NHS England
East of England

Terms of Reference

Complex resident Decisions Oversight Group (CrDOG)

Document name:		**Terms of Reference**	
Programme/Project Name		Complex resident Decisions Oversight Group (CrDOG)	
Senior Responsible Owner (SRO)		Senior Leadership Team (SLT) NHS East of England	
Project/Programme Manager (PM)		Senior Leadership Team (SLT) NHS East of England	
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Document management

Revision history

Version	Date	Summary of changes

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version

Related documents

Title	Owner	Location

Document control

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1. Purpose

The Complex residents Decisions Oversight Group (CrDOG) is a forum within the SLT established to independently review complex Resident Doctor Cases and provide informed recommendations to the Postgraduate Dean (PGD). The group offers expert analysis and collaborative input to support decision-making in challenging or sensitive cases where a trainee's licence to practice may be impaired, and particularly in cases where the PGD might be contemplating National Training Number (NTN) removal.

Concerns may include:

- Gross negligence
- Lack of competence
- Inappropriate behaviour
- Probity concerns
- Significant ill health
- Criminal conduct
- Other serious issues affecting professional practice

2. Chair and Membership

Chair:

- To be appointed by the Postgraduate Dean

Core Membership (SLT):

- Deputy Dean
- Primary Care Dean & Deputy Dean
- Dental Dean
- Associate Dean for EDI or nominated Deputy
- Associate Dean for Quality
- Head/s of School for Primary Care
- Revalidation and Performance Manager or nominated Deputy
- Lay Member
- Admin staff for note keeping
- Invited members e.g Head of School for Foundation School, Associate Dean for Academic Medicine, Patch Deans

3. Referral Sources

Referrals to CrDOG may come from:

- Postgraduate Dean
- Complex Case Advisory Group (CCAG)
- Professional Support & Wellbeing Service (PSW)

- Responsible Officer (RO)
- Head of School (HoS)

4. Scope of Activity

CrDOG will:

- Review and discuss serious concern review cases in relation to referrals received
- Review and discuss high level GMC cases which require additional management and input from the Advisory Group.
- Review and discuss any cases which involve Trust investigation and or probity issues.
- Review and discuss trainees named in the monthly Exception Exit Reports, reporting new Fitness to Practice information on doctors in training in NHSE EoE.
- CrDOG will recommend actions to the Responsible Officer, and Educator if appropriate.

CrDOG will NOT:

- Review ARCP decisions
- Oversee ARCP /ARCP appeals

5. Meetings

Meetings

- CrDOG will be arranged by the PGD's PA, preferably on a Tuesday at 9am
- Susan Woodroffe/deputy will attend for relevant discussions
- Actions and recommendations will be recorded and delegated as appropriate

6. Quorum

Quorum requires:

- Chair
- Two Deputy Deans
- Lay Member—link for TOR for lay member.
- Associate Dean for EDI or nominated deputy.
- Revalidation and Performance Manager
  (*Minimum 75% membership presence*)

7. Minutes and Reporting

Minutes to recorded by the PA to the PGD or nominated representative from Deanery team

- Action log and discussion summary circulated to the group for approval following each meeting
- CrDOG is accountable to the PGD

8. Confidentiality

CrDOG operates under strict confidentiality, adhering to GDPR and relevant data protection policies.

9. Review Cycle

- Terms of Reference reviewed every **two years**
- Ad hoc updates made as required.

Appendix 1: Referral Process

Referral Process

Referrals must be submitted to:
Revalidation, Assessment and Performance Manager
Email: susan.woodroffe@nhs.net

Referral must include:

1. Executive summary (max 10 bullet points of concerns)
2. Chronological narrative letter
3. Indexed supporting evidence
4. Redacted information (trainee identifiable information should not be included).

Evidence to include (where applicable):

- Signed ARCP outcome forms
- Correspondence between trainee and programme
- Local investigation reports
- Disciplinary records (e.g., exclusions, warnings)
- Previous incident history
- Documentation on support accessed (OH, PSW, Training Support Services)

Referrals will be initially reviewed by the PGD and the Chair to assess and evaluate suitability for consideration by the advisory group.

Please note the SLT is not able to independently investigate cases and can only consider the evidence.

Appendix 2: Role of the Lay Representative

The Lay Representative is a non-clinical, impartial member of CrDOG who brings an external and public perspective to the group. They are expected to:

- Provide independent oversight of the decision-making process.
- Assure fairness and impartiality in the consideration of trainee cases.
- Advocate for transparency and consistency.
- Uphold and promote the principles of equality, diversity, and inclusion (EDI).
- Ensure that patient and public interests are represented in CrDOG discussions.
- Support robust governance by contributing to procedural integrity and ethical standards.

Key Responsibilities

The Lay Representative will:

- Attend scheduled CrDOG meetings (typically monthly or as needed on Tuesdays 9am).
- Review relevant documentation provided in advance, maintaining strict confidentiality.
- Question or challenge inconsistencies, bias, or lack of clarity in presented cases.
- Offer constructive scrutiny to ensure decision-making is justified, proportionate, and defensible.
- Comment on the application of policy and procedure, particularly with regard to fairness and EDI.
- Act as a critical friend to the panel, contributing to the improvement of governance and assurance processes.
- Participate in reflective reviews of CrDOG performance and provide feedback on governance improvements.