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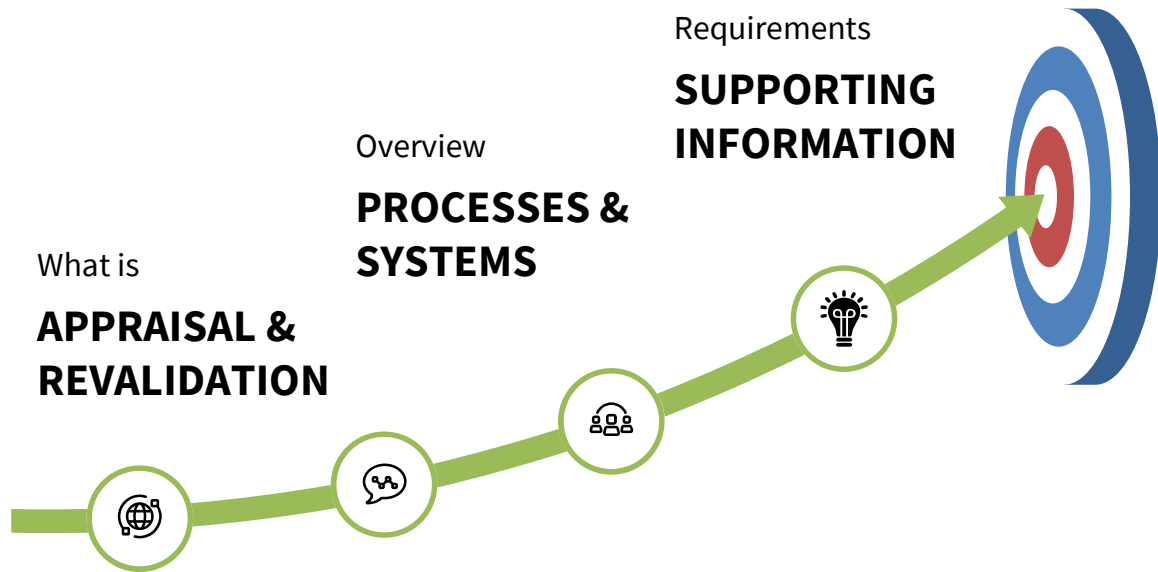
Medical Appraisal in Scotland

Information for doctors new to appraisal

This module is an introduction for doctors working in Scotland who are new to the “Medical Appraisal” process.

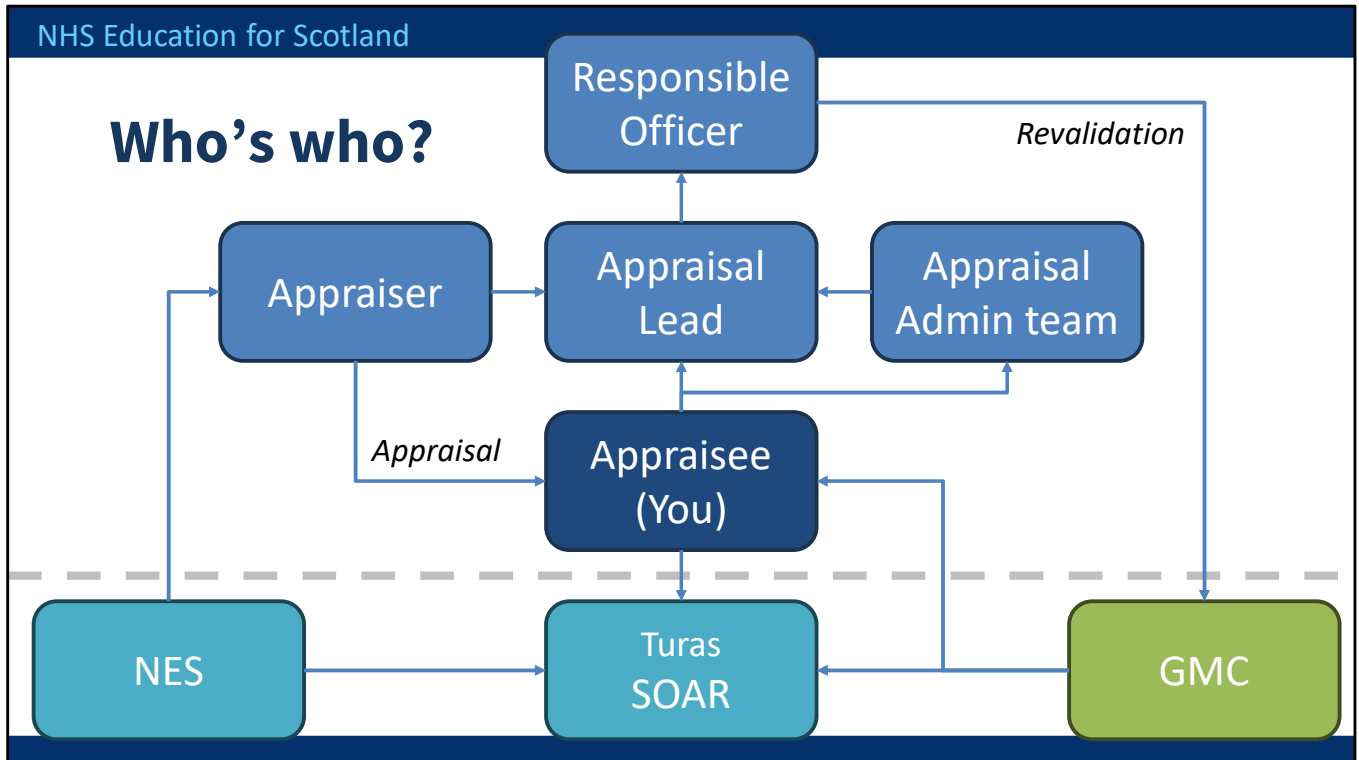
Whether you are newly qualified, an "International Medical Graduate" or just relocated to the country, we hope you find this guide useful.

