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Postgraduate Medical Education and Training Board (PMETB) Annual Report and Accounts 2006/07

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PMETB Annual Report and accounts

2006 – 2007

About this report

This report sets out PMETB's activities, achievements and financial accounts for the business year which commenced on 01 April 2006 and ended on 31 March 2007, herein referred to as the *reporting period*.

PMETB was formally established on 22 October 2003 under powers conferred by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (the Order).

Article 29 (9) of the Order states that PMETB is required to submit annual accounts covering the period from the date of establishment up until the 31 March of the following year and for each financial year ending 31 March thereafter.

Effect of delays in submitting previous years' accounts

The presentation of the accounts for the year ending 31 March 2004 was subject to considerable delay. The reasons for the delay was set out by the Comptroller and Auditor General from the National Audit Office in his Report on the Board's Annual Report and Accounts 2003-04 (HC 423 2007-08). In that Report the Comptroller and Auditor General noted that the accounts for subsequent financial years could not be finalised until the Board had established the state of affairs at 31 March 2004 and that this had led to delays in the submission of accounts for later periods. Those circumstances have led to the delay in the presentation of these accounts.

For further information on this, the Annual Report and Accounts 2003/04 can be found on the PMETB website at:

http://www.pmetb.org.uk/annualreport

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PMETB's achievements during the reporting period

From April 2006 to March 2007, PMETB:

i. Published the first-ever generic standards for postgraduate training across all medical specialties bringing consistency and greater transparency to the postgraduate training of doctors;

ii. Visited 12 deaneries, helping to ensure that the generic standards for training were maintained at a local level;

iii. Carried out two triggered visits in response to matters of concern in education and training;

iv. Approved curricula for 55 specialties, plus 33 subspecialties, against new standards for curricula drawn up by PMETB. Prior to September 2005, fewer than half of the specialties in the UK had a defined curriculum;

v. Issued over 4,500 Certificates of Completion of Training (CCT) in all specialities (including General Practice);

vi. Made decisions on over 900 applications for equivalence to the Specialist and General Practice registers (CESR and CEGPR);

vii. Ensured that, across all of our work, there has been input from lay and service representatives. For example, seeking input from the service through NHS Employers and National Education for Scotland on the curricula as part of the approval process; and

viii. Undertook, in conjunction with the Conference of Postgraduate Medical Deans (COPMeD), the first-ever national survey of postgraduate medical trainees.

Chairman's Foreword

This Annual Report sets out the Board's work during the financial year of 2006-2007. It demonstrates considerable progress made in this period, including a number of significant achievements of which we are rightly proud.

We have made a great deal of progress in the relatively short time we have been in existence, including publishing the first-ever generic standards for postgraduate training, issuing over 5,000 certificates allowing as many trainee doctors to be entered onto the GMC registers and thus practice in the NHS, and approving curricula for the majority of specialties and subspecialties against new standards for curricula drawn up by PMETB.

We also embarked on a major body of work to scope the content and outcomes of future postgraduate medical education and training. As part of this review, entitled *Future Doctors,* we engaged with a wide range of stakeholders to understand and anticipate future challenges, to ensure that trainee doctors are equipped to cope with the change that tomorrow will bring.

None of our achievements would have been possible without the continued support from the medical Royal Colleges and Faculties, the deaneries and our other stakeholders as well as the ongoing dedication and enthusiasm of PMETB staff. I would like to take this opportunity to thank everyone involved in helping to make PMETB's first fully operational year such a success.

The Board and I remain mindful of our obligation to provide leadership in the field of postgraduate medical education and training, and are confident in our ability to do so.

Peter Rubin, September 2008.

Chief Executive's Overview

If the year 2005-2006 was all about establishing a solid foundation on which to build a new regulatory body in the postgraduate medical education (PGME) sector, then 2006-2007 was the year where we put a robust regulatory infrastructure in place to allow us to continue to meet our obligations to our stakeholders and to start to deliver against the immediate outcomes set out in our five year strategy.

