

Appointment as a Second Opinion Appointed Doctor

Referee Guidance Notes

A medical practitioner wishing to be appointed as a Second Opinion Appointed Doctor (SOAD) must make application to RQIA's Appointment Panel.

Medical practitioners are required to meet the eligibility criteria set out in the Policy for Appointing Second Opinion Appointed Doctors.

This guidance has been prepared to support Medical Directors (or nominated Senior Medical Leaders/Responsible Officers) to provide a reference for a medical practitioner applying for SOAD status.

RQIA may be required to contact you, to clarify or verify details provided in your reference. Completion of this form will be taken as consent for RQIA to do so.

Please complete the attached form, adding any other comments you consider to be relevant and return Part11@rqia.org.uk or to the address below;

Appointment Panel Administrator
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dr Lourda Geoghegan
Appointment Panel Chair

Section of Application	Information Required
Name of the Medical Practitioner	Please state the name of the applicant
Name and address of Trust or Independent Healthcare Organisation	Please state the name of HSC trust or independent healthcare organisation (IHO) in which the applicant will be based
Position of the applicant within the Trust or independent healthcare organisation	Please state the applicant's post within your organisation e.g. Consultant CAMHS Psychiatrist.
In what capacity is the applicant known to you?	<p>Please state your professional relationship with the applicant.</p> <p>Please state clearly if you are the applicant's Medical Director, nominated Senior Medical Leader or Responsible Officer.</p>
The length of time the applicant has been known to you professionally.	Please clearly state how long you have worked professionally with the applicant.
Duration of SOAD Appointment for which application is made	<p>A SOAD will be appointed for 5 years, in line with the medical practitioner's current revalidation date, unless a shorter period of appointment is requested.</p> <p>If the date of SOAD appointment is made prior to the applicant's revalidation date, the applicant will be appointed until the date of their next medical revalidation.</p>
Please confirm date(s) of last and next medical revalidation and annual medical appraisal	Please insert the specific dates of the applicant's last and next medical revalidation as well as their most recent medical appraisal.
Please add any other comments you consider to be relevant to the application	Please include any relevant information to you feel supports the applicant's SOAD appointment.

Signing the application	<p>By signing the referee form, you are confirming that you are not a relative of the applicant nor do you have any conflict of interest in relation to the applicant.</p> <p>When signing this referee form, please print your name and date of completion – RQIA accept electronic signatures. RQIA will not accept an application with a typed signature.</p>
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