



Academy of Medical Royal Colleges and Faculties in Scotland

EXTERNAL ADVISER SERVICE
ANNUAL REPORT 2025



Background

External Advisers have an important role to play in the consultant appointment process in Scotland, as governed by The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009.

The regulations require that a single specialty External Adviser is present on each NHS consultant appointment panel in Scotland. The External Adviser is a full panel member providing specialty knowledge and an important external perspective throughout the recruitment process.

[The National Health Service \(Appointment of Consultants\) \(Scotland\) Regulations 2009](#)

[The National Health Service \(Appointment of Consultants\) \(Scotland\) Amendment Regulations 2010](#)

The Academy of Medical Royal Colleges and Faculties in Scotland (“The Scottish Academy”) has been contracted by the Scottish Government Health and Social Care Directorate to compile and maintain a list of External Advisers (EAs) for this purpose and to run a service to assign an EA per specialty consultant interview panel across Scotland.

This report to the Scottish Academy contains information on EAs requested, panels completed and cancelled over the previous years, details of panel activity and appointments made from 2025, the EA list and recruitment process, Scottish Academy service provision, along with issues raised and recommendations for improving the current service. The proceeding Appendix contains the data referred to in the report.

Contents

Background	2
Foreword from the Chair of the Academy of Medical Royal Colleges and Faculties in Scotland.....	3
External Advisers.....	4
Conclusion.....	6
A few words about how the following data have been analysed	7
Panel requests.....	7
Panel cancellations.....	8
Job descriptions	8
Geographical spread of interviews	9
Appointments by specialty.....	10
Appendix: Data Tables.....	11



Foreword from the Chair of the Academy of Medical Royal Colleges and Faculties in Scotland

It remains a privilege to support the work of External Advisers (EAs), whose contribution is at the core of the integrity of consultant appointment processes across Scotland. Their role in providing independent, specialist input ensures that recruitment is carried out with consistency, transparency and professional oversight. I am grateful to all those who continue to take this responsibility alongside their clinical commitments.

The data for 2025 showed an increase in recruitment activity. The number of requests for External Advisers rose to 627, compared with 569 in 2024, while consultant appointments increased to 486. This increase in requests reflects sustained demand across NHS Scotland and upholds the importance of maintaining a well-resourced and flexible External Adviser service.

The capacity of the service has also strengthened over the past year. The External Adviser pool now includes 316 Active and 185 Reserve advisers, supported by the recruitment of 23 new advisers during 2025. This continued growth demonstrates both the commitment of the consultant workforce to national recruitment processes and the ongoing need to ensure sufficient capacity across specialties.

Feedback collected throughout the year continues to indicate an effective and well-regarded service. Health Boards consistently reported high levels of satisfaction with the input of External Advisers, while External Advisers themselves emphasised the quality of support provided by the service team. The feedback and the data show that EA service brings continued support and value to all those involved in consultant recruitment.

Differences in recruitment activity across specialties and geographical areas remain evident, with some health boards experiencing sustained pressure while others continue to face challenges in attracting suitable applicants. These patterns underline the complexity of workforce planning and the importance of continued partnership working across the system.

The External Adviser service remains an essential component of consultant recruitment in Scotland. I would like to thank External Advisers, Health Board colleagues, the Scottish Government, and the External Adviser coordinators for their continued professionalism, support and commitment.

Dr Chris Williams
Chair, Academy of Medical Royal Colleges and Faculties in Scotland
April 2026



External Advisers

External Advisers are invited to assist with approximately 3 consultant appointment panels per year, providing independent specialty expertise throughout the recruitment process. In 2025, there were 316 Active External Advisers and 185 Reserve External Advisers, of whom 313 supported a total of 627 panels, including 82 reserve advisers who contributed to 121 panels. To strengthen capacity and ensure coverage for requests across specialties, 23 new External Advisers were recruited during the year. Feedback from both Health Boards and External Advisers remained consistently good, with particularly strong ratings for professionalism, reliability and the quality of advice provided.

