

Medical Appraisal & Revalidation Quality Assurance (MARQA)

2023/2024 Review



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Impact of pandemic

During the global pandemic in 2020, all medical appraisal and revalidation activities were paused to support those working on the NHS frontline. These activities gradually returned from October 2020 with a light touch approach and a renewed focus on doctors' wellbeing. However, the MARQA review continued to be paused whilst the workforce recovered from the impact of the pandemic.

This year's review of the 2023/24 appraisal and revalidation data is the first review since; and we have taken a similar light touch approach and streamlined some of the questions previously asked. The main purpose of this year's review is to sense check where we are with appraisal and revalidation. The aim is to return to a fuller and more thorough review next year.

Key Data for 2023/2024

Key Data overview	2023/2024		2018/2019		Variance
Number of doctors with a prescribed connection	15215		13355		+12.2%
Number of doctors not eligible for an appraisal	996	6.6%	715	5%	+28.2%
Number of doctors eligible for an appraisal	14487	95.2%	12640	95%	+12.7%
Number of doctors who completed an appraisal	13293	91.8%	12068	96%	+9.2%
Number of doctors due for revalidation	2710		2811		
Number of doctors who were recommended for revalidation	2437	89.9%	2631	94%	-7.9%
Number of doctors whose revalidation was deferred*	318	11.7%	198	7%	+37.7%
Number of non-engagement notifications	1		1		0

**Deferral figures included those who were deferred more than once; 51 doctors revalidated following the deferral within 2023/24.*

The discrepancy with number of doctors eligible and not eligible for appraisal compared to number of prescribed doctors is down to data entry errors, where some boards incorrectly included the non-eligible doctors within their appraisal breakdown figures.

Given the light touch approach this year we opted not to follow up on this, instead, we will improve the forms for next year's submission to ensure this is completed correctly.

Key findings

(1) Appraisal completion rate

Overall appraisal completion rate in Scotland for all designated bodies during 2023/2024 is 92%, a drop from pre-pandemic levels; compared to 96% in 2018/2019, which itself was up 4% from 2017/2018.

Breakdown between Primary and Secondary Care across all designated bodies:

Sector	Appraisal completion
Primary Care	96.6%
Secondary Care	88.7%
Total	91.8%

(2) Revalidation recommendations

Of the 2710 doctors identified for revalidation in 2023/2024, a positive recommendation was made for 2437 (89.9%).

(3) Revalidation deferrals

The revalidation decision was deferred for 318 doctors (11.7%); with 1 doctor not recommended to renew their licence to practise.

(4) MARQA responses

Of all 52 designated bodies contacted:

- 46 responded and provided the requested information
- (8 designated bodies had no doctors with a direct prescribed connection)
- 4 of them ceased to be a designated body in Scotland
- 2 of them did not engage with the requested information

Three designated bodies had significantly lower appraisal completion rates, especially in secondary care, compared to the others. This was mainly due to late appraisal completions, and they were given additional time to complete these where possible – the figures above are inclusive of these updated numbers.

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:

<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 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:

<https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice>

For the purpose of 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 a number of 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 determine whether a doctor's "Licence" should be renewed.

Funded by Scottish Government and developed and maintained by 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. The vast majority of 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 a number of 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 was convened by 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).

Streamlined questionnaire pack

In past reviews, designated bodies were asked to confirm if the doctors identified for revalidation had been appraised in each of the past 5 years. This was removed as part of the light touch approach to the review.

In addition, previous reviews also asked designated bodies to confirm that all appraisers in their employ were trained by NES. This section of questioning was also removed as processes are firmly embedded so that all new appraisers employed by the boards attend the NES-run New Appraiser training. If the boards were to employ those already trained as an appraiser in other parts of the UK, they are invited to attend the NES Refresher Appraiser training.

Our Findings

Although we have included data from the last MARQA review in the key data overview table (page 3), please bear in mind that it has been 5 years since and it would not be appropriate to draw assumptions from any discrepancies.

Review limitations

It was agreed by the review team that the light touch approach for this first review was correct, but the panel did find it more difficult than previous reviews in terms of drilling down of information.

Revalidation rates

This year, there were 2710 doctors due for Revalidation; of whom 2437 were Revalidated (89.9%).

