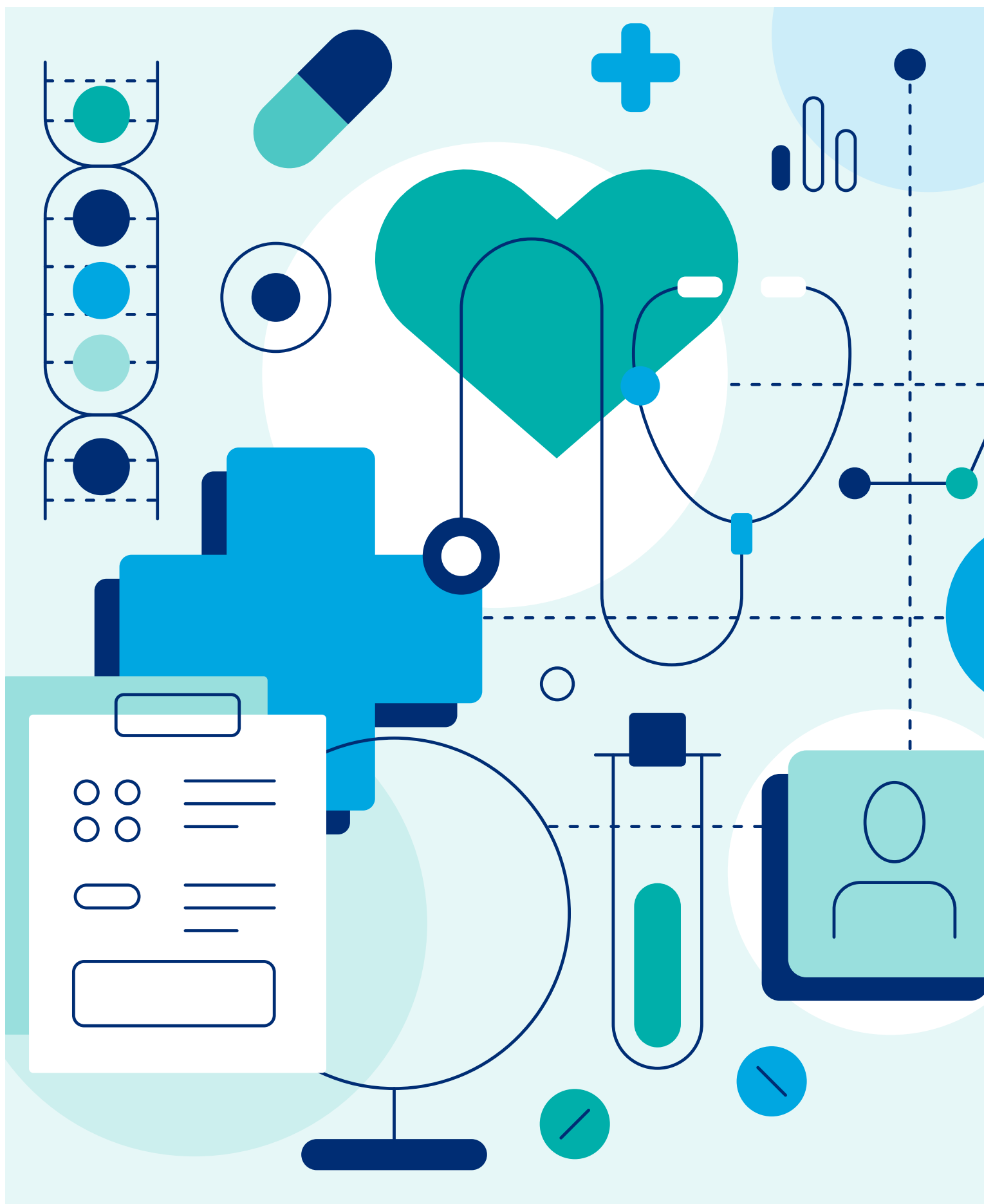


Medical Appraisal and Revalidation Quality Assurance (MARQA) 2024–2025 Review



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Foreword

I am very pleased to present the **2024–25 Medical Appraisal and Revalidation Quality Assurance (MARQA) Review**, which reflects the collective commitment across Scotland to maintaining high standards of medical professionalism, learning, and governance.

This year's report demonstrates both the strength and adaptability of our appraisal and revalidation systems, as we have returned to a full review cycle with strong national outcomes.

It is particularly encouraging to see sustained progress in appraisal completion rates and continued improvement in revalidation performance, supported by the dedication of responsible officers, appraisers, and appraisal leads across all designated bodies.

Our focus now must be on addressing areas of persistent variation — particularly in supporting clinical fellows and secondary care locums — and embedding the good practices that have proven effective across Scotland. With a continued Once for Scotland approach, we can ensure appraisal and revalidation remain fair, proportionate, and developmental for every doctor.

Professor Karen Reid
Chief Executive, NES



Executive summary

The **2024–25 Medical Appraisal and Revalidation Quality Assurance (MARQA) Review** confirms that medical appraisal and revalidation across Scotland continue to demonstrate strong engagement, quality, and consistency. This year marks a full return to comprehensive review following the post-pandemic period of lighter oversight.

Appraisal completion rates reached a national high of **95.5%**, with particularly strong performance in **primary care (98.5%)** and notable improvement in **secondary care (93.6%)**. Revalidation outcomes remain robust, with **90.9%** of doctors due for revalidation successfully recommended for renewal.

The review highlights areas where targeted improvement is required — specifically in supporting **clinical fellows and secondary care locums**, whose appraisal completion rates, while improved, remain below the 90% threshold. The report also identifies opportunities to reduce avoidable revalidation deferrals through more systematic reminders and clearer communication around feedback requirements.

Examples of **good practice** are evident across Scotland, with several designated bodies demonstrating effective models for supporting locums, strengthening local governance, and improving completion rates through innovation and leadership. The review commends these contributions and promotes wider adoption through a Once for Scotland approach.

The panel recommends maintaining the **90% completion threshold** across primary and secondary care, strengthening systems for **cross-specialty appraisal**, and enhancing **support for appraisers** through training, feedback, and shared learning.

Overall, this review reaffirms the resilience and maturity of the Scottish appraisal and revalidation system, underpinned by collaboration between NHS Boards, non-NHS organisations, NES, and the Scottish Government.

Last year's review took on a light touch approach in recognition of the impact of the pandemic. It was clear from the submissions that most designated bodies have returned to normal appraisal activities and as such, the panel felt it was appropriate to return to a full review this year.

In the questionnaire pack distributed, we had sought examples of good practices where applicable with the intention of sharing with the wider communities to enhance the Once for Scotland approach adopted by NHS Scotland.

Key data overview	2024–2025		2023–2024	
Number of doctors with a prescribed connection	15976		15215	
Number of doctors not eligible for an appraisal	1540	9.6%	996	6.6%
Number of doctors eligible for an appraisal	14436	90.4%	14487	95.2%
Number of doctors who completed an appraisal	13783	95.5%	13293	91.8%
Number of doctors due for revalidation	4482	28.1%	2710	17.8%
Number of doctors who were recommended for revalidation	4076	90.9%	2437	89.9%
Number of doctors whose revalidation was deferred	457	10.2%	318	11.7%
Number of non-engagement notifications	<5		<5	

1. Appraisal completion rate

Overall appraisal completion rate in Scotland for all designated bodies during 2024–2025 is 95.5%, an increase of 3.5% from last year (92%).

Read table below for a breakdown between primary and secondary care across all designated bodies.

Sector	Appraisal completion
Primary care	98.5%
Secondary care	93.6%
Total	95.5%

2. Supporting appraisal for clinical fellows, locums and public health consultants

This year we included public health consultants as a separate category of appraisees in secondary care for the first time.

Public health consultants are unusual in that they are a mix of medical and non-medical staff and we wanted to ensure they are supported. Their appraisal completion rate was at 90.2% and therefore met the 90% threshold.

