

PMETB consultation on fees – background to the proposals and analysis of the consultation responses received

1. Background to the proposed fees increase:

1.1 The majority of doctors who apply to PMETB do so for a Certificate of Completion of Training (CCT). We proposed that, from 1 April 2008, the fee for a CCT, and for appeals and reviews, should be increased in line with inflation. For doctors who apply through the equivalence routes, for a Certificate confirming Eligibility for Specialist Registration (CESR) under Article 14, or a Certificate of Eligibility for General Practice Registration (CEGPR) under Article 11, we proposed that the fees should be increased by more than inflation. This has arisen from an increased understanding, after two full years of operation, of the actual costs incurred by all those involved in the work.

1.2 The consultation was limited to the proposed increase in fees for the equivalence routes. The need to increase fees for the equivalence routes by more than inflation is the result of detailed negotiations between PMETB and the medical Royal Colleges and Faculties, who have for some time stated that the price currently paid to them for equivalence work, does not meet the true costs of that work. We have undertaken detailed work with the Colleges and Faculties to examine their costs. As a result, we have agreed in principle to a significant increase in payments to Colleges and Faculties for equivalence route applications received from 1 April 2008. In order to meet this increased cost, we therefore proposed to increase fees for the equivalence routes from £1,250 to £1,850.

2. Analysis of the 30 consultation responses received:

2.1 Support for the rationale and the increase proposed:

Although a third of respondents were opposed to the rationale and increase - including the BMA, trainees and clinicians and a local medical committee -there was broad support to PMETB's proposals from across the sector e.g. the CMO 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, Medical Women's Federation. Also supportive were five of the College and Faculty bodies. Five Colleges preferred not to comment in view of pending contractual negotiations.

2.2 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 Doctors' Group considered that the NHS was a beneficiary and that it should therefore contribute to PMETB's funding. PMETB is of course committed to securing funding streams other than certification for separate activity including its quality assurance work and will consider the 'beneficiary-pays' principle as part of that.

2.3 Continued work with the Colleges and Faculties on CESR/CEGPR:

There was general support for the continuance of the current partnership working arrangements between PMETB and the Colleges/Faculties on the basis that Colleges/Faculties have the knowledge, expertise and access to their members working within the various specialties. There was no clear support for transferring 'in-house', to PMETB, the assessment work currently undertaken by Colleges/Faculties.

2.4 Including a performance-related clause for Colleges/Faculties:

There was some support for performance-related measures linked to CESR/CEGPR assessment turn-around times by Colleges/Faculties e.g. Faculty of Public Health, NIMDTA, Northern Deanery. We noted the concerns on processing delays and as a result, have decided to move the trigger for the penalty clause forward. It will now apply to applications received by the Colleges/Faculties after 1 July 2008, not 1 September 2008 as previously stated. This is intended to help the process for applicants.

There have been calls from some respondents for penalty clause reimbursements to be passed onto applicants. This is not viable. Any reimbursed monies as a result of invoking the penalty clause, will need to be retained by PMETB in order to meet the additional costs incurred by us in dealing with the resulting administration from delayed applications.

2.5 Improving processes:

Several respondents recommended that PMETB should review certification and assessment processes. This is a good suggestion – now that we have had the experience of 1200 applications over the last two years – and we intend to undertake such a review during the next financial year. We shall be inviting Colleges/Faculties and the BMA SASG Committee to nominate representatives to work with us.

2.6 More transparency:

There were calls for more transparency on the actual costs incurred by the medical Royal Colleges and Faculties in assessing CESR and CEGPR applications. The proposed payment to Colleges/Faculties has been based on a thorough analysis of their costs which we scrutinised. These proposed payments are very much towards the lower end of the actual costs incurred based on this analysis. It therefore represents the best deal possible for the vast majority of applicants. Also, the Academy Trainee Doctors' Group has called for PMETB's accounts to be published. Accounts will indeed be published later this year as part of PMETB's annual report of activity.

2.7 Future review

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

2.8 Equality Impact

The BMA argued that application costs fall heavily on SAS grade doctors and that there is a disproportionate burden on equivalence applicants as opposed to CCT applicants. PMETB is not clear that there is evidence to support this assertion.

PMETB – February 2008