Presented to Parliament pursuant to section 27(3) of Statutory Instrument 2003 No. 1250, The General and Specialist Medical Practice Order 2003

Postgraduate Medical Education and Training Board (PMETB) Annual Report and Accounts 2007/08

ORDERED BY THE HOUSE OF COMMONS TO BE PRINTED 3RD MARCH 2009

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Postgraduate Medical Education and Training Board

PMETB Annual Report and Accounts

2007 – 2008

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PMETB's achievements during the reporting period

From April 2007 to March 2008, we:

i. Launched our Quality Framework (QF) following a national consultation. The QF measures postgraduate medical education and training (PMET) by assessing a range of evidence against our published standards and requirements. It also promotes and maintains improvement within the sector;

ii. Issued more than 6,000 Certificates of Completion of Training (CCTS), Certificates of Eligibility for Specialist Registration (CESRs) and Certificates of Eligibility for General Practitioner Registration (CEGPRs) allowing general practitioner and specialist doctors to be added to the GP and specialist registers;

iii. Launched the first National Survey of Trainers and the second National Survey of Trainees. Over 10,000 trainers and 34,000 trainees responded to our surveys;

iv. Formally launched our *Future Doctors* review. The goal of the review is to ensure that training and education both equips doctors with the skills and knowledge required to practice as a specialist or a GP and is sufficiently adaptable to the health service in ten to fifteen years time.

v. Held our first ever Patient Perspective event where we sought the views of patients and patient groups to inform our *Future Doctors* review;

vi. Completed the recruitment of over 350 PMETB Partners providing us with a valuable pool of knowledge and experience to assist us in our regulatory activities;

vii. Completed the approval of all specialty and sub-specialty curricula within postgraduate medical education and training; and

viii. Held our first National Stakeholders Event, which attracted over 200 attendees from across the PGME sector.

Chairman's foreword

I am delighted to be able to report positively at the conclusion of this financial year. The scope of the Board's work has been significant, varied and successful.

2007/2008 saw the highest number of Certificates of Completion of Training (CCT) applications received to date and we continue to improve our standards in providing this important service. We also issued more decisions to applicants applying through the equivalence routes to GP and specialist registration and continued to regularly review the systems and checks in place. The Board and I take our commitment to continuous improvement very seriously.

The Board has strongly supported and carefully monitored the development of PMETB's Quality Framework and we were delighted with the positive response to the consultation and must thank all of the deaneries, Colleges and Faculties and trainees who have committed their time and effort to the efficient implementation of the framework to date.

My three years of chairmanship have been eventful: the arrival of a new regulator was bound to be challenging and, in addition, the medical education and training sector has faced a period of introspection and investigation after the challenges of MMC / MTAS. However, we have remained focused on our primary purpose which is to protect the interests of doctors in specialty and GP training and the public who will rely on them once their training is complete. As someone who continues to practice medicine "at the coal face", I have no hesitation in saying that I am proud of what the Board and staff have achieved in a very short period of time. These achievements are detailed elsewhere in this report, but I would like particularly to draw attention to curricula being in place for all 57 specialties, major progress in ensuring that postgraduate assessments are fit for purpose and the very successful trainee and trainer surveys, information from which will be a very important tool for continued progress in the quality of postgraduate education and training. In all this work we have had enormous support from the medical Royal Colleges, specialist associations, postgraduate deans and doctors in training. To all who have made this progress possible I offer my heartfelt thanks.

My term as Chairman of the Board comes to an end in October 2008. I would like to thank everybody with whom I have worked, both Board members and staff, during my three year tenure. I will be succeeded by Professor Stuart Macpherson and I will leave knowing that the Board is in the hands of an experienced and highly respected figure in postgraduate medical education.

Professor Peter Rubin.

Chief Executive's overview

2007-2008 has been the busiest year to date in all areas of our work. It has also been a year in which the spotlight has been turned upon medical education and training and this has inevitably had an impact upon our work as the regulators of postgraduate medical education and training (PMET).

We initiated our *Future Doctors* review at the beginning of 2007 and I was impressed by the high levels of interest and enthusiasm that the review generated amongst our peers within the health sector whilst we were previewing the project. As chief executive, I would like to thank all of the organisations and individuals who have contributed to the review's work so far. I attended the *Patient Perspective* event that we held in January 2008 and I was struck by the energy and passion of both the attendees and our guest speakers. The review has struck a real chord with many people within healthcare and the results produced by the working groups and the review team at PMETB to date show that there is enormous appetite and potential for making a change for the better.

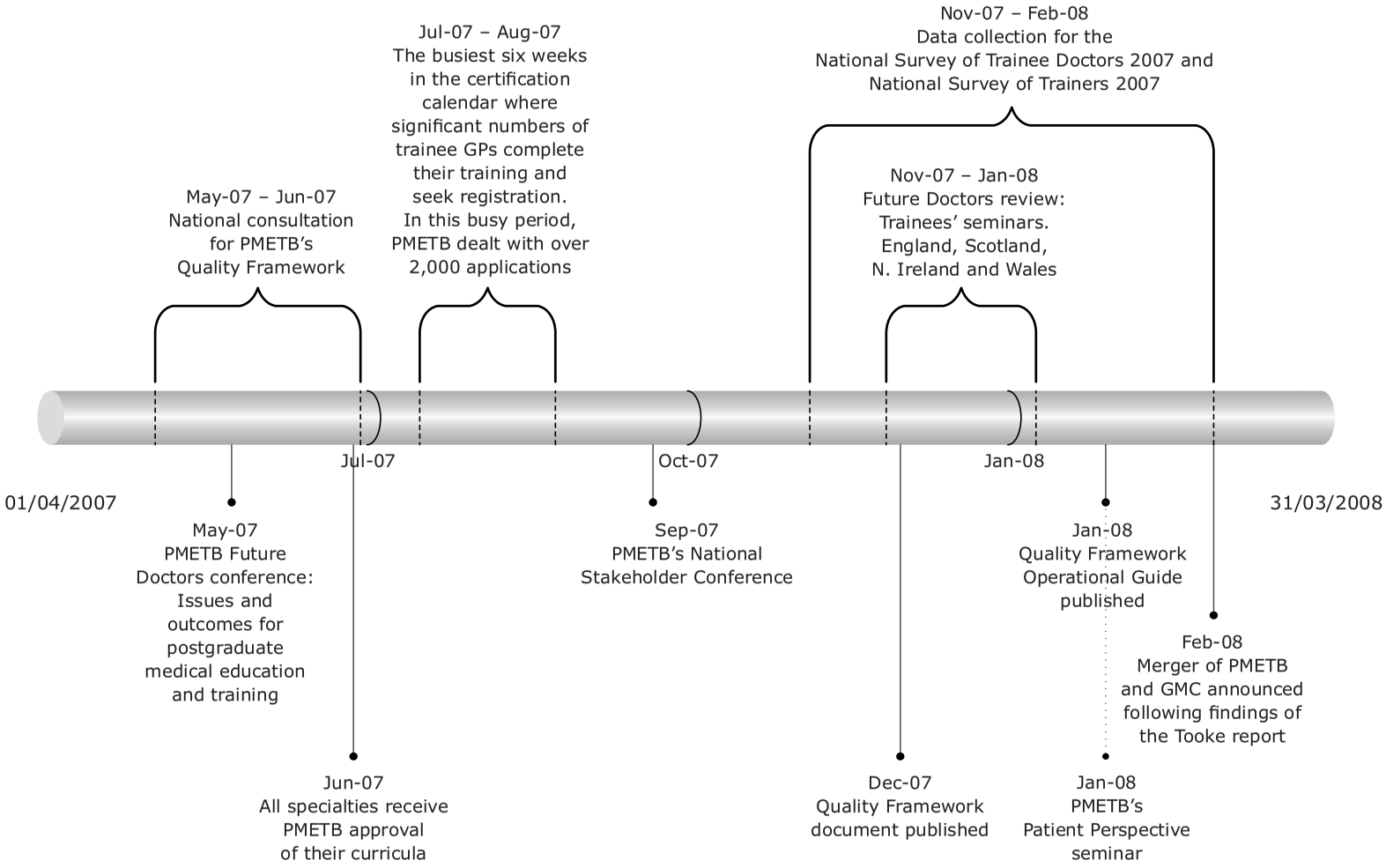
We continue to make excellent progress on the implementation of our Quality Framework. The consultation was well received and it proved to be the big draw at our National Stakeholders conference in September 2007. As well as achieving impressive response rates to our National Survey of Trainees, we also launched the first National Survey of Trainers. Together with our visits programme and our approval activities, we have introduced an approach to quality that is not only compliant with our obligations under the regulatory concordats, but is also able to give us an accurate picture of what is going on within PGME in the UK.

My team has devoted a great deal of effort to the improvement of our legislative foundations. As well as amending our fee structure, we have also worked closely with the colleges to develop contracts which cement the obligations of both parties in relation to our certification and quality work. I would like to personally thank everyone involved in this work.

The year 2007/08 also has historical significance for medical education and training in the UK in general. In February 2008, the Secretary of State announced that Sir John Tooke's recommendation to merge PMETB and the GMC to create a single medical education and training regulator had been accepted, and that this was to take place no sooner than 2010. Whilst the benefits of a single regulator are undeniable, I must confess to feeling a certain amount of personal disappointment given everything that the organisation has achieved, often in challenging circumstances. However, it is clear that a single regulator approach will benefit both trainees and patients and ultimately this is our raison d'être here at PMETB. We have already started to work closely with the GMC to implement a smooth transition until the merger is concluded in 2010. Readers of this report can rest assured that we will remain relentless in the pursuit of our agenda of regulatory monitoring and improvement.

Paul Streets OBE.

Timeline of PMETB's Achievements for the reporting period



Certification: maintaining the standards of applications to the specialist and GP registers

Doctors are legally required to be on either the GP or specialist registers if they want to practice as a GP or as a substantive consultant in the NHS. At PMETB we have the responsibility of processing applications for entry to these registers from all trainee doctors. We refer to these as our certification processes. This section summarises our achievements in certification during the financial year 2007 – 2008 and provides an overview of some of the projects that the directorate has been working on throughout the reporting period.

There are three main routes to the specialist and GP registers which PMETB administers. Firstly, where a trainee has followed an education and training programme that has been approved by PMETB, that doctor would apply for either a Certificate of Completion of Training (CCT) or a General Practitioner Certificate of Completion of Training (GPCCT). We need to ensure that we can track which programmes and curricula CCT trainees are following, so that their applications can be determined against the correct standards and requirements. Where doctors have not followed a complete PMETB-approved programme, then they can apply to be assessed for a Certificate confirming Eligibility for Specialist Registration (CESR) or a Certificate confirming Eligibility for General Practice Registration (CEGPR).

CESR and CEGPR assessments look at the evidence an applicant has provided on their training, qualifications and experience which may be in the UK and/or overseas. Applicants are then assessed for equivalence to the award of a CCT in their specialty. There are other CESR routes for doctors who have trained overseas in specialties in which the UK does not award a CCT and also a route for doctors purely in academic and research medicine. PMETB also awards sub-specialty training certificates which can be included on the specialist register and other forms of certification for doctors who wish to undertake some training or have their UK qualifications recognised in other EU member states.

Achievements during the reporting period

In total we issued 6,681 decisions during the reporting period, of which:

- 3,043 were CCTs;
- 1,954 were GPCCTs;
- 333 were sub-specialty certificates; and
- 911 were decisions relating to CESR applications.

Of the 911 CESR applications, we approved 402 applications and rejected 509 applications.

Where an application was rejected we gave detailed reasons for rejection with recommendation for further training and evidence. We also:

- Made decisions on 346 CEGPR applications, 337 of which were approved and only nine were rejections;
- Issued 91 review decisions;
- Issued three GP acquired rights certificates;
- Submitted 1,194 CESR applications to the Colleges/Faculties for evaluation.

On average, 557 decisions were made every month.

Managing applications during our peak periods

Every summer we receive between 1,500 and 2,000 applications from GP specialty trainees who are due to complete their training in the last week of July and first week of August. Unlike other specialty applicants which are, generally speaking, more evenly spread throughout the year, most GP trainees complete their training at the same time. This presents us with the challenge of having to manage the processing of almost half of all CCT applications that we ordinarily receive in a year, in the space of six weeks.