318 deferrals were made (11.7%) but 51 of them were subsequently revalidated. As part of the light touch approach to this year’s review, follow-up questions were not included which would explain the reason/category for the deferral. The panel will look to reintroduce this in the next review.

Appraisal completion rates: Primary and Secondary Care findings

In general, there was a higher appraisal completion rate in primary care than secondary care, continuing from a pre-pandemic trend.

At the time of the review meeting, the panel noted that three organisations in particular had significantly lower appraisal completion rates compared to others and were invited to provide

additional information for context. They were subsequently given an additional 10 weeks to conclude as many of the ongoing appraisals as they could, which has been factored into the final data tables.

The overall appraisal rates for all designated bodies are shown in full in appendix 3.1.

Conclusion and Recommendations

[1]

The panel felt strongly that we should not be lowering the standards set before the pandemic in terms of appraisal completion rates (90% threshold applied separately to primary and secondary care). The Boards that have fallen short this year will therefore have time to bring themselves back up to 90%.

[2]

It is the panel's recommendation that there is a return to a fuller review to ensure we do not lose the governance standards set prior to the pandemic. Examples of good practice should also be invited for wider sharing amongst designated bodies.

[3]

There was a recommendation in the last MARQA report from 2018-2019 relating to clinical fellows that due to the pandemic was not fully implemented. It is therefore being repeated here.

Designated Bodies should be mindful that there are an increasing number of doctors who are designated as "clinical fellows" and are employed out with recognised junior doctor training pathways. DBs should ensure that there are systems in place to identify and support these doctors and to provide them with an appraisal.

[4]

All appraisers in Scotland must undergo core training to equip them with skills to undertake appraisal. This training also ensures consistency of the appraisal process and is provided by NES. In addition to core training, 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

Appendices

Appendix 1: Panel and Observers

Name	Role/Organisation
Alison Graham (Chair)	Former Medical Director and Appraisal Lead
Sharon Baillie	Programme Manager, Healthcare Improvement Scotland
Greycy Bell	Deputy RO and Primary Care Appraisal Lead, NHS Dumfries & Galloway
William Liu	Training Manager (Medical Appraisal), NES
Kenneth Mclean	Lay member
Elizabeth Muir	Clinical Effectiveness Manager, NHS Fife
Elizabeth Tait	Professional Lead for Clinical Governance, NHS Grampian
Emma Watson	Medical Director, NES
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 2023-2024 review

NHS Scotland
<ul style="list-style-type: none">• Ayrshire & Arran• Borders• Dumfries & Galloway• Fife• Forth Valley• Grampian• Greater Glasgow & Clyde• Highland• Lanarkshire• Lothian• Orkney• Shetland• Tayside• Western Isles• NHS Education for Scotland• NHS National Services Scotland• National Waiting Times Centre• The State Hospitals Board for Scotland• Scottish Ambulance Service• NHS 24• Healthcare Improvement Scotland• Public Health Scotland

Hospices

- ACCORD Hospice
- Ardgowan Hospice
- The Ayrshire Hospice (PART OF NHS AYRSHIRE & ARRAN'S SUBMISSION)
- Bethesda Hospice
- Children's Hospices Across Scotland (Rachel House and Robin House) (PART OF NHS TAYSIDE SUBMISSION)
- Highland Hospice (PART OF NHS HIGHLAND'S SUBMISSION)
- Marie Curie Edinburgh
- Marie Curie Glasgow
- The Prince & Princess of Wales Hospice
- St Andrews Hospice (PART OF NHS LANARKSHIRE'S SUBMISSION)
- St Columba's Hospice
- St Margaret of Scotland Hospice
- St Vincent's Hospice
- Strathcarron Hospice (PART OF NHS FORTH VALLEY'S SUBMISSION)

Non-NHS Organisations

- Mental Welfare Commission for Scotland
- Scottish Government
- Assured Occupational Health Ltd
- Castle Craig Hospital
- **Seneca (formerly DHI Medical Group Scotland)**
- Elanic Ltd
- International Medical Management Ltd
- KAL-med Consulting Ltd
- **Loudon Surgical Consulting Ltd**
- NeuroClin Ltd (formerly Glasgow Memory Clinic)
- Scottish Brain Services
- TauRx Pharmaceuticals

Organisations highlighted in red did not respond to the communications sent.

