



**PMETB Fees Consultation 11th December
2007:**

**Fees relating to Article 14, Certificate of Eligibility to
the Specialist Register (CESR) and Article 11,
Certificate of Eligibility to the General Practice
Register (CEGPR).**

Contents

	Page
Executive Summary	2
1. Background to Fees Consultation.	3
2. Rationale for the proposed fee increase for CESR and CEGPR.	4
3. Proposed fee rates.	7
4. Alternative provision.	7
5. Achieving a faster turn round of decisions.	8
6. Future review.	9
7. Reviewing Other Certification Fees.	10
8. Equality Impact Assessment.	10
9. Departments of Health contribution to PMETB work.	11
10. Summary of the consultation questions.	12
11. Consultation process.	13
12. How to submit comments.	15
13. Profile of CESR and CEGPR applicants.	16

PMETB Fees Consultation: December 2007.

Article 14, Certificate of Eligibility for entry in the Specialist Register (CESR) and Article 11, Certificate of Eligibility for entry in the General Practice Register (CEGPR).

Executive Summary

This consultation document provides the rationale for the proposed changes to the fees charged by PMETB from 1 April 2008.

The majority of doctors who apply to PMETB do so for a Certificate of Completion of Training (CCT). We are proposing 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 of Eligibility for entry in the Specialist Register (CESR) under Article 14, or a Certificate of Eligibility for entry in the General Practice Register (CEGPR) under Article 11, we are proposing that the fees should be increased by more than inflation. This arises from an increased understanding, after two full years of operation, of the actual costs incurred by all those involved in the work.

This consultation is 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 1st April 2008. This explains the bulk of the proposed increase in fees.

We propose to increase fees for the equivalence routes from £1,250 to £1,850.

Those consulted are invited to respond by 30 January 2008.

1. Background to Fees Consultation

During the last two years, we have consulted on the fees to be charged from 1st April 2005 to 31st March 2006 and from 1st April 2006 to 31st March 2007. The full consultation documents can be found on our website: www.pmetb.org.uk.

The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 ("the Order") provides that PMETB may charge reasonable fees to cover the cost of providing services in the course of the performance of any of its functions.

The Order further provides that PMETB may set those fees at levels such that the fees also cover the cost of such of its overheads as are reasonably attributable to the performance of its functions under or by virtue of this Order, but the fees must not include any element of profit.

Our approach to fee setting continues to be based on the principles that have governed previous consultations. They are:

1. PMETB must achieve financial independence to be an independent standard setter for postgraduate medical education.
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.
3. We should aim to achieve the principle of *beneficiary pays*. The approach and fees charged must be fair to all categories of fee payers based on what we currently know of costs. As such, any differential in fees should be solely on additional costs that can be directly attributed to an activity. As part of this, we should aim for similar treatment of specialist medicine and general practice.
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 Register or General Practice Registers benefit.
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 deter applicants from making an application for appeal, while contributing towards the reasonable costs of PMETB.
6. Income levels should be sufficient to ensure the financial viability of PMETB as an independent organisation which will require a prudent level of reserves.

We remain committed to those principles, which met with broad

support in previous consultations.

We have previously stated that we do not intend to consult on rises in fees which are at or below the rate of inflation, plus or minus 2%. As most fee increases will be consistent with inflation, this consultation is limited to the fees for Article 11 (Certificate of Eligibility for entry in the General Practice Register, CEGPR) and Article 14 (Certificate of Eligibility for entry in the Specialist Register, CESR).

2. Rationale for the proposed fee increase for CESR and CEGPR.

In the fiscal year 2007/08, we expect to issue decisions on around 700 CESR applications (approximately 50% are successful) and around 300 CEGPR applications (over 90% are successful). Those applications represent around 20% of total PMETB certification activity – the bulk comprises CCT applications for a Certificates of Completion of Training (CCT). The majority of CCT applications are successful.