Each party involved in the CCT process has an important role to play. Trainees are encouraged to check that they are registered with their Royal College. We also ask trainees to submit their applications to us as soon as is reasonably possible and to ensure that their forms are fully completed and have all relevant evidence enclosed. We work particularly closely with the Royal College of General Practitioners as they have responsibility for advising us as to which of their trainees are due to complete their training during this peak period. The Royal College also provides us with trainees' details to confirm that the trainees have indeed successfully completed their CCT programme including any College examinations that form part of the assessment system.

Continuous improvement of our certification processes

We continuously evaluate our certification processes to ensure that we deliver the level of service that trainees, Royal Colleges and Faculties and patients require and expect. To this end, we have met with the British Medical Association General Practitioner Committee (BMA GPC) and Junior Doctors Committee (JDC) to discuss ways to improve the certification process and associated guidance.

In addition, our certification team participated in a series of negotiations with the medical Royal Colleges and Faculties which led to the introduction on 1 April 2008 of the contractual documents which stipulated the working arrangements between PMETB and each of the 17 Colleges and Faculties. This was an important

milestone in our programme of continuous improvement as the contracts clearly set out the responsibilities of PMETB and the Colleges and Faculties in the certification process and set service standards for the processing of CCT, CESR and CEGPR applications.

PMETB certification panels

During the year PMETB started the process of recruiting and training 370 partners (specialists, trainees and lay) many of whom have sat on certification panels. The purpose of the certification panels is to examine and make recommendations on applications submitted to PMETB for entry to the GMC's specialist or GP registers. They bring in external expertise and help PMETB monitor the quality and robustness of its contracts and decision making processes across all areas of certification. For each application considered, the panel recommends whether to approve or reject an application. Where an application is rejected, the panel will recommend additional training that the applicant may wish to consider before reapplying.

Panels are typically convened on a monthly basis and consider on average, six to eight cases per session. The panels comprise a minimum of three trained PMETB partners (one of whom must be lay) and are chaired by a trained Board member. They can be a specialist in the same specialty as the application being considered but must not be a College assessor in the same specialty for such cases. If there is no specialist on the panel in the specialty of the application, the panel will call on designated expert advice in that specialty where needed.

The certification panels are an important part of the certification process, providing an external expert assessment and opinion on the skills and knowledge of applicants.

European directives

In December 2007 legislation was amended to enact a new European directive which extended the mutual recognition arrangements for medical qualifications which exist between European member states. Amendments to our rules and procedures have been made to reflect these changes. Each year PMETB receives a number of enquiries from doctors wishing to obtain specialist recognition in other European member states or have their European training and expertise recognised in the UK. This work comprises an important element of PMETB's statutory functions as the UK competent authority for these purposes.

Quality: securing and maintaining standards in postgraduate medical education

The Quality directorate is responsible for securing and maintaining standards, and improving the quality of postgraduate medical education and training in the UK. The directorate does this by approving all training and testing processes and outcomes through surveys and visits. It also approves all curricula and associated assessment systems, posts (such as Academic Clinical Fellowships), all programmes and GP trainers.

Design, development and implementation of PMETB's Quality Framework

Prior to 2007, an interim set of Quality Assurance (QA) activities were in place following previous agreement of these between PMETB and the Royal Colleges and Faculties. However, our Board recognised that whilst the previous QA activity had been useful and important, a more robust framework was required to recognise fully the key roles of the Royal Colleges/Faculties and specialty associations, as well as the deaneries. So, in May 2007 we launched a national consultation on a new approach to Quality Assurance that concluded at the end of July.

Through consultation, PMETB and its stakeholders agreed that there needed to be a single overarching Quality Framework (QF). The QF links all of PMETB's activities when approving postgraduate medical education and training. The QF integrates a number of QA processes through which approval information would be obtained from deaneries, colleges and faculties, and local education providers (LEPs). The QF has quality improvement as well as quality assurance as a key focus.

The aim of the QF is, firstly, to measure postgraduate medical education and training using a range of evidence against our published standards and requirements, and then to promote and maintain improvement. The QF has been designed to:

- Provide public and professional reassurance about the standards and quality of postgraduate medical education in the UK, through a robust, rigorous set of processes;
- Reflect fully the principles of good regulation, demonstrate value for money and be fit for purpose;
- Enable improvement and enhancement of the quality of postgraduate medical education; and
- Ensure specialty focus is maintained at local and national level by working with the Academy of Medical Royal Colleges (AoMRC), Colleges, Faculties and postgraduate deaneries.

In December 2007 we published the definitive QF document which provided an overview of the QF and this was supplemented by the launch of the QF Operational Guide in January 2008. Together these two documents provide detailed coverage of how the QF functions and what the role of each stakeholder group is, within it. These important publications are the culmination of our work with a wide variety of stakeholders in the postgraduate and medical education (PGME) sector and represent a significant step forward for PMETB as the regulator.

Standards for trainers

We consulted and approved a set of standards for all trainers which was a major development in ensuring all trainees had an appropriately prepared supervisor and assessor. The four standards formed part of the generic standards for training (domain 6) and all deaneries and local education providers are required to be fully compliant with the standards by January 2010. Although general practice has had the benefit of the requirements for GP trainers being embedded in statute, all the other specialties have not previously had formal regulatory requirements. Both trainers and trainees have welcomed these standards and considerable work is in progress to ensure that these standards are met across the UK.

Approval of curricula and assessment systems

One of our roles is to ensure that College and Faculty postgraduate training curricula meet our standards and that there is consistency in standards across medical specialties in the UK. Consistent standards in curricula are important, as this helps to ensure that doctors are trained and equipped with the necessary skills, knowledge and behaviours to perform effectively in a constantly changing health service. We approve all specialty training curricula (57 in total) which lead to CCTs and are also responsible for all subspecialty curricula (33 in total).

By June 2007 all specialties had received PMETB approval of their curricula. We established Assessment Approval Panels which were introduced to ensure that the planned assessments were blueprinted against the approved curricula and met Principles 1, 2 and 5 of the PMETB *Principles for an assessment system*. By the end of the reporting period, all specialties had finalised and approved assessment systems in place which were published on our website. We also established a clear protocol which Royal Colleges and Faculties could follow, to notify us when they made amendments to their curricula and the assessment systems.

Colleges and Faculties will demonstrate the remaining principles by 2010.

Approval of programmes, GP trainers and posts

We are the sole competent authority responsible for the approval of all posts, courses and programmes that directly contribute to the award of a CCT. Trainee doctors who wish to receive a CCT at completion of their training must follow an approved curriculum in training programmes and posts that we have approved.

Using our *Generic standards for training*, we assess each application and grant either conditional or unconditional approval, taking into account the views of the relevant deanery and College or Faculty.

In 2007/08 we received 1,141 post and programme applications, 942 of which were processed and approved. Each application dealt with a particular specialty and the training programme/s for that specialty in the deanery.

A significant body of work is involved in approving training that occurs outside the UK, particularly outside of the EEA. Whenever trainees wish to take up an opportunity to train or undertake research outside of their approved programme, PMETB approves all such posts on an individual basis. This work ensures that trainees can access world class experience including research that can inform their work and so patient care.

We also approve all Academic Clinical Fellowships and Clinical Lectureships across the UK.

National Surveys of Trainee Doctors and Trainers

Our national surveys provide us with a key source of evidence for ongoing quality assurance in postgraduate medical education and training (PMET). Through the surveys we are able to build up a UK-wide picture of training provision as perceived by trainees themselves which we then use as key source of evidence to inform our Quality Framework activities (see above).

It was important for us to maintain the momentum of the National Survey of Trainee Doctors following the success of the inaugural 2006 survey. We therefore made revisions to the trainee survey based on the lessons learnt from the original trainee doctors survey from 2006. Revisions included the addition of a number of specialty specific questions developed by the Colleges and Faculties in conjunction with PMETB.

In addition to improvements to the trainee survey, PMETB's Training Committee agreed that it was an appropriate time to develop a trainers survey that would be used as an evidence source to monitor compliance with PMETB's *Standards for trainers*. A trainers survey working group was established, made up of a cross-section of representatives from the sector including those from deaneries, Royal Colleges and Faculties, NHS employers and the National Association of Clinical Tutors (NACT-UK), and the working group advised the training committee throughout the development of the trainers survey. The group met for the first

time in June 2007 and the scope of their work included: identification of the population to be surveyed; design and development of the survey's items; and ensuring that the survey items mapped to PMETB's *Standards for trainers*.

The fieldwork for both the trainee doctors and trainer surveys commenced in November 2007 and concluded on 25 February 2008. Over 34,000 trainees and 10,000 trainers responded to the surveys.

In order to improve the dissemination of the survey results, we introduced an online reporting tool. Here the results of both surveys can be seen in full (e.g. for a particular hospital or deanery). The online reporting tool can be accessed via our website at: www.pmetb.org.uk/pmetbsurveys.

Visits to deaneries

The main objectives of our deanery-wide cross-specialty visits are to ensure that our training standards are being met and to enable us to approve training programmes in a range of different specialties within a deanery. Visits also have a number of other purposes:

- To identify good practice in training and the deanery;
- To enthuse the training establishment in the deanery to improve and help to identify and address poor performance;
- To function as a peer review of the dean and his/her senior team;
- To report on the state of the deanery's quality management of the specialties being visited; and
- To assist cross-fertilisation of ideas across specialties and deaneries.

We completed the first cycle of deanery visits to all UK deaneries in October 2007.

All PMETB final approval letters, supported by the visit reports are available on our website at: http://www.pmetb.org.uk/index.php?id=visits.

As part of the Quality Framework, PMETB has a new form of visit to deaneries. Each deanery will have a planned PMETB visit over the next three years. Details of the processes and outcomes are available in the QF Operational Guide.

Responses to concerns including triggered visits

Triggered visits are arranged by PMETB in partnership with a medical Royal College or deanery and fall outside the planned PMETB and deanery visiting programme. They are undertaken where there may be possible serious educational failures requiring urgent investigation and where concerns cannot be satisfied in any other way.

During the reporting period we arranged two triggered visits.

We received two responses to concerns raised by trainee groups. In both cases, the deanery responded actively and positively and we will ensure progress is continuing to be made through monitoring of the annual reports from these deaneries.

Quality Assurance Foundation Programme visits

Over the past two years we have been working with the General Medical Council (GMC) to develop an effective method for quality assuring the Foundation Programme. The Quality Assurance Foundation Programme (QAFP) visits measure whether or not the outcomes and standards are being met at foundation training level and they also test the methods of quality management of this period of training.

The six visit pilot programme began in February 2006 and concluded in December 2007. During the reporting period, the GMC-PMETB visit team conducted three of the pilot QAFP visits. Since the conclusion of the pilot programme, PMETB and GMC have agreed further QAFP visits, two in 2008 and four for 2009.

In addition to completing the visit programme, we published joint *Standards for training for the Foundation Programme* with the GMC. These standards fully reflect the domains that we use in our *Generic standards for training*, and are the PMETB standards with two additional standards. This is a significant step towards a common approach to quality assurance within the medical education and training sector as a whole.

PMETB's *Future Doctors* review: shaping the content and outcomes of education and training

One of the principal statutory functions of PMETB is to develop and promote postgraduate medical education and training (PMET) in the United Kingdom. With this in mind, the Board made a commitment to review the content and outcomes of future PMET to ensure that training and education both equips doctors with the skills and knowledge required to practice as a specialist or a GP and is sufficiently adaptable to the health service in ten to fifteen years time. We refer to this work as our *Future Doctors* review.

The review has been taken forward via four work streams which examine the content and delivery of training, the changing nature of the relationship between the doctor and patient, the future shape of the health service and its requirements and the role of PMETB as a regulator.

From the very beginning it was obvious that we would need to seek the opinions of a wide variety of stakeholders in order to make the review a success. Our first key task was to establish a working group for each of the project work streams. We were fortunate to be able to attract a number of respected and experienced individuals to sit on the working groups and much of the success of the review so far is down to the hard work of these groups.

The four work streams are:

i. The patient's role in healthcare - the future relationship between doctor and patient;

ii. The future shape of the heath service – scenarios for the future delivery of health care;

iii. Educating tomorrow's doctors – future models of medical training; medical workforce shape and trainee expectations; and

iv. Role of the regulator: PMETB and the regulator's powers.

