



Postgraduate Medical Education and Training Board

Fees rules 2006

Summary of responses to consultation questions

Note. The main cover letter includes responses to the key points raised below. Where this is not the case, and a response is required, it is indicated below in italics.

Q1: Do you agree with the principles which have underpinned our proposals?

**Please indicate which you agree with and which you disagree with?
If you disagree do you have alternate suggestions?**

Summary of responses:

1. Financial independence would be welcomed if it came with political independence, but the Board is answerable to Secretary of State and not to Doctors, patients or postgraduate trainees.
2. Government funding does not pose a threat to PMETB's independence in undertaking its statutory duties
3. As PMETB maintains standards of training and PME in the NHS PMETB should charge the Government for this as a fee per Doctor assessed and certified by PMETB
4. Financial independence is too ambitious at this stage as the proposed increases are unacceptably high for trainees
5. PMETB should continue to receive central Government funding on a permanent basis. Particularly at the implementation stages, and also in future in shaping PME in response to Government reforms of the NHS
6. PMETB should make an appropriate fee for QA work to Trusts under the principle beneficiary pays. Factor in income from QA to offset certification fees
7. Set a realistic fee to charge Trusts for QA work
8. PMETB could have a council of stakeholders composed of organisation who pay an annual membership fee

The idea of a Council of stakeholders is one the Board considered as part of its recent review of governance. At this stage the Board has decided not to proceed with this approach to stakeholder engagement, preferring to involve people in specific consultations around key issues. However, the purpose of any such Council would be to seek stakeholder input into our work because it will add value to that work even if we did go down this route. We would not wish to introduce charges which would be a disincentive to participate.

9. PMETB could charge for badging and endorse its and other products

We have said that PMETB will consider alternative sources of income as we develop our main work. The idea of badging is something we could explore at that time but anything which might appear to favour one supplier over another could be problematic for an independent regulator.

10. Reasonable reserves should be accrued but when more operating information is available

11. Reserves should be established over a period of more than three years. PMETB is certain of predictable income and doesn't need large reserves

Many of the responses recognised that we would need reserves. The proposed level of reserves is cautious when compared with the volatility of income, particularly from equivalence work and our exposure to appeals. We do not have an established pattern for either of these activities. The Departments of Health have indicated that they will consider meeting liabilities which arise from successful appeals where they arise from issues which are rooted in the original legislation but this will still leave us with the cost of appeals. For this reason we need reserves if we are to be financially independent. It may be worth pointing out that other organisations maintain levels of reserves far in excess of those we propose, for example the GMC and the BMA.

12. Consider salary link for part-time or low paid doctors

This would require us to effectively means test fees. It would be cumbersome administratively, open to potential abuse and leave us having to carry higher levels of reserves as it would lead to more income uncertainty.

13. Consider incremental payment of fees with appropriate interest charges

This would involve us in additional administration and, because it would be impossible to withhold a certificate until full payment had been made, it would be difficult to guarantee continued payments. It would certainly involve us in administration chasing payments and any bad debts which arose would have to be charged back through higher fees to those who have paid.

14. There should be more emphasis on commercial initiatives to raise funds

15. In setting the correct fee for an appeal natural justice should be done to prevent frivolous appeals against clear decisions

16. The right to appeal is essential and costs should not be too high to discourage appellants

17. Good that the cost of successful appeals will be reimbursed

18. Direct representation of trainees within PMETB should be increased

We now have trainees on both statutory committees and will be involving trainees in the visiting programme. Ultimately, however, membership of the Board itself is a matter for the NHS Appointments Commission. Whilst we may be able to influence we cannot control it, however the view of the Board is that it would favour more trainees on the Board. In so far as we can influence this, we will.

Q2: Do you think the proposals are consistent with the principles?

Summary of responses:

1. Agree with principles in general and that PMETB's proposals are consistent with them
2. The six principles underpinning the proposals are well founded. Independence is a good goal and reserves should be maintained. The beneficiary should pay and to gain benefit the full scope of PMETB's activities has to be underwritten
3. The methodology for delivering the fees seems sound
4. The fee increase is to allow for no increase in 10 years and withdrawal of Government funding and should be more strongly argued
5. A reduction in fees in future would be hard to justify to previous applicants
6. Unrealistic to get alternative sources of income from NHS and other employers
7. Alternate sources of funding could be unreliable and undermine PMETB's viability
8. It is equitable that all should fund the basic cost of gaining access to the specialist register
9. It is appropriate that doctors contribute to the administrative costs of certification

Q3: Do you have comments on the fees proposals themselves?

Summary of responses:

1. Calculation of fees for certification should be based on steady state costs once these are known and when all the relevant guidelines and processes have been established
2. Fees costs should be directly attributable to the activity. A distinction needs to be made between the costs of certification which directly benefit doctors and costs of running PMETB, QA of education and other activities to the public and NHS benefit
3. Proposed level of fee is not warranted and the rise is unreasonable and will be used to generate an excess for a reserve fund
4. Current trainees paying the fee have not benefited from establishment of PMETB and have no choice in accepting certification from an organisation into which they have had no input
5. Fees to equivalent bodies for other professions are invariably paid by the employer
6. Rises should be linked to inflation alone to demonstrate the true financial increase and linked to annual Doctors' & Dentists' review body award

7. Doctors could pay annually by direct debit agreement which would guarantee income and the certificate would not be issued if DD payments not made
8. Magnitude of fees is out of proportion to the benefits to postgraduate trainees
9. Fees increase represents an unannounced tax on trainees who have not seen added value from PMETB and have no choice in paying fees for a CCT
10. Fee increases should be postponed until PMETB has at least a year of operating experience
11. Fees for A14 must not discourage doctors from applying for a CCT as this will defeat its intended purpose, which could constitute direct discrimination as it will affect a greater proportion of ethnic minority doctors
12. A11/14 very high appeal fee could be seen to discriminate: "pricing A11/14 appellants out"

As we noted in the consultation document, the proposed fees charged for Appeals do not represent full cost recovery.

Q4: Do you have comments on our proposed future approach to revising the fee structure (paragraph 11).

Summary of responses:

1. Limiting increases to inflation or less would demonstrate that PMETB was controlling costs and alternative sources of income were being utilised to minimise the financial burden on trainees
2. Costs need to be transparent
3. Costs should be based on income and reduced accordingly
4. A thorough debate needs to be given to funding sources for PMETB and the extent and proportion of contributions needs to be fully assessed
5. A phased increase over the period of implementation of the strategy would be more appropriate to the principle that the beneficiary pays
6. Specialist training takes 4-5 years so PMETB would be justified in charging the full amount by 2009/10
7. PMETB should focus on fulfilling its statutory duties before embarking on an ambitious five year strategy
8. Open negotiation should be used to decide proportional benefit to postgraduate trainees, patients and employing organisations and funding contributions attributed accordingly. Independent arbitration should be used too. Shortfalls should be met by the Government as it set PMETB up
9. Closer involvement of patients and public in PMETB's work included in 2006-10 objectives