We currently undertake the first and last stages of CESR and CEGPR assessment work – ensuring that applications are complete, and considering recommendations made by Colleges and Faculties. The first stage is complex and includes corresponding with the applicant to ensure that all the information required for assessment is complete and securing references. Once completed, the application is normally passed to the relevant College or Faculty, which makes a recommendation to PMETB. The last stage is undertaken by PMETB, which reviews the recommendation, if necessary referring it to a panel of trained reviewers, before making a decision.

In the past two years, we have made decisions on well over 1,000 CESR and over 750 CEGPR applications. In our first year PMETB had problems in ensuring a satisfactory turn round for our own work in getting completed applications to Colleges, but in the last year, we have improved our processing and procedures to ensure that applications complete the first stage more rapidly. However, some Colleges have found it challenging to achieve the 7 week turn round target set by PMETB, between receiving the papers and making a recommendation. As a result, we have found it hard consistently to make decisions in 3 months across all specialties. Applications in some specialties have, regrettably, taken much longer than 3 months.

The proposed CESR and CEGPR fees follow from lengthy negotiations between PMETB and the main medical Royal Colleges and Faculties who undertake equivalence work. Colleges have stated for some time that the costs of undertaking CESR and CEGPR assessments exceed the income received from PMETB. Some Colleges and Faculties have also stated that a payment which better reflects their costs will enable them to improve their performance.

After two years of operational experience, PMETB, and the Colleges and Faculties, now have a greater understanding of the real costs of equivalence work.

For over a year, we have been working with Colleges and Faculties to understand the costs involved. We have undertaken a detailed analysis of College costs and identified that, in most cases, the bulk of the cost arises from College staff. In most cases the evaluators themselves are largely unremunerated directly and complete their work either on release from their roles in the NHS or in their own time.

Actual costs across Colleges have been found to vary widely. In all cases, however, the actual costs are much higher than the £500 currently paid by PMETB. This arises because there have been a variety of historic ways of dealing with applications and it was therefore inevitable that costs in different Colleges would differ. As part of the negotiations Colleges and faculties have accepted that is the interests of all concerned to move to a more standardised and cost effective process.

To offset College and Faculty costs in the current fiscal year (2007/08) we have agreed with the Department of Health in England that it will set aside a part of the monies allocated to PMETB, which will be paid directly to Colleges to meet some of their costs. This option will not be open to us in future years.

We also now have a more detailed understanding of our own costs. Currently, we retain £750 of the £1,250 fee. A more detailed review of actual costs, based on significant experience of the work, suggests that we need to increase this to £875 to meet our costs¹.

At an early stage in the negotiations with Colleges and Faculties, the pros and cons of a variable price for different specialties was discussed. Colleges and Faculties, and PMETB, concluded that the best option for applicants would be a uniform price. This requires a uniform price to be paid to Colleges and Faculties for their contribution.

During the negotiations, we highlighted the need to agree a price which tends towards the lower end of costs across Colleges for the benefit of applicants, with the concomitant requirement that the higher cost Colleges look to achieve efficiencies which will enable them to move towards the lower cost.

After careful review of the costs, and lengthy negotiations, agreement has been reached in principle that, subject to consultation on fees, Colleges and Faculties should be paid £975 per application.

¹ Whilst the primary driver of the proposed fee increase is the need to make higher payments to Colleges and Faculties better to meet their actual costs, please go to www.pmetb.org.uk/achievements for an overview of the work of PMETB in the last two years.

With the knowledge we now have of College and Faculty costs, we know that this rate will be challenging for most Colleges and Faculties and very challenging for some.

Q1: Do you have comments on this rationale?

Q2: Do you agree that we should seek to meet the actual costs incurred by Colleges and Faculties?

Q3: If not do you have any alternative suggestions on how these costs might be met?