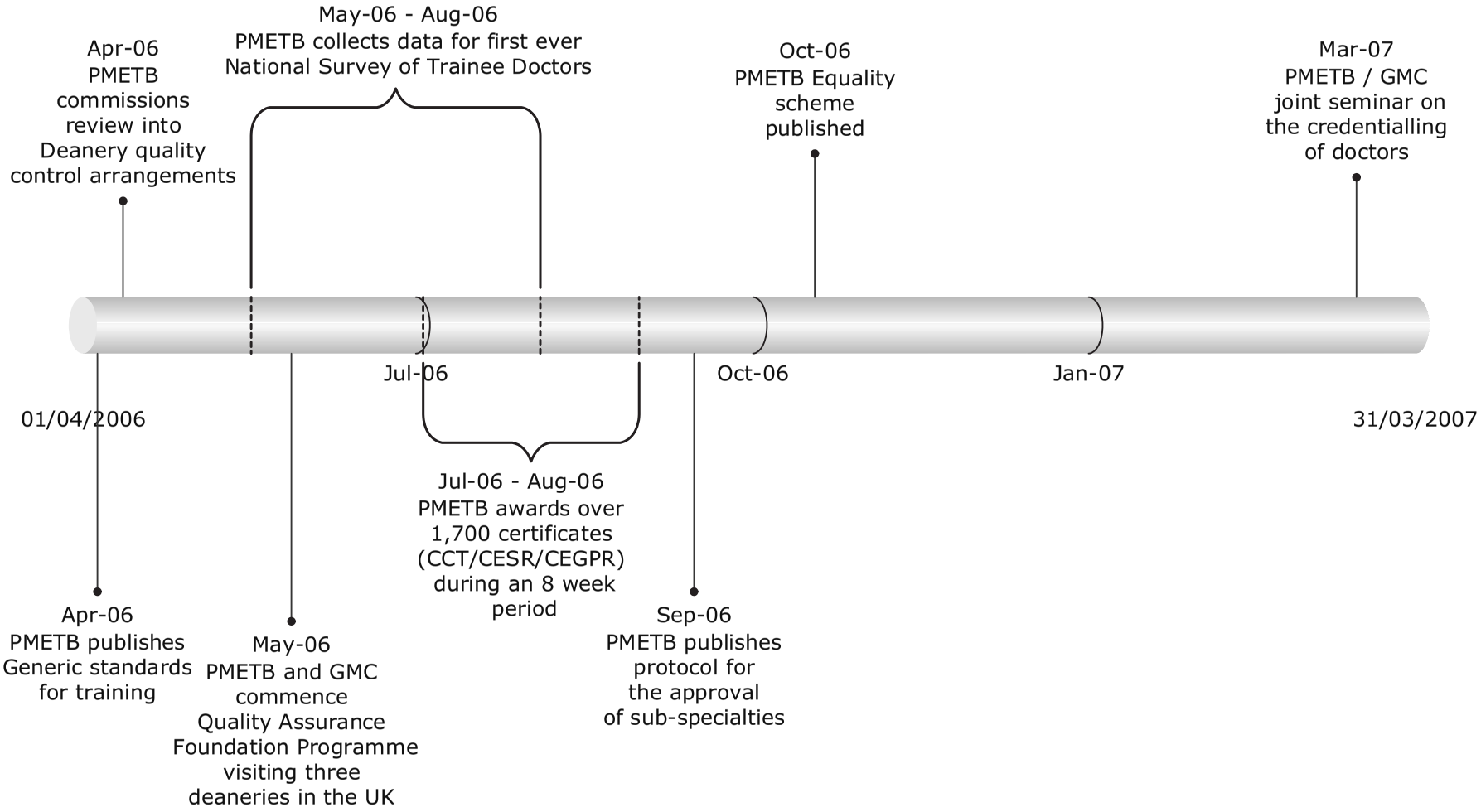
Our achievements during 2006-2007 reveal a lot about us as an organisation. The National Trainee Survey demonstrates our ability to collate a credible evidence base from a considerable trainee population working collaboratively with the PGME sector as a whole. We managed the peak certification period over the summer of 2006 where we processed over 1,700 applications in the space of eight weeks showing that we have effective procedures in place and a dedicated workforce who have what it takes to get the job done quickly and efficiently. And, finally, our work on post, programme and curricula approval shows that we have the regulatory know-how to set standards that are relevant, proportionate and can be adhered to by postgraduate medical education institutions.

We also began our examination of the future of postgraduate medical education and training through our *Future Doctors* review. This is no easy task but I am already looking forward to the findings and outcomes from the review. PMETB is perfectly positioned to conduct this review as it has established a strong network of contacts in all areas of the sector: from medical Royal Colleges, Faculties and Deaneries through to patient groups and trainee doctor bodies, our position gives us access to a body of information and evidence that has previously been untapped.

It is important to recognise that developing a new regulatory body is never an easy process, especially in a sector with a strong heritage and a well-established set of traditions and processes. As chief executive I would like to thank all of the organisations that we have worked with over this past year - it has not always been straightforward but we have managed to resolve our differences in a professional manner. I would especially like to thank all of my staff without whom none of the achievements outlined in this report would have been possible.