Appendix table one shows the number of active and reserve EAs in each specialty.

Feedback is requested from Health Boards and External Advisers regarding various aspects of the process both leading up to the interview and at interview stage. **Tables one, two and three** shows that the Health Boards, External Advisers and External Adviser Coordinators were all consistently rated high.

Table one. Feedback of Health Boards from External Advisers when asked:

“How would you rate the Health Board on the following:”

Average of 92.5% Positive (combined ‘Excellent’ and ‘Good’ ratings) across all categories:

	EXCELLENT	GOOD	FAIR	POOR	N/A
JOB PLAN/JOB DESCRIPTION	139	184	24	1	5
SHORTLISTING	140	153	29	9	22
JOB TRAIN	104	151	40	26	32
CHAIR OF PANEL	225	106	7	0	15
PERFORMANCE AT INTERVIEW	193	136	6	1	17
DECISION MAKING	191	139	8	0	15
OVERALL PROCESS	180	135	23	4	11

Table two. Feedback of External Advisers from Health Boards when asked:

“How would you rate the External Adviser on the following:”

Average of 99% Positive (combined ‘Excellent’ and ‘Good’ ratings) across all categories:

	EXCELLENT	GOOD	FAIR	POOR	N/A
JOB PLAN/ JOB DESCRIPTION	293	99	1	2	6
SHORTLISTING	294	98	3	2	4
JOB TRAIN	283	98	2	2	16
SUPPORT	300	90	4	0	7
ADVICE	296	91	2	0	10
RELIABILITY	299	93	3	1	3
PERFORMANCE AT INTERVIEW	275	81	1	0	35



Table three. Feedback of External Adviser Coordinators from Health Boards and External Advisers when asked:

“How would you rate the External Adviser Coordinators on the following:”

Average of 98% Positive (combined ‘Excellent’ and ‘Good’ ratings) across all categories:

	EXCELLENT	GOOD	FAIR	POOR	N/A
COMMUNICATION	548	209	5	4	11
SUPPORT	502	212	16	3	35
AVAILABILITY	502	211	2	4	30
GUIDANCE	476	136	13	2	45

Positive Feedback

Strong Support and Professionalism

- “The external advisor was incredibly supportive and through throughout the process. His guidance for the consultant interviews was clear and detailed.”
- “Excellent and very valued knowledge and input.”
- “The EA was well informed and supportive for panel and candidates been interviewed. His valuable input throughout the process was appreciated.”

Effective Communication and Coordination

- “Always get prompt and helpful responses from the Scottish Academy.”
- “Excellent communication.”
- “Friendly, efficient and helpful staff – thank you.”

Positive Panel Experience

- “The team were very helpful and welcoming.”
- “Really supportive, helpful and professional – excellent.”
- “Happy to continue to support national interviews.”

Areas for improvement

Job Train and Access to Candidate Information

- “Issues with Job Train – didn’t get notification for shortlisting.”
- “The limitation placed on candidate outlining their previous training is very restrictive.”
- “It would be preferable to have access to a detailed CV when assessing suitability.”

Communication and Planning Challenges

- “The Board had to chase for job pack approval.”
- “There were many questions on the job pack only a few days before the interview.”
- “IT issues on the day were noted by the External Adviser.”
- “There was confusion regarding diary management and responsibilities.”



Conclusion

Overall, feedback from 2025 suggests that the External Adviser service continues to operate to a high standard, with consistently strong levels of satisfaction reported by Health Boards and External Advisers. The professionalism, knowledge and collaborative approach demonstrated across the process remain key strengths of the service. Although, recurring themes relating to Job Train functionality, clarity of roles and responsibilities, and aspects of communication and operational planning highlight opportunities for further development. While these issues were not widespread, addressing them would support greater consistency and efficiency across the recruitment process. Continued engagement with stakeholders and improvement in these areas will help to ensure that the service remains efficient and effective in supporting consultant recruitment across Scotland.