In addition to establishing the working groups, we also arranged a programme of one to one meetings where we presented the scope and vision of the review to a number of influential groups to build support for, and interest in, our work. This included presentations to / at:

- The Conference of Postgraduate Medical Deans of the UK (COPMeD);
- The British Association of Medical Managers;
- The UK Strategic Health Authorities;
- NHS Confederation Annual Conference; and

- The Long Term Medical Alliance.

In May 2007 over 200 delegates attended PMETB's first *Future Doctors* conference at the Institute of Directors in London. The event attracted an audience that included deans, representatives from the Royal Colleges and Faculties, patients groups, regulators, consultants and trainee representatives including specialist registrars (SpRs) and senior house officers (SHOs).

The May conference provided us with a rich source of evidence with which to develop our review. It is notable that there were striking similarities across the day in terms of the discussion around the limitations of the current training system and the balance of skills which will be required in the future, but a different emphasis about the ways to achieve this. Clear distinctions were made between the infrastructure for the delivery of care, through the importance of improved communication and collaboration between healthcare professionals and patients, to ensuring that technology continues to act as the primary driver for change and improvement.

In November 2007 we launched a series of UK-wide seminars to support our *Educating tomorrow's doctors* work stream with the aim of testing with trainees, ideas emerging from our working group. The seminars sought trainee doctors' views on the perceived strengths and weaknesses in the content and delivery of specialty training in the UK, the roles of future specialists and general practitioners, and the changes required to ensure that training appropriately equips doctors with the knowledge and skills they will need to practice in the future.

To inform our work on the patient – doctor relationship, we held an event focusing specifically on the patient perspective in January 2008. This day-long session brought together a broad-spectrum of patients, patient groups and healthcare professionals. The day was structured with an emphasis on interactive workshops, supported by presentations to help inform the discussions. Topics covered included achieving a balance between a doctor's technical and non-technical skills, the impact of the European Working Time Directive on the patient-doctor relationship and the need for greater emphasis on preventative medicine.

All of the information gathered from the seminars and events outlined above will be fed into a Board policy statement on the future of specialist training.

Further information on the review and all of the activities described above is available on our website at: http://www.pmetb.org.uk/futuredoctors.

Policy and Communications: informing our stakeholders

The role of the policy and communications directorate

PMETB leads postgraduate medical education and training in the UK but can only do this in partnership with our partners and stakeholders in the healthcare sector. The policy and communications directorate has the key responsibility of ensuring that we are explaining our role, responsibilities and actions clearly and that we make informed regulatory choices based on a wide range of information and expert opinion drawn from the healthcare sector as a whole.

As well as leading on the *Future Doctors* review, during the reporting period we:

- Held the first PMETB National Stakeholders conference in September 2007. Over 200 of our operational partners and stakeholders attended this event which offered a programme which covered all of our key regulatory roles. We also presented the outcomes of our Quality Assurance Framework consultation at the event and the presentation and associated breakout sessions proved to be particularly popular;

- Launched *A trainee's guide to the Postgraduate Medical and Education Training Board*. This comprehensive guide provides trainees with up to date information on the work that we do that is relevant to them. The guide provides invaluable information on how to apply for a CCT, a CEGPR or a CESR and also explains the scope of our *Future Doctors* review and sets out how trainee doctors can get involved;

- Re-launched the PMETB website. We updated our website to improve the branding and usability;

- Launched a review of the content and outcomes of Oral and Maxillo-Facial Surgery (OMFS). A working group was convened following a request from the Department of Health to review the then current arrangements. We arranged a day-long evidence gathering session in September 2007 and also visited a number of OMFS units throughout the UK. We collected over 200 responses to the consultation exercise and this provided us with a solid evidence base for the review. The findings from the OMFS review were published at the end of April 2008. For further information, please see our website: http://www.pmetb.org.uk/OMFS; and

- Supported a number of significant PMETB projects including promoting PMETB's surveys; the roll out of the Quality Framework; and the Partner's programme.

Challenging times for the PMET sector

The introduction and implementation of Modernising Medical Careers (MMC), which aimed to provide a new career structure for junior doctors in training, and the related use of the Medical Training Application Service (MTAS), placed a severe strain on the postgraduate medical education community in 2007. For junior doctors embarking on training in 2007 it was undoubtedly a difficult and unsettling time. For those working in deaneries in particular there was a significant additional workload and much uncertainty.

The circumstances surrounding the problems encountered over the year has been the subject of a number of inquiries including the independent MMC inquiry chaired by Sir John Tooke and by the Health Select Committee of the House of Commons.

The role of PMETB was considered by both Sir John Tooke and the Health Select committee. Both recorded the criticism made of us as a regulator by various stakeholders but neither found that PMETB had failed to discharge its statutory duties. More broadly, neither report directed criticism at the Board for its handling of the events of 2007.

The Board does recognise that it could have done more to explain its role in relation to MMC and to be clearer about its standards and requirements. To that end, PMETB has embarked on a review of all its standards, requirements, principles and guidance to enhance the understanding of the difference documents by those we regulate.

The PMETB website can be accessed at www.pmetb.org.uk.

PMETB's Partners programme

Introduction

In 2007 we recruited 370 PMETB Partners to assist the Board in a wide range of activities, particularly for our certification and quality directorates. This section explains what a PMETB Partner does and documents how the Partners were recruited.

What does a PMETB Partner do?

PMETB Partners participate in one or more of the following activities:

- Certification panels – The purpose of the certification panels is to examine and make recommendations on applications submitted to PMETB for entry to the GMC's specialist or GP registers. Partners assess whether the recommendation made by the College is clear, appropriate and suitable;

- Visitors – Partners provide support to the *Visits to deaneries* element of our Quality Framework. A typical visit team is made up of 2 lay visitors, 3 medical visitors, 1 trainee specialist, and a lead visitor. One of our quality officers provides visit support and guidance to the team and the deanery. Visitors are also expected to contribute to the drafting of the visit report; for each visit a Partner will take the role of the lead visitor who has overall responsibility for the visit to the deanery and co-ordinates the drafting of the visit report;

- Quality panels - These come in several forms and activities; each one is chaired by a Board member. Each panel is made up of a minimum of two lay Partners and three medical specialist partners (one of which is a trainee specialist). At least one of our quality officers attends all panels:

    - Visits to deanery panels – these panels ratify and/or amend the recommendations made in the visit report, identify notable practice and determine whether the deanery has *met*, *met with conditions* or *not met* PMETB's standards and requirements;

    - Curriculum/assessment system approval panels – medical Royal Colleges and Faculties propose changes to curricula and assessment systems for approval by PMETB. These panels assess and recommend approval of these major and minor changes against our standards and requirements;

    - Post and programme approval panels – in order to ensure that our post and programme approval decisions are consistent and appropriate, we sample the decisions made by our officers. Complex or difficult cases are always referred to these panels;

- Subspecialty/specialty approval panels – these panels are tasked with evaluating the applications for new sub-specialties or decommissioning those that are no longer required. These decisions are made against our standards and requirements and panels make recommendations to us at to whether or not approval can be given; and

From time to time, Partners may also be called upon to assist us in project work where specialist or other specific knowledge and expertise is required.

How we recruited the PMETB Partners

Partners were recruited from the following three groups: medical specialists, including those involved in medical education and academic medicine; trainee medical specialists; and lay members including educationalists. Recruitment began in August 2007 with the aim of recruiting at least 350 partners, of which 200 were to be medical specialists, 100 were to be lay members and 50 were to be medical trainees. Odgers Ray & Berndtson (Odgers) were chosen to carry out the recruitment process on behalf of PMETB and they completed this body of work in three tranches.

Tranche 1 took place between September 2007 and December 2007. During this first phase Odgers contacted previous 'Partners' of PMETB and had a very good response, particularly from the lay Partners.

In October 2007 adverts were placed in various publications including Hospital Doctor, British Medical Journal and Sunday Times Public. The applications generated as a response to the adverts and contact with Royal Colleges formed the basis of recruitment for Tranche 2, which took place between January 2008 and February 2008.

It was evident from Tranches 1 and 2 that we had achieved our target numbers for lay Partners and that a large proportion of the medical specialist Partners had been appointed. In some areas, however, we were below target, for example some specialties had little or no representation and trainee membership was also too low. Tranche 3, which took place between March 2008 and April 2008, therefore became a very concentrated search for these two groups. An advert was once again placed, this time in the British Medical Journal and further contact made with Colleges and trainee groups to aid in the search.

To learn more about our Partners activities please visit our website at: http://www.pmetb.org.uk/partners.

Appeals: review of reporting period

Appeals against PMETB decisions, acts or omissions

The Office of the Directorate of Appeals adjudicates on appeals on behalf of the Postgraduate Medical Education and Training Board (PMETB). This is a formal statutory process and appeals can only be made for six legally defined reasons. These are where PMETB:

1. Fails to give a decision within three months of receipt of a complete application from an eligible specialist or general practitioner;

2. Fails to give a decision within four months of receipt of a complete application from a national from an EEA state who holds a specialist qualification awarded by a Member State in a specialty in which the UK does not award a CCT;

3. Refuses to award or withdraws a CCT;

4. Is not satisfied that a specialist or general practitioner is eligible for entry to the GP register or the specialist register under the categories described above or requires they complete additional training, examination(s) or assessment;

5. Refuses to award a GP a certificate of acquired rights to practice; and

6. Imposes conditions on, refuses or withdraws approval from a hospital, training institution or trainer.

The directorate makes all administrative arrangements for appeals, provide impartial day-to-day support to the parties, and acts as a link between the director of appeals, the appeal and the parties to the appeal (the appellant and the respondent). Appeal panels consist of a legally qualified chairman who is a solicitor or barrister, a lay member and two medical members (from different specialties and one of whom may be from the same specialty as the appellant).

During the reporting period, 17 PMETB appeals were received. Independent appeal panels in total heard seven PMETB appeals (six appeals under Article 14(4) and one under Article 21(2) (h)) and one transitional appeal which was heard under Article 9 of the previous STA legislation).

Of the seven PMETB appeals heard, the decisions were as follows:

- Three appeals were allowed in favour of the appellant - (PMETB rejections overturned);

- Two appeals were upheld in favour of PMETB - (PMETB rejections upheld);

- One appeal was upheld in favour of PMETB but the additional training period was reduced - (PMETB rejection upheld but modified); and

- One appeal was against PMETB's failure to make a decision within three months; the appeal panel requested a decision to be made within a certain timeframe which was complied with.

Management commentary

Description of business, objectives and strategy

The Post Graduate Medical Education and Training Board (PMETB) is a body corporate established by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (the Order). It has up to 25 Board members and two statutory committees, and is an Executive Non Departmental Public Body sponsored by the Department of Health.

PMETB's principal role is to:-

- Establish standards of, and requirements relating to, postgraduate medical education and training;
- Secure the maintenance of the standards and requirements established; and
- Develop and promote postgraduate medical education and training in the United Kingdom.

In exercising its functions PMETB's main objectives are to:

- Safeguard the health and well-being of persons using or needing the services of general practitioners or specialists
- 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 established, and to have proper regard to the differing considerations applying to the different groups of persons to whom the Order applies; and
- 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 established

In 2007 PMETB established a "Partnership Programme" and recruited Partners to work with the Board to deliver its objectives in Certification and Quality by sitting on panels and participating in visits among other activities.

Partners come from a collection of lay and medical backgrounds and it is hoped that the additional expertise brought in by the Partners will further enhance the skills and abilities already available to the Board.

PMETB continues to actively promote diversity and equality of opportunity within its workforce. In March 2007 the gender profile of our permanent staff was 27% male and 73% female. Investment in Staff will continue with the introduction of a Learning and Development programme aimed at staff throughout the organisation.

Over the past year, we have furthered our engagement with environmental and sustainable development agendas. This has meant starting to review internal policies in line with these agendas, giving consideration to how PMETB can demonstrate best practice regarding ecological impact within its internal operation.

Factors likely to affect PMETB in the next year

In February 2008, the Government announced that PMETB would be merged with the GMC, following a recommendation from Sir John Tooke's inquiry into 'Modernising Medical Careers'. The merger aims to build on the strengths of both bodies, while securing gains from the single oversight of all stages of medical education and training.

We are working to a timetable, with the Department of Health (England) that aims to achieve the formal transfer of functions no later than April 2010.