Paul Streets, September 2008.

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 the GP register or the specialist register if they want to practice as a GP or as a substantive consultant in the NHS. This section gives an overview of the routes to certification and summarises our achievements in certification during the financial year 2006 - 2007.

Under the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (*the Order*) that established us, the routes have been redefined for determining the eligibility of doctors to practice as specialist consultants or GPs in the NHS.

The routes to the specialist and GP registers are as follows: to apply for a Certificate of Completion of Training (CCT) or a GPCCT (for GPs); alternatively, to apply for a Certificate confirming Eligibility for Specialist Registration (CESR) or a Certificate confirming Eligibility for General Practice Registration (CEGPR).

Certificate of Completion of Training (CCT) and General Practice Certificate of Completion of Training (GPCCT)

Since 30 September 2005, we have been the sole competent authority for the issuing of CCTs and GPCCTs. This route is for doctors who are following an approved UK training programme. Their posts must be prospectively approved for training and the training programme must meet the current training curriculum that we have set out. Approved programmes and posts are described in more detail in the 'Quality' section of this report.

Medical Royal Colleges and Faculties provide trainee doctors with a CCT application up to six months before the completion of their training and make a recommendation regarding the prospective application to PMETB shortly before their completion date. The trainee doctor must then send their CCT application form and required documentation to us to have their certificate issued.

Certificate confirming Eligibility for Specialist Registration (CESR) and Certificate confirming Eligibility for General Practice Registration (CEGPR)

We have also further developed the equivalence system that assesses applications from doctors for eligibility for inclusion on the GP or specialist registers who have not followed a PMETB approved programme, but who may have gained the same level of skills and knowledge as required for the award of a CCT/GPCCT.

Article 11 of *the Order* covers those wishing to join the GP register, whilst Article 14 covers those wishing to join the specialist register. Article 14 also makes provision for those doctors involved in academic and research medicine to gain specialist registration. Where appropriate, applicants will be issued with either a

Certificate confirming Eligibility for Specialist Registration (CESR) or a Certificate confirming Eligibility for General Practice Registration (CEGPR). Prior to our establishment, there were only very limited ways for some of these doctors to join the specialist register with consequent limitations to the career development of the others.

Achievements during the reporting period

In total we issued 5,793 decisions during the *reporting period*, of which:

- 2,664 were CCTs;
- 1,920 were GPCCTs;
- 244 were sub-specialty certificates; and
- 533 were decisions relating to CESR applications.

Of the 533 CESR applications, we approved 289 applications and rejected 244 applications.

We also:

- Made decisions on 425 CEGPR applications, 408 of which were approved and 17 were rejections;
- Issued 7 GP acquired rights certificates;
- Submitted 961 CESR applications to the Colleges/Faculties for evaluation; and

On average, 483 decisions were made every month.

Quality: securing and maintaining standards in Postgraduate Medical Education

The Quality directorate is responsible for securing and maintaining standards in postgraduate medical education and training (PGME) in the UK. The directorate does this by monitoring training and outcomes through surveys and visits as well as approving all curricula and associated assessment systems, training posts, programmes and GP trainers.

This section of the report examines each of these regulatory tools in more detail and highlights the key achievements and successes from the *reporting period*. It concludes by briefly considering how we are developing an integrated Quality Framework for the future.

Approval of curricula

We work to ensure that curricula for each specialty and subspecialty not only meet the standards for curricula that we have set to ensure the high quality of training, but that there is consistency across all medical specialties in the UK.

Our *Standards for curricula* sets out the requirements that curricula should display to be effective in guiding learning, teaching and experience. To ascertain that all specialty curricula meet these standards, curriculum approval panels are convened.

During the *reporting period*, we approved curricula for 57 medical specialties and 33 sub-specialties.

Approval of programmes and posts (including GP trainers)

Trainee doctors can only work in the NHS as a general practitioner, principal or substantive consultant if they have received a Certificate of Completion of Training (CCT) from us. One of the conditions of a CCT being granted is that the trainee doctor has been trained in PMETB approved training posts and programmes.

In April 2006 we published a revised *Generic standards for training* after consultation with a wide variety of stakeholders. This document sets out the standards by which all training is assessed and it is the responsibility of postgraduate deans to ensure that these standards are met.