The appraisal rate for clinical fellows and secondary care locums however, were lower than other groups in comparison. Read table overleaf for details.

Eligible appraisees and completed appraisals in secondary care	Eligible	Appraised	Percentage
Consultants, including honorary contract holders	6411	6070	94.7%
Staff, associate specialists and specialty doctors	1057	988	93.5%
University employed staff with a licence to practice	12	12	100%
Secondary care locums, employed for 2 months or more in the 12 months up to 31 March	556	485	 87.2%
Independent healthcare providers only: Doctors with practising privileges who have a prescribed connection to the organisation	20	20	100%
Clinical fellows	663	581	 87.6%
Public health consultants	61	55	90.2%
Others: Doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed	102	100	98%
Total	8882	8311	93.6%

Key:  Between 90% and 85%

3. Revalidation recommendations

Of the 4482 doctors identified for revalidation in 2024–2025, a positive recommendation was made for 4076 (90.9%).

4. Revalidation deferrals

The revalidation decision was deferred for 457 doctors (10.2%).

The deferral option is often used when additional information is required.

Of the 942 deferral reasons offered, the most common were:

- + Feedback from patients (316)
- + Appraisal activity (259)
- + Feedback from colleagues (214)
- + Interruption to practice (81)

There were 5 designated bodies whose deferral rates were above the national average. They were informed of this and invited to reflect on their position.

Areas of good practice

The panel was pleased to receive the additional information provided by designated bodies around appraisal and revalidation governance.

There were also some designated bodies who reported high appraisal completion rates for clinical fellows and locums, and the panel reached out to them for more details, so that we can share them as examples of good practice for others to consider.

Introduction

Medical appraisal and revalidation

Doctors practising in the UK are required to hold a licence to practise issued by the General Medical Council (GMC). The licence is subject to renewal every 5 years through a process called revalidation, where doctors are required to demonstrate that they are up-to-date and fit-to-practise. This was introduced as a legal requirement across the UK from December 2012, with the GMC providing oversight, including advice and support to stakeholders.

- ▶ Guidance and resources on revalidation from the GMC:
[gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation)

Medical Appraisal is a confidential process between a doctor and a trained colleague (appraiser) to reflect on their learning and development, covering the whole range of their practice; and is based on the GMC's core guidance for doctors, Good Medical Practice.

- ▶ Read about Good Medical Practice:
[gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice)

For revalidation, a doctor requires to be registered (connected) with a designated body as per The Medical Profession (Responsible Officers) Regulations 2010 and 2013.

The designated body is required to appoint a Responsible Officer (RO), who has many legal responsibilities, including a requirement to make a recommendation to the GMC as to whether a doctor should be revalidated. The RO's decision will be informed by the doctor's participation and outcome of annual appraisals and any other relevant available information. Based on this information the GMC determines whether a doctor's 'Licence' should be renewed.

Funded by the Scottish Government and developed and maintained by NHS Education for Scotland (NES), SOAR (Scottish Online Appraisal Resource) is the online tool used to manage appraisal and revalidation in Scotland and is free to use for all doctors working in Scotland.

All health boards in Scotland are designated bodies; with the Medical Director having the role of RO. Most doctors are connected to their health boards for revalidation purposes. A small number of doctors are connected to non-NHS bodies who meet the criteria to declare themselves a designated body (within The Medical Profession (Responsible Officers) Regulations 2010 and 2013).

Revalidation recommendations

The RO can make one of the following three recommendations regarding a doctor to the GMC:

- + Positive Recommendation
- + Deferral
- + Non-Engagement

Deferral of revalidation is a **neutral** act and can arise for many reasons, including ill health or when a doctor has a prolonged period of leave. Most doctors are recommended for revalidation at the end of the period of deferment. Doctors who do not engage with appraisal and revalidation may have their licence to practise revoked by the GMC.

Revalidation Advisory Board Scotland (RABS)

The Revalidation Advisory Board Scotland (RABS) was convened by the Scottish Government (SG) to oversee the process of medical appraisal and revalidation in Scotland and to ensure consistency of the process. The Board issues advice and guidance as required. It is chaired by SG and includes key partners and stakeholders.

An important function of the Board is to commission and then consider an independent annual review of appraisal and revalidation across Scotland.

The MARQA review

A review of appraisal and revalidation has been commissioned by RABS on behalf of SG since 2010. Since 2017–2018 it has been produced by NES, when it was re-named, Medical Appraisal & Revalidation Quality Assurance (MARQA) Review – now known as the MARQA Review.

Review methodology

In the first instance, a self-assessment pack (consisting of a data sheet of appraisal and revalidation completion rates; and a declaration of appraisal and revalidation governance arrangements) is sent to all designated bodies in Scotland for their completion.

A panel is convened to review the submitted returns. The Panel can seek further information and, where necessary, there is an escalation procedure carried out by Health Improvement Scotland (HIS).

Medical appraiser training

To ensure consistency in approach and quality, NES is responsible for provision of appraiser training as part of the Once for Scotland approach, adopted by NHS Scotland.

Those new to the appraiser role are invited to attend a 2 half-day New Appraiser event, where they will be assessed by an experienced panel of appraiser tutors.

NES also offers Refresher Appraiser training to support the development of the existing appraiser workforce, though designated bodies are also expected to provide local support as well as oversight.

Our findings

Appraisal

Overall, there was a high level of appraisal engagement in Scotland in 2024–2025, with 95.5% appraisal completion rate; and 90.9% of the 4482 doctors who were due for revalidation were revalidated.

Despite improved appraisal complete rates for secondary care (from 88.7% last year to 93.6% this year), there were a few designated bodies whose completion rates fell below the 90% threshold set out in last year's report.

It was also noted that appraisal completion in secondary care (93.6%) was still lower than primary care colleagues (98.5%). The panel discussed this reflects a different approach to resourcing appraisal in primary care.

Continued support for clinical fellows and secondary care locums

Moreover, there were 2 specific groups of doctors who the review has identified as requiring more support. Whilst the appraisal completion rates for both secondary care locums (from 73.7% to 87.2%) and clinical fellows (from 76.9% to 87.6%) had improved, both fell below the 90% threshold again which was noted by the panel.

It was recognised that there was a significantly lower number of clinical fellows declared than are reported to be working in the system. This was investigated after the review and discovered it was due to some fellows being excluded from the review due to starting late and therefore not eligible for appraisal in the appraisal year of 2024–25. Plans are in place to add a separate category for this in next year's review.

Read [Appendix 3.1.3](#) for all designated bodies overall appraisal rates.

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- ▶ **95.5% of all doctors in Scotland appraised**
 - ▶ **90.9% of all doctors in Scotland revalidated**

Revalidation

A total of 4482 doctors were due for revalidation in 2024–25. Of this, 4076 (90.9%) received a positive recommendation and had their licence to practice renewed.

The national average deferral rate is 10.2% with 457 doctors deferred.

There were 5 designated bodies whose deferral rates were above the national average, and all were invited to reflect on their position.

Upon further examination, it was identified that 3 of the 5 designated bodies were subject to notable sampling anomalies. Specifically, due to the limited number of doctors within these bodies, the data from a single individual was sufficient to influence more than 1% of the overall metrics, thereby disproportionately affecting the reported outcomes.

Read [Appendix 3.2](#) for breakdown of revalidation recommendations for all designated bodies.

Doctors' revalidation is often deferred when further information is necessary. Of the 942 deferral reasons submitted, the most common were:

- + Feedback from patients (316)
- + Appraisal activity (259)
- + Feedback from colleagues (214)
- + Interruption to practice (81)

Read [Appendix 3.3](#) for full breakdown of revalidation deferral categories (as used in GMC Connect).

It should be noted that multiple options could be selected for each deferral so there could be an overlap in some of the deferral reasons (e.g. feedback from patients / colleagues and appraisal activity etc.).

