

# PMETB Fees Consultation

Response by  
the Association of Surgeons in Training

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## I. Summary

- I.1 ASiT enthusiastically supports policy to improve postgraduate medical education; however, potential strategies must effect meaningful change and be cost effective.
- I.2 PMETB duplicates many functions of established organisations trainees are currently obliged to pay fees to. It remains unclear what tangible benefits the work of PMETB will create for surgical trainees, independent of CCT (or equivalent) certification.
- I.3 ASiT does not believe PMETB activity independent of CCT (or equivalent) certification should be funded *entirely* through trainee fees.
- I.4 ASiT believes the proposed disproportionate increase in fees are 'poor value for money' for current trainees and premature, given PMETB's lack of operational experience. Benefits of the work of PMETB are unlikely to be realised for a significant length of time and are unlikely to advantage current trainees.
- I.5 ASiT does not believe PMETB requires financial independence from government to be an independent standard setter for postgraduate medical education.
- I.6 The principle of 'beneficiary pays' may not be rational; pre-supposing it is, the great number of proposed beneficiaries of the work of PMETB should also pay for its funding.
- I.7 The majority of foreign-trained article 11/14 applicants will gain no benefit from certification-independent PMETB activity, yet under proposals will meet a significant proportion of the costs of this activity.
- I.8 Under current proposals, the Department of Health grant will reduce to stop in 2009/10 implying further disproportionate increases in trainee fees unless alternative sources of funding are identified.

## 2. Introduction

- 2.1 The Association of Surgeons in Training (ASiT) represents UK trainees from all surgical specialties. ASiT is the second largest specialty organisation within the Association of Surgeons of Great Britain and Ireland with over 1200 members. ASiT has representation on the councils of the Surgical Royal Colleges and the Specialist Advisory Committee, in addition to many others.
- 2.2 While ASiT welcomes the opportunity to respond to the issues raised in this consultation document, we are concerned about the financial costs of the numerous consultations PMETB are undertaking. We believe some rationalisation in the consultation exercise may be prudent.
- 2.3 ASiT supports policy that will result in substantive improvements in postgraduate medical education (PME). While a coherent strategy has long been required it remains the case that a number of bodies with a remit to improve PME still exist and are funded in part by trainees. These include the Royal Colleges, the Joint Committee for Higher Surgical Training (JCHST), the Specialist Advisory Committee (SAC), the General Medical Council (GMC) and Postgraduate Deaneries. Duplication of function is clearly inefficient yet it seems unlikely that organisations other than PMETB will lower costs to trainees.
- 2.4 It is our understanding that the breakdown of PMETB costs are:
- the administrative costs of certification (CCT or equivalent)
  - the costs of PMETB's other statutory duties

ASiT accepts that the administrative costs of certification should be met by trainees, but it is imperative that these costs are transparent. While article 11/14 application costing may be difficult, we presume CCT application costing is easily calculated. The actual administrative cost of certification must be published to allow consideration of the costs of PMETB's other statutory duties borne by the individual CCT applicant.

Objections to fees in the rest of this document refer to fees to meet the costs of PMETB's other statutory duties.

- 2.5 The three primary goals of the PMETB are given as satisfying the needs of:
- healthcare users
  - trainees
  - employers

With a large number of potential beneficiaries of the work of PMETB, ASiT firmly believes that it is inequitable for the total costs of PMETB to be met by trainees alone.

### 3. Response to specific questions

#### 3.1 Do you agree with the principles which have underpinned our proposals? (Paragraph 8) Please indicate which you agree with and which you disagree with? If you disagree do you have alternate suggestions?

##### 3.1.1 Principle 1: PMETB must achieve financial independence to be an independent standard setter for postgraduate medical education.

It is our belief that this principle is fundamentally flawed: it is not necessary for a body to achieve financial independence from central government to act independently from it. Our reasons for this belief are set out below. In summary, the function of PMETB is analogous to that of the Office for Standards in Education (Ofsted). Ofsted is funded entirely by the Department of Education and Skills, yet its independence from government is championed.