Appendix 3: Data submission breakdown

Appendix 3.1: Overview of Appraisal completion rates for Primary and Secondary Care doctors across Scotland

Sector	NHS Scotland Boards		Hospices		Non-NHS Organisations		TOTAL (2023/2024)			
	<i>Prescribed Connection</i>	<i>Eligible</i>	<i>Prescribed Connection</i>	<i>Eligible</i>	<i>Prescribed Connection</i>	<i>Eligible</i>	<i>Prescribed Connection</i>	<i>Eligible</i>	<i>Appraised</i>	<i>%</i>
Primary Care	5873	5659	1	1	1	1	5875	5661	5468	96.6
Secondary Care	9246	8735	38	36	55	55	9339	8826	7825	88.7
TOTAL	15119	14132	39	37	56	56	15214	14487	13293	91.8%

Appendix 3.1.1: Primary Care Staff Groupings across Scotland

Eligible GPs (i.e. on Performers List) and Completed Appraisals	NHS Scotland Boards		Hospices		Non-NHS Organisations		TOTAL (2023/2024)		
	<i>Eligible</i>	<i>Appraised</i>	<i>Eligible</i>	<i>Appraised</i>	<i>Eligible</i>	<i>Appraised</i>	<i>Eligible</i>	<i>Appraised</i>	<i>%</i>
Principal GP	3063	3019	0	0	0	0	3063	3019	98.6
Employed GP	190	179	0	0	1	0	190	179	94.2
Retainee	44	43	0	0	0	0	44	43	97.7
Sessional (Locum)	1360	1278	1	0	0	0	1361	1278	93.9
Associate	1	1	0	0	0	0	1	1	100
Retired	8	8	0	0	0	0	8	8	100
Salaried	963	918	0	0	0	0	963	918	95.3
Other	30	22	0	0	0	0	30	22	73.3
TOTAL	5659	5468	1	0	1	0	5660	5468	96.6%

Appendix 3.1.2: Secondary Care Staff Groupings across Scotland

Eligible Doctors and Completed Appraisals	NHS Scotland Boards		Hospices		Non-NHS Organisations		TOTAL (2023/2024)		
	<i>Eligible</i>	<i>Appraised</i>	<i>Eligible</i>	<i>Appraised</i>	<i>Eligible</i>	<i>Appraised</i>	<i>Eligible</i>	<i>Appraised</i>	<i>%</i>
Consultants (including honorary contract holders)	6425	5844	11	10	10	10	6446	5864	91
Staff, Associate Specialists, and Specialty Doctors	1012	911	21	20	6	4	1039	935	90
University employed staff with a licence to practice	19	18	0	0	0	0	19	18	94.7
Secondary Care Locums (employed for 2 months or more in the 12 months up to 31 March)	543	400	0	0	0	0	543	400	73.7
Independent healthcare providers only (doctors with practising privileges who have a prescribed connection to the organisation)	5	5	3	3	7	3	15	11	73.3
Clinical Fellows	705	543	1	0	0	0	706	543	76.9
Others (doctors in leadership roles, civil service, in wholly independent practice, and doctors not directly employed)	25	23	0	0	32	31	57	54	94.7
TOTAL	8734	7744	36	33	55	48	8825	7825	88.7%

Appendix 3.1.3: Appraisal completion rates for Primary and Secondary Care Staff by Designated Body

NHS Scotland Health Boards	Eligible doctors		Completed appraisals				Total	
	PC	SC	PC	%	SC	%	PC+SC	%
Ayrshire & Arran	359	451	359	100	396	87.8	810	93.2
Borders	120	151	117	97.5	136	90.1	271	93.4
Dumfries & Galloway	136	152	136	100	118	77.6	288	88.2
Fife	319	367	313	98.1	352	95.9	686	96.9
Forth Valley	273	449	265	97.1	289	64.4	722	76.7
Grampian	544	922	540	99.3	915	99.2	1466	99.3
Gt Glasgow & Clyde	1173	2345	1173	100	1858	79.2	3518	86.2
Highland	501	395	443	88.4	357	90.4	896	89.3
Lanarkshire	523	819	478	91.4	770	94	1342	93
Lothian	1099	1618	1032	93.9	1537	95	2717	94.6
Orkney	44	28	44	100	21	75	72	90.3
Shetland	33	42	33	100	41	97.6	75	98.7
Tayside	499	709	499	100	686	96.8	1208	98.1
Western Isles	35	22	35	100	20	90.1	57	96.5
NHS Education for Scotland	1	7	1	100	7	100	8	100
NHS National Services Scotland	0	35	0	-	35	100	35	100
National Waiting Times Centre	0	161	0	-	148	91.9	161	91.9
The State Hospitals Board for Scotland	0	15	0	-	15	100	15	100
Scottish Ambulance Service	0	2	0	-	2	100	2	100
NHS 24	0	0	0	-	0	-	0	-
Healthcare Improvement Scotland	0	11	0	-	11	100	11	100
Public Health Scotland	0	33	0	-	30	90.9	33	90.9
Total	5659	8734	5468	96.6%	7744	88.7%	14393	91.8%