The review panel felt that both deferral categories of feedback from patients and colleagues respectively were avoidable, and discussed potential systems refinement that could improve on this in the future, such as automated systems reminders to appraisees when they are due their Patient Survey Questionnaire (PSQ) or colleagues Multi Source Feedback (MSF), liaising with suitable bodies to review communications to new registrations or renewals outlining revalidation requirements, or signposting to existing appraisal resources.

Support for appraisers

The submissions revealed there is an average of one appraiser for every 20 primary care appraisees (1:20) and 8 secondary care appraisees (1:8). It is also reported that generally there is a more structured support for appraisers in primary care (e.g. regular local appraisers' meetings, annual performance meetings etc.).

Non-NHS organisations

All designated bodies were asked to provide more information than last year's submission. Additional information was requested on local governance practices and examples of evidence (e.g. local annual reports, audit trails for deferral etc).

There was special recognition for the non-NHS organisations who provided detailed documentations and examples of their local reporting tools and protocols in place.

Good practices

The panel identified a number of areas to reflect on, such as support for secondary care appraisal, addressing the low appraisal completion rate for certain groups, and deferral categories. Several designated bodies were subsequently contacted to provide examples of good practice where they reported higher levels of engagement.

Please read the section on [Sharing of good practices](#) for additional details.

Other considerations

The panel recognised the efforts of NHS Borders (93.4% to 99.3%), NHS Forth Valley (76.7% to 94.1%), NHS Greater Glasgow & Clyde (86.2% to 93.2), and NHS Highland (89.3% to 97.8%) on improving their overall appraisal complete rate.

The panel also acknowledges the improved revalidation rates for resident doctors (formerly referred to as trainees), from 96.5% last year to 98.7% this year.

Sharing of good practices

Some areas of the review indicated low levels of engagement whilst others demonstrated more success. Several designated bodies were invited to share their experiences in the below categories.

Supporting clinical fellows and sessional locums appraisal

There were a few designated bodies who had achieved high appraisal completion rates for clinical fellows and secondary care locums that were well above the national average. The designated bodies listed below shared their local practice with the review panel.



NHS Borders

“ We were happy to note that NHS Borders is performing well in relation to the appraisal of secondary locums and clinical development fellows (CDFs). Ensuring the appraisal of these doctors and having capacity to appraise them has presented a real challenge – and NHS Borders is not unique in this.

NHS Borders employed locums in consultant and SAS posts are allocated appraisers and offered appraisal in exactly the same way as their opposite numbers in substantive posts.

For those who are employed, long term levels of engagement are high. Locum FY doctors and CDFs are appraised by their clinical or educational supervisor. The changes to SOAR and link to Turas has helped to facilitate this, as the appraisers are generally very familiar with TURAS and e-portfolios which form the main content of appraisal submissions.

Most of these appraisers have not been trained through NES appraisal training, but do all undertake MIAD healthcare online training for clinical and educational supervisors, if not already a recognised trainer. This has given capacity to ensure that these doctors do all receive an appraisal. There has been little if any resistance by supervisors to being allocated this additional activity, and they seem to be best placed to undertake the appraisals of these doctors whom they meet on a regular basis in any event.

The quality of the Forms 4 produced are considered to be satisfactory and the doctors in these roles appreciate receiving formalised feedback and knowing that they have evidence to present when revalidation is due. Support to both appraisers and appraisees for is provided by the local secondary care appraisal lead.



NHS Fife

“ Thank you for your letter dated 1st September 2025, the positive feedback is welcomed. While there will be a number of reasons for this performance, one of the approaches we take in Fife, which may be different from elsewhere, is to have dedicated clinical fellow appraisers within those areas that employ larger numbers of these doctors (such as the Emergency Department).



NHS Lanarkshire

“ Firstly, we have a very efficient and proactive administrative team and it is fair to say that our success would not be possible without their dedication. We have worked on a number of areas over the last few years that have been helpful, as follows:

- We have a SOP for the admin team that has been developed collaboratively and updated as necessary to ensure there is a clear understanding of work streams and this has been particularly useful when new members join the team
- We have developed an Excel providing accurate information on appraisees which can be accessed and updated by all members of the team and provides a good overview of the progress and ultimate recommendation for revalidation
- We process regular reminders for appraisees who have not completed appraisal. In cases of poor engagement, communication with line managers is helpful to deal with any issues
- Regular scheduled meetings of appraisal team and the lead to discuss and resolve any issues as they arise
- Close working relationship with HR to ensure we receive information about movement of doctors in / out of NHSL, locums, sick leave, etc in a timely manner. We have developed an SOP with HR to make sure information is provided as soon as possible and in a structured manner
- We contact new doctors as soon as they start to make sure they have a SOAR account and are familiar with the appraisal process. Educational supervisors appraise the clinical fellows and department leads are contacted if no supervisor has been assigned

- Links with medical education and presentation on appraisal process at induction of new doctors
- Supporting our appraisers is essential. We have interactive update meetings for them, which allows discussion of potential issues. Appraisers are prioritised and supported if they have any queries or issues with individual appraisees

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NHS Tayside

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NHS Tayside was identified as a significant outlier in secondary care appraisal in 2018–19. Following this a number of incremental improvement actions were put in place with ongoing board level support:

- We have received recurring funding to engage recently retired consultants as appraisers to bolster our appraiser numbers and to ensure that we have enough appraisers for all secondary care consultants, SAS doctors and the increasing numbers of locally employed clinical fellows
- A dedicated PA / business manager to support the Appraisal Lead was recruited, working full time on secondary care appraisal and PSQ analysis. Weekly updates of the appraisal numbers are provided so we can readily identify those who have not yet arranged, completed or signed off their annual appraisal
- We have recently moved the expected completion date of annual appraisal from March back to December. This avoids the peak time of clinical activity during the winter period for both appraisees and appraisers and decompresses the entire process. We have also asked that all appraisals are booked on SOAR by November
- We have unequivocal support from the NHS Tayside medical leadership team and provide regular updates to the service on appraisal completion rates and rates of F4 sign off. This allows us to focus on those who have not yet completed an appraisal and gives an early indication of those who may not be engaging with the process
- Through this dialogue we are able to identify those colleagues on long term leave etc who may be eligible for a Form 5A (exemption from appraisal)

- Individual encouragement is provided by the medical leadership structure and ultimately there is support from the medical leadership team to remove a Dr from clinical practice to prioritise appraisal completion with the expectation that any DCC sessions missed will be paid back.
- All individuals who are deemed to be non-engaging with appraisal are discussed at the regular ROAG meetings and highlighted to the board MD / RO.

Having used this process for the first time in the 2024–25 appraisal year we are pleased to note its success.

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NHS Greater Glasgow and Clyde

Whilst the board reported a lower appraisal completion rate for fellows and locums this year, it is important to recognise that it was NHS GG&C who piloted the processes that have been adopted by others today.

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- “ As the MARQA panel identified, the 2 groups of doctors whose appraisal rates are most impacted are secondary care locums and clinical fellows.

NHS GG&C has utilised educational supervisors to appraise clinical fellows for a number of years now. Following a successful pilot introduced by the Board with the Scottish Government approval in 2016–17, this appraisal process for clinical fellows also incorporating the use of e-Portfolio feeding into SOAR appraisal, was adopted by other Boards across Scotland.

With regards to the known challenge of pairing clinical fellows early within the appraisal year with their educational supervisor, the Board has now introduced and implemented a process through which the name of the allocated educational supervisor must be agreed for the clinical fellow before approval of funding for the post is agreed.

The Board is currently exploring options to increase appraisal capacity for the cohort of secondary care locums who are working within the Board, who are mainly doctors who work solely on the medical staff bank. It is also worth noting that the medical staff bank is regional and therefore we are appraising a large cohort of locum doctors.

Finally, we have a job planning steering group which has been tasked with ensuring that appraisal capacity is built into team service planning and have initiated an appraiser network in secondary care to complement the one already in place in primary care.