Aims of this module



In this module, we will cover what medical appraisal is and how it links to revalidation, an overview of the processes, and the supporting information required for both.

Who's who?



Before we start, it's good to know who's who in the processes.

First of all, there's you, the **doctor**, in the centre of appraisal and revalidation. Then there's the **appraiser** who conducts the appraisals. To ensure the standardisation of quality and practices, all appraisers working in Scotland are trained by NES (NHS Education for Scotland); but appraisers are employed by the health board - as are the **Appraisal Leads** and local **Appraisal Admin teams**, who you would approach if you have any appraisal related queries. Appraisal Leads, supported by the board's appraisal admin teams, have a responsibility to ensure all doctors in their health board have access to annual medical appraisals. Your appraisal will feed into the revalidation process to renew your licence to practice; and it is the **Responsible Officer (RO)**, who in Scotland are usually the board's Medical Director, who makes the recommendations to the GMC (General Medical Council).

In Scotland, a single online system has been established to facilitate and manage the appraisal process and it's called SOAR - Scottish Online Appraisal Resource. This application sits on the Turas platform, which hosts a number of different applications used in NHS Scotland. Both systems are developed by NES.

The GMC will communicate to you when they have made their decision to renew your licence to practice, and SOAR will also be updated automatically with the date of your next revalidation due date.



Role of medical appraisal

- Provides evidence towards revalidation to retain a GMC licence to practice
- Supportive and developmental discussion with a trained peer

Appraisal is about helping individuals to improve the way they work and the services they provide, themselves and with others.

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So, what is "Medical Appraisal"?

Every doctor in a non-training grade is offered an annual appraisal and it is a contractual obligation to take part in it. This is an opportunity for you, as a doctor, to discuss confidentially how things are going at work with a trained peer. The process and its documentation are based on the GMC's Good Medical Practice (GMP) that all doctors will be familiar with.

As already mentioned, Medical Appraisal in Scotland is managed through an online system called SOAR, used by yourself and your appraiser to complete the necessary forms and upload your supporting information.



Image 8275 from nhsscotlandphotolibrary.org

What to expect in your appraisal meeting

- A confidential discussion and reflection of achievements, challenges and aspirations
- Reflection on supporting information
- Agree meeting agenda with appraiser
- “Form 4” summary includes:
 - Agree actions for the following year
 - Personal Development Plan (PDP)
- **Not a 1-to-1 performance review**

Appraisal is your opportunity to reflect on the previous year; and consider your priorities for the next 12 months. The supporting information you submit allows you to demonstrate that you remain up to date and fit to practice – a requirement for revalidation. The appraisal discussion is usually much wider and you can agree with your appraiser in advance what will be most useful for you to talk through. The discussion with your appraiser is confidential unless any concerns come up about patients' safety or your **own** safety. In this case, the appraisal is stopped so that these concerns can be addressed.

The summary you both agree after the appraisal does not need to include all the information discussed, but it should reflect the key discussion points and include a Personal Development Plan (PDP) for you to work towards in the next year. The summary, more commonly referred to as a “Form 4”, is drafted by the appraiser for your approval via SOAR. You and your current assigned appraiser will have access to your Form 4, as well as the Responsible Officer and Appraisal Lead for revalidation purposes. Nobody else has access to this unless you wish to share it.

It's also important to stress that annual medical appraisals are **NOT** performance reviews, which is a separate process and usually undertaken by your line manager, who also should **NOT** be your appraiser.

Appraisal and Revalidation

- All doctors require a licence to practice
- Revalidation is a 5-yearly process to renew licence
- Most doctors will be connected to a “Designated Body” (DB) for revalidation
 - e.g. the employing Health Board
- ROs make revalidation recommendations based on multiple sources of information



Image 8275 from nhsscotlandphotolibrary.org

To practice in the UK, doctors must hold a GMC licence to practice.

Doctors trained in the UK are usually revalidated by their Responsible Officer (RO) at completion of their training.