Under article 3(2) of the General and Special Medical Practice (Education and Qualifications) Order 2003, PMETB must:

*“(a) to establish standards of, and requirements relating to, postgraduate medical education and training;*

*(b) to secure the maintenance of the standards and requirements established under sub-paragraph (a)”*

Under article 7(1) of the order:

*The Board may, if it thinks fit, appoint a panel of persons (a “visiting panel”) to visit any hospital, institution, general practitioner or other person by whom, where or under whose direction or management -*

*(a) any postgraduate medical education or training leading to the award of a CCT is, or is proposed to be given;*

*(b) any sub-specialty training is, or is proposed to be given.*

Approval of courses, programmes, posts and examinations will be made as detailed in article 4(5). If pre-defined conditions are not satisfied, withdraw of approval may occur (article 4(8)).

This legislation describes a process of standard setting, inspection and regulation. This is supported by assertions on the PMETB website:

*Specific responsibilities will include:*

- *Approval of postgraduate medical education and training programmes and courses*
- *Accreditation of postgraduate education, and training institutions and trainers*
- *Quality assurance of the postgraduate medical education and training system*
- *Ensuring that assessments and examinations undertaken as part of training are reliable and fair*

An analogous UK agency currently fulfilling this role is Ofsted. The stated aims of Ofsted are to 'improve the quality and standards of education and childcare through independent inspection and regulation (Ofsted Business Plan 2005-06). These are very similar to the principle functions of PMETB. Ofsted is described as a 'non-ministerial government department responsible for regulating childcare and inspecting schools, colleges, teacher education and LEAs in England'.

*Ofsted's independence and its ability to criticise Government policy where necessary are a key factor in assessing its effectiveness as an organisation. HMCI has told us of instances where Ofsted has brought about changes in policy.*

*Article 71, The Work of Ofsted, Select Committee on Education and Skills Sixth Report, HC 426, September 2004.*

The independence of Ofsted from central government does not seem to be in question, yet the Department for Education and Skills provides the entire budget of £221 million.

The statement, therefore, that 'PMETB must achieve financial independence to be an independent standard setter for postgraduate medical education', is entirely at odds with the ethos of one of the largest organisations in the UK fulfilling a similar role.

Our interpretation of this is that financial independence is not a pre-requisite for PMETB to function effectively. Moreover, financial independence imposed by the Department of Health is a cynical way of reducing central government costs, moving these onto individuals in the healthcare profession. This is entirely unacceptable.

- 3.1.2 Principle 2: Income must enable PMETB properly to fulfil its statutory duties, in particular it must ensure not only that we set and maintain standards and ensure quality, but develop and promote postgraduate medical education.

We agree with this principle, but with only 2 months operating experience, it is clear that the costs of fulfilling the statutory duties are at this point unknown. Yet, a significant financial penalty is being levied on training doctors based on what is best-guess budgeting.

### 3.1.3 Principle 3: We should aim to achieve the principle of beneficiary pays.

Pre-supposing that this principle is correct (and this is questioned below), the explanation of this principle in the consultation document only mentions the benefits to trainees. No mention is made of the wider benefit of the work of PMETB. Citing article 3(4) of the order:

*The main objectives of the Board in exercising its functions shall be -*

- (a) to safeguard the health and well-being of persons using or needing the services of general practitioners or specialists;*
- (b) to ensure that the needs of persons undertaking postgraduate medical education and training in each of the countries of the United Kingdom are met by the standards it establishes under paragraph (2)(a) and to have proper regard to the differing considerations applying to the different groups of persons to whom this Order applies; and*
- (c) to ensure that the needs of employers and those engaging the services of general practitioners and specialists within the National Health Service are met by the standards it establishes under paragraph (2)(a).*

This establishes that the beneficiaries of the work of PMETB are:

- healthcare users (both NHS and private)
- trainees (although the suggestion of significant benefits for article 11/14 applicants is much less persuasive, see below)
- employers (NHS Trusts, private health companies)

The order makes no mention of other direct beneficiaries such as Postgraduate Deaneries and the Royal Colleges. If the principle of beneficiary pays is correct surely it is only equitable that all bodies benefiting from the work of PMETB should contribute to the costs of its running. If these contributions were made on a principle of fairness, one may propose those benefiting most should pay most. With around 25,000 operations performed in the NHS every day (The NHS Plan: A Plan for Investment. A Plan for Reform, Cp 4818 – 1, Department of Health 2000), it may be suggested that the better training of doctors and particularly surgeons, will benefit the NHS and its users a great deal, possibly even greater than the benefit to the individual trainee.