3. Proposed fee rates.

On the basis of the principles outlined earlier, and in particular principle 3 (beneficiary pays) these increases in costs require us to increase the fees charged for this work. The changes to the main fees proposed in this consultation are:

	Actual fees from 1 st April 2007 to 31 st March 2008	Proposed fees from 1 st April 2008 to 31 st March 2009
CCT Application	£750	+ RPI
CESR, Article 11/ CEGPR, 14 Applications	£1,250	£1,850
Appeal – written	£1,400	+ RPI
Appeal – oral	£2,100	+ RPI

Taking into account PMETB costs the proposed fee rate for CESR and CEGPR from 1st April 2008 is £1,850. Under the contracts currently under discussion £975 of this will be paid direct to Colleges for the work they undertake.

Whilst the rationale for the proposed increases is linked to the actual costs of the work involved in the UK we have undertaken a limited review of comparative work elsewhere. It is our understanding for example that the fee for similar work in Australia is circa £2,100 and in Canada circa £2,800 for a family medicine doctor.

4. Alternative provision.

One possible option open to PMETB would be to consider alternative or in-house provision. The Board however has consistently indicated its wish to work with Colleges and Faculties in undertaking this work in order to draw on the specialist expertise within them. We are also aware that members of Colleges largely undertake this work in kind as a service to other Doctors and the wider NHS. We are very appreciative of this work on behalf of applicants. This is also part of a wider working relationship between PMETB, Colleges and Faculties covering many areas of joint interest in relation to postgraduate medical education, for example Quality Assurance, Curricula and Assessment development and support of applicants to achieve a CCT.

There are few obvious alternative suppliers with the requisite expertise but, as stated, one option would be to consider establishing an in-house provision. Whilst this would have some advantages and might achieve some economies of scale it would also bring risks and require PMETB significantly to increase the size of its operation.

Our preference therefore is to continue to work with Colleges and Faculties, subject to satisfactory performance against the standards in the contract and an agreed approach towards price which is fair to applicants and fair to Colleges and Faculties.

Q4: Do you agree with this approach towards continued work with Colleges and Faculties on CESR/CEGPR?

Q5: If not what would you propose?

Q6: What is your view on the in-house option?

5. Achieving a faster turn around of decisions.

We know from applicants that one of their main concerns is the delays in some specialties in reaching a decision once the application is complete and has been passed to Colleges to make a recommendation to PMETB.

The Board shares this concern and we have been working closely with the Colleges concerned to seek solutions to this and to address the backlog which has built up in some specialties.

We have discussed this with Colleges and agreed that, in principle, assuming the price of £975 per application is agreed, the contract between PMETB and Colleges will include a performance-related clause tied to performance against the standards in our contract with them, particularly turn around. It is proposed that this will take effect from 1st September 2008 to allow Colleges to address any current backlogs.

If Colleges/faculties fail to make a decision within the deadline required to ensure PMETB can make a decision in 3 months we propose that, subject to this consultation, the College will receive a reduced payment of £675, not £975. It is hoped that such financial incentive will improve compliance by Colleges, for the benefit of the applicant. Further, such costs will shift to PMETB to provide PMETB with the relevant additional resource required to pursue the outstanding recommendations from Colleges, meet any additional burden of administrative costs associated with pursuing and processing delays in applications, and to provide any additional resource required to address concerns of applicants in this regard.

Q7. Do you agree that we should consider including a performance-related clause within our contract with Colleges from 1st September 2008?

Q8: Is there any other action we should consider to achieve 3 months?

6. Future review.

PMETB cannot rule out further fee increases in future years, as to a significant extent, the level of CESR/CEGPR costs is driven by the volume of work, with higher volumes enabling some economies. The proposals in the consultation assume continuing volumes of 600-1,000 applications per

annum to PMETB. We will however be carrying out a review of all aspects of the CESR / CEGPR process in early 2008 to consider whether further efficiencies and enhancements to existing ways of working can be achieved. This review will also look at the fee structure for Doctors appointed to training programmes above ST1 leading to the award of a CESR or CEGPR. The review will involve a range of stakeholders, including College representation.

