Trainee FAQs

What is the Responsible Officers Advisory Group (ROAG)?

The group assists the Postgraduate Dean in fulfilling their duties as a Responsible Officer.

What is the Responsible Officer?

A Responsible Officer (RO) is the senior clinician in a Designated Body (in this case HEE) who ensures that the doctors connected to them, continue to practice safely and are properly supported and managed in maintaining their professional standards.

The Responsible Office makes recommendations to the GMC about trainees' ability to revalidate. Recommendations at HEE are largely based on information relating to the ARCP, in conjunction with other information as such as the Form R part B, disciplinary processes or remediation programmes.

How Does ROAG Assist the Responsible Officer?

The purpose and remit of the group is to review, monitor and make decisions about trainees and trainers with Fitness to Practice Concerns and where appropriate, referring concerns about the doctor to the GMC. The group communicate with the relevant Heads of Schools and Trusts about monitoring trainees and trainers with conditions and undertakings. The group also ensures systems are in place to monitor trainee's compliance with existing conditions and undertakings. ROAG also makes decisions on NTN withdrawals and completes audits on local processes for revalidation e.g. review the content and use of Form Rs.

Who sits on ROAG?

The Responsible Officer Advisory Group (ROAG) is a working group made up of the Postgraduate Dean (the Responsible Officer for trainees and some Primary Care trainers or retired trainers), Deputy Postgraduate Dean, Primary Care Dean, Associate Postgraduate Dean, Revalidation Officers and if required, the Heads of Schools.

What happens with a ROAG referral?

If a trainees' circumstances are going to be discussed by ROAG then they will be advised of this by the Head of School.

How will I be notified and updated about my referral?

Trainees will be advised by the Head of School approximately one week prior to the ROAG meeting where the case will be discussed. Trainees should receive an update no later than one week following the meeting.

What types of issues are discussed by ROAG?

The main issues relate to a doctors' Conduct or Capability. Conduct issues include poor training behaviour, poor professional behaviour or poor personal behaviour. Capability issues include poor performance and the impact of health on a doctors' practice.

What are the possible outcomes of my ROAG referral?

The outcome following the ROAG referral will be dependent on a number of factors. The key outcomes are as follows:

No Further Action Required: The group are happy that the concerns raised do not require any further discussion or investigation and the case can be closed.

Training Issue Identified: The school will manage the issue as training related and will work with your school to support you with an appropriate plan.

Monitor: The group will continue to monitor the concerns and the case will remain active.

Trust to Investigate: The Trust will investigate the concerns raised and the matter will be dealt with locally.

Discuss at ELA/RO Meeting: This means that the case will be discussed at the next available ELA/RO meeting. The ELA is the Employer Liaison Officer and is the local GMC representative. Discussion with the ELA helps ensure that only cases that would interest the GMC are referred.

GMC Referral: This is where the group feel that based on the information available there is a requirement to notify the GMC of the circumstances surrounding a trainees' case.

Who do I contact to get more information?

In the first instance the main contact should be the Head of School.

Will this affect my revalidation?

Being referred to ROAG will not affect revalidation, and you must continue to engage with the ARCP process. Trainees who reach their revalidation recommendation date and are on the ROAG list will be discussed with the RO who will make the decision to either defer or revalidate based on the status of the referral.