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Revalidation deferrals

The national revalidation deferral rate this year is 10.2% with 5 designated bodies reporting over the national average.

We invited reflections and for the majority the numbers were skewed by the smaller health board size (read [Appendix 3.2.1](#) for details). However, they also reflected on this and concluded that provision of MSF and PSQ were contributing factors in their deferrals.



NHS Lanarkshire acknowledged the following:

“ The main reason for deferral remains incomplete appraisal documentation and we have reinstated the reminder system that was in place pre-pandemic. This will ensure that medical staff are reminded in good time of the need to complete MSF and PQs prior to revalidation in every 5-year cycle. We have also reinstated the formal non-engagement process.

Patient Experience Team input into appraisal

The panel was particularly impressed by the role of NHS Border's Patient Experience Team (PET) in providing annual input to the appraisal system.



Given that patient feedback is a common area influencing revalidation decisions, the panel invited NHS Borders to share more details.

“ In secondary care all appraisees are assigned an appraisal month. PET are provided monthly with a list of appraisees due appraisal the following month. Each appraisee receives an email documenting either no complaints or referrals to the Office of the Scottish Public Ombudsman (SPSO) or detailing any complaints or referrals and whether not upheld, upheld, partially upheld or on-going.

Appraisees are asked to delete any patient / relative / other staff member identifiable information and upload as part of their submitted evidence for appraisal. They are asked to reflect on any complaints or referrals to SPSO whether or not upheld, and appraisers to ensure that the Form 4 provides commentary on the complaints and reflection.

Unfortunately, appraisees who have contracts across more than one NHS organisation or who work in private practice do not have access to a similar document and appraisers are reliant on appraisees' self-declaration.

Significant improvements



NHS Forth Valley is thanked and commended for their significant improvement in appraisal completion rates compared to the previous review. They were invited to share the practices which led to their successful improvements this year.

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“ Thank you for your feedback for NHS Forth Valley’s MARQA submission for 2024–25. The Board’s Primary Care Appraisal Team continue to manage and quality assure the appraisal process for GPs to a high standard and this will continue for the foreseeable future under experienced leadership.

The Secondary Care Appraisal Team had a challenging period in 2023–24 with staff changes which meant there was significant improvement required in 2024–25. The improvements required were multi-factorial, including better matching appraisal demand and capacity across the year, effectiveness of escalation processes, and skillset within the team.

In addition, the flexibility afforded to NHS Forth Valley by the MARQA team during this recovery year allowed an acceleration of secondary care appraisal activity in the first quarter of 2025, meaning over 90% completion could be achieved.

NHS Forth Valley has continued to use the 2023–24 year’s performance to stimulate a further round of improvements for 2025–26 as we look to reset our system to a sustainable footing.

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NHS Grampian was also thanked for their continued commitment to continuous improvement in appraisal and revalidation processes, who shared that the below measures are being implemented to further improve appraisal completion rates.

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“ **1. Targeted induction support**

In addition to existing ‘My First Appraisal’ sessions for all new appraisees, we will introduce dedicated sessions for locally employed doctors in resident roles, recognising the distinct appraisal process for this group

2. Improved onboarding communication

Enhanced initial contact with newly connected ‘locally employed’ and bank locum doctors, ensuring clear identification of a named educational supervisor

3. Appraisal month alignment

Doctors are being encouraged to select an ‘appraisal month’, ideally 3 months prior to their revalidation month, to distribute appraisal activity more evenly across the year. This can improve timely completion of appraisals and also positively impact appraiser capacity

4. Appraiser recruitment

Active efforts are underway to recruit additional secondary care appraisers to meet growing demand

5. Board support for appraiser capacity

NHS Grampian has committed to funding additional appraiser payments through 2025–2026 to address any shortfall in appraiser availability

6. Cross-specialty appraisals

We continue to support cross-specialty appraisals, including the use of primary care appraisers and retired-retained appraisers, to maximise appraisal capacity

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Conclusion and recommendations

1. **Maintain 90% appraisal completion rate threshold for both primary and secondary care**

The panel felt it is important to maintain the 90% appraisal completion rate threshold – applied separately to primary and secondary care. The Boards that have fallen short this year will have time to explore and implement practices to bring themselves back up to 90%.

2. **Consider practice of cross-specialty appraisals**

From the submissions there were several designated bodies who described the implementation of cross-specialty appraisals, beyond that of secondary care specialities and crossing primary and secondary care. This was also discussed at the one of the sessions in the recent Scottish Medical Appraisers Conference by appraisal leads who have led on this area.

Implementation will be dictated by resourcing and coordination, but the panel wishes for all designated bodies to consider the approaches of cross-specialty appraisals and the benefits it may offer.

3. **Appraisal support for clinical fellows and secondary care locums**

There has been a consistent recommendation in the last few MARQA reports relating to appraisal support for clinical fellows and the panel is pleased that the numbers have improved this year. However, designated bodies should be mindful that these groups of doctors, who are employed out with recognised resident doctor training pathways, are increasing and systems need to be in place to identify and support these doctors and to continue to provide them with an appraisal.

4. **Reducing avoidable deferrals**

Although deferral is a neutral act, the panel recognises that many of the deferrals made this year could have been avoided due to MSF and PSQ issues.

It is recommended that the appraisals systems (both nationally and locally) are reviewed to ensure suitable reminders are built-in so that doctors are more aware of their revalidation requirements, reducing the need for avoidable deferrals.

5. **Maintain audit of appraisal and revalidation**

Several designated bodies declared that they either did not have an audit process in place, or none were carried out in 2024–25 to check for missed appraisals or revalidation deferrals.

It is important for an audit process to be in place and for it to be conducted on a regular basis to track missed appraisals and identify themes from deferral reasons so that better support can be implemented sooner.

6. Support for appraisers

All appraisers must undergo core training to equip them with skills to undertake appraisal. In Scotland the training is provided by NES to ensure consistency in quality and approach. Additionally, continuing support should be given to appraisers to ensure that they maintain their appraisal skills. Examples of this continuing support include:

- + Attendance at Refresher Appraiser training courses (provided by NES)
- + Organising local appraisers' meetings
- + Attendance at annual Scottish Medical Appraisers Conference

The panel has also recommended the surveying of newly trained appraisers (by NES) after a year to gauge their experience and see if further support is required.

Appendices

Appendix 1: Review panel and observers

Name	Role / organisation
Emma Watson (Chair)	Medical Director, NES
Grecy Bell	Deputy RO and Primary Care Appraisal Lead, NHS Dumfries & Galloway
Barbara Chandler	Secondary Care Appraisal Lead, NHS Highland
Eddie Docherty	Director of Quality Assurance and Regulation, Health Improvement Scotland
Edward Doyle	Secondary Care Appraisal Lead, NHS Lothian
Iain Jamieson	Primary Care Appraisal Lead, NHS Ayrshire & Arran and Assistant Director, NES
William Liu	Training Manager (Medical Appraisal), NES
Kenneth Mclean	Lay member
Elizabeth Muir	Clinical Effectiveness Manager, NHS Fife
Elizabeth Tait	Lead For Clinical and Care Governance for Health and Social Care, Moray
Pamela Curran (Observer)	Senior Officer (Medical Appraisal), NES
Eilidh Henderson (Observer)	Senior Officer (Medical Appraisal), NES
Stacey Lucas (Observer)	Admin Officer (Medical Appraisal), NES

Appendix 2: Organisations involved in 2024–2025 review

NHS Scotland	
NHS Ayrshire and Arran	NHS Shetland
NHS Borders	NHS Tayside
NHS Dumfries and Galloway	NHS Western Isles
NHS Fife	Healthcare Improvement Scotland
NHS Forth Valley	NHS 24
NHS Grampian	NHS Education for Scotland
NHS Greater Glasgow & Clyde	NHS National Services Scotland
NHS Highland	NHS National Waiting Times Centre Board
NHS Lanarkshire	Public Health Scotland
NHS Lothian	Scottish Ambulance Service
NHS Orkney	The State Hospital Board for Scotland