The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 Order, which governs PMETB, was recently amended by the European Qualifications (Health & Social Care Professions) Regulations 2007 ("the Regulations") with effect from the 3rd of December. The Regulations have inserted a route to obtaining a CEGPR, through article 11, and a route to obtaining a CESR, through article 14, for Doctors who are European nationals and recognised specialists in another member state. PMETB has not yet had the opportunity to consider in detail whether these new regulations will affect the fee charged to these applicants. Currently we are assuming the fee will be the same as that for all Article 11 and Article 14 applicants.

Certification fees make up only part of PMETB's income. We have previously consulted twice on how we should meet the costs of quality assurance work. Consultation responses have consistently stated that the service should make a contribution to the cost of its work. We have been keen to explore the most effective way in which this can be achieved, avoiding the significant transactions costs involved on all sides on formal charges for quality assurance. In parallel with these negotiations we have therefore progressed discussions with the Department of Health (England), working on behalf of the departments in Wales, England, Northern Ireland and the Scottish Government, on the future funding of its Quality Assurance work. Subject to the conclusion of these discussions we would hope to secure an income stream, tied directly to the work we undertake on behalf of the service and patients, to quality assure training.

Colleges have also asked that we commit to undertaking an annual review of their costs. As noted above we will be expecting Colleges to look to the most efficient and effective methods employed across all Colleges to achieve efficiencies. However, we will need to review actual costs. PMETB will seek if possible to ensure that any cost increases linked to payments to Colleges are maintained below or at the rate of inflation. Ideally we would look to achieve efficiencies beyond this. We will also review PMETB costs on an ongoing basis again seeking, if possible, to ensure any future increase in fees driven by these is maintained at or below the rate of inflation.

Q9: Do you have comments on how we should review fees in future years?

7. Reviewing Other Certification Fees.

We are proposing that other certification fees rise in line with inflation. They are not therefore included in this consultation.

To date, we do not have a sufficiently large evidence base relating to reviews and appeals properly to assess the costs involved. Colleges similarly have limited experience of undertaking this work on our behalf. As we both build more experience, we will continue to review the actual cost of this work and may need to consider further adjustments to these fees to reflect actual costs more accurately.

8. Equality Impact Assessment.

PMETB has considered the equality impact of these proposals.

We have monitored CCT, CESR and CEGPR applicants for the first full year of operation to the end of September 2006. The relevant data for CESR and CEGPR applicants is attached at Annex 1. Further details can be found on our website at:

http://www.pmetb.org.uk/fileadmin/user/Policy/Policy_Statements/Equality_and_Diversity_Monitoring_Data.pdf

The figures for the first year of operation based on the main groups of applications and returned monitoring forms suggest that a significant percentage of CESR applicants are Asian (British) Indian (35%) and Asian (British) Pakistani (21%). In addition, a large proportion of CESR applicants are men (82%) compared with CCT (Specialist) applicants. This is not so marked with respect to CEGPR applicants with the largest group being White British English (30%), next highest Asian (British) Indian (24%). 43% of CEGPR applicants are men. The proportion of disabled applicants in all categories is low.

Two years ago PMETB reviewed the relative costs of completing formal CCT training across different specialties including assessment and College fees. At that time the cost of training in all specialties, other than General Practice, was between £1,500 and circa £4,000, plus the cost of the CCT itself (currently £750). Whilst some of the CESR applicants may have partially undertaken formal training, some will not. For these applicants the cost of undertaking a CCT or pursuing the CESR route may not be dissimilar.

Notwithstanding any difference in profile between CCT and CESR applicants we believe these proposals to be justified based on the principles on which we base our fees and on which we have previously consulted, in particular principle 3:

- 3. We should aim to achieve the principle of beneficiary pays. The approach and fees charged must be fair to all categories of fee payers based on what we*

currently know of costs. As such, any differential in fees should be solely on additional costs which can be directly attributed to an activity. As part of this we should aim for equivalent treatment of specialist medicine and general practice.