The two organisations already have a track record of working together successfully and our objective is to achieve a smooth transition, ensuring continuity and maintaining momentum. We have already moved quickly to put in place the appropriate governance and project management arrangements.

Resources and financial position

In its role as an independent regulator responsible for Postgraduate Medical Education and Training PMETB has a business model which provides for a progressive increase in fees for both Equivalences applications and CCT. The model was developed based on the intention that PMETB will not require Department of Health funding by the financial year 2009/10.

The accounts to March 2008 show net operating costs after interest receivable of £1,171,269 (2006-07 £1,928,257). The Board is financed by grant income from the Department of Health (DH) of £1,000,000 (2006/07 £4,067,000). Funding from DH is received to meet cash flows associated with expected short term liabilities for capital and operating expenditure.

In 2007/08 income from fees amounted to £5,012,195 (2006/07 £3,169,802). Total expenditure for the year was £6,265,563 (2006/07 £5,122,301).

The main changes in expenditure from the previous year related to the introduction of the Partnership programme, increased room hire to facilitate meetings outside of the London area, and increased support to the Royal colleges.

At the end of the year reserves stood at £2,040,915 – a decrease of £92,431 from the position reported at the end of the previous year.

The Board had expenditure on fixed assets of £115,912 on furniture and fittings (2006/07 £143,976).

External audit arrangements

The Board's external audit arrangements are set out below.

Article 29(2) of the Order requires that:

"The annual accounts shall be audited by persons whom the Board appoints."

And Article 29(3) states that:

> *"No person may be appointed as an auditor under paragraph (2) unless he is eligible for appointment as a company auditor under section 25 of the Companies Act 1989… or Article 28 of the Companies (Northern Ireland) Order 1990."*

Accordingly, PMETB has appointed Baker Tilly UK Audit LLP as its external auditors.

In addition, Article 29(5) states:

> *"The Comptroller and Auditor General shall examine, certify and report on the annual accounts."*

Neither The Comptroller and Auditor General nor Baker Tilly UK Audit LLP undertook any non-audit work during the year.

Disclosure of information to the auditors

I confirm that there is no relevant audit information or internal control issues of which the auditors are unaware and I have taken steps to ensure I am aware of such information and to establish that the auditors have been made aware of that information.

Remuneration Report

The Remuneration Sub Committee of the Resources Committee ensures that PMETB has remuneration policies that are fit for purpose and applied consistently. The members of the Remuneration Committee comprised the following Board Members: Jane Reynolds, Ian Cumming, Trevor Pickersgill and John Smith.

The policy on termination of contracts is determined by the level of responsibility of the position. There is a notice period of one month for general staff, three months for senior staff and six months for the Chief Executive. Contracts are offered on a permanent basis, subject to certain requirements being met and successful completion of a probationary period. Contracts are occasionally offered on a fixed-term basis, generally to reflect the nature of, and context for, the work involved.

Senior Managers' contracts

Name	Title	Date of Contract	Unexpired Term	Notice Period
Paul Streets	Chief Executive	24.01.05	Permanent Contract	6 months
John Tuck	Director of Finance and Resources	11.04.05	Permanent Contract	3 months
Lesley Hawksworth	Director of Certification	01.07.01 *	Permanent Contract	3 months
Luke Bruce	Director of Policy and Communications	07.03.06	Permanent Contract	3 months
Patricia Le Rolland	Director of Quality	01.09.06	Permanent Contract	3 months

* Date applicable to contract with predecessor organisation.

Senior Managers' salaries

Name	Salary (£) 2007/08	Non consolidated award for (£) 2007/08	Salary (£) 2006/07	Non consolidated award (£) 2006/07	Real increase in pension at age 60 (£'000)
Paul Streets	135,546	6,400	134,776	8,412	0-2.5
John Tuck	83,303	3,967	81,885	4,635	0-2.5
Lesley Hawksworth	77,749	3,702	75,524	3,425	0-2.5
Luke Bruce	80,323	3,594	74,967	2,275	0-2.5
Patricia Le Rolland	76,867	3,594	42,058	1,225	0-2.5

No amounts were payable to third parties for the services of any of the above senior managers. During the year no awards or compensation payments were made to former senior staff. None of the senior managers received any of the

following types of remuneration in 2007/08 or 2006/07: allowances; expenses allowance; benefits in kind; compensation for loss of office or termination of service.

The following Senior Managers are members of the NHS Pension Scheme:

Pensions

Name	Title	Value of accrued pension (£'000)	Related lump sum (£'000)	Real increase in related lump sum (£'000)	Cash equivalent Transfer Value as at 1 April 2007	Cash equivalent Transfer Value as at 31 March 2008	Real increase in the cash equivalent transfer value
Paul Streets	Chief Executive	5-10	17.5 -20	2.5-5	65-67.5	90-92.5	15-17.5
John Tuck	Director of Finance and Resources	0-5	7.5-10	2.5-5	32.5-35	50-52.5	12.5-15
Lesley Hawksworth	Director of Certification	0-5	5-7.5	2.5-5	20-22.5	37.5-40	10-12.5
Luke Bruce	Director of Policy and Communications	0-5	5-7.5	2.5-5	7.5-10	17.5-20	5-7.5
Patricia Le Rolland	Director of Quality	30-35	90-92.5	2.5-5	460-462.5	500-502.5	20-22.5

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment paid by a pension scheme or arrangement to secure pension benefits in another scheme or arrangement when a member leaves a scheme and chooses to transfer the benefit accrued in the former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figure, and from 2005/06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

There has been no compensation paid to former senior managers.

Board Members' Remuneration

The Chair, Peter Rubin, received remuneration of £65,000 for the year (2006/07 £65,000). Board Members' remuneration and the Chair's salary are not subject to superannuation. Board Members receive an annual remuneration of £9,000 (2006/07: £9,000).

Board members' remuneration during the year amounted to £370,465 (2006/07: £365,675), including social security costs. Payments to individual members are disclosed in the following ranges:

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
Dr Ikechuku Anya (appointed 22 October 2006)	9,000	3,981
Professor Dame Carol Black *** (resigned 18 July 2007)	2,700	9,000
Dr Chris Clough (appointed 22 October 2006)	9,000	3,981
Professor Angela Coulter *** (resigned 31 May 2007)	1,500	9,000
Professor Sir Alan Craft (resigned 22 October 2006)	-	5,019
Mr Ian Cumming (Deputy Chair)	9,000	9,000
Professor Neil Douglas (appointed 22 October 2006)	9,000	3,981
Professor Stephen Field ***	9,000	9,000
Mrs Susan Fox (Wales)	9,000	9,000
Mrs Frances Gawn (Northern Ireland)	9,000	9,000
Professor Janet Grant	9,000	9,000
Dr Patricia Hamilton (appointed 22 October 2006)	9,000	3,981
Professor David Haslam	9,000	9,000
Professor Peter Hill ***	9,000	9,000
Dr John Jenkins (Northern Ireland) ***	9,000	9,000
Dr Hasmukh Joshi *	9,000	9,000
Dr Namita Kumar	9,000	9,000
Professor Stuart Macpherson (Scotland) ***	9,000	9,000
Dr Alastair McGowan (appointed 11 March 2008)	-	-
Dr Arun Midha (appointed 15 September 2007)	4,800	-
Professor David Neal	9,000	9,000
Dr Trevor Pickersgill (Wales) ***	9,000	9,000
Miss Jane Reynolds	9,000	9,000
Mrs Susanne Roff (Scotland)	9,000	9,000
Mr. Finlay Scott ***	9,000	9,000
Sir Peter Simpson (resigned 21 October 2006)	-	5,019
Mr John Smith	9,000	9,000
Professor Dame Lesley Southgate (resigned 21 October 2006)	-	5,019
Dr Anita Thomas **/***	9,000	9,000

* Dr Hasmukh Joshi received an additional £22,610 (2006/07 £22,610) in respect of his role as Chair of the Assessment Committee.

** £61,796 (2006/07 £57,148) was paid to Plymouth Hospitals Trust in respect of costs related to additional work carried out on behalf of Dr Anita Thomas as Chair of the Training Committee.

*** Board fees so denoted were paid directly to their ultimate employer.

In addition, expenses amounting to £93,267 (2006/07: £95,386) were reimbursed to Board Members.

Certain of the disclosures in the remuneration report are subject to audit. These include:-

- Salary and allowances, bonuses, expenses allowances, compensation for loss of office and non-cash benefits for each senior manager (this includes advisory and non-executive board members) who served during the year;
- Pensions for each senior manager who served during the year;
- Compensation payments to former senior managers; and
- Amounts payable to third parties for services of a senior manager

The disclosures summarised above have been audited.

Paul Streets
Accounting Officer

Statement of the Board's and the Accounting Officer's Responsibilities

Under the Cabinet Office's Guidance on Codes of Best Practice for Board Members of Public Bodies, the Board is responsible for ensuring propriety in its use of public funds and for the proper accounting of their use. Under Section 29 of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (The Order), the Board is required to prepare a statement of accounts in respect of each financial year in the form and on the basis directed by the Secretary of State for the Department of Health, with the consent of the Treasury. The accounts are to be produced on an accruals basis and must give a true and fair view of the Board's state of affairs at the year end and of its net operating costs, recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Board is required to:

- Observe the accounts direction issued by the Secretary of State, with the consent of the Treasury, including the relevant accounting and disclosure requirements;
- apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- Prepare the statements on the going concern basis unless it is inappropriate to presume that the Board will continue in operation.

The Accounting Officer's Responsibilities

The Accounting Officer for the Department of Health has appointed the Chief Executive of PMETB as the Board's Accounting Officer. His relevant responsibilities as the Accounting Officer, including his responsibility for the propriety and regularity of the public finances for which he is answerable and for the keeping of proper records, are set out in the Non-Departmental Public Bodies' Accounting Officers' Memorandum issued by the Treasury and published in "Government Accounting".

The Accounting Officer is responsible for the integrity of business and financial information on the PMETB website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement on Internal Control

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Postgraduate Medical Education and Training Board (PMETB) policies, aims and objectives, whilst safeguarding the public funds and organisational assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

PMETB reports directly to the UK Parliament and works closely with the Department of Health in delivering its statutory obligations as well as the key objectives of its Strategic and Operational Plans. This includes identifying and responding appropriately to both internal and external risks.

The purpose of the system on internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives: it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of organisational policies, aims and objectives;
- Evaluate the likelihood of those risks being realised and the impact should they be realised; and
- Manage them efficiently, effectively and economically.

The system of internal control has been in place in PMETB for the year ended 31 March 2008, and up to the date of approval of the annual report and accounts, and accords with Treasury guidance.

Capacity to handle risk

Responsibility for managing risk rests with the Chief Executive supported by the Directors. Directors and Heads of Section are expected to understand and accept responsibility for the recognised risks associated with their areas of authority.

The risk and control framework

PMETB's risk management policy seeks to identify the risks facing the organisation and treat them according to established guidelines. The risk appetite is low and managers make sound decisions on the risks that the organisation retains, those it reduces through strategic or operational change, and those it transfers.

Progress reports to the Board include a reference to the risks attached to our operational and strategic plans and the wider context for our work. A Risk Register was created in 2006 and, from April 2007, the Risk Register defines clearly the risks associated with each of the Operational Plan priorities. Evaluation and control of risks is undertaken by defining the risk event and consequences and then assessing the controls. Since April 2007, the Board has received a report at each Board Meeting, showing the risks related to the Operational Plan, an assessment of their significance and how these risks are being managed.

In addition, the Board and its Audit and Risk Committee oversee the risk management process and receive regular updates on business and financial performance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer contributions and payments in to the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

The Head of Internal Audit provided a "satisfactory" level of assurance on the overall adequacy and effectiveness of PMETB's risk management, control and governance processes (i.e. the system of internal control) for 2007/08, on the basis of the work undertaken by South Coast Audit.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control in place during 2007/08 has been informed by the work of the internal auditors and the Senior Management Team, who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit and Risk Committee, and a plan to address weaknesses and assure continuous improvement of the systems is in place. The Audit Committee monitors those risks which are still deemed serious, even after measure to mitigate them, at every meeting and will report back to the Board

Risk management is an ongoing process and will continue to be integral to the strategic and operational planning and to the delivery of the targets agreed in our Funding Agreement with The Department of Health. We will continue to review and develop our risk management procedures and practices in order to ensure effective control and accountability.