Hospices	
Accord Hospice	Marie Curie Glasgow
Ardgowan Hospice	Prince and Princess of Wales Hospice
Ayrshire Hospice	St Andrews Hospice part of NHS Lanarkshire's returns
Bethesda Hospice	St Columba's Hospice
Children's Hospice Association Scotland (Rachel House and Robin House) part of NHS Tayside submission	St Margaret of Scotland Hospice
Highland Hospice	St Vincents Hospice
Marie Curie Edinburgh	Strathcarron Hospice part of NHS Forth Valley's returns

Non-NHS organisations	
Assured Occupational Health Ltd	Loudon Clinical Consulting Ltd
Avena Healthcare Ltd	Mental Welfare Commission for Scotland
Castle Craig	NeuroClin
Clinic M Ltd	Scottish Brain Services
DJM Medical Clinic Ltd	The Scottish Government
Elanic Ltd	Seneca
International Medical Management Ltd	TauRx Pharmaceuticals
KAL-med Consulting Ltd	Westerwood Smile Ltd

Appendix 3: Data submission breakdown

3.1: Overview of appraisal completion rates for primary and secondary care appraisees across Scotland

NHS Scotland Boards

Sector	Prescribed connection	Eligible	Appraised
Primary care	6027	5550	5468
Secondary care	9820	8765	8194
Total	15847	14315	13662

Hospices

Sector	Prescribed connection	Eligible	Appraised
Primary care	4	4	4
Secondary care	66	59	59
Total	70	63	63

Non-NHS organisations

Sector	Prescribed connection	Eligible	Appraised
Primary care	0	0	0
Secondary care	59	58	58
Total	59	58	58

Total 2024–2025

Sector	Prescribed connection	Eligible	Appraised	%
Primary care	6031	5554	5472	98.5%
Secondary care	9945	8882	8311	93.6%
Total	15976	14436	13783	95.5%

3.1.1: Primary care staff groupings across Scotland

NHS Scotland Boards

Eligible GPs* and completed appraisals	Eligible	Appraised	%
Principal GP	3001	2963	98.7%
Employed GP	155	151	97.4%
Retainee	46	46	100%
Sessional (locum)	1204	1184	98.3%
Associate	3	3	100%
Retired	0	0	0%
Salaried	1111	1091	98.2%
Other	30	30	100%
Total	5550	5468	98.5%

Hospices

Eligible GPs* and completed appraisals	Eligible	Appraised	%
Principal GP	0	0	0%
Employed GP	4	4	100%
Retainee	0	0	0%
Sessional (locum)	0	0	0%
Associate	0	0	0%
Retired	0	0	0%
Salaried	0	0	0%
Other	0	0	0%
Total	4	4	100%

Non-NHS organisations

Eligible GPs* and completed appraisals	Eligible	Appraised	%
Principal GP	0	0	0%
Employed GP	0	0	0%
Retainee	0	0	0%
Sessional (locum)	0	0	0%
Associate	0	0	0%
Retired	0	0	0%
Salaried	0	0	0%
Other	0	0	0%
Total	0	0	0%

Total

Eligible GPs* and completed appraisals	Eligible	Appraised	%
Principal GP	3001	2963	98.7%
Employed GP	159	155	97.5%
Retainee	46	46	100%
Sessional (locum)	1204	1184	98.3%
Associate	3	3	100%
Retired	0	0	0%
Salaried	1111	1091	98.2%
Other	30	30	100%
Total	5554	5472	98.5%

* Eligible GPs i.e. on Performers List

3.1.2: Secondary care staff groupings across Scotland

NHS Scotland Boards

Eligible appraisees and completed appraisals	Eligible	Appraised	%
Consultants, including honorary contract holders	6385	6044	94.7%
Staff, associate specialists, and specialty doctors	1026	957	93.3%
University employed staff with a licence to practice	12	12	100%
Secondary care locums, employed for 2 months or more in the 12 months up to 31 March	552	481	 87.1%
Independent healthcare providers only – doctors with practising privileges who have a prescribed connection to the organisation	2	2	100%
Clinical fellows	659	577	 87.6%
Public health consultants	61	55	90.2%
Others – doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed	68	66	97.1%
Total	8765	8194	93.5%

Hospices

Eligible appraisees and completed appraisals	Eligible	Appraised	%
Consultants, including honorary contract holders	14	14	100%
Staff, associate specialists, and specialty doctors	21	21	100%
University employed staff with a licence to practice	0	0	0%
Secondary care locums, employed for 2 months or more in the 12 months up to 31 March	4	4	100%
Independent healthcare providers only – doctors with practising privileges who have a prescribed connection to the organisation	16	16	100%
Clinical fellows	4	4	100%
Public health consultants	0	0	0%
Others – doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed	0	0	0%
Total	59	59	100%

Key:  Between 90% and 85%

Non-NHS organisations

Eligible appraisees and completed appraisals	Eligible	Appraised	%
Consultants, including honorary contract holders	12	12	100%
Staff, associate specialists, and specialty doctors	10	10	100%
University employed staff with a licence to practice	0	0	0%
Secondary care locums, employed for 2 months or more in the 12 months up to 31 March	0	0	0%
Independent healthcare providers only – doctors with practising privileges who have a prescribed connection to the organisation	2	2	100%
Clinical fellows	0	0	0%
Public health consultants	0	0	0%
Others – doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed	34	34	100%
Total	58	58	100%

Total 2024–2025

Eligible appraisees and completed appraisals	Eligible	Appraised	%
Consultants, including honorary contract holders	6411	6070	94.7%
Staff, associate specialists, and specialty doctors	1057	988	93.5%
University employed staff with a licence to practice	12	12	100%
Secondary care locums, employed for 2 months or more in the 12 months up to 31 March	556	485	 87.2%
Independent healthcare providers only – doctors with practising privileges who have a prescribed connection to the organisation	20	20	100%
Clinical fellows	663	581	 87.6%
Public health consultants	61	55	90.2%
Others – doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed	102	100	98%
Total	8882	8311	93.6%

Key:  Between 90% and 85%

3.1.3: Appraisal completion rates for primary care (PC) and secondary care (SC) staff by designated body

NHS Scotland Health Board	Eligible appraisees PC	Complete appraisal PC	% of completed appraisals PC	Eligible appraisees SC	Complete appraisal SC	% of completed appraisals SC
NHS Ayrshire and Arran	348	332	95.4%	433	390	90.1%
NHS Borders	114	112	98.2%	154	154	100%
NHS Dumfries and Galloway	117	117	100%	196	149	 76%
NHS Fife	326	325	99.7%	385	367	95.3%
NHS Forth Valley	257	256	99.6%	385	348	90.4%
NHS Grampian	539	525	97.4%	898	817	91%
NHS Greater Glasgow & Clyde	1201	1200	99.9%	2384	2140	 89.8%
NHS Highland	492	488	99.2%	407	391	96.1%
NHS Lanarkshire	497	486	97.8%	815	792	97.2%
NHS Lothian	1062	1035	97.5%	1632	1585	97.1%
NHS Orkney	46	42	91.3%	18	16	 88.9%
NHS Shetland	35	35	100%	39	34	 87.2%
NHS Tayside	478	477	99.8%	724	722	99.7%
NHS Western Isles	36	36	100%	25	22	 88%
Healthcare Improvement Scotland	0	0	0%	13	13	100%
NHS 24	0	0	0%	0	0	0%
NHS Education for Scotland	2	2	100%	9	9	100%
NHS National Services Scotland	0	0	0%	32	32	100%
NHS National Waiting Times Centre Board	0	0	0%	164	164	100%
Public Health Scotland	0	0	0%	35	32	91.4%
Scottish Ambulance Service	0	0	0%	2	2	100%
The State Hospital Board for Scotland	0	0	0%	15	15	100%
Total	5550	5468	98.5%	8765	8194	93.5%

