

# **Ethical use of Artificial Intelligence (AI) in Medical Appraisal and Revalidation**

Medical Appraisal Scotland (Guidance)

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For clarity AI was used in formatting this document and clarifying terminology. It was not used in authorship/opinion.

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# Executive summary

## Why this guidance is required:

It is clear from national appraisal leads' feedback that Artificial Intelligence (AI) is already being used widely across the healthcare system, including within medical appraisal and revalidation. AI tools are currently being used by:

- Appraisees, to support reflective writing and documentation
- Appraisers, to assist with drafting summaries and outputs

Governance has not kept pace with this reality.

In the absence of clear national guidance, there is a risk of:

- Inconsistent local practice
- Ethical uncertainty for doctors and appraisers
- Variable approaches to confidentiality and data protection
- Reduced confidence in appraisal outputs

Attempts to prohibit AI outright are neither realistic nor proportionate since AI is already widely used.

The need now is for clear, nationally consistent guidance on ethical use, aligned with professional standards and existing regulatory expectations, and reflecting the position already taken nationally in relation to trainees.

## Core position

- AI is already being used
- AI is here to stay
- AI can support clarity and efficiency
- **AI should not be used to replace professional judgement**
- **AI must not replace human–human interaction**
- Accountability will always remain with the doctor or appraiser

This guidance sets out how AI may be used ethically, transparently, and safely.

# Purpose and scope

This document provides national guidance for:

- Responsible Officers
- Appraisal Leads
- Appraisers
- Appraisees

It supports the ethical and proportionate use of AI in appraisal and revalidation and supplements existing professional, legal, and ethical obligations.

## Overarching Principles

AI use within appraisal must adhere to the following principles:

1. Professional accountability remains with the individual
2. AI supports expression, **not** judgement
3. Transparency of use
4. Explicit consent where recording occurs
5. Protection of confidentiality and data security
6. Proportionality and necessity

*AI may be used to enhance appraisal;  
but AI must never replace reflective professional dialogue.*

# Use of AI by Appraisees

## Potential benefits

- Reduced administrative burden
- Improved structure and clarity of reflections
- Support for neurodivergent doctors or those working in a second language
- Clearer articulation of existing insight

## Key risks analysis

Risk	Likelihood	Impact	Rating	Mitigation
<b>Fabrication or embellishment of cases</b>	Low/Medium	High	!!	Declaration; appraiser challenge
<b>Loss of authenticity of reflection</b>	Medium	Medium	!!	Appraisal discussion
<b>Inclusion of identifiable patient data</b>	Medium	High	!!!	Mandatory anonymisation*
<b>Undeclared AI use</b>	Medium	Medium	!!	National declaration

Table 1: Risk analysis of AI use by appraisees

\*Guidance already exists on Medical Appraisal Scotland website as well as SOAR.

## Acceptable use

- AI may assist writing but must not invent activity
- AI may be used to summarise your supporting information but not your reflection
- All submissions must reflect real clinical practice
- Do not include identifiable patient data
- You may decline AI transcription without disadvantage
- Declare AI use transparently

*AI can be used to support the collation of information,  
but reflection must come from the appraiser's own experience.*

# Use of AI by Appraisers

## Potential benefits

- Improved efficiency
- Clearer, more consistent summaries
- Reduced administrative burden
- Improved readability for Responsible Officers

## Key risks analysis

Risk	Likelihood	Impact	Rating	Mitigation
<b>Inaccurate summaries</b>	Low	High	!!	Mandatory human review
<b>Over-reliance on AI / Over-standardisation</b>	Low/Medium	Medium	!!	Appraiser accountability
<b>Loss of nuance / reduced engagement</b>	Low	Medium	!	Reflective exploration (e.g. discussion at own appraisal or with Appraisal Lead)

Table 2: Risk analysis of AI use by appraisers

## Acceptable use

- Appraiser retains full responsibility and accountability for appraisal outputs
- AI may assist with drafting of Form 4 **but not judgement**
- AI scribes require explicit informed consent
- Appraiser should review and edit all AI-generated content
- Declare AI use transparently

Form 4 remains a key output of appraisal. Regardless of the tools used, it is the appraiser's responsibility to ensure that the Form 4 is authentic, clear, and accurately reflects the time and effort invested by both appraisee and appraiser.