Paul Streets
Accounting Officer

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD

We have audited the financial statements on pages 42 to 56. These financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain fixed assets, and the accounting policies set out on pages 45 to 48. We have also audited the information in the remuneration report that is described as having been audited.

This report is made solely to the Board's members, as a body in accordance with the requirements established by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. Our audit work has been undertaken so that we might state to the Board's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board and the Board's members as a body, for our audit work, for this report, or for the opinion we have formed.

Respective responsibilities of the Board, the Chief Executive and the Auditor

As described on page 32, the Board and the Chief Executive (as the Accounting Officer) are responsible for the preparation of the financial statements and the remuneration report in accordance with the above mentioned Order and as directed by the Secretary of State for the Department of Health with the consent of the Treasury and for ensuring the regularity of financial transactions. The Board and its Chief Executive are also responsible for the preparation of the other contents of the Annual Report. Our responsibility is to audit the financial statements and the part of the remuneration report that is described as having been audited in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and the Accounts Direction issued to the Postgraduate Medical Education and Training Board by the Secretary of State for the Department of Health; and whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. We also report if, in our opinion the Management Commentary is not consistent with the financial statements, if the Board has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit.

We review whether the Statement on Internal Control (pages 33 to 35) reflects the Board's compliance with Treasury's guidance on the Statement on Internal Control. We report if it does not meet the requirements specified by the Treasury of if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, whether the Accounting Officer's Statement on Internal Control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Board's corporate governance procedures or its risk and control procedures.

We read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. This other information comprises only, the reports on pages 4 to 23 and 27 to 31. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Board and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements and the part of the remuneration report to be audited are free from material misstatement, whether caused by fraud or other irregularity or error and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming our opinion we have also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:-

- the financial statements give a true and fair view, in accordance with the General and Medical Specialist Practice (Education, Training and Qualifications) Order 2003 and the Accounts Direction issued to the Postgraduate Medical Education and Training Board by the Secretary of State for the Department of Health, of the state of affairs of the Postgraduate Medical Education and Training Board as at 31 March 2008 and of the operating costs, income, grant in aid funding and cash flows for the period then ended and have been properly prepared in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and directions made thereunder; and

- in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

BAKER TILLY UK AUDIT LLP
Registered Auditor and Chartered Accountants
The Clock house
140 London Road
Guildford
Surrey
GU1 1UW

22 January 2009

Certificate and report of the Comptroller and Auditor General

I certify that I have audited the financial statements of the Postgraduate Medical Education and Training Board for the period ended 31 March 2008 under the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. These comprise the Operating Cost Statement, the Balance Sheet, the Cash Flow Statement and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Chief Executive and auditor

The Chief Executive, as Accounting Officer, is responsible for preparing the Annual Report, the Remuneration Report and the financial statements in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and directions made thereunder by the Secretary of State for Health, and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statement of Accounting Officer's Responsibilities.

My responsibility is to audit the financial statements and the part of the remuneration report to be audited in accordance with relevant legal and regulatory requirements, and with International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and directions made thereunder by the Secretary of State for Health. I report to you whether, in my opinion, certain information given in the Annual Report, which comprises the Board Report and Management Commentary, is consistent with the financial statements. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In addition, I report to you if the Postgraduate Medical Education and Training Board have not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by HM Treasury regarding remuneration and other transactions is not disclosed.

I review whether the Statement on Internal Control reflects the Postgraduate Medical Education and Training Board's compliance with HM Treasury's guidance, and I report if it does not. I am not required to consider whether this statement

covers all risks and controls, or form an opinion on the effectiveness of the Postgraduate Medical Education and Training Board's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of audit opinion

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the Chief Executive in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the Postgraduate Medical Education and Training Board's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or error, and that in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Opinions

Audit Opinion

In my opinion:

- the financial statements give a true and fair view, in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and directions made thereunder by the Secretary of State for Health, of the state of Postgraduate Medical Education and Training Board's affairs as at 31 March 2008 and of its net operating costs for the year then ended;

- the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order

2003 and directions made thereunder by the Secretary of State for Health; and

- information given within the Annual Report, which comprises the Board Report and Management Commentary, is consistent with the financial statements.

Opinion on Regularity

In my opinion, in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.

T J Burr

Comptroller and Auditor General

6 February 2009

National Audit Office

151 Buckingham Palace Road

London, SW1W 9SS

PMETB operating cost statement for the year ended 31 March 2008

	Note	Year ended 31 March 2008		Year ended 31 March 2007	
		£	£	£	£
Staff Costs	4	2,882,923		2,593,427	
Board Members' Remuneration	3	370,465		370,175	
Other Operating Costs	6	2,693,178		1,816,550	
Goss expenditure	13	33,373		90,792	
Depreciation	9	212,574		214,925	
Notional cost of capital	8	73,050		36,432	
Gross operating cost			6,265,563		5,122,301
Operating Income			5,012,195		3,169,802
Net operating cost before interest			1,253,368		1,952,499
Interest Receivable			82,099		24,242
Interest Payable			-		-
Net Operating Cost for the year			1,171,269		1,928,257

All operations are continuing. There were no material acquisitions or disposals in the year.

	Note	Year ended 31 March 2008	Year ended 31 March 2007
		£	£
Statement of Recognised Gains and Losses			
Unrealised gains on fixed asset indexation	9	5,788	9,708

The notes on pages 45 to 56 form part of these accounts

PMETB balance sheet as at 31 March 2008

	Note	31 March 2008 £	£	31 March 2007 £	£
Fixed Assets					
Tangible fixed assets	9		632,307		724,081
Current Assets					
Debtors	10	180,268		100,254	
Cash at bank and in hand	11	2,890,172		3,142,586	
		3,070,440		3,242,840	
Creditors: amounts falling due within one year	12	1,661,832		1,833,575	
Net current assets / (liabilities)			1,408,608		1,409,265
Provisions for liabilities and charges			-		-
Net Assets / (Liabilities)			2,040,915		2,133,346
Reserves					
General Reserve	14		2,028,854		2,121,848
Revaluation Reserve	15		12,061		11,498
			2,040,915		2,133,346

The notes on pages 45 to 56 form part of these accounts

Signed on behalf of the Postgraduate Medical Education and Training Board

Paul Streets
Accounting Officer

PMETB cash flow statement for the year ended 31 March 2008

	Note	Year ended 31 March 2008	Year ended 31 March 2007
		£	£
Net cash (outflow)/ inflow from operating activities	16i	(1,219,501)	(1,403,871)
Return on investments and servicing of finance		82,099	24,242
Capital expenditure			
Payments to acquire tangible fixed assets		(115,912)	(143,976)
Sale proceeds from sale of fixed assets		900	0
Net cash outflow before financing		(1,252,414)	(1,523,605)
Management of liquid resources			
Financing received		1,000,000	4,067,000
(Decrease)/ Increase in cash	16ii	(252,414)	2,543,395

The notes on pages 45 to 56 form part of these accounts

PMETB Notes to the Accounts

Note 1: Accounting Policies

a Basis of preparation

These financial statements have been prepared in accordance with The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and the Accounts Direction given by the Secretary of State with the consent of Treasury and HM Treasury's guidance *Financial Reporting Manual*. The particular accounting policies adopted by the Board are described below. They have been applied consistently in dealing with items considered material in relation to these financial statements.

b Accounting convention

The financial statements have been prepared under the historical cost convention as modified to account for the revaluation of tangible fixed assets at their value to the business by reference to their current cost.

Without limiting the information given, the financial statements meet the accounting and disclosure requirements of the Companies Acts and accounting standards issued by the Accounting Standards Board so far as those requirements are appropriate to the public sector.

c Grant in Aid and government grant reserve

The Board receives Grant in Aid from the Department of Health, which is treated as financing of the Board's activities and credited to the General Fund Reserve. It is recognised when received.

d Tangible fixed assets

Fixed assets are shown in the balance sheet at current value less depreciation. Assets are valued at modified historic cost, being historic cost indexed to depreciated current replacement cost by using price index numbers for current cost accounting published by the Office of National Statistics.

Fixed assets are capitalised as follows:

- Equipment with an individual value of £1,000 or more
- Grouped assets of a similar nature with a combined value of £1,000 or more
- Refurbishment costs valued at £1,000 or more.

Any surplus on revaluation is credited to the revaluation reserve. A deficit on revaluation, to the extent that it is not covered by a previous revaluation surplus is debited to the operating cost statement.

e Depreciation

Depreciation is provided on a straight-line basis, calculated on the revalued amount to write off assets, less any estimated residual balance, over their estimated useful life. The useful lives of tangible fixed assets have been estimated as follows:

Refurbishment costs, furniture and fittings	5 years
Computer equipment	3 – 10 years

Depreciation is charged from the month following that in which the asset is acquired.

f Notional charges

In accordance with the 2007 *Financial Reporting Manual* published by HM Treasury, a notional charge for the cost of capital employed during the year is included in the operating cost statement. The cost of capital charge is calculated at 3.5% (2006/07: 3.5%), applied to the mean value of capital employed during the year, excluding non-interest bearing cash balances held with the Office of the Paymaster General. The charge is offset by a corresponding credit to the General Reserve. The charge is not actually paid.

g Value added tax

Value added tax (VAT) on purchases is not recoverable, hence is charged to the operating cost statement and included under the heading relevant to the type of expenditure.

h Pension costs

The Board participates in the NHS Pension Scheme which is an unfunded multi-employer defined benefit scheme and the Board is unable to identify its share of the underlying assets and liabilities. A full actuarial valuation of the NHS Pension Scheme was carried out at 31 March 2003. Details of this valuation and the benefits provided by the scheme are provided in the scheme's accounts which are available on the NHS Pensions Agency website www.nhspa.gov.uk

This is a statutory defined benefit scheme, the provisions of which are contained in the NHS Pension Scheme Regulation (SI 1995 No. 300). Under these regulations, the Board is required to pay an employer's contribution, currently 14% of pensionable pay, as specified by the Secretary of State. These contributions are charged to the income and expenditure account as and when

they become due. The Government Actuary reviews the employer contributions every four years following a full scheme valuation and sets contribution rates to reflect past experience and benefits when they are accrued, not when costs are actually incurred.

Employees pay 6% of pensionable pay. Employer and employee contributions are used to defray the cost of providing the scheme benefits. These are guaranteed by the Exchequer, with the liability falling to the Secretary of State, not to the Board. Index linking costs under the Pensions (Increase) Act 1971 are met directly by the Exchequer.

The scheme is notionally funded. Scheme accounts are prepared annually by the Department of Health and are examined by the Comptroller and Auditor General.

i Operating leases

Rentals payable under operating leases are charged to the income and expenditure on an accruals basis.

j Provisions

PMETB provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 2.2% in real terms.

K Income

Operating income comprises fees for applicants to gain eligibility for entry: on the registers of specialists or general practitioners, or as medics who have completed training. Fees for appeals and the review process are also included.

This certification is made under Articles 10-14, 20 and 50 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.

Operating income is recognised initially on receipt of the fee and completion of initial checks. However, the complexity of individual applications and hence the time to process them can vary considerably. Where applications span more than one accounting period the amount of income recognised in the accounting period is calculated to reflect, on average, the work performed to the end of the accounting period. The methodology for this is that the amount deferred, at the year end, is the element of the fee refundable to the applicant given the progress already made on their case. In addition, sufficient income is deferred in order to meet fees payable to Royal Colleges in respect of relevant applications.

The Order provides that PMETB set fees at levels to cover direct costs and a proportion of overheads as are reasonably attributable to the performance of this function without a profit element.