To maintain a licence to practice, doctors need to fulfil the GMC requirements for revalidation and evidence this every 5 years through the doctor's connected "designated body", a GMC terminology for a UK organisation with established clinical governance processes like appraisal.

Your employing health board is your designated body for revalidation.

Whilst appraisal plays a significant role in informing the revalidation process, it is **not** the only source of information the ROs will base their decisions on. They may request additional information from you but usually revalidation is a process that takes place in the background.

Medical appraisal is a unique opportunity to discuss your work with a peer in a protected time and space, so make the most of it to reflect on your development.

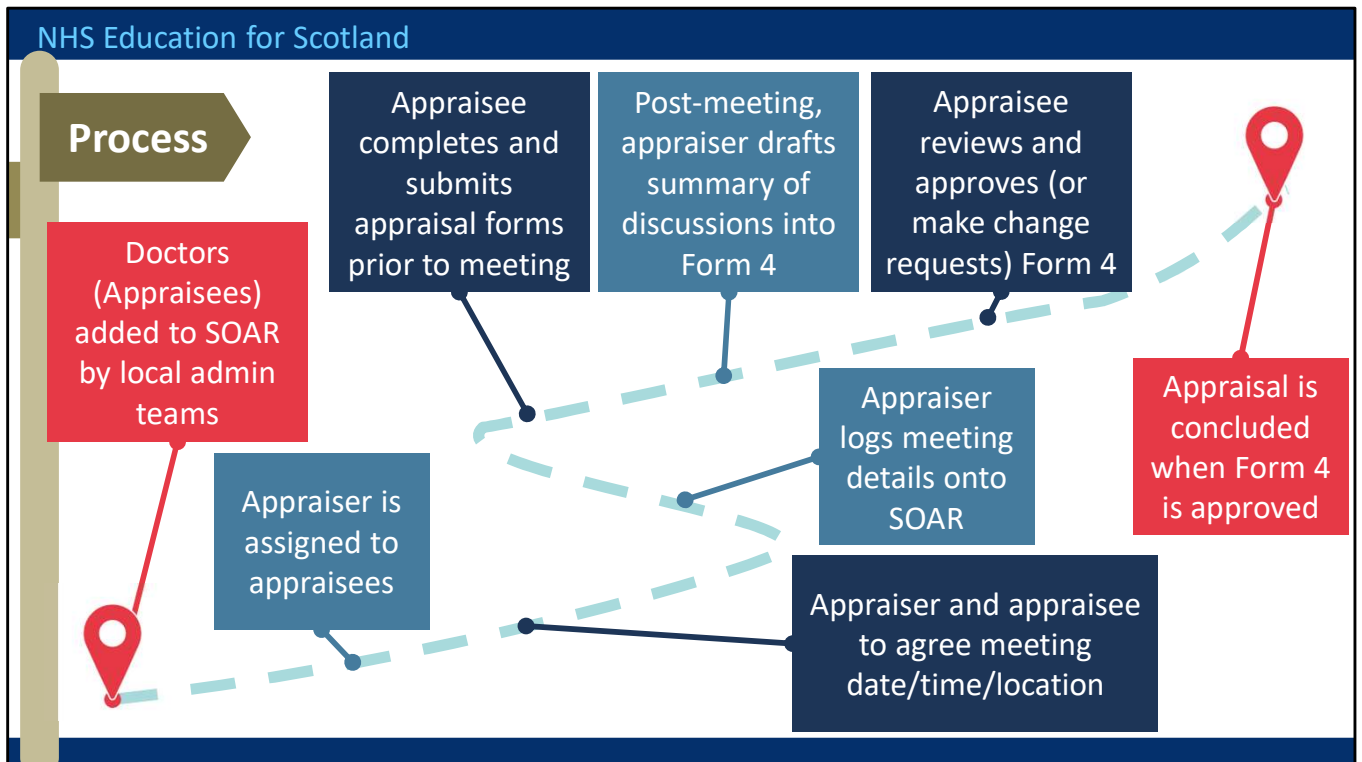
IT setup

Systems

- SOAR (Scottish Online Appraisal Resources)
 - Funded by Scottish Government
 - Free to use for doctors working in Scotland
- Turas
 - Developed by NES
 - Platform for various NHS Scotland apps
- SOAR login setup:
 - <https://www.appraisal.nes.scot.nhs.uk/resources/soar-user-guides/how-to-login/>

SOAR is funded by Scottish Government and is provided free of charge to those working in NHS Scotland.