Key:  Between 90% and 85%  Less than 85%

NHS Scotland Health Board	Total (PC + SC) eligible	Total (PC + SC) appraised	Total (PC + SC) percentage
NHS Ayrshire and Arran	781	722	92.4%
NHS Borders	268	266	99.3%
NHS Dumfries and Galloway	313	266	 85%
NHS Fife	711	692	97.3%
NHS Forth Valley	642	604	94.1%
NHS Grampian	1437	1342	93.4%
NHS Greater Glasgow & Clyde	3585	3340	93.2%
NHS Highland	899	879	97.8%
NHS Lanarkshire	1312	1278	97.4%
NHS Lothian	2694	2620	97.3%
NHS Orkney	64	58	90.6%
NHS Shetland	74	69	93.2%
NHS Tayside	1202	1199	99.8%
NHS Western Isles	61	58	95.1%
Healthcare Improvement Scotland	13	13	100%
NHS 24	0	0	0%
NHS Education for Scotland	11	11	100%
NHS National Services Scotland	32	32	100%
NHS National Waiting Times Centre Board	164	164	100%
Public Health Scotland	35	32	91.4%
Scottish Ambulance Service	2	2	100%
The State Hospital Board for Scotland	15	15	100%
Total	14315	13662	95.4%

Key:  Less than 85%

Hospices	Eligible appraisees PC	Complete appraisal PC	% of completed appraisals PC	Eligible appraisees SC	Complete appraisal SC	% of completed appraisals SC
ACCORD Hospice	0	0	0%	1	1	100%
Ardgowan Hospice	0	0	0%	2	2	100%
Ayrshire Hospice	2	2	100%	6	6	100%
Bethesda Hospice	2	2	100%	1	1	100%
Children's Hospice Association Scotland (Rachel House and Robin House)	Submitted as part of NHS Tayside's returns					
Highland Hospice	0	0	0%	0	0	0%
Marie Curie Edinburgh	0	0	0%	17	17	100%
Marie Curie Glasgow	0	0	0%	3	3	100%
Prince and Princess of Wales Hospice	0	0	0%	6	6	100%
St Andrews Hospice	Submitted as part of NHS Lanarkshire's returns					
St Columba's Hospice	0	0	0%	18	18	100%
St Margaret of Scotland Hospice	0	0	0%	2	2	100%
St Vincents Hospice	0	0	0%	3	3	100%
Strathcarron Hospice	Submitted as part of NHS Forth Valley's returns					
Total	4	4	100%	59	59	100%

Hospices	Total (PC + SC) eligible	Total (PC + SC) appraised	Total (PC + SC) percentage
ACCORD Hospice	1	1	100%
Ardgowan Hospice	2	2	100%
Ayrshire Hospice	8	8	100%
Bethesda Hospice	3	3	100%
Children's Hospice Association Scotland (Rachel House and Robin House)	Submitted as part of NHS Tayside's returns		
Highland Hospice	0	0	0%
Marie Curie Edinburgh	17	17	100%
Marie Curie Glasgow	3	3	100%
Prince and Princess of Wales Hospice	6	6	100%
St Andrews Hospice	Submitted as part of NHS Lanarkshire's returns		
St Columba's Hospice	18	18	100%
St Margaret of Scotland Hospice	2	2	100%
St Vincents Hospice	3	3	100%
Strathcarron Hospice	Submitted as part of NHS Forth Valley's returns		
Total	63	63	100%

Non-NHS organisations	Eligible appraisees PC	Complete appraisal PC	% of completed appraisals PC	Eligible appraisees SC	Complete appraisal SC	% of completed appraisals SC
Assured Occupational Health Ltd	0	0	0%	1	1	100%
Avena Healthcare Ltd	0	0	0%	0	0	0%
Castle Craig	0	0	0%	3	3	100%
Clinic M Ltd	0	0	0%	0	0	0%
DJM Medical Clinic Ltd	0	0	0%	0	0	0%
Elanic Ltd	0	0	0%	0	0	0%
International Medical Management Ltd	0	0	0%	4	4	100%
KAL-med Consulting Ltd	0	0	0%	1	1	100%
Loudon Clinical Consulting Ltd	0	0	0%	0	0	0%
Mental Welfare Commission for Scotland	0	0	0%	5	5	100%
NeuroClin	0	0	0%	6	6	100%
Scottish Brain Services	0	0	0%	2	2	100%
The Scottish Government	0	0	0%	28	28	100%
Seneca	0	0	0%	5	5	100%
TauRx Pharmaceuticals	0	0	0%	2	2	100%
Westerwood Smile Ltd	0	0	0%	1	1	100%
Total	0	0	0%	58	58	100%

Non-NHS organisations	Total (PC + SC) eligible	Total (PC + SC) appraised	Total (PC + SC) percentage
Assured Occupational Health Ltd	1	1	100%
Avena Healthcare Ltd	0	0	0%
Castle Craig	3	3	100%
Clinic M Ltd	0	0	0%
DJM Medical Clinic Ltd	0	0	0%
Elanic Ltd	0	0	0%
International Medical Management Ltd	4	4	100%
KAL-med Consulting Ltd	1	1	100%
Loudon Clinical Consulting Ltd	0	0	0%
Mental Welfare Commission for Scotland	5	5	100%
NeuroClin	6	6	100%
Scottish Brain Services	2	2	100%
The Scottish Government	28	28	100%
Seneca	5	5	100%
TauRx Pharmaceuticals	2	2	100%
Westerwood Smile Ltd	1	1	100%
Total	58	58	100%

3.1.4: Breakdown of secondary care clinical fellows, locums and public health consultants by health boards

NHS Scotland Health Board	Fellows	Appraised	%
NHS Ayrshire and Arran	41	37	90.2%
NHS Borders	7	7	100%
NHS Dumfries and Galloway	6	3	 50%
NHS Fife	22	22	100%
NHS Forth Valley	41	30	 73.2%
NHS Grampian	107	100	93.5%
NHS Greater Glasgow & Clyde	185	133	 71.9%
NHS Highland	22	20	90.9%
NHS Lanarkshire	106	103	97.2%
NHS Lothian	0*	0	0%
NHS Orkney	0	0	0%
NHS Shetland	2	2	100%
NHS Tayside	96	96	100%
NHS Western Isles	0	0	0%
Healthcare Improvement Scotland	0	0	0%
NHS 24	0	0	0%
NHS Education for Scotland	0	0	0%
NHS National Services Scotland	0	0	0%
NHS National Waiting Times Centre Board	23	23	100%
Public Health Scotland	1	1	100%
Scottish Ambulance Service	0	0	0%
The State Hospital Board for Scotland	0	0	0%
Total	659	577	87.6%

Key:  Less than 85%

*NHS Lothian's Clinical Fellows were grouped together within the locum appointment for service group

NHS Scotland Health Board	Locums	Appraised	%
NHS Ayrshire and Arran	1	1	100%
NHS Borders	19	19	100%
NHS Dumfries and Galloway	0	0	0%
NHS Fife	0	0	0%
NHS Forth Valley	9	7	 77.8%
NHS Grampian	26	25	96.2%
NHS Greater Glasgow & Clyde	210	157	 74.8%
NHS Highland	36	35	97.2%
NHS Lanarkshire	41	38	92.7%
NHS Lothian	140	134	95.7%
NHS Orkney	3	2	 66.7%
NHS Shetland	21	18	 85.7%
NHS Tayside	33	33	100%
NHS Western Isles	4	3	 75%
Healthcare Improvement Scotland	0	0	0%
NHS 24	0	0	0%
NHS Education for Scotland	0	0	0%
NHS National Services Scotland	0	0	0%
NHS National Waiting Times Centre Board	9	9	100%
Public Health Scotland	0	0	0%
Scottish Ambulance Service	0	0	0%
The State Hospital Board for Scotland	0	0	0%
Total	552	481	87.1%