Yet, the question of whether the beneficiary should pay generates more fundamental points that need to be addressed. There are many examples of standard setting and regulatory bodies established by UK government where the primary beneficiary does not pay directly. One of these is the Financial Services Authority (FSA), an independent body set up under the Financial Services and Markets Act 2000 to 'regulate financial services in the UK, and protect the rights of retail customers'. Trainees may be regarded as consumers of education provided by, for example, Postgraduate Deaneries, NHS Trusts and Royal Colleges. In an analogous manner to the FSA, PMETB could be regarded

as a body regulating the educational services received by postgraduate doctors and protecting the educational rights of these consumers. Yet FSA funding is not paid for by the beneficiary (i.e. the consumers), but by levying the companies being regulated. If this principle was maintained, surely Postgraduate Deaneries, NHS Trusts and the Royal Colleges, i.e. those providing the service subject to standard setting and regulation, should pay?

Another example is the General Medical Council (GMC), a body that sets standards, regulates doctors, and is paid for by doctors, but where the ultimate beneficiary is the healthcare user. A similar situation is seen with Ofcom, the independent regulator of the communications industry, where funding is met by licensing broadcasting companies.

In summary, the principle of beneficiary pays is not a robust one and requires further analysis. Pre-supposing the principle is correct, the beneficiaries of the work of PMETB are numerous, and all bodies deriving benefit from the work of PMETB should contribute to the funding of PMETB.

- 3.1.4 Principle 4. The fees for certification or equivalence include our work in standard setting, maintaining standards and the development and promotion of postgraduate medical education from which all those who gain entry to the specialist or General Practice Registers benefit.

Our interpretation of this principle is that those paying for certification or equivalence:

- pay the administrative costs of certification
- pay the balance required to meet the costs of PMETB's other statutory duties

This interpretation is supported by article 24(1) of the order:

*The Board may charge reasonable fees to cover the cost of providing services in the course of the performance of any of its functions under or by virtue of this Order.*

As you point out, for this to be fair the applicant must benefit from PMETB's activities beyond that of the administrative costs of assessment and certification. We believe:

- trainee benefits that may occur will not be realised for a significant length of time
- that the majority of foreign-trained article 11/14 applicants will gain no benefit from certification-independent PMETB activity

Under your proposals, UK trainees in the latter stages of training will be required to pay £750 to obtain a CCT. It is clear that at this early stage the work PMETB will have no significant effect on the training of these individuals. These trainees, therefore, are subsidising the establishment of the board at no personal benefit. This is entirely unacceptable. Government funding or alternative sources of income should be utilised until tangible benefits are apparent on which basis trainees may be able to be charged.

It seems reasonable that article 11/14 applications will result significantly greater

administrative costs than CCT applications. However, it will be almost impossible for these individuals to have worked in UK PMETB approved posts, i.e. posts that have been approved to provide necessary training. It is very hard to see, therefore, how you can justify charging these applicants anything above the administrative cost of the processing of their application.

- 3.1.5 Principle 5. The right to appeal is an integral part of our certification work and the fee rate for appeals must be set at a level which does not make this too onerous. However, PMETB should seek an arrangement with government to meet the potential cost of liabilities arising from appeals to obviate the need for excessive reserves.

ASiT believe the cost attached to the appeal process is prohibitive for an individual doctor and will effectively ensure that few if any appeals are requested.

- 3.1.6 Principle 6. Income levels should be sufficient to ensure the financial viability of PMETB as an independent organization which will require a prudent level of reserves.

ASiT agrees with this principle

### **3.2 Do you think the proposals are consistent with the principles?**

ASiT fundamentally disagrees with five out of the six principles, therefore we believe the principles require to be re-stated, taking into account our criticisms.

### **3.3 Do you have comments on the fees proposals themselves?**

ASiT would like to see a firmer commitment from the board to identify other sources of funding. Potential sources should include re-negotiating central funding from Departments of Health and securing NHS allocations.

### **3.4 Do you have comments on our proposed future approach to revising the fee structure (paragraph 11).**

We find it difficult to reconcile the statement in paragraph 6.10:

*... The Departments of Health would be meeting 38% of our total costs but have also indicated that this level of funding will be progressively reduced in 2007/08 and 2008/09, with no guarantee of any funding in 2009/2010.*

... with the statement in Paragraph 11:

*It is our hope that we will not need to seek changes on this scale in the next 2-3 years.*

We found no budgeting provision to explain how the shortfall following the reduction in the Department of Health grant would be covered. With the grant stopping in 2009/10 we can not see how further disproportionate increases in fees will be levied unless a commitment to pursuing other sources of funding is made.