

**REVALIDATION GROUP (SARG) MEETING HELD ON  
11 A.M. IN THE LOGAN TURNER ROOM OF THE  
OFFICE OF SURGEONS, EDINBURGH**

<b>Present</b>	<b>Apologies</b>
Dr A Melville (RCPG)	Mr J Colvin (NHS Tayside)
Mr J Miller (RCPSG)	Professor P Knight (RCPSG)
Dr M McGregor (SGHD)	Dr K Lawton (RCGP)
Dr M Scott (teleconference) (RCGP)	Mr A Leckie (OHSAS)
Professor D Webb (RCPE)	Miss E Tait (RCPE)
Professor G G Youngson, Chair (RCSEd)	Miss J Todd (GMC)

**1. Introduction**

The Chairman welcomed members and asked them to introduce themselves.

**2. Apologies**

As above.

**3. Purpose and Aims**

3.1 The role of the Committee was seen as advisory and reporting to the Scottish Academy of Medical Royal Colleges and Faculties. A need was identified to focus on items that are specifically Scottish and to attempt collaborative work and where possible to provide a single source of advice to the Scottish Government Health Directorates.

3.2 Emphasis was placed on the need to avoid revision of all matters dealt with at UK level. It was felt important however, that those members who attended the UK Academy Revalidation Development Group should be able to represent the Scottish Academy view.

3.3 There was acknowledgement that the Cross Professional Fitness to Practise Group may beneficially inform discussion and conversely discussions had at SARG may be of some value to this group, but the focus of SARG at this juncture should be medical revalidation.

3.4 The existing framework for construction of the revalidation process was reviewed with the functions of the following bodies noted:

- GMC
- Academy Revalidation Development Group
- Academy/GMC Steering Group
- UK Revalidation Project Group
- 4 National Revalidation Delivery Boards

3.5 The purpose and function of the Revalidation Support Team from the Department of Health in England was noted without clear understanding of their aspirations and some concerned expressed that duplication of work may ensue.

of two groups within Scotland . the Responsible (including representation from GMC and NCAS) and a Pilot Group involving primary and secondary care. The precise form and relationships of the Scottish Revalidation Delivery Board are being established, but would interact closely with the above groups.

- 3.7 Amidst discussion of the partners institutions and agencies involved in this project, NHS Education Scotland was identified as a valuable resource particularly in relation to appraiser training.
- 3.8 The experience already had in Primary Care and within different parts of Scotland through the SCOTS Course and the NES Appraiser Programme placed Scotland potentially in a good position for interagency working in assessment training. The Committee agreed that NES could be represented in SARG membership. The Chairman to write to Mr Malcolm Wright.

**ACTION: Chairman**

**4. Highland Pilot Proposal**

This initiative is to determine the gap between what is currently available in a well resourced appraisal setting as opposed to what may be required for appraisal for the purposes of revalidation. The work being undertaken in NHS Highland will attempt to evaluate the current sources of information, how these are recorded and how they could be used for informing revalidation and being made available for both relicensing and recertification.

Discussions as to the merits of applying to the ARDG Project Group for funding were confirmed with the Project Lead, Mr Sean Kelly, taking forward a submission for financial support.

**5. Models for Recertification**

The three existing GMC options were discussed as well as the hybrid model and the value of a formative approach in recognising a need for early intervention and remediation.

The value of using an SAC based model (SACs previously contained professional, collegiate and specialty expertise) sufficient to allow certification to be recommended. Extension of this function to recertification seems a natural extrapolation of role. The strengths and disadvantages of each of the existing models were discussed, but all parties agreed that the hybrid of using Specialty Association/College expertise in a local setting might strengthen the role of the LRO, whilst at the same time avoid the conversion of College function into that of regulator. The regulatory functions of Colleges were felt nonetheless to be a responsibility that would be difficult to transfer and indeed would be undesirable to transfer to a LRO. Some discussion surrounded the sampling proposal of 20% (query per annum per 5 year) and the basis for this. A General Medical Council workshop is to be held on the 8<sup>th</sup> January in Edinburgh and the models of revalidation are to be a core part of that discussion. The presence of Primary Care and NES at that meeting was deemed as important in addition to representation of the Scottish Academy.

Jane Todd to ensure NES and Primary Care  
to Scottish Academy representation.

**ACTION: Chairman**

**6. Update on RCGP Criteria, Standards & Evidence from Individual Colleges**

The work of the Royal Colleges of Physicians was reviewed as well as the standards provided through the Forum of Surgical Colleges and Specialty Associations and the RCGP. All these papers were based on the GMC Appraisal and Assessment framework and appeared to be consistent in their approach, and yet specialty specific.

Further discussion was had on the different approaches to assessing CPD and the need for a reflective element irrespective of time spent. It was noted that a system would likely be devised that was appropriate for the requirements of each discipline.

**7. Date and time of Next Meeting**

The next meeting dates would be:

30 April 2009 RCP Edinburgh 11.00 a.m.  
28 August, 2009 RCPSG Glasgow  
27 November, 2009 RCSEd

There being no further business the meeting concluded at 12.40