Hospices	Eligible doctors		Completed appraisals				Total	
	PC	SC	PC	%	SC	%	PC+SC	%
ACCORD Hospice	0	1	0	-	1	100	1	100
Ardgowan Hospice	0	2	0	-	2	100	2	100
The Ayrshire Hospice	<i>Submitted as part of NHS Ayrshire & Arran's returns</i>							
Bethesda Hospice	0	3	0	-	3	100	3	100
Children's Hospices Across Scotland (CHAS)	<i>Submitted as part of NHS Tayside's returns</i>							
Highland Hospice	<i>Submitted as part of NHS Highland's returns</i>							
Marie Curie Edinburgh	0	10	0	-	7	70	10	70
Marie Curie Glasgow	1	2	0	0	2	100	3	66.7
The Prince & Princess of Wales Hospice	0	4	0	-	4	100	4	100
St Andrews Hospice	<i>Submitted as part of NHS Lanarkshire's returns</i>							
St Columba's Hospice	0	8	0	-	8	100	8	100
St Margaret of Scotland Hospice	0	3	0	-	3	100	3	100
St Vincent's Hospice	0	3	0	-	3	100	3	100
Strathcarron Hospice	<i>Submitted as part of NHS Forth Valley's returns</i>							
TOTAL	1	36	0	0%	47	91.7%	37	89.2%

Non-NHS Organisations	Eligible doctors		Completed appraisals				Total	
	PC	SC	PC	%	SC	%	PC+SC	%
Mental Welfare Commission for Scotland	0	6	0	-	5	83.3	6	83.3
Scottish Government	0	29	0	-	27	93.1	29	93.1
Assured Occupational Health Ltd	0	1	0	-	1	100	1	100
Castle Craig Hospital	0	5	0	-	4	80	5	80
Seneca Ltd (formerly DHI Scotland)	-	-	-	-	-	-	-	-
Elanic Ltd	0	0	0	-	0	-	0	-
International Medical Management Ltd	0	3	0	-	3	100	3	100
KAL-med Consulting Ltd	1	1	0	0	0	0	2	0
Loudon Surgical Consulting Ltd	-	-	-	-	-	-	-	-
NeuroClin Ltd (formerly Glasgow Memory Clinic)	0	7	0	-	7	100	7	100
Scottish Brain Services	0	1	0	-	1	100	1	100
TauRx Pharmaceuticals	0	2	0	-	0	0	2	0
TOTAL	1	55	0	0%	48	87.3%	56	85.7%

Appendix 3.2 Overview of Doctors Identified for Revalidation across Scotland

Designated Body Type	Due Revalidation in 2023/24	Positive Recommendations	%	Deferrals	%	Non-Engagement
NHS Scotland Health Boards	2694	2421	89.9	318	11.8	1
Hospices	6	6	100	0	-	0
Non-NHS Organisations	10	10	100	0	-	0
TOTAL	2710	2437	89.9%	318	11.7%	1

Appendix 3.2.1 Breakdown of Doctors Identified for Revalidation per Designated Body

