of appraisal and clinical governance are in place.
- 2 The Regulations require ROs to:
  - a implement procedures to investigate concerns about doctors' fitness to practise raised by patients or staff of designated bodies or from any other source
  - b monitor compliance with GMC conditions or undertakings
  - c maintain records of doctors' fitness to practise evaluations, including appraisals and any other investigations or assessments
  - d where appropriate, refer concerns about a doctor to the GMC.

### What is the purpose of the RO statement?

- 3 When a doctor is referred to the GMC because of concerns about their fitness to practise, we may investigate the matters that give rise to the concerns. The decision about whether the doctor's fitness to practise is impaired, and whether the doctor's registration needs to be restricted or removed, is made by a Medical Practitioners Tribunal ('MPT').
- 4 The MPT will decide if the doctor poses an ongoing risk to patients or if the doctor's actions undermine public confidence in the profession. The MPT may take into account evidence relating to the doctor's understanding of the problem, attempts to remediate, adherence to principles of good practice and any apology offered.
- 5 In light of their role, the RO can provide useful information about how the doctor has responded to the concerns raised, to help inform the MPT's decision.

## When will the RO be asked to provide a statement?

- 6 We will contact the RO to request a statement once a decision has been made to refer the doctor to a hearing before the MPT. The statement must be received by the GMC eight weeks before the doctor's hearing starts.
- 7 Unless there are exceptional circumstances, we will do this in all cases where the doctor has a nominated RO.

## What should the statement cover?

- 8 The RO is not required to provide an opinion about whether the doctor has shown insight or whether the issues have been addressed. Those are matters for the MPT to consider, based on the information available to them. The statement should be a factual account of the doctor's response to the concerns raised.
- 9 The statement should detail any factors the RO considers relevant. Those might include:
  - a details of professional courses the doctor has completed to address the concerns
  - b confirmation of any steps taken by the doctor to prevent reoccurrence
  - c details of any expressions of regret or apology made by the doctor
  - d information about the doctor's involvement and co-operation with any Trust enquiry
  - e an update in relation to the doctor's current practice.
- 10 We would not expect this information to be contained in a document created by a doctor primarily for the purpose for reflection on the concerns under investigation. We also would not expect this information to include details about a doctor's personal reflections on the concerns in question. We expect those sharing information with us to follow good practice on information sharing and the requirements of information legislation.
- 11 The statement should include a statement of truth signed by the RO. This will help to avoid any challenge in relation to the admissibility of the evidence. There is a [suggested template](#) to help ensure the statement is presented in the correct format.

## What if the RO does not have a direct working relationship with the doctor?

- 12 The GMC would still expect a statement from the RO, as they should have systems in place to gather relevant information about the doctor. The statement can detail how the information was obtained, if it was not immediately available to the RO.

## What if the doctor denies the allegation?

- 13 The doctor is entitled to deny the allegation. The RO should not express an opinion about the doctor's account but may wish to say, as a matter of fact, that they are aware of the denial.
- 14 In those circumstances, the RO may still be in a position to provide information relevant to the MPT's decision. For example, in a case involving an allegation of clinical misconduct, the RO might wish to comment upon the doctor's current practice, work undertaken or training courses attended, notwithstanding the denial.

## Can the doctor object to the RO statement?

- 15 The doctor may object to the GMC relying on the RO statement. However, the MPT may admit any evidence they consider fair and relevant to the case before them. Given the purpose of the RO statement, we expect that the MPT will allow the evidence in all but exceptional circumstances.

## Will the RO be required to attend the MPT hearing?

- 16 Not necessarily. Evidence should usually be presented in the form of a written statement. There is a power to require a witness to attend a hearing to give live evidence. However, we would only expect that power to be exercised where the doctor has challenged the content of the statement and a Case Manager or the MPT thinks that the dispute should be resolved at the hearing.
- 17 Given the factual nature of the statement, we think there is limited scope for challenge and RO attendance should rarely be required.
- 18 If a doctor does seek to challenge the factual accuracy of the RO statement, we will explore all available options to resolve the issue. This may include seeking clarifications in writing or agreeing that part of the statement can be redacted.
- 19 If a decision is taken that live evidence is required, we will consider alternatives to the RO attending in person, such as giving evidence by phone or video link.
- 20 Further information can be found on our website [here](#) or can be discussed with the RO's employer liaison adviser.

## What happens at the hearing?

- 21** During the first stage of the hearing, the MPT hear evidence about the allegations and decide which of the disputed facts they find proved.
- 22** At stage two of the hearing, the MPT considers whether the proven facts show that the doctor's fitness to practise is impaired. The GMC and the doctor may present additional evidence at stage two relating specifically to impairment.
- 23** The RO statement will be introduced by the GMC at stage two to help the MPT assess:
  - a** the extent to which the doctor has shown insight
  - b** how far any issues about the doctor's performance or behaviour have been remediated.
- 24** These factors will be taken into account by the MPT when deciding if the doctor's fitness to practise is impaired.
- 25** If the MPT determine that the doctor's fitness to practise is impaired, then at stage three of the hearing they will decide what sanction, if any, to impose on the doctor's registration. The RO statement will also be relevant to that decision.

## What if the RO is unable to provide a statement?

- 26** We expect the RO to provide a statement in all cases where one is requested. If the RO feels unable to provide any relevant information, the statement should briefly address the reason why. For example, if the RO is not in contact with the doctor and there is no information available, then the statement could confirm the RO's last interaction with the doctor and detail any enquiries made.
- 27** In some cases, the GMC will not be able to provide the RO with details of the concerns, for example if the RO is a witness in the case or the concerns relate to the doctor's health. In those circumstances, although the RO may not be able to comment on the doctor's response, they may still be able to provide an update in relation to the doctor's practice.