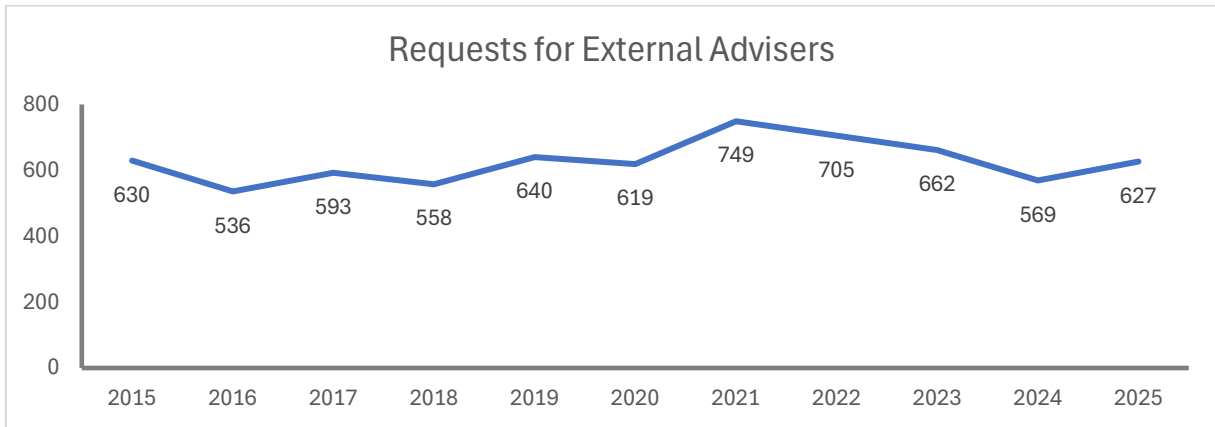
A few words about how the following data have been analysed

Requests for an External Adviser are “time stamped” when received - where a request is received in November or December and the subsequent panel is scheduled for the following year, the request for an EA is recorded under the current year and the Panel Outcome data is recorded under the following year. The number of appointments is higher than the number of panels where at least one candidate was interviewed - some panels appointing more than one candidate following interview. Supplemental table two presents the raw data for this figure. Data are presented from 2015 onwards since different reporting periods were used previously. Survey data were not received for 40 completed panels, which impacts the completeness of certain datasets, including appointments made and DCC:SPA split information. While it doesn't affect overall trends, some figures may be understated.

Panel requests

Between 2024 and 2025, the number of requests for an External Adviser increased from 569 to 627, representing an increase of 58 requests over the year. This rise indicates an increase in consultant recruitment activity across NHS Scotland.

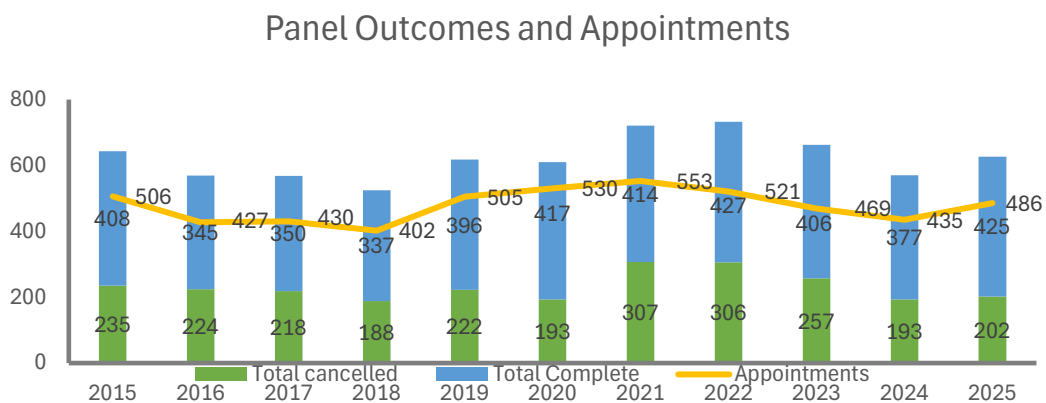
Figure one. The number of requests for an external adviser per annum.