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
2 Reconciliation of Net Operating Cost to Financing Received from the UK Government		
Net Operating Cost for the period	(1,171,269)	(1,928,257)
Financing received from the Department of Health	1,000,000	4,067,000
(Over) / Underspend against Financing received from the Department of Health	(171,269)	2,138,743

3 Board costs

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
Payments to Chair	65,000	65,000
Payments in respect of additional responsibilities of Chairs of Statutory Committees	84,406	79,758
Fees	207,000	210,981
Social security costs	14,059	14,436
	370,465	370,175

4 Staff costs

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
Salaries	1,946,460	1,595,062
Social security costs	173,273	148,461
Superannuation costs	203,000	164,596
Agency/Temporary costs	560,190	685,308
	2,882,923	2,593,427

5 Average number of staff

	Year ended 31 March 2008	Year ended 31 March 2007
The average number of full time equivalent staff were as follows:		
Administration	16	13
Appeals	2	2
Certification	26	25
Policy and Communications	10	6
Quality	13	11
Total	67	57
Permanent	53	44
Temporary	14	13
Total	67	57

6 Other Operating Costs

Other operating costs include:

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
Professional fees	537,502	142,620
Rent and office accommodation	300,984	278,555
Training and recruitment	137,847	73,633
ICT costs, computer consumables and website costs	209,352	188,183
Printing and stationery	280,517	236,840
Board members' expenses	93,267	95,386
Room Hire	106,057	31,107
Transition Team management costs	0	9,048
External audit fee	29,500	29,412
Support to Royal Colleges	537,940	275,500
Quality Assurance (formerly "Project costs")	182,431	275,599
Appeals costs	56,902	27,640
Other costs	220,879	153,027
Total other operating costs	2,693,178	1,816,550

7 Fee Income

	Year ended 31 March 2008	Year ended 31 March 2007
	£	£
CCT	3,662,625	2,145,050
CESR & CEGPR	1,218,094	978,005
Appeals, reviews, other	131,476	46,747
	5,012,195	3,169,802

8 Notional Cost of Capital

The Financial Reporting Manual published by HM Treasury, requires that a notional charge for the cost of capital employed during the year is included in the Operating Cost Statement along with an equivalent notional income to finance the charge. The cost of capital charge of 3.5 per cent is applied to the mean value of capital employed during the year, excluding non-interest bearing cash balances held with the Office of the Paymaster General.

	Year ended 31 March 2008	Year ended 31 March 2007
	£	£
Capital employed as at beginning of period	2,133,346	(51,537)
Capital employed as at 31 March	2,040,914	2,133,346
Mean capital employed	2,087,130	1,040,904
Notional charge	73,050	36,432

9 Tangible Fixed Assets

	Furniture, Fixtures and Fittings - conversion costs £	ICT equipment £	Total £
Valuation			
At 1 April 2007	696,462	517,483	1,213,945
Additions	53,794	62,118	115,912
Disposals	(14,232)	(16,527)	(30,759)
Revaluations	7,960	(11,545)	(3,585)
Impairments	0	0	0
At 31 March 2008	743,984	551,529	1,295,513
Depreciation			
At 1 April 2007	200,891	288,972	489,863
Charge for year	144,720	51,973	196,693
Disposals	(4,268)	(16,527)	(20,795)
Revaluations	2,172	(4,727)	(2,555)
At 31 March 2008	343,515	319,691	663,207
Net Book Value			
At 31 March 2008	400,469	231,838	632,307
At 31 March 2007	495,571	228,510	724,081

10 Debtors

	31 March 2008 £	31 March 2007 £
Prepayments	139,577	81,035
Other debtors	10,803	7,886
Income tax recoverable	24,414	8,652
Interest receivable	5,474	2,681
	180,268	100,254

11 Cash at Bank and in Hand

	31 March 2008 £	31 March 2007 £
At 1 April 2007	3,142,586	599,190
(Decrease)/Increase in cash in year	(252,414)	2,543,396
At 31 March 2008	2,890,172	3,142,586
Bank Accounts	2,889,706	3,142,586

Cash in Hand	466	-
	2,890,172	3,142,586

12 Creditors: Amounts falling due within one year

	31 March 2008 £	31 March 2007 £
Trade Creditors and accruals	692,503	438,109
Deferred Income	852,783	906,560
Capital Creditors	0	0
Other Creditors	116,546	488,906
	1,661,832	1,833,575

Other creditors at 31 March 2008 include an intra government balance of £29,228 due to the NHS Pensions Agency.

13 Abortive expenditure on systems development

	31 March 2008 £	31 March 2007 £
Expenditure in year	33,373	90,792

In July 2005, PMETB entered into a contract with Computacenter (UK) Limited for the provision of a computer system intended to meet all PMETB's operational systems requirements. The system was due to be live from September 2005, PMETB's "Go Live" date, but it is PMETB's clear view that Computacenter (UK) Limited's sub contractor (Goss Interactive Limited) failed to supply a system capable of meeting the requirements that had been specified. After a number of abortive attempts to resolve the outstanding contractual issues, PMETB had no alternative but to terminate the contract in November 2007. Expenditure incurred in the year related to the termination of the contract and comprises:

Payments to consultants	0	53,611
Payments to lawyers	33,373	37,181
	33,373	90,792

14 Reserves

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
At 1 April 2007	2,121,848	(56,502)
Net Operating Cost	(1,171,269)	(1,928,257)
Grant in Aid funding	1,000,000	4,067,000
Notional cost of capital	73,050	36,432
Realised element of Revaluation Reserve	5,225	3,175
At 31 March 2008	2,028,854	2,121,848

15 Revaluation Reserve

	31 March 2008 £	31 March 2007 £
At 1 April 2007	11,498	4,965
Revaluation of kitting out costs in the year	7,960	10,830
Realised element transferred to General Reserve	(5,225)	(3,175)
Backlog depreciation re kitting out costs	(2,172)	(1,122)
At 31 March 2008	12,061	11,498

16i Reconciliation of Net Operating Cost to Net cash (Outflow) / Inflow from Operating Activities

	Year ended 31 March 2008 £	Year ended 31 March 2007 £
Net Operating Expenditure	(1,171,269)	(1,928,257)
Adjustment for non-cash transactions:		
Notional cost of capital	73,050	36,432
Depreciation	196,693	192,727
Loss on disposal of fixed assets	9,064	0
Permanent diminution in value of fixed assets	6,817	22,198
Less Interest received	(82,099)	(24,242)
Adjustment for movements in working capital other than cash:		
Increase (decrease) in creditors	(171,743)	362,860
Decrease (increase) in debtors	(80,014)	(65,589)
Net cash (outflow)/inflow from operating activities	(1,219,501)	(1,403,871)

16ii Reconciliation of net cash flow to movement in net funds

	Year ended 31 March 2008 £
(Decrease) in cash in the period	(252,414)
Increase in liquid resources	0
Change in net funds	(252,414)
Net funds as at 31 March 2007	3,142,586
Net Funds as at 31 March 2008	2,890,172

17 Contingent Liabilities

As detailed in Note 13 PMETB has terminated a contract with a supplier following that supplier's failure to deliver a computer system in accordance with their contractual obligations to do so. PMETB made payments to the contractor in respect of two of the four phases of the contract (in respect of which it is considering its position to reclaim such sums) and does not consider that it has any liability in respect of the balance of the contract price (£164,729). The matter remains unresolved.

18 Capital Commitments

The Board had no capital commitments at the balance sheet date.

19 Related Party Transactions

The Board is a Non-Departmental Public Body sponsored by the Department of Health. The Department of Health is regarded as a related party. During the period to 31 March 2008 the Department of Health made payments totalling £1,000,000 in respect of funding for PMETB for 2007/08.

In June 2004, PMETB contracted with Morecambe Bay NHS Trust for the provision of an accounts payment service. Ian Cumming was the Chief Executive of Morecambe Bay NHS Trust at the time the contract was in operation. £12,000 was paid to Morecambe Bay NHS Trust for the service in 2007/08.

In July 2005, PMETB agreed Letters of Intent with a number of medical Royal Colleges and Faculties specifying how they would assist PMETB with various aspects of its activities. No payments were made in 2007/08 in respect of this assistance. The following Board Members were postholders of Royal Colleges and Faculties during 2007/08:

Dr Patricia Hamilton	President of the Royal College of Paediatrics and Child Health
Professor Stephen Field	Chairman of the Royal College of General Practitioners
Professor David Haslam	President of the Royal College of General Practitioners
Dr Hasmukh Joshi	Council Member of the Royal College of General Practitioners
Professor David Neal	Council Member of the Royal College of Surgeons of England
Professor Neil Douglas	President of the Royal College of Physicians of Edinburgh

The Board maintains a register of interests for the Chair and Board Members, which is updated periodically by the Board Secretary to reflect any change in Board Members' interests. During the year ended 31 March 2008 no Board Member undertook any transaction with the Board in a personal capacity.

20 Losses and special payments

Other than the abortive expenditure on systems development (Note 13), there were no material losses or special payments made during the financial year.

21 Post Balance Sheet Events

On 28 February 2008, the Secretary of State for Health announced that PMETB would merge with the General Medical Council and that the merger should take place "not later than 2010". No adjustments are required to these financial statements as a result of this announcement.

There have been no other significant events since 31 March 2008 that would have a material effect on these financial statements.

These accounts were approved and authorised for issue on 6 February 2009.

22 Financial Instruments

As permitted by FRS 13, this disclosure excludes short term debtors and creditors.

The Postgraduate Medical Education and Training Board has no borrowings and relied on departmental funding for its cash requirements and therefore was not exposed to any risk of liquidity. It also had no material deposits, and all material assets and liabilities are denominated in sterling, so it is not exposed to interest rate or currency risk.

23 Commitments Under Operating Leases

Operating lease commitments due during the next year are analysed in the following ranges in which the commitment expires

Payments to which we are committed during the next year	Expires within 1 year	Expires within 2-5 years
Land and buildings	0	168,000

Other information

About PMETB

The Postgraduate Medical Education and Training Board (PMETB) is the independent statutory body that regulates postgraduate medical education and training in the UK. Our vision is to achieve excellence in postgraduate medical education, training, assessment and accreditation throughout the UK to improve the knowledge, skills and experience of doctors and the health and healthcare of patients and the public.

PMETB was established by the *General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003* (Statutory Instrument 2003 No. 1250) and approved by Parliament on 4 April 2003 to develop a single, unifying framework for postgraduate medical education and training. PMETB formally assumed its statutory responsibilities in September 2005. The Order is applicable to **all** trainees; therefore PMETB standards and requirements are applicable to **all** trainees.

PMETB's responsibilities include:

- Establishing standards and requirements for postgraduate medical education and training;
- Making sure that these standards and requirements are met through our Quality Framework (QF); and
- Developing and promoting postgraduate medical education and training across the UK.

The main objectives of PMETB are:

- To safeguard the health and well-being of persons using or needing the services of general practitioners or specialists;
- To ensure that the needs of persons undertaking postgraduate medical education and training in each of the countries of the UK are met by the standards it establishes, and to have proper regard to the differing considerations applying to the different groups of persons to whom the Order applies; and
- To ensure that the needs of employers and those engaging the services of general practitioners and specialists within the National Health Service and elsewhere are met by the standards it establishes.

PMETB governance and our senior management team

PMETB was established and is governed by the *General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003*. Through the Order we have established a formally recognised Board and two statutory committees which are responsible for ensuring that the organisation is exercising its functions appropriately.

The Board

The Board has a membership of 25: 17 medical members and eight lay members. Appointments are made via the independent Appointments Commission, which makes recommendations to the Secretary of State.

There are also four observers from the four UK Health Departments (the Department of Health; the Scottish Executive Health Department; the Department of Health, Social Services and Public Safety, Northern Ireland; and the National Assembly for Wales). The observers are invited to contribute fully at Board meetings but cannot vote.

Details of the Board who served during the reporting period can be found in Annex 1.

The statutory committees

The Training Committee develops standards for training, curricula and entry to specialist training. It promotes improvements to the quality of training and develops policy for the quality assurance of postgraduate medical education and training.

The Assessment Committee is responsible for the assessment of those who apply to the specialist and GP registers through the equivalence route, assessments carried out during training (including standards for examinations accepted as evidence for entry to, progress through and exit from, training) and certification at the completion of training.

PMETB senior management team

Paul Streets, Chief Executive Officer. Paul took up post in February 2005 after terms as Chief Executive of the Health Development Agency and Diabetes UK. Paul is a Healthcare Commissioner (Deputy Chair) and became the first lay member to be appointed to the Royal College of Physicians Council. Paul has an OBE for services to people with diabetes.

Lesley Hawksworth, Director of Certification. Lesley leads PMETB's work on certification of doctors to the GP and specialist registers. After starting her career at the Department of Health, including policy responsibility for medical education and regulation, Lesley established and worked at the Specialist Training Authority (STA). Lesley was awarded an Honorary Fellowship of the Royal College of

Paediatrics and Child Health in recognition of her contribution to medical education and training.