To access SOAR, you will need to obtain a login to Turas. For a step-by-step guide on how to gain access, please visit the SOAR user guide on the “Medical Appraisal Scotland” website: <https://www.appraisal.nes.scot.nhs.uk/resources/soar-user-guides/how-to-login/>

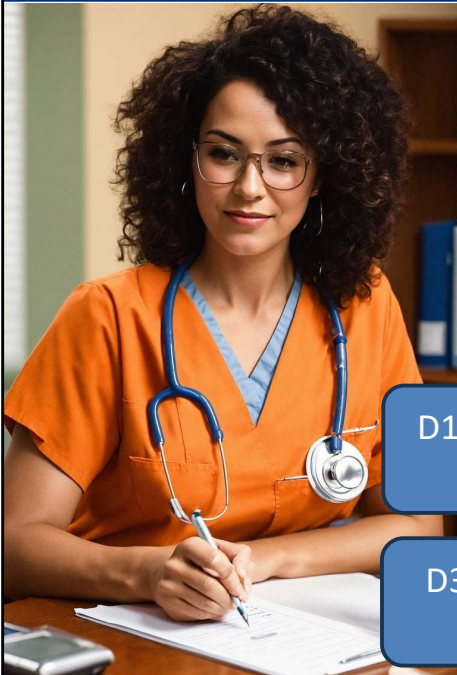


When a doctor joins a health board, they are added to SOAR by the local admin team after their details have been verified by HR (Human Resources). You are then assigned an appraiser designated by the local team and the Appraisal Lead; but changes can be requested if there is a conflict of interest, for example if you are known socially, or are neighbours, or were in previous relationships, etc.

It is up to you and the appraiser to liaise and agree the meeting date, time and location. The appraiser will add the meeting into SOAR. You then complete and submit the appraisal forms for sharing before the meeting.

Post-meeting, your appraiser will draft the summary of the discussions into the "Form 4"; and you would review and approve it - or make "change requests".

When Form 4 is approved, the appraisal is completed.



Appraisal Forms and GMC Domains

- Background Info
- The Job You Do
- Appraisal Supporting Information

D1: Knowledge, skill and development

D2: Patients, partnership and communication

D3: Colleagues, culture and safety

D4: Trust and professionalism

Image 8500905 from pixabay.com

You are asked to provide some background information and the job you do as part of your annual appraisals, as well as submitting appropriate supporting information on the GMC's Good Medical Practice Domains, which are:

Domain 1: Knowledge, skill and development

Domain 2: Patients, partnership and communication

Domain 3: Colleagues, culture and safety

Domain 4: Trust and professionalism



Image 8500905 from pixabay.com

GMC guidance indicates...

- **Quality not quantity**
- Proportionality
- Reflection
- Focus on learning
- Link to improvement and development planning

At first glance this may sound like you need to submit a lot of information; but once you have provided your background information and the job you do, you only need a little updating each year. This sets the context for the appraiser, so they know the whole scope of your work.

We will cover the GMC domains and how various supporting information is associated with them; but it's important to stress that it is **not** the quantity but the **quality** of the supporting information that you should consider.

Ensure your submission relates to all the work you do and that it allows you to reflect on the **quality** of care you provide, including any learning or any changes you have made as a result, or any development needs you have identified and how you are planning to address them.

GMC supporting information principles



The four key areas which underpin the GMC supporting information requirements are:

- The need to describe context and all aspects of work;
- Demonstrate how the doctor keeps up-to-date;
- Show that they review and improve the quality of their practice regularly; and
- Actively seek and reflect on feedback.

In all these areas, the doctor is asked to **COLLECT** the information, **REFLECT** on it, and then **DISCUSS** their findings during the appraisal.

It is worth noting that the GMC requirements are the absolute **baseline** for fitness-to-practice. For most roles, doctors would also have to meet the fitness-for-purpose requirements, and these are set by the boards or the royal colleges. You may choose to bring additional information specific to your own development that you wish to discuss.

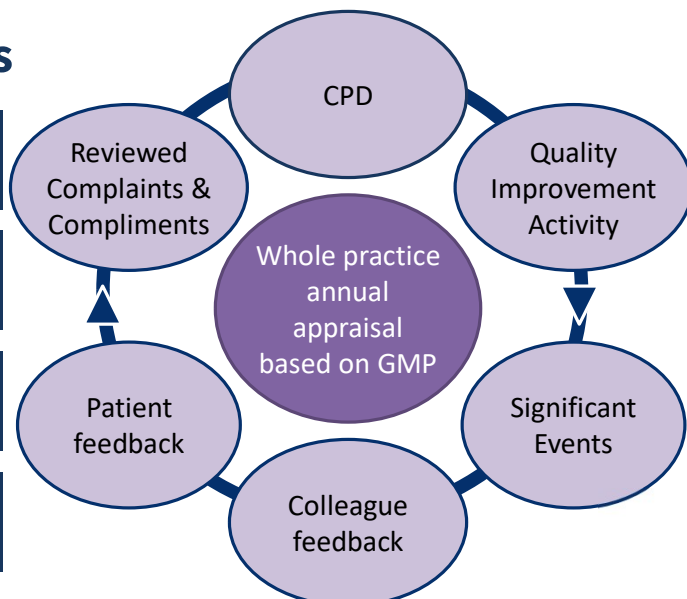
GMC requirements

Domain 1: *Knowledge, skill and development*

Domain 2: *Patients, partnership and communication*

Domain 3: *Colleagues, culture and safety*

Domain 4: *Trust and professionalism*



Here is an overview of the GMC requirements. It sets out the four different domains reflecting the Good Medical Practice, including six required types of supporting information.