Key:  Between 90% and 85%  Less than 85%

NHS Scotland Health Board	Public health consultants	Appraised	%
NHS Ayrshire and Arran	1	1	100%
NHS Borders	2	2	100%
NHS Dumfries and Galloway	4	4	100%
NHS Fife	6	6	100%
NHS Forth Valley	8	6	 75%
NHS Grampian	4	4	100%
NHS Greater Glasgow & Clyde	0	0	0%
NHS Highland	3	2	 66.7%
NHS Lanarkshire	6	6	100%
NHS Lothian	10	10	100%
NHS Orkney	0	0	0%
NHS Shetland	1	1	100%
NHS Tayside	8	8	100%
NHS Western Isles	0	0	0%
Healthcare Improvement Scotland	0	0	0%
NHS 24	0	0	0%
NHS Education for Scotland	1	1	100%
NHS National Services Scotland	0	0	0%
NHS National Waiting Times Centre Board	0	0	0%
Public Health Scotland	7	4	 57.1%
Scottish Ambulance Service	0	0	0%
The State Hospital Board for Scotland	0	0	0%
Total	61	55	90.2%

Key:  Less than 85%

3.2: Overview of doctors identified for revalidation across Scotland in 2024–25

Designated body type	Due revalidation	Positive recommendations	%	Deferrals	%	Non-engagement
NHS Scotland Health Boards	4448	4045	90.9%	454	10.2%	< 5
Hospices	17	14	82.4%	2	11.8%	0
Non-NHS organisations	17	17	100%	1	5.9%	0
Total	4482	4076	90.9%	457	10.2%	< 5

3.2.1: Breakdown of doctors identified for revalidation per designated body in 2024/25

NHS Scotland Health Boards	Due revalidation	Positive recommendations	%	Deferrals	%	1 dr affects >1%
NHS Ayrshire and Arran	204	194	95.1%	9	4.4%	0.5
NHS Borders	55	48	87.3%	7	▲ 12.7%	1.8
NHS Dumfries & Galloway	91	56	61.5%	0	0%	1.1
NHS Fife	234	221	94.4%	17	7.3%	0.4
NHS Forth Valley	225	205	91.1%	20	8.9%	0.4
NHS Grampian	406	375	92.4%	31	7.6%	0.2
NHS Greater Glasgow & Clyde	1022	914	89.4%	190	▲ 18.6%	0.1
NHS Highland	253	228	90.1%	25	9.9%	0.4
NHS Lanarkshire	389	365	93.8%	24	6.2%	0.3
NHS Lothian	1116	1034	92.7%	82	7.3%	0.1
NHS Orkney	26	25	96.2%	4	▲ 15.4%	3.8
NHS Shetland	27	24	88.9%	2	7.4%	3.7
NHS Tayside	329	295	89.7%	34	▲ 10.3%	0.3
NHS Western Isles	13	12	92.3%	0	0%	7.7

NHS Scotland Health Boards	Due revalidation	Positive recommendations	%	Deferrals	%	1 dr affects >1%
Healthcare Improvement Scotland	0	0	0%	0	0%	
NHS 24	0	0	0%	0	0%	
NHS Education for Scotland	5	5	100%	0	0%	20
NHS National Services Scotland	7	7	100%	0	0%	14.3
NHS National Waiting Times Centre Board	42	33	78.6%	9	 21.4%	2.4
Public Health Scotland	1	1	100%	0	0%	100
Scottish Ambulance Service	1	1	100%	0	0%	100
The State Hospital Board for Scotland	2	2	100%	0	0%	50
Total	4448	4045	90.9%	454	10.2%	

Key:  Above average

Hospices	Due revalidation	Positive recommendations	%	Deferrals	%
ACCORD Hospice	0	0	0%	0	0%
Ardgowan Hospice	1	1	100%	0	0%
The Ayrshire Hospice	1	0	0%	0	0%
Bethesda Hospice	1	1	100%	0	0%
Children's Hospices Across Scotland (CHAS)	Submitted as part of NHS Tayside's returns				
Highland Hospice	4	4	100%	0	0%
Marie Curie Edinburgh	0	0	0%	0	0%
Marie Curie Glasgow	3	3	100%	0	0%
The Prince & Princess of Wales Hospice	4	4	100%	0	0%
St Andrews Hospice	Submitted as part of NHS Lanarkshire's returns				
St Columba's Hospice	3	3	100%	0	0%
St Margaret of Scotland Hospice	3	2	66.7%	1	33.3%
St Vincent's Hospice	1	0	0%	1	100%
Strathcarron Hospice	Submitted as part of NHS Forth Valley's returns				
Total	17	14	82.4%	2	11.8%

Non-NHS organisations	Due revalidation	Positive recommendations	%	Deferrals	%	Non-engagement
Assured Occupational Health Ltd	0	0	0%	0	0%	0
Avena Healthcare Ltd	0	0	0%	0	0%	0
Castle Craig	0	0	0%	0	0%	0
Clinic M Ltd	0	0	0%	0	0%	0
DJM Medical Clinic Ltd	0	0	0%	0	0%	0
Elanic Ltd	0	0	0%	0	0%	0
International Medical Management Ltd	1	1	100%	0	0%	0
KAL-med Consulting Ltd	1	1	100%	1	100%	0
Loudon Clinical Consulting Ltd	0	0	0%	0	0%	0
Mental Welfare Commission for Scotland	2	2	100%	0	0%	0
NeuroClin	1	1	100%	0	0%	0
Scottish Brain Services	0	0	0%	0	0%	0
The Scottish Government	10	10	100%	0	0%	0
Seneca	2	2	100%	0	0%	0
TauRx Pharmaceuticals	0	0	0%	0	0%	0
Westerwood Smile Ltd	0	0	0%	0	0%	0
Total	17	17	100%	1	5.9%	0

3.3 Breakdown of revalidation deferral categories across Scotland

Insufficient evidence for a positive recommendation*	NHS Scotland Boards	Hospices	Non-NHS organisations	Total
Appraisal activity	256	2	1	259
Colleague feedback	214	0	0	214
Compliments and complaints	3	0	0	3
CPD	32	0	0	32
Interruption to practice	81	0	0	81
Patient feedback	316	0	0	316
QIA	33	0	0	33
Significant events	4	0	0	4
Total	939	2	1	942

*The categories outlined above are labels specified for use in GMC Connect.

3.4 Revalidation of resident doctors

Year	Doctors in training	Due revalidation	%	Revalidated	%
2024–2025	6715	668	9.9%	659	98.7%
2023–2024	7531	621	8.3%	599	96.5%

3.5 Ratio of appraisees per appraiser by primary and secondary care

NHS Scotland Boards

Sector	Appraisees	Appraisers	Ratio
Primary care	6027	295	20.4
Secondary care	9820	1106	8.9
Total	15847	1401	11.3

Hospices

Sector	Appraisees	Appraisers	Ratio
Primary care	0	0	0
Secondary care	59	190	0.3
Total	59	190	0.3

Non-NHS organisations

Sector	Appraisees	Appraisers	Ratio
Primary care	4	0	0
Secondary care	66	8	8.25
Total	70	8	8.75

Total

Sector	Appraisees	Appraisers	Ratio
Primary care	6031	295	20.4
Secondary care	9945	1304	7.6
Total	15976	1599	10

3.5.1 Ratio of appraisees per appraiser by NHS Scotland Boards

Primary care

Sector	Appraisees	Appraisers	Ratio	Appraiser meetings
NHS Ayrshire and Arran	348	15	23	6
NHS Borders	114	47	2	8
NHS Dumfries and Galloway	117	8	15	4
NHS Fife	326	12	27	3
NHS Forth Valley	257	12	21	5
NHS Grampian	539	27	20	1
NHS Greater Glasgow & Clyde	1201	41	29	3
NHS Highland	492	23	21	7
NHS Lanarkshire	497	20	25	11
NHS Lothian	1062	47	23	8
NHS Orkney	46	3	15	2
NHS Shetland	35	7	5	0
NHS Tayside	478	22	22	1
NHS Western Isles	36	5	7	4
Healthcare Improvement Scotland	0	0	0	0
NHS 24	0	0	0	0
NHS Education for Scotland	2	6	0	0
NHS National Services Scotland*	0	0	0	0
NHS National Waiting Times Centre Board	0	0	0	0
Public Health Scotland	0	0	0	0
Scottish Ambulance Service	0	0	0	0
The State Hospital Board for Scotland	0	0	0	0
Total	5550	295	18.8	

* Through a Service Level Agreement (SLA), NSS manages the appraisal administration for specialty health boards/areas with smaller numbers of medical staff (e.g. NES, Public Health Scotland, HIS, Scottish Government etc), pooling together all appraisers to ensure appraisees in these organisations have access to at least 2 different appraisers within a 5-year Revalidation cycle – hence why some showing as having no appraisers in the table.