Failure to increase charges, as we move towards financial independence, would require subsidy from another source and it is not clear what that might be.

Q10: We would welcome comments on any specific equality issues which this consultation raises and suggestions on how they might be addressed?

9. Departments of Health contribution to PMETB work.

To date the grant in aid received from the Departments of Health, combined with income from certification fees, has enabled PMETB to meet the cost of its work overall. This has included both Certification and Quality Assurance.

The departments of health and PMETB have agreed that PMETB should move to a self funded model. As noted above, PMETB is currently discussing the future funding of our quality assurance work with the Department of Health (England) on behalf of the four departments. We hope through discussions to achieve an ongoing commitment, albeit through a probable contractual arrangement, to secure a continued contribution of the service towards the work of PMETB.

Subject to agreement on this PMETB is on track to achieve financial independence during 2010.

10. Summary of the consultation questions

Rationale for the proposed fee increase for CESR and CEGPR.

Q1: Do you have comments on this rationale?

Q2: Do you agree that we should seek to meet the actual costs incurred by Colleges and Faculties?

Q3: If not do you have any alternative suggestions on how these costs might be met?

Alternative provision.

Q4: Do you agree with this approach towards continued work with Colleges and Faculties on CESR/CEGPR?

Q5: If not what would you propose?

Q6: What is your view on the in-house operation?

Achieving a faster turn round of decisions.

Q7: Do you agree that we should consider including a performance-related clause to reduce the total fee payable to Colleges by £300 from 1st September 2008?

Q8: Is there any other action we should consider to achieve 3 months?

Future review.

Q9: Do you have comments on how we should review fees in future years?

Equality Impact Assessment.

Q10: We would welcome comments on any specific equality issues which this consultation raises and suggestions on how they might be addressed?

11. Consultation process

This consultation document will be sent to:

Government bodies

Department of Health (England)
National Assembly for Wales
Northern Ireland Department of Health Social Services and Public Safety
Scottish Executive Health Department

Regulatory and other public bodies

General Medical Council
Council for Healthcare Regulatory Excellence
Healthcare Commission
International Association of Medical Regulatory Authorities
NHS Education for Scotland
Northern Ireland Medical and Dental Training Agency
Health Protection Agency
All Postgraduate Deans

Professional associations, medical defence organisations and other bodies representing medical or NHS personnel

British Medical Association
Junior Doctors Committee of the BMA
Staff and Associate Specialists Committee of the BMA
Medical Defence Union Services Ltd
Medical and Dental Defence Union of Scotland
Medical Protection Society
NHS Confederation
Medical Women's Federation

Locum Doctors' Association
Gay & Lesbian Association of Doctors and Dentists (GLADD)
National Association of Clinic Tutors
British Association of Physicians of Indian origin
Association of Surgeons in Training
British Orthopaedic Trainees Association
Plastic Surgery Trainees Association (RCS England)
Joint Committee on Surgical Training
Joint Royal Colleges of Physicians Training Board
NHS Employers
Senior Urological Registrars Group
RemedyUK

Bodies representing patients and the lay public

Action Against Medical Accidents
Age Concern
Long Term Medical Conditions Association
Patient Lay Group of the AOMRC
The Patients' Association
Institute for Ageing and Health

Royal Colleges and their Faculties

Academy of Medical Royal Colleges and its members (including Trainees group)
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Obstetricians and Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health Care
Royal College of Pathologists
Royal College of Physicians
Royal College of Physicians and Surgeons of Glasgow
Royal College of Physicians of Edinburgh
Royal College of Physicians of Ireland
Royal College of Physicians Trainees Committee
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of Edinburgh
Royal College of Surgeons of England
Royal College of Surgeons in Ireland
College of Anaesthetists, (RCSI Ireland)
College of Emergency Medicine
British Association for Emergency Medicine
Faculty of Occupational Medicine (RCP London)
Faculty of Pharmaceutical Medicine of the Royal College of Physicians UK
Faculty of Public Health (RCP London)

Other

Six doctors recently awarded equivalence by PMETB
COPMeD
COGPED
Health Foundation
Kings Fund
Nuffield Trust

Further copies are available on our website: www.pmetb.org.uk. They are also available on request from:

PMETB
Hercules House
Hercules Road
London
SE1 7DU

12. How to submit comments

Comments are invited on this consultation document. If you require further information, please contact us at the address below.