It's also another reminder that the annual appraisal needs to cover the **WHOLE** practice, which means **all** roles that a doctor has needs to be included in the discussion over the 5-year revalidation cycle, including any private work the doctor may undertake.

Supporting information for appraisal and revalidation	Domain 1	Domain 2	Domain 3	Domain 4
Continuing professional development	x			
Quality improvement activity (QIA)	x			
Significant events			x	
Feedback from patients		x		
Feedback from colleagues			x	
Compliments and complaints		x		
PDP and PDP review	x			
Health statement			x	
Probity statement				x
Recognition of Trainer (RoT)			x	

This table highlights which GMC Domain each supporting information falls under.

Please note for the purposes of **revalidation**, QIA, Feedback from Patients, and Feedback from Colleagues are expected once in a 5-year cycle. The others are expected annually at appraisal.

Let's explore these areas in more detail.



Domain 1: Knowledge, skill and development

- Maintaining knowledge and skills
- Providing good clinical care
- Developing and improving performance
- Quality Improvement Activities (QIA)
- Continuing Professional Development (CPD)
- Personal Development Plans (PDP) and review

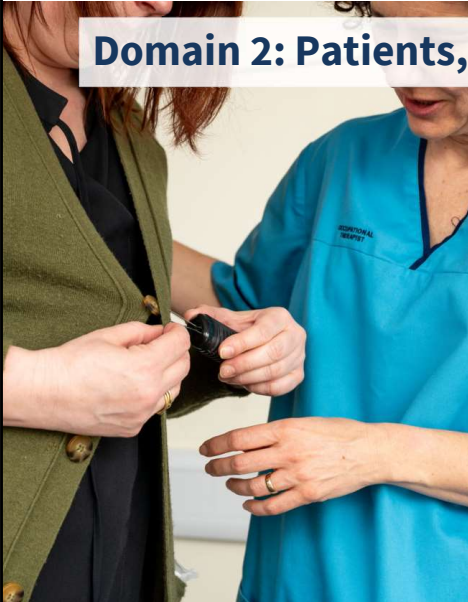
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The GMC expects medical professionals to be competent, keep their knowledge and skills up to date, and provide a good standard of practice and clinical care whilst also striving to develop and improve their professional performance - with regular reflection on their standards of practice using feedback and evidence to develop personal and professional insight.

Supporting information expected in Domain 1 includes:

- Quality Improvement Activities,
- Continuing Professional Development, and
- review of Personal Development Plans (PDP).

Domain 2: Patients, partnership and communication



- Treating patients fairly
- Respecting patients' rights
- Treating patients with kindness courtesy and respect
- Caring for the whole patient
- Feedback from patients
- Compliments and complaints

Image 9266 from nhsscotlandphotolibrary.org

Medical professionals are expected to recognise that patients are individuals with diverse needs. This includes not making assumptions about the options or outcomes a patient will prefer, as well as listening to patients and working in partnership with them. You should do your best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

Supporting information expected in Domain 2 includes:

- Feedback from Patients, either through a formal feedback process or more informally, and
- “Compliments and Complaints” declarations on SOAR.

Make sure to **reflect** on any compliments received, or if you were involved in a complaint or any incidents; but focus on the relevant **learning** outcomes.



Domain 3: Colleagues, culture and safety

- Communicating effectively
- Contributing to a positive working and training environment
- Keeping patients safe
- Responding to safety risks
- Significant events
- Feedback from colleagues
- Health statement

Image 6306 from nhsscotlandphotolibrary.org

The GMC also expects medical professionals to communicate clearly and work effectively with colleagues in the interests of patients, to develop their self-awareness, manage their impact on others and do what they can to help create civil and compassionate cultures where all staff can ask questions, talk about errors and raise concerns safely.

Supporting information expected in Domain 3 includes:

- review of Significant (or learning) events,
- Feedback from colleagues, either through a formal feedback process or more informally,
- Health declarations via SOAR and,
- Recognition of trainer (if applicable).



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Domain 4: Trust and professionalism

- Acting with honesty and integrity
- Maintaining professional boundaries
- Managing conflicts of interest

- Probity statement

Medical professionals are also expected to uphold high personal and professional standards of conduct. You should be honest and trustworthy, act with integrity, maintain professional boundaries and should not let your personal interests affect your professional judgements or actions.

Supporting information expected in Domain 4 includes the completion of the Probity declarations on SOAR.

Supporting Information requirements ^(1/2)

Appraisal vs. Revalidation:
separate processes



It is important to note that whilst they are intrinsically linked, medical appraisal and revalidation are **SEPARATE** processes.