Patricia Le Rolland, Director of Quality. Patricia Le Rolland has worked in the public sector for more than 30 years. She joined PMETB in September 2006 from the Quality Assurance Agency for Higher Education (QAA). Patricia worked in the NHS for several years prior to joining the higher education sector. Patricia then became a senior academic, working with colleagues across the University and in local communities.

Luke Bruce, Director of Policy and Communications. Luke joined PMETB in March 2006 after eight years working in policy roles in the heart of government. Luke leads the Policy and Communications directorate at PMETB.

John Tuck, Director of Finance and Resources. John Tuck qualified as a chartered accountant in 1977 and was a partner in Grant Thornton between 1983 and 1998, where he held a number of senior management and client service roles. John joined PMETB in April 2005, following appointments as the International Finance and Programme Services Director at Oxfam and Director of Resources at Universities UK.

Promoting equality

We believe that every individual should be treated with dignity and respect irrespective of their age, disability, gender, transgender, religion, sex, sexual orientation and ethnic, national or racial origins. We are therefore committed to promoting diversity and equality of opportunity in all its functions. We have published our equality scheme incorporating a list of functions/policies and an action plan. The equality scheme can be viewed at: http://www.pmetb.org.uk/index.php?id=equality.

Equality issues relating to our work are coordinated by a steering group chaired by Dr Has Joshi, a medical member of the Board. This group advises the Board on all equality issues, assesses changes to relevant legislation and receives monitoring data.

As part of PMETB's action on equality, the Equality and Diversity Reference Group was established and met for the first time in February 2008. The purpose of this group is to create a network for continuing consultation with stakeholders from a range of organisations e.g. British Association of Physicians of Indian Origin, Locum Doctors Association, Greater London Action on Disability (GLAD).

Monitoring statistics are set out at Annex 2. The data is also available on our website at: http://www.pmetb.org.uk/index.php?id=equality.

Key PMETB documents

To learn more about the work that PMETB does, please visit our website where you will be able to download the following documents:

i. A trainee's guide to the Postgraduate Medical Education and Training Board

Précis: This booklet covers specific questions about PMETB's role, responsibilities and remit.

Available from: The corporate publications section of our website at: http://www.pmetb.org.uk/Publications

ii. PMETB Strategy Document 2006-2010

Précis: Includes the proposed direction and work of PMETB from 2006 - 2010

Available from: The corporate publications section of our website at: http://www.pmetb.org.uk/Publications

iii. Quality Framework, Consultation and QF Operational Guide

Précis: These documents provide details on how we introduced the Quality Framework, an overview of what it is and details on how it will be implemented.

Available from: Our website at the following address: http://www.pmetb.org.uk/quality. Select the Quality Framework option in the menu on the right.

iv. Generic standards for training

Précis: Part of the PMETB standards and requirements documents, *Generic standards for training* (which incorporates *Standards for trainers*) sets out the standards by which all training should be assessed.

Available from: Our website at the following address: http://www.pmetb.org.uk/standards.

v. National Surveys of Trainee Doctors and Trainers: Summary Reports

Précis: These reports present a summary of the findings from the National Survey of Trainee Doctors (2006 and 2007) and the National Survey of Trainers (2007). We also have an online reporting tool which stakeholders can access to obtain more detailed information on the results of all of our surveys.

Available from: Our website at the following address: http://www.pmetb.org.uk/pmetbsurveys.

Contact details and press information

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Hercules House
Hercules Road
London
SE1 7DU

Tel: + 44 (0)20 7160 6100

(*NOT* for CESR/Article 14, CEGPR/Article 11, GPCCT and CCT queries. Please see number below.)
Fax: +44 (0)20 7160 6102

Email: info@pmetb.org.uk

CESR, CEGPR and certification queries:

Tel: 0871 220 3070 (9am to 5pm UK time). Overseas applicants: +44 (0)20 7160 6100.

Please note: calls may be recorded for training and other purposes.
Or email:

For CESR/Article 14 queries:cesr@pmetb.org.uk

For CEGPR/Article 11 queries: cegpr@pmetb.org.uk

For CCT inquiries: cct@pmetb.org.uk

For GP CCT queries: gpcct@pmetb.org.uk

Appeals:

Phone: +44 (0)20 7160 6115

Email: appeals@pmetb.org.uk

Curricula and assessment systems queries:

Email: curriculum.eval@pmetb.org.uk

Deanery visits and post and programme approvals queries:

Email: quality.assurance@pmetb.org.uk

Trainer and trainee survey queries:

For trainee and trainer survey queries, please visit:

www.pmetb.org.uk/surveysfeedback

Media:

For media enquiries, please call +44 (0)20 7160 6132.

If your media query is urgent and outside of normal working hours (9am - 5.30 pm Monday to Friday) please call +44 (0)7765 652 723

Annex 1: PMETB Board Members

Postgraduate Medical Education and Training Board Members	
Professor Peter Rubin	Chairman
Dr Ike Anya	Medical member
Professor Dame Carol Black	Medical member (Until 18 July 2007)
Dr Chris Clough	Medical member
Mr Ian Cumming	Lay member
Professor Angela Coulter	Lay member (Until 31 May 2007)
Professor Neil Douglas	Medical member
Professor Stephen Field	Medical member
Mrs Susan Fox	Lay member
Mrs Frances Gawn	Lay member
Professor Janet Grant	Lay member

Dr Patricia Hamilton	Medical member
Professor David Haslam	Medical member
Professor Peter Hill	Medical member
Dr John Jenkins	Medical member
Dr Hasmukh Joshi	Medical member
Dr Namita Kumar	Medical member
Professor Stuart Macpherson	Medical member
Professor Alistair McGowan	Medical member
Dr Arun D Midha	Lay member (From 18 September 2007)
Professor David Neal	Medical member
Dr Trevor Pickersgill	Medical member
Miss Jane Reynolds	Lay member
Mrs Susanne Roff	Lay member

Mr Finlay Scott	Lay member
Mr John Smith	Lay member
Dr Anita Thomas	Medical member

Annex 2: Equality and diversity monitoring data: certification applicants

The data covers the second full year of PMETB's operations (October 2006 to September 2007). It provides a breakdown by ethnicity, gender and disability for each of the routes of entry to the specialist register – specifically for UK trainees awarded a Certificate of Completion of Training, and those who applied and who were approved or rejected for specialist registration via the equivalence routes. Further information is provided on the PMETB website.

We intend to publish future monitoring data in line with the financial year calendar.

Table 1 ***Applicants who returned EQD monitoring forms – by Ethnicity***

by Ethnicity [1]	CCT (GP) Awarded	CCT (Spec) Awarded	CESR Awarded	CESR Rejected	CEGPR Awarded
African	2 [1.74%]	11 [2.89%]	11 [8.46%]	3 [11.54%]	0 [0.00%]
Any Other Background	0 [0.00%]	6 [1.57%]	9 [6.92%]	0 [0.00%]	1 [2.63%]
Asian Other	5 [4.35%]	14 [3.67%]	8 [6.15%]	1 [3.85%]	3 [7.89%]
Bangladeshi	1 [0.87%]	1 [0.26%]	1 [0.26%]	1 [3.85%]	1 [2.63%]
Black Other	0 [0.00%]	0 [0.00%]	2 [1.54%]	0 [0.00%]	0 [0.00%]
British English	49 [42.61%]	113 [29.66%]	13 [10%]	1 [3.85%]	14 [36.84%]
British Other	3 [2.61%]	32 [8.4%]	4 [3.08%]	0 [0.00%]	1 [2.63%]
British Scottish	6 [5.22%]	25 [6.56%]	3 [2.31%]	0 [0.00%]	0 [0.00%]
British Welsh	4 [3.48%]	10 [2.62%]	10 [2.62%]	1 [3.85%]	1 [2.63%]
Caribbean	0 [0.00%]	4 [1.05%]	0 [0.00%]	0 [0.00%]	0 [0.00%]
Chinese	1 [0.87%]	14 [3.67%]	0 [0.00%]	0 [0.00%]	0 [0.00%]
Indian	26 [22.61%]	84 [22.05%]	35 [26.92%]	12 [46.15%]	5 [13.16%]
Irish	1 [0.87%]	19 [4.99%]	0 [0.00%]	0 [0.00%]	0 [0.00%]
Mixed Other	1 [0.87%]	3 [0.79%]	4 [3.08%]	0 [0.00%]	1 [2.63%]
Pakistani	7 [6.09%]	17 [4.46%]	20 [15.38%]	3 [11.54%]	1 [2.63%]
White and Asian	1 [0.87%]	3 [0.79%]	1 [0.77%]	0 [0.00%]	1 [2.63%]
White and Black African	1 [0.87%]	3 [0.79%]	1 [0.77%]	0 [0.00%]	0 [0.00%]
White Other	7 [6.09%]	22 [5.77%]	17 [13.08%]	4 [15.38%]	9 [23.68%]
Total [2]	**115** [100%]	**381** [100%]	**135** [100%]	**26** [100%]	**38** [100%]
Total Decisions Issued [3]	*1983*	*2833*	*400*	*310*	*335*
Response Rate [4]	*5.80%*	*13.45%*	*33.75%*	*8.39%*	*11.34%*

[1] *Number of responses in CCT (GP) Rejected, CCT (Spec) Rejected & CEGPR Rejected categories = 0*
[2] ***Total*** *- number of applicants who returned EQD monitoring form in a given category*
[3] ***Total Decisions*** *Issued - number of decisions issued in a given category*
[4] *Response Rate is calculated as Total/Total Decisions Issued*

Figure 1 ***Applicants who returned EQD monitoring forms – by Ethnicity***

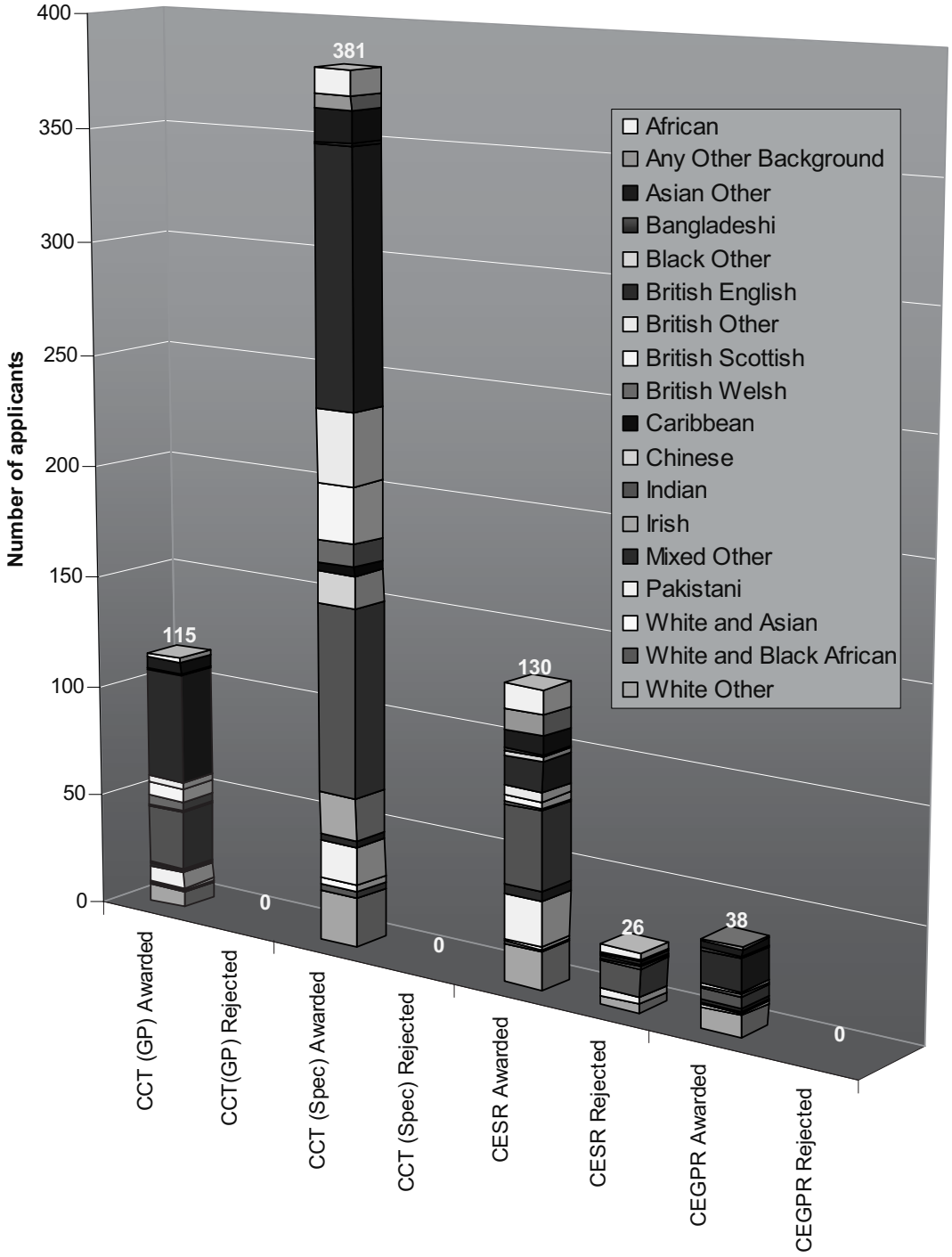


Table 2 ***Applicants who returned EQD monitoring forms – by Gender***

by Gender [1)]	**CCT (GP) Awarded**	**CCT (Spec) Awarded**	**CESR Awarded**	**CESR Rejected**	**CEGPR Awarded**
Male	42 [36.21%]	258 [68.07%]	102 [79.07%]	15 [57.69%]	17 [44.74%]
Female	74 [63.79%]	121 [31.93%]	27 [20.93%]	11 [42.31%]	21 [55.26%]
Total [2)]	**116** [100%]	**379** [100%]	**129** [100%]	**26** [100%]	**38** [100%]
Total Decisions Issued [3)]	*1983*	*2833*	*400*	*310*	*335*
Response Rate [4)]	*5.85%*	*13.38%*	*32.25%*	*8.39%*	*11.34%*