Written comments should be sent by **Wednesday 30 January 2008** (by letter or e-mail) to:

Jan Quirke
Board Secretary
PMETB
Hercules House
Hercules Road
London SE1 7DU
Jan.quirke@pmetb.org.uk

Annex 1: Profile of CESR and CEGPR applicants

CEGPR BY ETHNICITY

ETHNIC BACKGROUND	CEGPR (Article 11) Success	CEGPR (Article 11) Reject	Overall %
Black (British) African	14		6.80%
Black (British) Caribbean	1		0.49%
Chinese (British)	3		1.46%
White British English	61		29.61%
Asian (British) Indian	49		23.79%
White Irish	7		3.40%
Asian (British) Other	14		6.80%
Black (British) Other	1		0.49%
White British Other	2		0.97%
Chinese (British) Other	2		0.97%
White Irish Other	1		0.49%
Mixed Other	1		0.49%
White Other	22		10.68%
Asian (British) Pakistani	11		5.34%
White British Scottish	10		4.85%
White British Welsh	2		0.97%
Mixed White and Asian	3		1.46%
Mixed White and Black African	2		0.97%
Total	206	0	100.00 %

<i>Total CEGPR decisions issued</i>	<i>407</i>	<i>5</i>
<i>Response rate (ethnicity)</i>	<i>51%</i>	<i>0%</i>

CEGPR BY GENDER

GENDER	CEGPR (Article 11) Success	CEGPR (Article 11) Reject	Overall %
Female	117		56.80%
Male	89		43.20%
Total	206	0	100.00%

<i>Total CEGPR decisions issued</i>	<i>407</i>	<i>5</i>
<i>Response rate (gender)</i>	<i>51%</i>	<i>0%</i>

CEGPR BY DISABILITY

DISABILITY	CEGPR (Article 11) Success	CEGPR (Article 11) Reject	Overall %
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Without Disability	205		99.51%
With Disability	1		0.49%
Total	206	0	100.00%

<i>Total CEGPR decisions issued</i>	407	5
<i>Response rate (disability)</i>	51%	0%

CESR BY ETHNICITY

ETHNIC BACKGROUND	CESR (Article 14) Success	CESR (Article 14) Reject	Overall %
Black (British) African	1		1.19%
Chinese (British)	2		2.38%
White British English	7	2	10.71%
Asian (British) Indian	25	4	34.52%
White Irish	2		2.38%
Asian (British) Other	10		11.90%
White Irish Other		1	1.19%
Mixed Other		1	1.19%
White Other	6	2	9.52%
Asian (British) Pakistani	17	1	21.43%
White British Welsh	1		1.19%
Mixed White and Black African	2		2.38%
Total	73	11	100.00%

<i>Total CESR decisions issued</i>	101	43
<i>Response rate (ethnicity)</i>	72%	26%

CESR BY GENDER

GENDER	CESR (Article 14) Success	CESR (Article 14) Reject	Overall %
Female	12	3	17.86%
Male	61	8	82.14%
Total	73	11	100.00%

<i>Total CESR decisions issued</i>	101	43
<i>Response rate (gender)</i>	72%	26%

CESR BY DISABILITY

DISABILITY	CESR (Article 14) Success	CESR (Article 14) Reject	Overall %
Without Disability	70	11	97.59%
With Disability	2		2.41%
Total	72	11	100.00%

<i>Total CESR decisions issued</i>	101	43
<i>Response rate (disability)</i>	71%	26%