Secondary care

Sector	Appraisees	Appraisers	Ratio	Appraiser meetings
NHS Ayrshire and Arran	433	47	9	4
NHS Borders	154	27	6	0
NHS Dumfries and Galloway	196	39	5	1
NHS Fife	385	42	9	0
NHS Forth Valley	385	37	10	0
NHS Grampian	898	69	13	3
NHS Greater Glasgow & Clyde	2384	259	9	0
NHS Highland	407	59	7	2
NHS Lanarkshire	815	69	12	3
NHS Lothian	1632	314	5	n/a
NHS Orkney	18	3	6	2
NHS Shetland	39	0	0	0
NHS Tayside	724	85	9	1
NHS Western Isles	25	3	8	4
Healthcare Improvement Scotland	13	0	0	0
NHS 24	0	0	0	0
NHS Education for Scotland	9	12	1	0
NHS National Services Scotland*	32	8	4	2
NHS National Waiting Times Centre Board	164	29	6	0
Public Health Scotland	35	0	0	0
Scottish Ambulance Service	2	0	0	0
The State Hospital Board for Scotland	15	4	4	0
Total	8765	1106	8	

* Through a Service Level Agreement (SLA), NSS manages the appraisal administration for specialty health boards/areas with smaller numbers of medical staff (e.g. NES, Public Health Scotland, HIS, Scottish Government etc), pooling together all appraisers to ensure appraisees in these organisations have access to at least 2 different appraisers within a 5-year Revalidation cycle – hence why some showing as having no appraisers in the table.

3.6 Revalidation governance

Questions	NHS	Hospices	Non-NHS
Do you have a process or plan in place to feed information on complaints, compliments, concerns or critical incidents into the appraisal system?	17	9	11
Do you have arrangements in place for MSF (multi-source feedback) and to incorporate this into personal and professional development plans?	20	10	13
Do you have arrangements in place for patient questionnaires and to incorporate this into personal and professional development plans?	18	10	11
Does your organisation have a process in place to ensure that doctors are aware of their responsibility to include items of supporting information that reflects the whole of their practice?	18	9	13
Do you have a system for providing doctors with sufficient up-to-date and relevant clinical activity information?	15	9	10

3.6.1 Recruitment governance

Questions	NHS	Hospices	Non-NHS
Does the RO (or their delegated representative) check Form 4 documents for all new appointments for whom they have responsibility?	16	4	12
Where doctors are employed by more than one organisation, do you have a process in place to share information between the organisations?	13	8	10

3.6.2 Remediation governance

Questions	NHS	Hospices	Non-NHS
Does your organisation have a process in place for the doctors to undergo training or re-training?	16	9	8
Does your organisation offer its doctors rehabilitation services?	13	4	7
Does your organisation ensure that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out?	18	9	12

4 Glossary

Annual Appraisal

The formative process of preparing, collating and reflecting on information relating to the doctor's whole practice; followed by a discussion with an appraiser at a formal, confidential meeting.

The appraisal meeting between the appraisee (the doctor) and appraiser should take place every year. The appraisal year for both primary and secondary care has been aligned to the financial year (1 April–31 March). An appraisal is completed when the summary of the appraisal discussion and Personal Development Plan have been recorded and signed off by the appraiser and appraisee (Appraisal Form 4), within 28 days of the appraisal meeting.

Where an appraisal is not signed off or did not take place, a Form 5 should be used in lieu of a Form 4. Form 5A is used where there is a legitimate reason for not being appraised (e.g. maternity leave, long term sick, sabbatical etc); and Form 5B is used for non-engagement.

Clinical fellows

This group of doctors are employed on contracts that are neither recognised training positions nor career grade posts. They have a range of experience and responsibility for direct patient care. For example, some may be

taking time out of their training programme to acquire teaching or research experience, and others may be employed directly for service purposes. Some of the latter group can be at a relatively early stage in their medical careers and some may be international medical graduates; both groups would be unfamiliar with the UK appraisal process.

Designated body

An organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officer) Regulations 2010, as amended by The Medical Profession (Responsible Officer) (Amendment) Regulations 2013.

General Medical Council (GMC)

The public body that maintains the official register of medical practitioners within the UK. Its chief responsibility is 'to protect, promote and maintain the health and safety of the public' by controlling entry to the register and suspending or removing members when necessary.

GMC Connect

The IT system for managing the secure transfer of data, both into and out of the GMC. GMC Connect is used to share information with different external groups, such as GMC associates, responsible officers, education organisations (like royal colleges and faculties), legal organisations, and other external stakeholders.

Good Medical Practice (GMP)

Published by the GMC, the GMP sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors. Read more: [gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice)

Independent healthcare provider

An NHS term for a healthcare services provider (a term which, as used in the UK, refers to an organisation, not an individual healthcare professional) that operates independently of the NHS.

Licence to practise

To practise medicine in the UK, all doctors are required by law to be both registered and hold a licence to practise. This applies to practising full time, part time, as a locum, privately or in the NHS, or employed or self-employed. Licences are issued, renewed and withdrawn by the GMC.

Prescribed connection

The formal link between a doctor and their Designated Body. It is the route by which doctors are able to find their Responsible Officer. Regulation 10 and 12 in The Medical Profession (Responsible Officer) Regulations 2010 set out the ‘prescribed connection’ between designated bodies and doctors and these are explained in more detail in the Responsible Officer guidance.

Remediation

The overall process agreed with a practitioner to redress identified aspects of under-performance. Remediation is a broad concept varying from informal agreements to carrying out some re-skilling, to more formal supervised programmes of remediation or rehabilitation.

Responsible Officer (RO)

A licensed doctor with a least five years’ experience who has been nominated or appointed by a Designated Body. In Scotland, Medical Directors have been appointed as Responsible Officers, and they have a key role in developing more effective liaison between organisations and the GMC as the regulatory body for all doctors. They also oversee the arrangements for medical revalidation, including all methods of evaluating fitness to practise. The GMC will make the final decision on revalidation of any doctor.

Revalidation

Medical Revalidation is the 5-yearly process to renew a doctor’s licence to practice. Recommendations are made by the doctor’s Responsible Officer to the GMC.

Revalidation recommendation: Deferral

If the RO is not satisfied with the information provided to make a positive recommendation, the doctor’s Revalidation can be deferred, usually up to 6 months.

Revalidation recommendation: Positive

A 'positive' recommendation to revalidate is a formal declaration from a Responsible Officer to the GMC that a licensed doctor remains up-to-date and fit to practise.

The Responsible Officer has to be assured that doctors have:

- + Met the GMC's requirements for revalidation
- + Participated in systems and processes to support revalidation
- + Collected the required supporting information for revalidation

Scottish Online Appraisal Resource (SOAR)

The national online system used to record appraisal for trainees and doctors in primary and secondary care.



Medical Appraisal and Revalidation Quality Assurance 2024–2025 Review

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.



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