Where a dean wishes to seek approval of a programme or post, an application form is completed – with the agreement of the relevant Royal College / Faculty – and is sent to us for consideration. Each application is assessed against the *Generic standards for training*, with the postgraduate dean signing to confirm that these standards should be met for the specialty to a maximum training capacity; the Royal College or Faculty then confirm that this is acceptable to the specialty.

During the *reporting period*, we received and processed over 1,100 post and programme approval applications.

We also approve all Academic Clinical Fellowships and Clinical lectureships across the UK. During 2006-7 we took the opportunity to work with the Academy of Medical Sciences and streamline this approval process. PMETB also worked with the deaneries and colleges to ensure that part-time or less than fulltime or flexible training could be approved in as simple and direct way as possible. Simplifying these processes to reduce bureaucracy has been positively received by trainees and other stakeholders.

National Survey of Trainee Doctors

First trainee survey in the UK

In May 2006 PMETB and the Conference of Postgraduate Medical Deans (COPMeD) launched the first-ever National Survey of Trainee Doctors.

The survey represents a key source of evidence for ongoing quality assurance in PGME. The survey presents the first UK-wide picture of training provision as perceived by trainees themselves, and is considered against our *Generic standards for training* (see above).

The 2006 survey received well over 25,000 responses representing approximately two thirds of the trainee population at the time of survey. The highlights from the 2006 survey's findings were:

i. Higher levels of supervision lead to higher levels of satisfaction with training amongst trainees; and

ii. Concerns over perceived bullying within supervision within certain specialty groups.

The survey is an important success story for us and is a crucial source of evidence for our work in assuring the quality of PGME in the UK.

Deanery-wide cross specialty visits

We operate three different types of visit to cover our range of regulatory responsibilities.

Visits to deaneries

We use the findings from our deanery-wide, cross specialty visits programme to ensure that our training standards are met and this also enables us to approve training programmes in a range of different specialties within a deanery. We visit all deaneries to inspect all specialties at least once in a round of visits.

Visits also have a number of other objectives, including: identifying notable practice in training and the deanery and sharing this with other specialties and deaneries; acting as a peer review of the quality management by the dean and his/her senior team; and reporting on the extent to which the specialties being visited met the standards for training.

During the *reporting period* we conducted twelve visits to deaneries. Further information on visits to deaneries can be found on our website at: http://www.pmetb.org.uk/visits.

Triggered visits

We introduced the triggered visit to respond promptly to matters of concern in education and training. A triggered visit is undertaken where there may be possible serious educational failure that needs a rapid investigation and where concerns cannot be satisfied in any other way. Triggered visits fall outside the regular visits to deaneries programme.

The triggered visit process begins when we receive information about a concern from an appropriate and reliable source. We will then ask the appropriate dean, medical Royal College, Faculty and training provider to investigate the issue raised before a triggered visit takes place. If the concern raised is confirmed as being valid, we will arrange a visit in partnership with the deanery, College/Faculty and others with training concerns. A team will visit the institution concerned and conduct appropriate investigations. The visiting panel will include a lay member and at least one member will have appropriate expertise in the specialty concerned. The visit normally takes place over a day.

During the *reporting period*, we received twelve requests for triggered visits from deans and Colleges/Faculties. After investigating the requests, PMETB arranged two triggered visits. In both cases remedial action taken by the deanery and local education provider was successful and approval was maintained.

Quality Assurance Foundation Programme visits

The Quality Assurance Foundation Programme (QAFP) was set up in conjunction with the General Medical Council (GMC) to quality assure Foundation Programme training in the UK. The QAFP process was piloted in 2006 with the aim of developing a single quality assurance process that satisfies the requirements of GMC and PMETB. GMC has statutory responsibility for Foundation Year one and we have responsibility for Foundation Year two.

The QAFP process monitors whether or not the outcomes and standards are being met as well as piloting the method of quality assurance for this period of training. This approach enables both PMETB and GMC to ensure that a high standard of education and training continues during this crucial transition from undergraduate training to entry to specialist training

Six visits were scheduled overall, with visits to the North of Scotland and Wales deaneries taking place during the *reporting period.* The first QAFP visit took place in February 2006 and the remaining three visits were completed by October 2007.

Further information on these visits can be found on our website at: http://www.pmetb.org.uk/qafp.

Improving the Quality Framework for the future

The Quality activities outlined above provide us with a solid foundation for meeting our statutory obligations. The Quality team also started work on the development of an integrated Quality Framework (QF) to provide an increasingly robust, flexible and risk-based approach to regulation.