Panel outcomes

In 2025, a total of 627 consultant appointment panels were requested, of which 425 were completed, resulting in 486 appointments. The number of appointments increased compared with 2024, when 435 appointments were made, reflecting a higher level of recruitment activity. Despite this increase in panel requests, 202 panels were cancelled, representing a modest rise compared with the previous year. This highlights the ongoing challenges within the recruitment process, although overall output in terms of completed appointments has improved.

Figure two. The outcome of panels per annum.





Panel cancellations

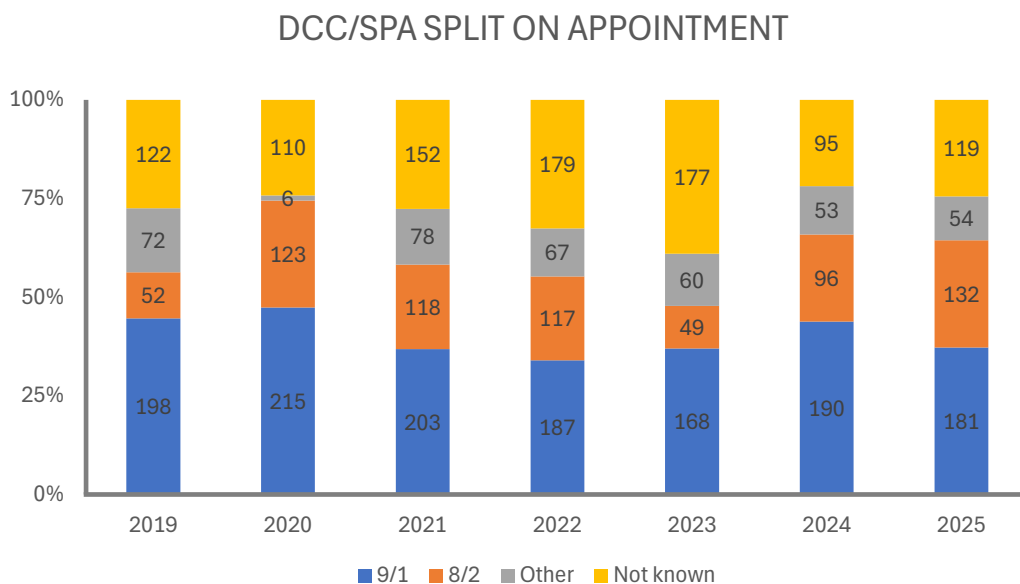
Table three. Reason for panel cancellations.

YEAR	NO APPLICANTS	NO SUITABLE CANDIDATES	CANDIDATE(S) WITHDREW	COVID-19	HB POSTPONED / REARRANGED	NO REASON GIVEN	OTHER	CANCELLED	% APPLICANT RELATED
2019	139	26	25	N/A	25	0	7	222	86%
2020	110	24	27	6	22	0	4	193	83%
2021	184	57	25	1	35	0	5	307	87%
2022	195	53	25	0	22	1	10	306	89%
2023	160	52	22	0	19	3	1	257	91%
2024	85	61	21	0	12	2	12	192	87%
2025	82	43	20	0	9	34	14	202	73%

Job descriptions

There was a continued variation in the Direct Clinical Care (DCC) to Supporting Professional Activities (SPA) split across consultant appointments in 2025. Of those appointments where the split was recorded, 119 were appointed on 9:1 basis and 132 on an 8:2 basis, with a further 54 posts recorded under other arrangements. In addition, 119 appointments did not specify a DCC:SPA split, indicating that a proportion of job planning information remains incomplete or inconsistently reported. Compared with previous years, there was an increased shift towards greater use of the 8:2 split, while the number of posts with unspecified job planning arrangement remains notable.