*Use AI as a tool to aid you,  
but not make judgements for you.*

# Use of AI scribes in appraisal conversations

Various transcription tools are already in use by clinicians, including Heidi, Microsoft Copilot and Fireflies. As access differs across the boards, this guidance does not endorse individual tools, but reviews associated benefits, risks and appropriate conditions for use.

## Potential benefits

- Reduced cognitive load for appraisers
- More accurate appraisal summaries
- Improved engagement in discussion
- Clearer records of agreed outcomes

## Key risks analysis

Risk	Rating	Comment
<b>Recording of sensitive personal data</b>	!!!	Appraisee and appraiser accountability
<b>Off-shore data storage</b>	!!!	High legal and reputational risk
<b>Unclear retention / deletion policies</b>	!!!	Non-compliant with IG standards
<b>Lack of NHS contractual control</b>	!!	Requires local approval
<b>Inhibition of open discussion</b>	!!	Appraiser skills
<b>Healthcare-specific design</b>	!	Strong mitigating factor
<b>Explicit consent controls</b>	!	Essential safeguard

Table 3: Risk analysis of use of AI scribes

## Conditions for use

AI scribes may be used only where:

- Explicit informed consent is obtained
- **Appraisee may decline without disadvantage**
- Purpose, storage, and retention are explained
- Output is reviewed and edited by the appraiser
- Audio is not retained beyond necessity

*Use of AI scribes is optional;  
but it must never replace  
reflective dialogue.*

# Confidentiality and data protection

Existing patient confidentiality (in relation to uploading of supporting information to SOAR) must be applied in the use of AI:

- No identifiable patient data must be entered into AI systems
- Anonymisation is mandatory
- Composite cases must be clearly declared

## Data storage and retention

Responsible Officers must be assured that:

- Data storage location is known
- Retention periods are defined
- Deletion is possible on request
- Data is not reused for AI model training

## Security and “bad actor” risk

AI systems (as with any IT systems) may be vulnerable to cyber intrusion, insider access or data leakage during processing. Mitigation includes:

- Approved platforms only
- Vendor security assurances
- Minimal data entry
- Regular review (12-18 months)

## Data Protection Impact Assessment (DPIA)

A Data Protection Impact Assessment (DPIA) is a structured process required under UK GDPR when new technologies, such as AI tools, are likely to process personal data and may pose a risk to individuals’ rights or freedoms.

In the context of appraisal, AI scribes or transcription tools will almost always require a DPIA, as they may record or process sensitive professional discussions. A DPIA identifies what data is used, why it is needed, the associated risks, and how those risks are mitigated. Completion of a DPIA provides assurance to Responsible Officers, Boards, and regulators that confidentiality, proportionality, and security have been appropriately considered before use.

Currently, Copilot is DPIA compliant through NHS Scotland licencing at the time of drafting [May 2026] - local boards may however have the right to sign off on another tool. Please liaise with your employing health board for further guidance on appropriate and compliant tools to use.

## Legal and Regulatory Alignment

This guidance aligns with:

- General Medical Council – professional accountability and honesty
- Information Commissioner’s Office – data protection and UK GDPR
- NHS Scotland – information governance standards
- British Medical Association – digital professionalism

*AI use sits within, not outside, existing professional standards.*

## Declaration of AI use

A national declaration is recommended to provide clear and consistent guidance on ethical use of AI:

*“The appraiser (or the appraiser if AI is used to draft the Form 4) takes responsibility for the veracity and reflections contained within the appraisal submission.”*

## SOAR amendments

SOAR will also need to be amended to include a checkbox for declaration of use for both appraisers and appraisees.

For appraisees this could be a checkbox in the declarations statement (e.g. “AI was not used to fabricate any of the supporting information provided”); and for appraisers this could be a checkbox on the Form 4 (e.g. “AI was not used to form opinions or judgements in the drafting of this Form 4”).

## National Recommendation

AI use in appraisal and revalidation (in Scotland) should be:

- Permitted
- Transparent
- Governed
- Consensual
- Declared

*AI should be used to support professionalism — it does not replace it.*

# Responsible Officer Decision Flowchart

Addendum



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