



Postgraduate Medical Education and Training Board

Fees rules 2006 – answers to specific points raised

1. For Article 11 consider no increase for areas without specialty specific guidance

Response: PMETB accepted Article 11 applications on 30 September – the very first day it assumed its statutory responsibilities for this function. Specialty specific guidance for Article 11 was available from this date and is published on our website.

2. PMETB should give a 14 day response to process applications

Response: For CCT applications PMETB aims to issue decisions within 15 working days from receipt of both a fully completed application and the recommendation from the relevant College or Faculty with the applicant's training details. So far this target has been met.

3. Compensation should be paid to doctors whose certification is delayed through no fault of theirs or the RCGP

Response: We had some teething troubles in the early days after “Go live”. The problem was mainly in relation to applications which had been transferred from the old Joint Committee (JCPTGP) to PMETB for processing. However, we have worked with the RCGP to ensure that certificates are issued on time in the majority of cases. In relation to CCT applications, once all the documentation has been submitted, we are achieving a 15 working day turnaround even during the busy peak periods. Article 11 applications are being dealt with within the same time frame where the applicant has had a previous Joint Committee decision/assessment. Article 11 applications which are brand new do take longer to gather the information and seek references before a decision can be made but this situation is no different to the system previously in place at the Joint Committee. If an individual wishes to raise any issues in relation to their application they should email article11@pmetb.org.uk and we will investigate.

4. Sub-specialty training and GPs with special interests need to be addressed

Response: We agree. Our strategic plan has specifically identified these as areas which we will consider in future years, but we want to get the basics right first. This year we will be focusing on certification and QA. We have indicated that we will consider both these issues in 2007/08 but we will start this year by considering what the generic content and outcomes of training should be for all specialties.

5. There should be full Government funding for 2007/8 and during this period there should be a consultation on funding and agreement of an appropriate charge to individual doctors

Response: The Government has responded to this by offering to meet more of our 2006/07 costs than we had proposed in the consultation. However, we remain committed to achieving financial independence, albeit over a greater number of years.

6. Doctors could pay annually by direct debit agreement which would guarantee income and the certificate would not be issued if DD payments not made

To implement this, it would be necessary to address a number of practical issues: for example, the amount to be paid annually where the total fee would be determined by the amount due at the completion of training and also the additional processing costs of dealing with a larger number of transactions and any refunds for withdrawals before completion. However, we will keep this suggestion under review to determine whether this arrangement could be achieved cost-effectively.

7. Fees to equivalent bodies for other professions are invariably paid by the employer

Response: We note this view but there is little we can do directly to influence employers. This is a matter which should be picked up by the BMA as the representative body for Doctors.

8. Rises should be linked to inflation alone to demonstrate the true financial increase and linked to annual Doctors' & Dentists' review body award

Response: We note this and have indicated that once we achieve the level of fees proposed on the consultation we will consult on changes which exceed inflation plus/minus 2%.

9. Suggestion that PMETB should do less and charge less

Response: The fees are based on the budget which we believe is necessary to fund our statutory obligations. In 2005/06 a much greater proportion of our fees was met by the Departments of Health and we were only operating for half a year. The change between 2005/06 and 2006/07 is driven largely by a reduction in Department of Health funds, full year

operating costs and building the capacity to meet our full statutory obligations.

10. Trainees on the Board (applicants interests to be better represented)

Response: The selection of Board members is managed by the NHS Appointments Commission, as such we cannot control who is on the Board. We have, however, recently appointed trainee representatives for both our statutory committees and we are committed to continuing to engage with trainees, not least through the Junior Doctors Committee of the BMA and the Trainees group of the Academy of Medical Royal Colleges.

11. There should be more specific information and provision for the role of the trainer

Response: We agree. This is an area we are beginning to address in our generic standards for postgraduate education but we think we have more work to do on considering how we support the local level. We have also indicated in our strategic plan that we will consider the issue of whether to accredit trainers over the next three years.