Requirements for the 5-yearly Revalidation process is set by the GMC; whilst annual appraisal requirements is set out by the health boards. Colleges and academies provide additional guidance that can help you select appropriate evidence in your area.

Supporting Information requirements (2/2)



To summarise, the supporting information expected in appraisals, aligned to revalidation, are:

- Continuing professional development,
- Quality improvement activity,
- Significant events,
- Feedback from patients (or those to whom you provide medical services),
- Feedback from colleagues, and
- Compliments and complaints.

Let's look at these in more detail.

Continuing Professional
Development





What is CPD? (1/2)

- Keep up-to-date and competent in **all** the work you do
- Maintain and enhance the quality of professional work across whole practice
- Encourage and support specific improvements in practice

Image 2562325 from pixabay.com

Continuing Professional Development (CPD) helps you keep up-to-date and competent in all the work you do. It is used to maintain and enhance the quality of a doctor's professional work across the **WHOLE** practice, so it is worth remembering that it needs to cover **ALL** roles you have.

It is also used to encourage and support specific improvements in practice or developing new areas that will be part of your scope of work in the future.



What is CPD? (2/2)

- Should cover whole scope of work
 - inc non-clinical
- No fixed number required for revalidation
- Submitted with reflection & learning points
- May be diverse
 - conferences, meetings, conversations, e-learning, films, books



Image 2562325 from pixabay.com

CPD for most doctors will cover both universal skills, like communication, as well as clinical work. An effective CPD will help anticipate and respond to the needs of patients and the service; and there is no fixed number required for revalidation. The important thing is that it is submitted with reflection and learning points, this can include examples of how the current practice is still up to date.

Many diverse illustrations are suitable. For example, conferences can give an attendance certificate but may not actually cover what is required as part of your development plan. Other areas that are also useful are conversations with colleagues, or observation of practice using e-learning, or reflecting on book chapters.



CPD discussion

- How do you keep up-to-date?
- How were the learning needs identified?
- How do you record your learning?
- What are the main things you have learned this year?
- What have you reflected on in your learning?
- What changes have you made as a result?
- Can you demonstrate improvement in patient care?
- How have you shared their learning?



Image 8274 from nhsscotlandphotolibrary.org

Here are some questions doctors are expected to consider regarding their CPD.

The most important part of your appraisal is reflecting on your learning from your CPD over the year, and what impact that has had on patient care.



‘Mandatory training’ as part of CPD

- Not defined by the GMC
- Refer to organisational requirements
- May align to role:
 - CPR and safeguarding training
 - Information governance
 - Equality and diversity, health and safety



Image 6057 from nhsscotlandphotolibrary.org

Some doctors might also include elements of mandatory training as part of their CPD, but it should be noted that there is **NO** definition by the GMC to cover **ANY** mandatory training for **revalidation** requirements.

Mandatory training would generally be an organisational requirement, but it may also be aligned to specific roles; for example, up-to-date equality and diversity training is a requirement for recognition of trainer.





What is QIA?

- Clinical audit | Review of clinical outcomes
- Case review or discussion
- Audit and monitor effectiveness of a teaching programme
- Evaluate impact and effectiveness of policy or practice
- Participation in QI project
- Implementation of action plan based on incidents / complaints, new NICE guidance etc.

Image 7755 from nhsscotlandphotolibrary.org

An example of a Quality Improvement Activity (QIA) could be a review of your performance against local, regional or national benchmarking data where this is robust, attributable and validated. This could include “morbidity and mortality” statistics or complication rates.

This part of the appraisal gives you the opportunity to reflect on improvements you have made to your practice as a result of any audits, QI projects or discussions you were involved in.

Clinical audit is frequently used as appraisal supporting information and this may be national or departmental audit results. It is important that the reflection includes what this means for **YOUR** practice and what you have changed because of the audit’s outcome.

As the list shows, there are various other areas that would be suitable to include as part of the discussion of quality improvement.



GMC requirements



- a) You must actively participate in quality improvement activity relevant to your scope of practice at least once in your revalidation cycle. The amount and frequency will depend on the scale and nature of the activity.
- b) The type(s), amount, and frequency of quality improvement activity that is appropriate for your scope of practice must be agreed by your responsible officer, suitable person or AA/PA recommender. Your discussion with your appraiser may inform this decision.



GMC guidance on supporting information for revalidation

Image 7755 from nhsscotlandphotolibrary.org

As outlined by the GMC guidance on supporting information for revalidation*, QIA is expected once every revalidation cycle. However, you are advised to check with your employing health board on QIA requirement for appraisal, which may differ.

Regardless of the frequency, the QIA should be **relevant** to your day-to-day practice; and it should also include a reflection of the results and the impact from any lessons learnt. It may also contribute to the personal development plan going forward.