NHS Scotland Health Boards	Due Revalidation in 2023/24	Positive Recommendations	%	Deferrals	%	Non-Engagement
Ayrshire & Arran	137	132	96.4	5	3.6	0
Borders	45	39	86.7	6	13.3	0
Dumfries & Galloway	74	63	85.1	11	14.9	0
Fife	123	112	91	12	9.8	0
Forth Valley	143	138	96.5	5	3.5	0
Grampian	248	222	89.5	26	10.5	0
Gt Glasgow & Clyde	644	589	91.5	94	14.6	0
Highland	173	154	89	19	11.0	0
Lanarkshire	242	219	90.5	23	9.5	0
Lothian	573	506	88.3	67	11.7	0
Orkney	18	13	72.2	4	22.2	1
Shetland	10	10	100	0	-	0
Tayside	212	182	85.8	36	17	0
Western Isles	0	0	-	0	-	0
NHS Education for Scotland	0	0	-	0	-	0
NHS National Services Scotland	5	5	100	0	-	0
National Waiting Times Centre	33	24	72.7	9	27.3	0
The State Hospitals Board for Scotland	4	4	100	0	-	0
Scottish Ambulance Service	2	2	100	0	-	0
NHS 24	0	0	-	0	-	0
Healthcare Improvement Scotland	3	3	100	0	-	0
Public Health Scotland	5	4	80	1	20	0
Total	2694	2421	89.9	318	11.8	1

Hospices	Due Revalidation in 2023/24	Positive Recommendations	%	Deferrals	%	Non-Engagement
ACCORD Hospice	1	1	100	0	-	0
Ardgowan Hospice	0	0	-	0	-	0
The Ayrshire Hospice	<i>Submitted as part of NHS Ayrshire & Arran's returns</i>					
Bethesda Hospice	2	2	100	0	-	0
Children's Hospices Across Scotland (CHAS)	<i>Submitted as part of NHS Tayside's returns</i>					
Highland Hospice	<i>Submitted as part of NHS Highland's returns</i>					
Marie Curie Edinburgh	1	1	100	0	-	0
Marie Curie Glasgow	1	1	100	0	-	0
The Prince & Princess of Wales Hospice	0	0	-	0	-	0
St Andrews Hospice	<i>Submitted as part of NHS Lanarkshire's returns</i>					
St Columba's Hospice	1	1	100	0	-	0
St Margaret of Scotland Hospice	0	0	-	0	-	0
St Vincent's Hospice	0	0	-	0	-	0
Strathcarron Hospice	<i>Submitted as part of NHS Forth Valley's returns</i>					
Total	6	6	100%	0	-	0

Non-NHS Organisations	Due Revalidation in 2023/24	Positive Recommendations	%	Deferrals	%	Non-Engagement
Mental Welfare Commission for Scotland	0	0	-	0	-	0
Scottish Government	9	9	100			
Assured Occupational Health Ltd	0	0	-	0	-	0
Castle Craig Hospital	0	0	-	0	-	0
Seneca Ltd (formerly DHI Scotland)	-	-	-	-	-	-
Elanic Ltd	0	0	-	0	-	0
International Medical Management Ltd	0	0	-	0	-	0
KAL-med Consulting Ltd	0	0	-	0	-	0
Loudon Surgical Consulting Ltd	-	-	-	-	-	-
NeuroClin Ltd (formerly Glasgow Memory Clinic)	1	1	100	0	-	0
Scottish Brain Services	0	0	-	0	-	0
TauRx Pharmaceuticals	0	0	-	0	-	0
Total	10	10	100%	0	-	0

Appendix 3.3 Revalidation of Doctors in Training

Year	Doctors In Training	Due Revalidation	%	Revalidated	%
2023/2024	7531	621	8.3%	599	96.5%

Appendix 4: Glossary

Terminology	Description
Annual Appraisal	<p>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.</p> <p>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 considered to be 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.</p> <p>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.</p>
Clinical Fellows	<p>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.</p>
Designated Body	<p>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.</p>
General Medical Council (GMC)	<p>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.</p>
Good Medical Practice (GMP)	<p>Good Medical Practice, published by the GMC, 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:</p> <p>https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice</p>
Independent Healthcare Provider	<p>An NHS term for a healthcare services provider (a term which, as used in the UK, refers to an organisation, not an individual</p>

	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 underperformance. 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: 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: <ul style="list-style-type: none"> - met the GMC's requirements for revalidation - participated in systems and processes to support revalidation - collected the required supporting information for revalidation
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.
Scottish Online Appraisal Resource (SOAR)	The national online system used to record appraisal for trainees and doctors in primary and secondary care.

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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