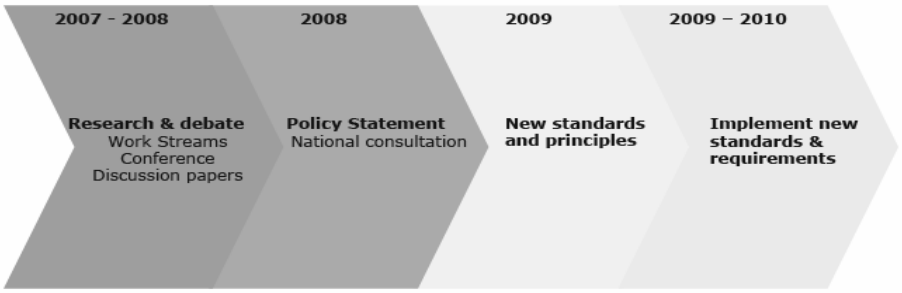
A key point in the design brief was to ensure that the new framework recognised fully the key roles of the Royal Colleges/Faculties and specialty associations, as well as the deaneries. To this end, preparations for a national consultation on the QF began at the end of the *reporting period*.

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

The environment within which postgraduate medical education and training takes place has seen considerable change in recent years. The rapid pace in technological advances, the increased diversity of service provision, the shorter hours available for doctors to train and changes in the workforce balance are among the many factors which have made a profound impact across the sector. The arrival of PMETB has provided scope for some fresh thinking on how we can reconcile these issues on a practical and beneficial level using our wide-ranging legal powers.

The measures which we have already established within our quality assurance work provide the cornerstone for consistency and improvement across specialist and general practice training in the UK. However, there is more we can do and the organisation's legal duty to promote PGME provides an unparalleled opportunity to make fundamental change to the content, outcomes and delivery of training across the sector. To this end, at the beginning of 2007, we started work on a major four-year project - the *Future Doctors* review.

The review, which will be informed by and have regard to the requirements of trainees, patients and the service, has four phases:



The review focuses on four specific areas of interest:

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

ii. Educating tomorrow's doctors – exploring the scope for generic professional skills, maximising opportunities for training and trainees' expectations for careers;

iii. Role of the regulator – considering how PMETB should use its powers and whether it should be more prescriptive; and

iv. The future shape of the heath service – looking at the scenarios for the future delivery of health care.

Naturally, we could not do this work alone and that is why we made an early commitment to canvassing a broad range of views and opinion from those who have a direct and indirect interest in postgraduate medical education and training.

Further information about the Future Doctors review can be found on our website at http://www.pmetb.org.uk/index.php?id=futuredoctors.

Policy and Communications: informing our stakeholders

PMETB leads on the regulation of postgraduate medical education and training in the UK but we can only do this in partnership with our stakeholders. It is important that our actions and decisions are clearly understood. For us to be successful, our communication must be effective.

From April 2006 to March 2007 we:

- Arranged a joint seminar with the General Medical Council on the issue of credentialing of doctors and specialists. The seminar explored the meaning of credentialing, considered the impact that credentialing might have on patients, the service and trainees and the promotion of continuing professional development. Further information on the seminar can be found on our website at: http://www.pmetb.org.uk/index.php?id=events;

- Launched an operational update in September 2006. This quarterly publication summarises recent decisions of PMETB. The update's key audiences are staff in postgraduate deaneries, medical Royal Colleges and Faculties and others involved in the development and management of postgraduate medical education. We also produce a Rapid update which is used to circulate important news. To register to receive these updates by email, please visit our website at: http://www.pmetb.org.uk/index.php?id=operational_update;

- Provided communications support to all of our major workstreams including the National Survey of Trainees and the launch of the *Generic standards for training*; and

- Relaunched our corporate branding, providing the organisation with a more distinct brand and style.

The PMETB website can be accessed at www.pmetb.org.uk and a list of PMETB's key documents relevant to this *reporting period* are included within the 'Other Information' section of this report.

Appeals Directorate: review of *reporting period*

Appeals against PMETB decisions, acts or omissions

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

- Fails to give a decision within three months of receipt of a complete application from an eligible specialist or general practitioner;
- 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;
- Refuses to award or withdraws a CCT;
- 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;
- Refuses to award a GP a certificate of acquired rights to practice; and
- Imposes conditions on, refuses or withdraws approval from a hospital, training institution or trainer.

The Directorate makes all administrative arrangements for appeals, provides 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* six PMETB appeals were received. Appeal applications continued to be received against decisions of the PMETB under the transitional arrangements made on behalf of the Specialist Training Authority of the medical Royal Colleges (STA), which, as PMETB's predecessor, dealt with applications from specialists prior to 1st October 2005.