* <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation>

Significant events





Significant events

- Reflect on all significant events involved
- Focus on significant events that led to a change
- Why were these events chosen?
- Focus on **insight** and **learning**
 - *Rather than facts or numbers*
- All significant events involving appraiser should be discussed at appraisal...
- ...or a statement that there have been none



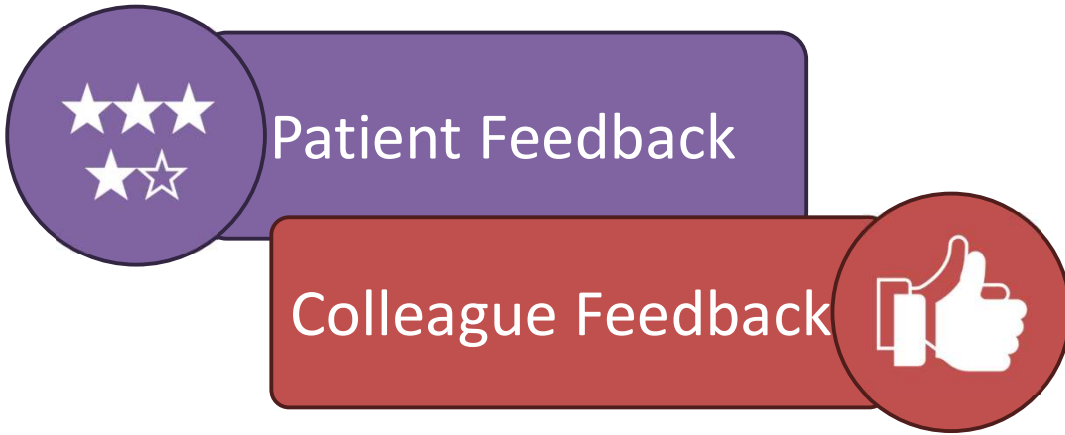
Image 2485 from nhsscotlandphotolibrary.org

Under GMC guidance, significant events are described as “unintended or unexpected events which could or did lead to harm of one or more patients”. Under the guidance it **also** includes incidents which did *not* cause harm but could have done, or events that should have been prevented.

In general practice, serious event analysis are seen more like case reviews or learning events; and is often used as a tool in improving practice. This is different to secondary care where this category is usually termed “serious event incidents” which are examined in depth, and all secondary care doctors aspire to prevent them wherever possible. Please ensure that you are familiar with your organisation's local processes and agreed thresholds for recording incidents.

All significant events involving you should be discussed at appraisal, or a statement made that there have been none. You *can* submit significant events that you were not directly involved in if you personally reflected on them and showed the learning and impact. You do not need to list any significant events where your only involvement was in the investigation, unless that is an important part of your scope of work.

Quite often these events lead to a quality improvement activity, which is later included as supporting information.





Patient feedback

- Understand what patients (and others) think
- Identify areas of strength and development
- Highlight changes **doctors** can make to improve provision of services or care
- Evaluate whether changes made have had a positive impact
- Required once every 5-year revalidation cycle
- Not applicable to all doctors

– e.g. *Public Health; Pathologists etc*

Image 3692442 from pixabay.com

Feedback is a useful tool to evaluate and develop behaviours, teamwork, professionalism, communication and interpersonal skills.

Patient feedback specifically helps you to understand how you come across in your interactions with patients. It must be independently administered and collected using a validated standard questionnaire. If you are a Health Board employee, your local appraisal team can advise you on the recommended tool to use.

Patient feedback usually takes months to collate so it is advisable to plan this well in advance, perhaps around year 3 of your revalidation cycle.

Remember you must include your reflections and what it means for your practice and behaviour as part of your submission; which will be discussed at the appraisal.

Patient feedback is not something that's applicable to all doctors. If you work in a non-patient facing role such as Public Health, we suggest you liaise with your appraiser or local appraisal team first for further guidance.

Colleague feedback

Colleague Feedback



- Understand how the **range of people** the doctor works with view their practice
- Identify areas of strength and development
- Highlight changes to improve care/service provided
- Evaluate if changes made have had positive impact
- Also needed once every revalidation cycle

Image 3692442 from pixabay.com

Colleague Feedback helps you understand how your practice is viewed by the people you work with. The colleagues who are asked to give feedback must be chosen from across your **WHOLE** scope of practice and **must** include people from a range of different roles who may not be doctors.

Again, a part of your appraisal submission and discussion, you must reflect on what the feedback means for your current and future practice.

Under GMC guidance, a standardised questionnaire needs to be used once in the 5-year revalidation cycle to obtain formal feedback. In Scotland, a national tool is available, and you can access this through SOAR.





Health statement



- *... is a declaration that the doctor accepts their professional obligations about their personal health under Good Medical Practice.*
- Registration with GP outside their family
- Seek medical assistance when needed
- Not self-medicating
- Consider immunisation

Image 6587736 from pixabay.com

A health statement is required in each appraisal, in which you accept your professional obligation, under the “good medical practice”, regarding their own health. These discussions would include whether you are registered with a GP outside of your family; and should any personal health problems arise, you would consult your GP or any other suitably qualified colleague, rather than self-medicating.

