

**EXPLANATORY MEMORANDUM TO  
THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD (FEES)  
RULES ORDER 2008**

**2008 No. 554**

1. This explanatory memorandum has been prepared by the Department of Health and is laid before Parliament by Command of Her Majesty.

## **2. Description**

2.1. This Order approves Rules made by the Postgraduate Medical Education and Training Board (“the Board”) on 15 February 2008. The Rules increase fees that are payable to the Board in respect of the exercise by the Board of certain of its functions. The functions in respect of which fees are payable include:

- issuing Certificates of Completion of Training for general practitioners and specialists who have completed a UK training programme approved by the Board, which are increased from £750 to £780;
- applications to the Board to determine whether those not holding Certificates of Completion of Training as above have met particular standards of equivalence by virtue of their specialist training, qualifications and experience, increased from £1,250 to £1,850; and
- appeals against the decisions of the Board, increased from £1,400 to £1,456 for a written appeal and from £2,100 to £2,184 for an oral appeal.

2.2. There are a number of subsidiary functions for which the Board also charges fees. Some result from European Directive changes contained in 2005/36/ EC and affect those who apply to PMETB under the General Systems Regulations. Other existing fees have been increased by the rate of inflation.

2.3 The Order revokes the Postgraduate Medical Education and Training Board (Fees) Rules 2007 (SI no 2007/565).

## **3. Matters of special interest to the Joint Committee on Statutory Instruments**

3.1 None

#### **4. Legislative Background**

4.1 This Order approves Rules made by the Board. The Rules increase the fees payable to the Board in respect of the functions for which the Board charges a fee. Two types of certification, which GPs and specialists need to apply for on completion of their training, are raised by 48% from £1,250 to £1,850. Further details are set out in “Policy Background”, below.

#### **5. Territorial Extent and Application**

5.1 This instrument applies to all of the United Kingdom.

#### **6. European Convention on Human Rights**

6.1 As the instrument is subject to negative resolution procedure, and does not amend primary legislation, no statement is required.

#### **7. Policy background**

7.1 The Postgraduate Medical Education and Training Board (“the Board”) was established in 2003 with the purpose of:

- Establishing and raising standards and quality in postgraduate medical education and training
- Providing arrangements to ensure this quality is maintained
- Improving supervision of training
- Providing managed structures and processes to ensure all interests are represented in postgraduate medical education
- Regulating specialist and general training.

7.2 The Board assumed full functions and commenced operations on 30 September 2005.

7.3 The Board has the power to set its fees “to cover the cost of providing services in the course” of carrying out its functions, and such fees must “be reasonable”.

7.4 It is the policy of the Government and of the Board that as a UK statutory authority the Board should become financially independent. For the time being, the Board’s only sources of income are from grants by the four UK Health Departments and from the charges it makes. Fees for certificates of equivalence for GPs and specialists are being increased to cover the cost of processing by the Board and the medical Royal Colleges .

7.5 The proposal to increase the fees was, as last year, the subject of a consultation process. The Board considered the responses at its meeting in January 2008. In view of the responses, which largely accepted the need for an increase in fees, the Board decided to recommend an increase. The Secretary of State accepts that position.

## **PMETB's consultation on fees - Analysis of the responses received**

7.6 30 responses were received to the 2008 consultation . This compares to about 90 responses received to the 2005 consultation, the first year of PMETB's operation.

**7.7 Support for the rationale and the increase proposed:** Although a third of respondents were opposed to the rationale and increase - including the British Medical Association (BMA), trainees and clinicians and a Local Medical Committee - there was broad support for PMETB's proposals from across the sector, for example the Chief Medical Officer for Northern Ireland, Northern Ireland Medical and Dental Training Agency (NIMDTA), Academy of Medical Royal Colleges Trainee Doctors' Group, Council of General Practice Education Directors and the Medical Women's Federation. Also supportive were five of the medical Royal College and Faculty bodies. Five Colleges preferred not to comment in view of pending contractual negotiations although it seems unlikely that they would be opposed.

**7.8 Concerns:** The BMA's main concern centred around PMETB's stated intention to become financially independent. It argued that Government support would not compromise independence. It was also concerned about the impact of future rises on doctors' salaries. The arguments for financial independence, will be covered in PMETB's public response to the consultation.

**7.9 Alternative suggestions on how these costs might be met:** Whilst there was support for the principle that the beneficiary should pay, a number of respondents, including the BMA and the Academy Trainee Group considered that the NHS was a beneficiary and that it should therefore contribute to PMETB's funding. The Board is committed to securing funding streams other than certification for separate activity and will consider the 'beneficiary-pays' principle as part of that.

**7.10 Improving processes:** Several respondents recommended that the Board should review certification and assessment processes. The Board will establish such a review.

## **Future review**

7.11 The argument was put forward that the Board must separate out costs incurred for the issuing of certificates and the costs incurred for its other work e.g. quality. The Board is committed to doing this.

## **UK Health Departments' position**

7.12 On the basis of current information, the UK Health Departments accept that the 2008/09 proposed fee increases are reasonable. The position will be subject to review before the end of 2008/09, and in the meantime, the UK Health Departments will continue an appropriate level of grant to make up any shortfall in income not covered by fee income.

7.13 The specific proposals arose from negotiations between the Board and the main 11 medical Royal College/Faculty providers. The negotiations covered the whole

working arrangements between the Royal Colleges/Joint Committees and PMETB, including;

- work on quality assurance,
- the work of colleges to develop and maintain curricula, and
- assessment frameworks which meet PMETB standards and work to support applicants through their training.

7.14 The pricing of equivalence assessments for a Certificate confirming Eligibility for Specialist Registration (CESR) or a Certificate confirming Eligibility for General Practice Registration (CEGPR) represents only a small part of these arrangements, but it is the most sensitive because Colleges have stated for some time that the previous price paid to Colleges for this work (£500 per application) was very significantly below their actual costs. As a result there have been significant delays in the process which has meant that the Board has found it difficult consistently to meet the 3 month statutory requirement to deal with applications.

7.15 In a very limited number of cases, doctors appealing to an Appeals panel against a decision by the Board that they must undertake additional training or other test of competence in order to be awarded a CESR or CEGPR, and a decision that such a requirement has not been successfully completed, may be required to pay two appeals fees (£1,456 for a written appeal, or £2,184 for an oral appeal). This to cover increasing costs to the Board of appeals. If two appeals from the same person can be heard at the same time, the Board will consider waiving one of the fees.

7.16 The intention of the increase in fees is to ensure that the Board will reach financial independence in the future and can support its main activities through its fee income. At that time the Department of Health will consider whether any further grant-in-aid is needed.

7.17 In accordance with article 25(2) of the Order, the Secretary of State has consulted the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety in Northern Ireland before approving the Order.

## **8. Impact**

8.1 The consequence of the rise is that funding from the UK Health Departments will continue for a limited period, but the application fees will represent a higher proportion of PMETB's running costs, thus reducing the burden on the public purse. The current agreed level of central support funding for PMETB's core functions in 2008/09 is about £3.5m.

8.2 A full impact assessment has not been produced for this instrument as no impact on business, charities or voluntary bodies is foreseen.

## **9. Contact**

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