Figure three. The split in direct clinical care (DCC) and supporting professional activities (SPA) 2019-2025.





Geographical spread of interviews

As in previous years, recruitment activity varied considerably across Health Boards and organisations in 2025. The highest number of consultant appointment panels were recorded in NHS Lothian (122 panels) and NHS Greater Glasgow & Clyde (117 panels), reflecting the scale of recruitment activity within these larger Health Boards. In contrast, smaller Boards and national organisations, including Orkney, Shetland and National Services Scotland, recorded comparatively low numbers of panels. Cancellation rates also varied widely across regions, with some Boards reporting relatively low levels of cancellations, while others experienced higher rates. The variation may reflect differences in workforce pressures, geographical challenges and the availability of suitable applicants across regions.

Table five. The number of consultant appointment panels in each Health Board and University for 2025.

HEALTH BOARD	TOTAL	COMPLETED	APPOINTMENTS	CANCELLED	% CANCELLED
Ayrshire & Arran	25	18	22	7	32%
Borders	18	6	1	12	1200%
Dumfries & Galloway	26	17	17	9	53%
Fife	37	24	25	13	52%
Forth Valley	22	12	16	10	63%
Golden Jubilee	11	10	18	1	6%
Grampian	66	38	48	28	58%
Greater Glasgow & Clyde	117	92	120	25	21%
Highland	43	26	18	17	94%
Lanarkshire	44	34	37	10	27%
Lothian	122	81	90	41	46%
National Services Scotland	2	1	1	1	100%
NHS Health Scotland	0	0	0	0	0%
Orkney	7	2	1	5	500%
Shetland	5	3	1	2	200%
State Hospital	1	1	4	0	0%
Tayside	58	39	47	19	40%
Western Isles	4	3	4	1	25%
Public Health Scotland	6	5	3	1	33%
University of Aberdeen	0	0	0	0	0%
University of Dundee	0	0	0	0	0%
University of Edinburgh	8	8	9	0	0%
University of Glasgow	4	4	4	0	0%
Total	627	425	486	202	42%



Appointments by specialty

Recruitment activity in 2025 varied across specialties, with some areas accounting for a higher proportion of consultant appointment panels. The specialties with the greatest number of panels included General Psychiatry (61 panels), Anaesthetics (57 panels), Obstetrics & Gynaecology (30 panels) and Paediatrics (29 panels).

Cancellation rates also differed between specialties. While several specialties saw reductions in cancellation rates compared with the previous year, other experienced increases, indicating ongoing variability in recruitment outcomes. These patterns suggest that recruitment challenges remain uneven across specialties, reflecting wider workforce pressures and variation in the availability of suitably qualified applicants.

Supplemental table four shows the number of panels across each of the specialties.

This report has been circulated to:

The Academy of Medical Royal Colleges and Faculties in Scotland
The Scottish Government Health and Social Care Directorate
NHS Ayrshire & Arran
NHS Borders
NHS Dumfries & Galloway
NHS Fife
NHS Forth Valley
NHS Golden Jubilee
NHS Grampian
NHS Greater Glasgow & Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Health Scotland
NHS Orkney
NHS Shetland
NHS Tayside
NHS Western Isles
NHS 24
Public Health Scotland
Public Service Delivery Scotland
University of Aberdeen
University of Dundee
University of Edinburgh
University of Glasgow

Contact and Support:

External Adviser Coordinators

T: +44 (0)131 247 3605

E: externaladvisers@rcpe.ac.uk

W: <https://www.scottishacademy.org.uk/external-advisers>



Appendix: Data Tables

Table one. The number of active and reserve External Advisers and the ideal required.