You are also expected to consider the requirement for having regular immunisations, for example, regular flu jabs and Hepatitis B injections.

Please visit the GMP 2024 "Managing risks posed by your health" section for more details: <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-3-colleagues-culture-and-safety#managing-risks-posed-by-your-health-75660728FC784CF6B45B2546A365BCE6>



Probity statement



- *...is a declaration that they accept the professional obligations placed on them in the Good Medical Practice in relation to probity*
- Required for each appraisal
- Probity is at the heart of medical professionalism
- Honest and trustworthy and acting with integrity
- Manage any potential conflicts of interests

Image 6587736 from pixabay.com

A probity statement is also required at your annual appraisal. The Good Medical Practice provides many details around probity (<https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-4-trust-and-professionalism>); but for the purposes of appraisal, the kind of things that you might discuss could include your approach to research; or how you manage the legal requirement for insurance or indemnity.

Also consider in what ways you are honest and trustworthy... have you provided honest references for other doctors? Did you write appropriate and accurate information in any reports?

You should also reflect on any financial and commercial dealings, and ensure you manage any potential conflicts of interests.



Compliments and Complaints



- Is a form of feedback
- Identify areas of good practice and strengths
- Explore areas for improvement & lessons learned
- Demonstrate they value patients' and others' concerns and comments about their work...
- ...by making changes according to the feedback received.

Image 6587736 from pixabay.com

Compliments and complaints should be seen as another type of feedback.

The important thing to focus on is **HOW** you have dealt with the complaint rather than focusing on numbers. For example, what have you learned from it? How has it influenced your practice? What have you found that you are doing really well in, and that you are going to keep doing? And what have you changed? What should you change?

If you have not been involved in any complaints, you would be expected to make a statement to that effect, either about you or your team, in the given appraisal period.

You could also expand on how you are practising in order to try and avoid complaints in the first place. Or, are you aware of the protocols if involved in a complaint?

Please visit the GMP 2024 "Being open if things go wrong" section for more details:
<https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-2-patients-partnership-and-communication#being-open-if-things-go-wrong-E5304B68DE53492E97F2890421E8B56B>

Personal Development Plan
Review and Planning

What is a PDP?

- Personal Development Plan
- Appraisal outcome
- Provides focus
- **Personal** and **Professional** development
- Measures progress
- Relevant to **you**



Image 6585235 from pixabay.com

As a key outcome of the appraisal process, you need to agree a development plan for the following year with your appraiser at the end of the appraisal. It provides you with focus to personal and professional development; and also allows you to track and measure progress over time.

As part of your appraisal preparations, you can consider what you think will be most relevant for you. The appraisal discussion may bring up some other areas that would be useful to include.

PDP considerations

- Make sure it meets SMART criteria
(*Specific, Measurable, Achievable, Relevant, Time specific*)

S

What will you develop or do differently?

M

What/How will you learn this? (*Knowledge / skills / mindset?*)

A

How will you know when objective is achieved?

R

How will you demonstrate this?

T

Why? How did you identify? And relevance?

When – Timescale?



Image 6585235 from pixabay.com

At the end of your appraisal, you will agree with your appraiser which elements will be included as PDP for the next year.

Ask yourself these questions to help you plan a SMART PDP. Your learning should be **Specific** and **Measurable**; they also need to be **Achievable** and **Relevant** to your work; and it should be **Timebound** so you can track progress.

Summary

- Opportunity for confidential discussion of your work
- Consider what supporting information is most useful for
- Agree an agenda with your appraiser



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Appraisal is your once-a-year opportunity to discuss and reflect on your work in a private and protected space with a trained colleague.

You should consider what supporting information is most useful for you to submit and discuss, especially if you have achieved a lot in the past year.

Also make sure to agree an agenda with your appraiser in advance of the meeting. This will help you and your appraiser focus on what is important to you and making sure you get the most out of the appraisal discussions.

Change is the end result
of all true learning.

Leo Buscaglia



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Hopefully you will now have a clearer understanding of the medical appraisal processes in place.

Remember, the focus and purpose of appraisal is for your development, and it is **not** a 1-2-1 performance management meeting; it's designed for your personal development with the aim of improved patient care as the end result.

Resources



- GMC Good medical practice:
 - <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice>
- Medical Appraisal Scotland website:
 - <https://www.appraisal.nes.scot.nhs.uk>
 - *Contact details & step-by-step overview video of SOAR*
- Recognition of Trainer:
 - <https://www.scotlanddeanery.nhs.scot/trainer-information/recognition-of-trainers-rot/>
 - *Information on how to become a trainer*

Image 4299814 from pixabay.com

It would be useful to go over the GMC's good medical practice for your own reference.

If you have further queries about the appraisal process, liaise with your health board appraisal team in the first instance. Whether it's the local admin team or your Appraisal Lead, you can find the relevant contact details on the Medical Appraisal Scotland website; which also includes a step-by-step overview video of SOAR.

Thank you for watching.

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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