APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 02

Your designated body, responsible officer and national appraisal route

Find the correct connection and appraisal route, including arrangements across employers and the four UK nations.

✓ 12 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Confirm the connection determined by the rules, keep GMC Online up to date and establish the appraisal arrangements with the relevant organisation. You cannot simply choose a convenient responsible officer.

Three next actions

- Use the GMC connection tool and confirm any uncertainty.
- Check that the connection displayed in GMC Online is current.
- Identify your local appraisal office and its approved system.

Learning objectives

- Identify and resolve a connection uncertainty.
- Distinguish national information portals from your responsible officer.
- Plan continuity when employment changes.

A connection is determined, not selected

Use the GMC connection help tool and the organisation’s appraisal team to establish the appropriate designated body. Working for more than one organisation can make the position less obvious. The amount of work alone is not a safe substitute for applying the rules. Keep the connection details in GMC Online current when employment or other relevant circumstances change.

Imagine a doctor with a substantive post and occasional agency shifts. The agency may offer appraisal services, but availability does not establish that it is the correct designated body. List the forms of employment and contracts, ask for the basis of the connection, and resolve conflicting advice with the relevant responsible officers or GMC. Do not pay for an alternative appraisal merely to avoid clarifying the connection.

If no responsible officer or suitable person is confirmed

Tell the GMC if you do not have a connection. Doctors without a responsible officer or suitable person have additional requirements, including an annual return and an appropriately arranged appraisal, and may be asked to undertake a revalidation assessment. A suitable person needs GMC approval; an informal promise by a mentor is insufficient.

The practical priority is to obtain the correct instructions before commissioning an appraisal. Ask what appraiser criteria apply, what evidence is required and which dates control your situation. Keep a record of the correspondence and follow up unanswered questions. An educational website cannot nominate a suitable person, approve an appraiser or remove the obligations associated with retaining a licence.

England and Wales: establish the local pathway

In England, begin with your designated body’s appraisal office and responsible officer; NHS England publishes professional-standards and appraisal resources, but one software product is not mandated for every doctor. In Wales, HEIW provides MARS and related revalidation information. Hospital and community doctors should use the relevant medical route, while the separate GP route is identified on the MARS site.

Before entering material, confirm that the account belongs to the appropriate organisation, that the appraisal year is correct and that you know who can see the submission. If you move into Wales, do not assume that an old portal transfers information automatically. Agree what outputs need to move, how they will be sent securely and when access to the old account will end.

Scotland and Northern Ireland: avoid importing another nation’s process

Medical Appraisal Scotland provides SOAR and dedicated SAS resources. In Northern Ireland, the Department of Health and GMC place whole-practice appraisal within the employing organisation’s wider governance arrangements. For a hospital SAS or LED post, confirm the process with the HSC trust’s medical appraisal team; a GP appraisal service should not be assumed to administer hospital doctors.

The national resource tells you where to begin, while the local team confirms practical arrangements: allocation of an appraiser, access, submission procedures and governance information. A doctor moving between nations should explicitly reconcile the previous appraisal output, current development plan and revalidation date. A change of platform does not erase the earlier professional history.

Arrange a proper handover when work changes

Before leaving an organisation, identify the records you will need lawful access to later: appraisal outputs, the development plan, relevant governance summaries and agreed follow-up actions. Ask how the previous and new responsible officers exchange information. Use approved transfer arrangements, not a personal copy of a shared clinical drive. Keep originals and their audit trails intact.

A useful handover note is an index: period covered, last appraisal date, outstanding actions, contact for governance information and the agreed destination of records. It should not become a new unofficial case database. If records are unavailable, explain the gap and document attempts to resolve it. Reconstructing evidence transparently is different from pretending that an earlier process occurred.

Escalate an administrative gap before it becomes a regulatory problem

An account-access problem, absent appraiser or unclear connection requires active follow-up. Record the request, the date, the response and the next agreed action. If the appraisal team cannot resolve it, contact the appraisal lead or responsible officer. Where the connection itself remains unclear, use the GMC route. Continue preparing the information you can lawfully assemble.

Avoid both extremes: assuming that silence means the deadline no longer applies, or escalating every software inconvenience as a formal dispute. State the practical impact and the help needed. For example: “I cannot access my previous output; please confirm the approved transfer route and whether this affects the planned meeting.” Clear requests are easier to resolve and leave a useful record of engagement.

Common mistake

Avoid this	Choosing an appraiser or portal before establishing whether the arrangement is accepted by the correct responsible officer.