	ACTIVE EAs	RESERVE EAs	ALL EAs	2025 REQUESTS	EAs Required
Acute Medicine	6	9	15	13	5
Anaesthetics	24	11	35	57	19
Cardiology	3	2	5	9	3
Cardiothoracic Surgery	3	0	3	2	1
Chemical Pathology	1	1	2	4	2
Child & Adolescent Psychiatry	7	2	9	18	6
Clinical Genetics	2	1	3	1	1
Clinical Oncology	4	3	7	12	4
Clinical Pharmacology & Therapeutics	1	1	2	0	0
Clinical Radiology	14	8	22	27	9
Community Child Health	3	1	4	3	1
Dental Public Health	2	1	3	0	0
Dermatology	2	4	6	5	2
Emergency Medicine	6	6	12	18	6
Endocrinology & Diabetes Mellitus	5	5	10	7	3
Forensic Psychiatry	5	4	6	8	3
Gastroenterology	8	4	12	10	4
General Medicine	10	4	14	13	5
General Psychiatry	16	13	29	61	21
General Surgery	13	7	20	23	8
Genito-Urinary Medicine	2	0	2	2	1
Medicine of the Elderly	8	7	15	28	10
Haematology	8	3	11	14	5
Histopathology	6	4	10	14	5
Immunology	2	0	2	2	2
Infectious Diseases	1	3	4	3	3
Medical Microbiology & Virology	4	1	5	11	11
Medical Oncology	4	4	8	7	7
Neurology	5	3	8	8	8
Neurosurgery	4	1	5	0	0
Nuclear Medicine	0	1	1	0	0
Obstetrics & Gynaecology	14	6	20	30	30
Occupational Medicine	2	3	5	2	2
Old Age Psychiatry	9	4	13	32	32
Ophthalmology	5	3	8	15	15
Oral & Maxillofacial Surgery	3	2	5	1	1
Oral Medicine	3	0	3	1	1
Oral Surgery	4	3	7	1	1
Orthodontics	9	2	11	3	3
Otolaryngology	6	2	8	11	11
Paediatric Cardiology	2	0	2	1	1
Paediatric Dentistry	2	1	3	3	3
Paediatric Surgery	3	1	4	2	2
Paediatrics	14	14	28	29	29
Palliative Medicine	4	3	7	10	10
Plastic Surgery	3	1	4	5	5
Psychiatry of Learning Disability	3	1	4	6	6
Psychotherapy	1	2	3	0	0
Public Health	10	1	11	15	15
Rehabilitation Medicine	3	0	3	3	3
Renal Medicine	2	2	4	8	8
Respiratory Medicine	7	3	10	12	12
Restorative Dentistry	2	3	5	2	2
Rheumatology	4	3	7	7	7
Special Care Dentistry	7	3	10	17	17
Trauma & Orthopaedic Surgery	7	5	12	15	15
Urology	6	3	9	13	13
Vascular Surgery	5	1	6	3	3
Total	319	186	502	627	209



Table two. Trend Data: Panel outcomes per annum.

YEAR	CANCELLED	COMPLETE	APPOINTMENTS	TOTAL
2015	235	408	506	643
2016	224	345	427	569
2017	218	350	430	568
2018	188	337	402	525
2019	222	396	505	618
2020	193	417	530	610
2021	307	414	553	721
2022	306	427	521	733
2023	257	406	469	663
2024	192	377	435	569
2025	202	425	486	627

Table three. Trend Data: 2015 – 2025 DCC/SPA Split on appointment

YEAR	9/1 SPLIT	8/2 SPLIT	OTHER	NOT KNOWN
2015	316	44	48	78
2016	241	64	68	48
2017	196	69	55	109
2018	178	67	70	114
2019	198	52	72	122
2020	215	123	6	110
2021	203	118	78	152
2022	187	117	67	179
2023	168	49	60	177
2024	190	96	53	95
2025	119	132	54	119



Table four. The number of consultant appointment panels convened in 2025, stratified by speciality. Percentage change from 2024 is presented for those specialties where there were at least five panels.