Independent appeal panels in total heard one PMETB appeal under Article 14(4) which was upheld in favour of PMETB and seven transitional appeals and in addition, several doctors who had applied for an appeal under Article 9 of the previous STA legislation submitted further additional evidence which satisfied PMETB and allowed them to gain entry onto the specialist register.

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 24 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
- Develop and promote postgraduate medical education and training in the United Kingdom

In exercising its functions PMETB's main objectives should be

- 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 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
- to ensure that the needs of employers and those engaging the services of general practitioners and specialists within the National Health Service are met by the standards established

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 2007 show net operating costs after interest receivable of £1,928,256 (2005-06 £4,135,776). The main reason for the reduction in net operating costs was the full year effect of income streams. The Board is financed by grant income from the Department of Health (DH) of £4,067,000 (2005/06 £3,229,000). Funding from DH is received to meet cash flows associated with expected short term liabilities for capital and operating expenditure.

In 2006/7 income from fees amounted to £3,169,802 (2005/6 £854,543). Total expenditure for the year was £5,122,300 (2005/6 £5,007,888).

The main changes in expenditure from the previous year related to the effect of the organisation having its first full year of operating properly as a new regulatory body and the full year effect of new premises. They ranged from changes in the staff mix from temporary and agency staff to permanent employees, increased printing costs from publishing the quality and certification guides, and increased support to the Royal colleges. These increases were offset by reductions in the use as consultants and room hire and appeal costs.

At the end of the year reserves stood at £2,122,849 – an increase of £2,184,884 from the position reported at the end of the previous year.

The Board had expenditure on fixed assets of £143,976 on furniture and fittings (2005/06 £893,620)

Going forward, the Board plans in 2007/08, to continue to work towards financial independence, while continuing to ensure that patient care throughout the United Kingdom is maintained and improved where necessary.

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
Katie Carter	Director of Quality	21.03.97 *	Permanent Contract	3 months
Patricia Le Rolland	Director of Quality	01.09.06	Permanent Contract	3 months

* date applicable to contract with predecessor organisation

Following her resignation from the position of Director of Quality on 30 March 2006, Katie Carter was contracted to provide advisory services to PMETB from 10 April 2006 until 31 August 2006. Her remuneration in respect of these services was £16,278.

Senior Managers' salaries

Name	Salary (£) 2006/07	Non consolidated award for (£) 2006/07	Salary (£) 2005/06	Real increase in pension at age 60 (£'000)
Paul Streets	134,776	8,412	123,400	0-2.5
John Tuck	81,885	4,635	73,076	0-2.5
Lesley Hawksworth	75,524	3,425	35,000	0-2.5
Luke Bruce	74,967	2,275	N/A	0-2.5
Katie Carter	32,454	-	50,215	N/A
Patricia Le Rolland	42,058	1,225	N/A	N/A

No amounts were payable to third parties for the services of any of the above senior managers. No awards were made to senior staff in the 2005/06 year. None of the above senior managers received any of the following types of remuneration in 2006/07 or 2005/06: 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

		Value of accrued pension (£'000)	Related lump sum (£'000)	Real increase in related lump sum (£'000)	Cash equivalent Transfer Value as at 1 April 2006 (£'000)	Cash equivalent Transfer Value as at 31 March 2007 (£'000)	Real increase in the cash equivalent transfer value during the reporting year (£'000)
Paul Streets	Chief Executive	0-5	12.5-15	2.5-5	42.5-45	65-67.5	12.5-15
John Tuck	Director of Finance and Resources	0-5	5-7.5	2.5-5	15-17.5	10-12.5	30-32.5
Lesley Hawksworth	Director of Certification	0-5	2.5-5	2.5-5	5-7.5	20-22.5	10-12.5
Luke Bruce	Director of Policy and Communications	0-5	2.5-5	2.5-5	0-2.5	7.5-10	5-7.5
Patricia Le Rolland*	Director of Quality	25-30	85-87.5	-	N/A	460-462.5	-

* Patricia Le Rolland was appointed during the year to 31 March 2007. Benefits at 31 March 2007 include benefits from previous employments.

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.

Board Members' Remuneration

The Chair, Peter Rubin, received remuneration of £65,000 for the year (2005/06: £54,167). Board Members' remuneration and the Chair's salary are not subject to superannuation. Board Members receive an annual remuneration of £9,000 (2005/06: £9,000).