Pause and reflect

If your main employment ended tomorrow, what would happen to your connection and appraisal records?

Takeaways

- Use the connection rules and confirm uncertainty.
- National systems do not replace local accountability.
- Plan record access before a move.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. An agency offers a convenient appraisal service to a doctor with a substantive post. What comes first?

A. Connect to whichever organisation offers the lowest fee.

B. Choose the service with the earliest appointment.

C. Assume that occasional agency work supersedes the substantive connection.

D. Confirm the correct connection and whether the arrangement is accepted.

2. A mentor offers to act as a suitable person. What must be checked?

A. Whether the doctor and mentor use the same appraisal software.

B. Whether the mentor has more years of experience than the doctor.

C. Whether the mentor is willing to write an annual reference.

D. Whether the GMC has approved the suitable-person arrangement.

3. A hospital doctor moves to Wales. What is the sound next step?

A. Assume the previous employer’s portal will transfer records automatically.

B. Start a fresh cycle and discard the previous development plan.

C. Confirm the appropriate MARS and local appraisal arrangements and record transfer.

D. Use GP MARS because all doctors use the same route.

4. A hospital LED in Northern Ireland finds a GP appraisal webpage. How should they proceed?

A. Ask the HSC trust appraisal team to confirm the applicable route.

B. Use Scotland’s SOAR because it supports SAS doctors.

C. Delay appraisal until the post becomes permanent.

D. Register for the GP service because it is a national webpage.

5. A doctor is leaving a post and will lose access to records. What is appropriate?

A. Keep only the last appraisal score and discard action records.

B. Agree authorised transfer and future access before leaving.

C. Assume the new employer can retrieve everything without a request.

D. Copy the full shared clinical drive to a personal account.

6. The appraisal account is inaccessible and the meeting is approaching. What should the doctor do?

A. Wait until the meeting to mention the problem.

B. Assume the deadline is suspended while the account is unavailable.

C. Create a second unofficial account with different employment details.

D. Contact the appraisal team, explain the impact and document agreed next steps.

Answers and explanations

1. D — Confirm the correct connection and whether the arrangement is accepted.

Convenience does not determine the designated body. Apply the connection rules and resolve uncertainty before commissioning an alternative arrangement.

Review the named teaching section, then explain the next step in your own words.

2. D — Whether the GMC has approved the suitable-person arrangement.

An informal mentoring relationship is not enough. The suitable-person route has GMC requirements and approval; doctors without a confirmed connection need the correct instructions.

Review the named teaching section, then explain the next step in your own words.

3. C — Confirm the appropriate MARS and local appraisal arrangements and record transfer.

National platforms and local administration need to be reconciled. The move does not erase the previous appraisal history or automatically transfer records.

Review the named teaching section, then explain the next step in your own words.

4. A — Ask the HSC trust appraisal team to confirm the applicable route.

A professional group’s appraisal service should not be assumed to cover another group. Hospital arrangements should be confirmed through the relevant organisation.

Review the named teaching section, then explain the next step in your own words.

5. B — Agree authorised transfer and future access before leaving.

Continuity needs planned, lawful access to relevant records. An index and an agreed transfer route are safer and more useful than uncontrolled copies.

Review the named teaching section, then explain the next step in your own words.

6. D — Contact the appraisal team, explain the impact and document agreed next steps.

Active, specific follow-up supports resolution and records engagement. An administrative fault does not automatically change a regulatory or local deadline.

Review the named teaching section, then explain the next step in your own words.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: connection help tool
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-db-tool

GMC: additional requirements without a connection
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-for-doctors-requirements-for-revalidation/additional-requirements-for-doctors-without-a-connection

HEIW: appraisal and revalidation in Wales
Wales · https://revalidation.heiw.wales/doctor-resources/overview-of-appraisal-and-revalidation/

HEIW: MARS Medical appraisal system
Wales · https://medical.marswales.org/

Medical Appraisal Scotland: SAS doctor resources
Scotland · https://www.appraisal.nes.scot.nhs.uk/resources/sas-doctors/

Medical Appraisal Scotland: SOAR and appraisal resources
Scotland · https://www.appraisal.nes.scot.nhs.uk/

Department of Health NI and GMC: whole-practice appraisal and governance
Northern Ireland · https://www.health-ni.gov.uk/news/joint-statement-department-health-and-general-medical-council-address-recommendation-one-independent

NHS England: medical appraiser training and support
England · https://www.england.nhs.uk/professional-standards/medical-revalidation/appraisers/app-train-sup/

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