Specialty	Total	Completed	Appointments Made	Cancelled	% Cancelled 2025	% Cancelled 2024	% Difference
Acute Medicine	13	10	7	3	23%	29%	-6
Anaesthetics	57	45	62	10	18%	25%	-7
Cardiology	9	9	6	2	22%	0%	+22
Cardiothoracic Surgery	2	2	2	0	0%	0%	0
Chemical Pathology	4	4	7	0	0%	0%	0
Child & Adolescent Psychiatry	18	9	9	9	50%	45%	+5
Clinical Genetics	1	1	2	0	0%	40%	-40
Clinical Oncology	12	7	5	5	42%	29%	+13
Clinical Pharmacology & Therapeutics	0	0	0	0	0%	0%	0
Clinical Radiology	27	22	34	5	19%	27%	-8
Community Child Health	3	3	2	0	0%	0%	0
Dental Public Health	0	0	11	0	0%	0%	0
Dermatology	5	3	4	2	40%	50%	-10
Emergency Medicine	18	17	21	1	6%	25%	-19
Endocrinology & Diabetes Mellitus	7	2	3	5	71%	38%	+33
Forensic Psychiatry	8	3	4	5	63%	50%	+13
Gastroenterology	10	6	5	4	40%	38%	+2
General Medicine	13	6	9	7	54%	64%	-10
General Psychiatry	61	27	25	34	56%	53%	+3
General Surgery	23	14	16	9	39%	16%	+23
Genito-Urinary Medicine	2	2	2	0	0%	0%	0
Medicine of the Elderly	28	13	16	15	54%	46%	+8
Haematology	14	5	5	9	64%	55%	+9
Histopathology	14	9	9	5	36%	20%	+16
Immunology	2	1	2	1	50%	100%	-50
Infectious Diseases	3	2	2	1	33%	33%	0
Medical Microbiology & Virology	11	9	7	2	18%	38%	-20
Medical Oncology	7	6	4	1	14%	100%	-86
Neurology	8	7	6	1	13%	0%	+13
Neurosurgery	0	0	0	0	0%	0%	0
Nuclear Medicine	0	0	0	0	0%	0%	0
Obstetrics & Gynaecology	30	26	34	4	13%	23%	-10
Occupational Medicine	2	2	2	0	0%	0%	0
Old Age Psychiatry	32	14	13	18	56%	50%	+6
Ophthalmology	15	12	12	3	20%	33%	-13
Oral & Maxillofacial Surgery	1	0	0	1	100%	0%	+100
Oral Medicine	1	1	3	0	0%	0%	0
Oral Surgery	1	1	0	0	0%	0%	0
Orthodontics	3	2	1	1	33%	20%	+13
Otolaryngology	11	8	9	3	27%	40%	-13
Paediatric Cardiology	1	1	0	0	0%	0%	0
Paediatric Dentistry	3	1	1	2	67%	0%	+67
Paediatric Surgery	2	2	2	0	0%	0%	0
Paediatrics	29	27	33	2	7%	18%	-11
Palliative Medicine	10	7	6	3	30%	38%	-8
Plastic Surgery	5	4	7	1	20%	100%	-80
Psychiatry of Learning Disability	6	2	3	4	67%	33%	+34
Psychotherapy	0	0	0	0	0%	0%	0
Public Health	15	13	12	2	13%	19	-6
Rehabilitation Medicine	3	2	3	1	33%	100%	-67
Renal Medicine	8	8	11	0	0%	100%	-100
Respiratory Medicine	12	8	10	4	33%	63%	-30
Restorative Dentistry	2	1	4	1	50%	17%	+33
Rheumatology	7	3	4	4	57%	33%	+24
Special Care Dentistry	17	13	7	4	24%	23%	+1
Trauma & Orthopaedic Surgery	15	14	14	1	7%	10%	-3
Urology	13	7	6	6	46%	15%	+31
Vascular Surgery	3	2	2	1	33%	50%	-17
Grand Total	627	425	486	202	32%	29%	+3