Board Members' remuneration during the year amounted to £365,675 (2005/06: £361,575), including social security costs.
Payments to individual members are disclosed in the following ranges:

	Year ended 31 March 2007 £	Year ended 31 March 2006 £
Dr Ikechuku Anya (appointed 22 October 2006)	3,981	-
Professor Dame Carol Black *** (resigned 18 July 2007)	9,000	9,000
Dr Chris Clough (appointed 22 October 2006)	3,981	-
Dr Angela Coulter *** (resigned 31 May 2007)	9,000	9,000
Professor Sir Alan Craft (resigned 21 October 2006)	5,019	9,000
Mr Ian Cumming (Deputy Chair)	9,000	9,000
Professor Neil Douglas (appointed 22 October 2006)	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)	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
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
Dr Ewen Sim (resigned 30 November 2005)	-	6,000
Sir Peter Simpson (resigned 21 October 2006)	5,019	6,750
Mr John Smith (appointed 13 January 2006)	9,000	750
Professor Dame Lesley Southgate (resigned 21 October 2006)	5,019	9,000
Dr Anita Thomas **/***	9,000	9,000

* Dr Hasmukh Joshi received an additional £22,610 (2005/06: £5,652 from appointment on 1 January 2006), in respect of his role as Chair of the Assessment Committee.

** £57,148 (2005/06: £53,100), 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 members fees so denoted were paid directly to their ultimate employer.

In addition, expenses amounting to £95,386 (2005/06: £85,705) 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's 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 Government Accounting. (Managing Public Money from 1October 2007)

PMETB reports directly to the UK Parliament and works closely with the Departments 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 2007, 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 finance 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 (ie the system of internal control) for 2006/07, 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 2005/06 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.

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 31 to 44. 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 34 to 36. 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 23, 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 to be 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 (page 24) 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 Treasury or 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 17 and 19 to 25. 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 2007 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

13 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 2007 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 2007 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

26 January 2009

National Audit Office

151 Buckingham Palace Road

London, SW1W 9SS

PMETB operating cost statement for the year ended 31 March 2007

	Note	Year ended 31 March 2007		Year ended 31 March 2006	
		£	£	£	£
Staff Costs	4	2,593,427		2,426,073	
Board Members' Remuneration	3	370,175		370,082	
Other Operating Costs	6	1,816,549		1,537,312	
Goss expenditure	13	90,792		378,563	
Depreciation	9	214,925		282,133	
Notional cost of capital	8	36,432		13,725	
Gross operating cost			5,122,300		5,007,888
Operating Income	7		3,169,802		854,543
Net operating cost before interest			1,952,498		4,153,345
Interest Receivable			24,242		17,569
Interest Payable			-		-
Net Operating Cost for the year			1,928,256		4,135,776

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

	Note	Year ended 31 March 2007	Year ended 31 March 2006
		£	£
Statement of Recognised Gains and Losses			
Unrealised gains on fixed asset indexation	9	9,708	5,706

The notes on pages 34 to 44 form part of these accounts

PMETB balance sheet as at 31 March 2007

	Note	2007 £	2007 £	2006 £	2006 £
Fixed Assets					
Tangible fixed assets	9		724,081		785,321
Current Assets					
Debtors	10	100,254		34,666	
Cash at bank and in hand	11	3,142,586		599,190	
		3,242,840		633,856	
Creditors: amounts falling due within one year	12	1,833,574		1,470,714	
Net current assets / (liabilities)			1,409,266		(836,858)
Provisions for liabilities and charges			-		-
Net Assets / (Liabilities)			2,133,347		(51,537)
Reserves					
General Reserve	14		2,121,849		(56,502)
Revaluation Reserve	15		11,498		4,965
			2,133,347		(51,537)

The notes on pages 34 to 44 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 2007

	Note	Year ended 31 March 2007	Year ended 31 March 2006
		£	£
Net cash (outflow) from operating activities	16i	(1,403,870)	(2,936,434)
Return on investments and servicing of finance			
Interest received		24,242	17,569
Capital expenditure			
Payments to acquire tangible fixed assets	9	(143,976)	(893,620)
Net cash outflow before financing		(1,523,604)	(3,812,485)
Management of liquid resources			
Financing received		4,067,000	3,229,000
Increase/(Decrease) in cash	16ii	2,543,396	(583,485)

The notes on pages 34 to 44 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 their current value less depreciation. Assets are valued at modified historic cost, being historic cost indexed to 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 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% (2005/06: 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.