[1)] *Number of responses in CCT (GP) Rejected, CCT (Spec) Rejected & CEGPR Rejected categories = 0*
[2)] ***Total*** *- number of applicants who returned EQD monitoring form in a given category*
[3)] ***Total Decisions Issued*** *- number of decisions issued in a given category*
[4)] *Response Rate is calculated as Total/Total Decisions Issued*

Figure 2 ***Applicants who returned EQD monitoring forms - by Gender***

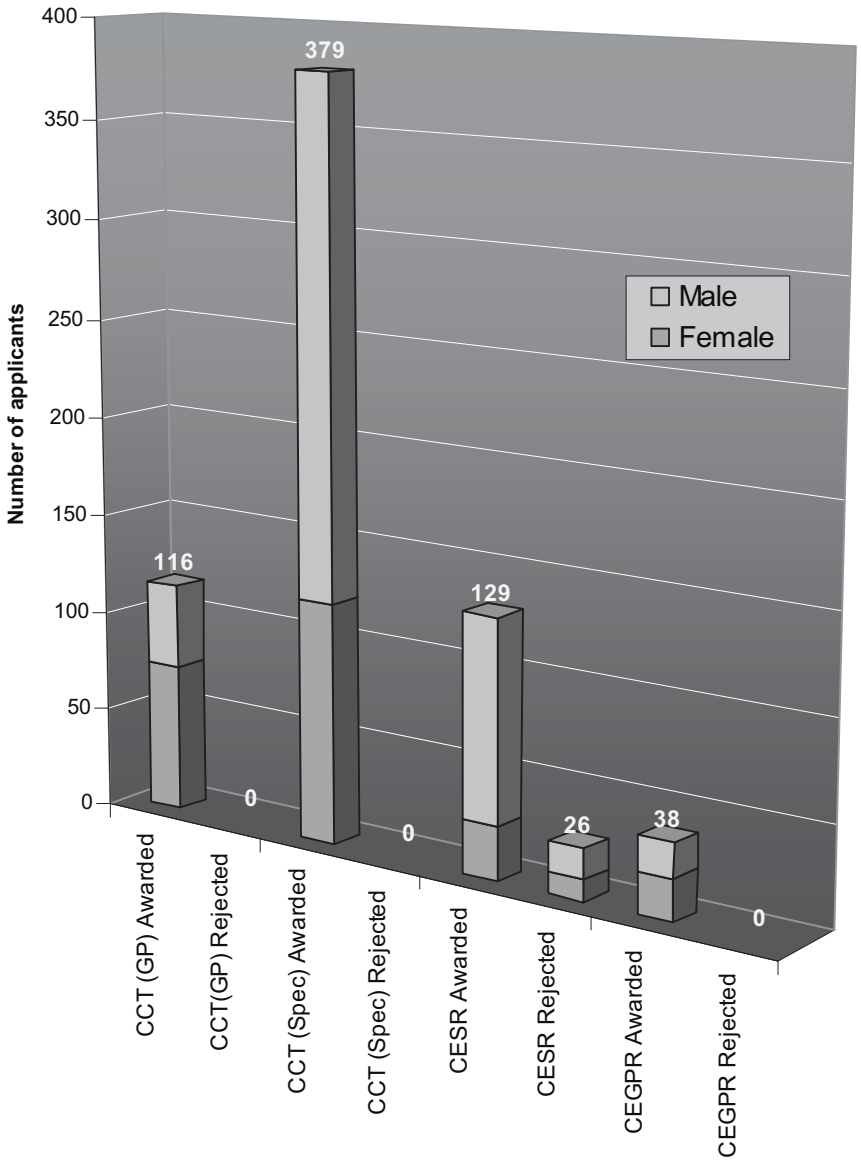
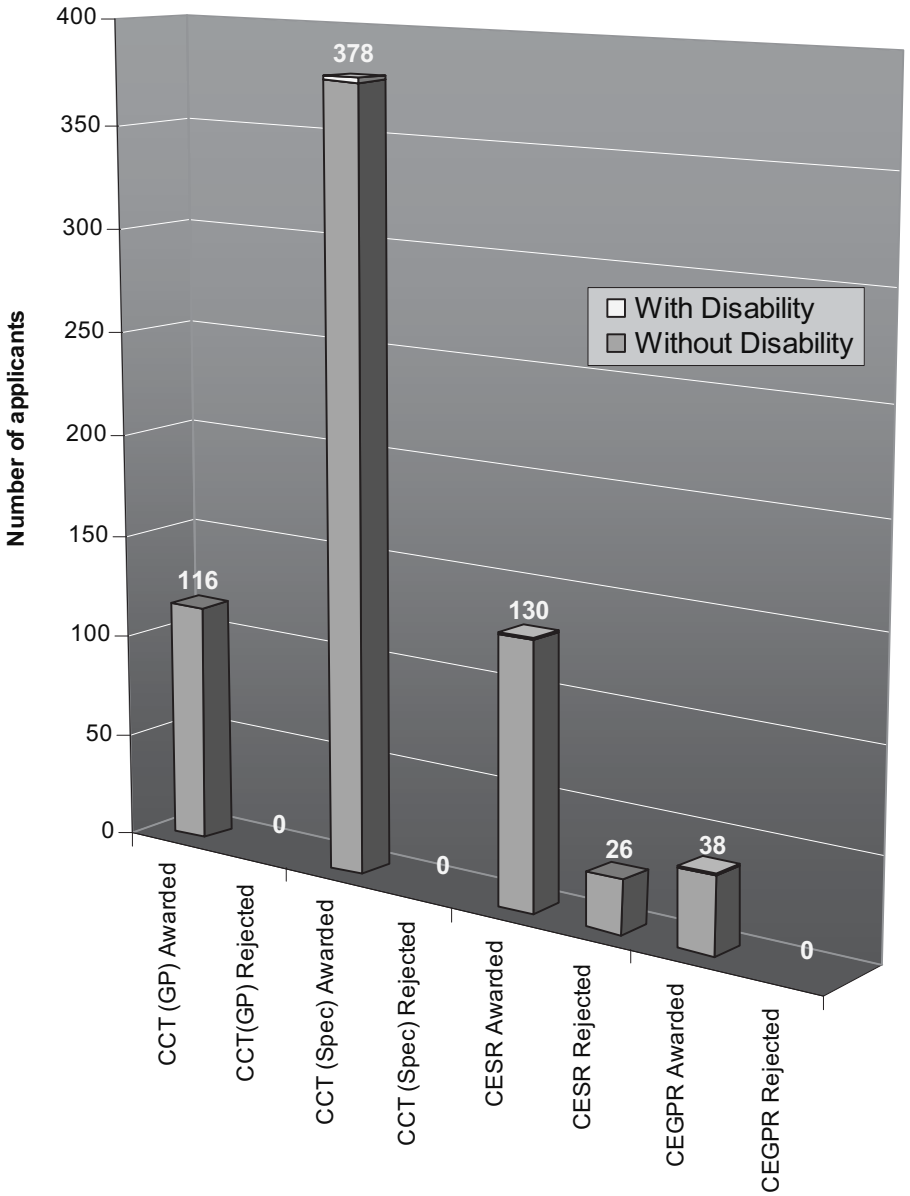

400
350
300
250
200
150
100
50
0
Number of applicants
Male
Female
116
0
379
0
129
26
38
0
CCT (GP) Awarded
CCT(GP) Rejected
CCT (Spec) Awarded
CCT (Spec) Rejected
CESR Awarded
CESR Rejected
CEGPR Awarded
CEGPR Rejected

Table 3 ***Applicants who returned EQD monitoring forms – by Disability***

by Disability [1]	CCT (GP) Awarded	CCT (Spec) Awarded	CESR Awarded	CESR Rejected	CEGPR Awarded
With Disability	0 [0.00%]	2 [0.53%]	1 [0.77%]	0 [0.00%]	1 [2.63%]
Without Disability	116 [100%]	376 [99.47%]	129 [99.23%]	26 [100%]	37 [97.37%]
Total [2]	**116** [100%]	**378** [100%]	**130** [100%]	**26** [100%]	**38** [100%]
Total Decisions Issued [3]	*1983*	*2833*	*400*	*310*	*335*
Response Rate [4]	*5.85%*	*13.34%*	*32.50%*	*8.39%*	*11.34%*

[1] *Number of responses in CCT (GP) Rejected, CCT (Spec) Rejected & CEGPR Rejected categories = 0*
[2] ***Total*** *- number of applicants who returned EQD monitoring form in a given category*
[3] ***Total Decisions Issued*** *- number of decisions issued in a given category*
[4] *Response Rate is calculated as Total/Total Decisions Issued*

Figure 3 ***Applicants who returned EQD monitoring forms – by Disability***


400
350
300
250
200
150
100
50
0
Number of applicants
With Disability
Without Disability
116
0
378
0
130
26
38
0
CCT (GP) Awarded
CCT(GP) Rejected
CCT (Spec) Awarded
CCT (Spec) Rejected
CESR Awarded
CESR Rejected
CEGPR Awarded
CEGPR Rejected

Glossary of Terms

Acronyms used within this document

Article 11: another term for a CEGPR.

Article 14: another term for a CESR.

CCT: Certificate of Completion of Training **–** The award of CCT confirms that a doctor has satisfactorily completed a PMETB approved training programme. Please note that although GPCCTs are awarded, the term CCT is often used to apply to certificates issued to both specialists and GPs.

CEGPR: Certificate confirming Eligibility for GP Registration – The award of a CEGPR signifies that a doctor has successfully demonstrated that their training, qualifications and experience are deemed equivalent to the award of a GPCCT.

CESR: Certificate confirming Eligibility for Specialist Registration - The award of a CESR signifies that a doctor has successfully demonstrated that their training, qualifications and experience are deemed equivalent to the award of a CCT.

COPMeD: Conference of Postgraduate Medical Deans

GPCCT: (GP) Certificate of Completion of Training **–** The award of GPCCT confirms that a doctor has satisfactorily completed a PMETB approved training programme and is eligible to become a GP. Please note that although GPCCTs are awarded, the term CCT is often used to apply to certificates issued to both specialists and GPs.

MMC: Modernising Medical Careers

PGME: Postgraduate medical education

PMET: Postgraduate medical education and training

Please note the use of the following terms throughout this document:

Deaneries: all postgraduate deaneries of the UK;

Colleges/Faculties: all medical Royal Colleges, Colleges, Faculties and specialty associations;

Reporting period: period time upon which this document reports i.e. 01 April 2007 to 31 March 2008;

Specialties: the specialties (including general practice) and subspecialties listed in *The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003* and so recognised by the Postgraduate Medical Education and Training Board (PMETB) as the competent authority in the UK.

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