	Note	Year ended 31 March 2007	Year ended 31 March 2006
		£	£

2 Reconciliation of Net Operating Cost to Financing Received from the UK Government

Net Operating Cost for the period		(1,928,256)	(4,135,776)
Financing received from the Department of Health		4,067,000	3,229,000
(Over) / Underspend against Financing received from the Department of Health		2,138,744	(906,776)

3 Board costs

	Note	Year ended 31 March 2007	Year ended 31 March 2006
		£	£
Payments to Chair		65,000	70,417
Payments in respect of additional responsibilities of Chairs of Statutory Committees		79,758	83,777
Fees		210,981	202,500
Social security costs		14,436	13,388
		370,175	370,082

4 Staff costs

	Note	Year ended 31 March 2007	Year ended 31 March 2006
		£	£
Salaries		1,595,062	769,765
Social security costs		148,461	76,491
Superannuation costs		164,596	60,767
Agency/Temporary costs		685,308	1,519,050
		2,593,427	2,426,073

5 Average number of staff

	Note	Year ended 31 March 2007	Year ended 31 March 2006
The average number of full time equivalent staff were as follows:			
Administration		14	13
Appeals		2	1
Certification		25	15
Policy & Communications		6	3
Quality		10	6
Total		57	38
Permanent		44	20
Temporary		13	18
Total		57	38

6 Other Operating Costs

Other operating costs include:

	Note below	Year ended 31 March 2007 £	Year ended 31 March 2006 £
Professional fees		142,620	277,009
Rent and office accommodation		278,555	244,037
Training and recruitment		73,633	133,968
ICT costs, computer consumables and website costs		188,183	212,297
Printing and stationery		236,840	92,293
Board members' expenses		95,386	85,705
Room Hire		31,107	110,661
Transition Team management costs		9,048	38,913
External audit fee		29,412	26,768
Support to Royal Colleges		275,500	10,500
Quality Assurance (formerly "Project costs")		275,599	73,888
Appeals costs		27,640	94,875
Other costs		153,026	136,398
Total other operating costs		1,816,549	1,537,312

7 Fee Income

	Note below	Year ended 31 March 2007 £	Year ended 31 March 2006 £
CCT		2,145,050	516,000
CESR & CEGPR		978,005	318,100
Appeals, reviews, other		46,747	20,443
		3,169,802	854,543

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 2007 £	Year ended 31 March 2006 £
Capital employed as at beginning	(51,537)	835,808
Capital employed as at 31 March	2,133,346	(51,537)
Mean capital employed	1,040,904	392,135
Notional charge	36,432	13,725

9 Tangible Fixed Assets

	Furniture, Fixtures and Fittings - conversion costs	ICT equipment	Total
	£	£	£
Valuation			
At 1 April 2006	555,328	529,797	1,085,125
Additions	130,304	13,672	143,976
Revaluations	10,830	* (25,986)	(15,156)
Impairments	0	0	0
At 31 March 2007	696,462	517,483	1,213,945
Depreciation			
At 1 April 2006	71,133	228,670	299,803
Charge for year	128,637	64,090	*192,727
Revaluations	1,122	* (3,788)	(2,666)
At 31 March 2007	200,892	288,972	489,864
Net Book Value			
At 31 March 2007	495,570	228,511	724,081
At 31 March 2006	484,195	301,126	785,321

* These items total £214,925 and are shown as depreciation in the Operating Cost Statement.

10 Debtors

	31 March 2007 £	31 March 2006 £
Prepayments	81,035	13,985
Other debtors	7,886	19,377
Income tax recoverable	8,652	0
Interest receivable	2,681	1,304
	100,254	34,666

11 Cash at Bank and in Hand

	31 March 2007 £	31 March 2006 £
At 1 April 2006	599,190	1,182,675
(Decrease)/Increase in cash in year	2,543,396	(583,485)
At 31 March 2007	3,142,586	599,190
Bank Accounts	3,142,586	599,190
Cash in Hand	-	-
	3,142,586	599,190

12 Creditors: Amounts falling due within one year

	31 March 2007 £	31 March 2006 £
Trade Creditors	438,108	494,349
Deferred Income	906,560	791,300
Capital Creditors	0	40,862
Other Creditors	488,906	144,203
Accruals		
	1,833,574	1,470,714

Other creditors at 31 March 2007 include an intra government balance of £356,410 due to the NHS Pensions Agency.

13 Abortive expenditure on systems development

	Year ended 31 March 2007 £	Year ended 31 March 2006 £
Expenditure in year	90,792	378,563

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 supplier	0	327,336
Payments to consultants	53,611	51,227
Payments to lawyers	37,181	0
	90,792	378,563

14 Reserves

	Year ended 31 March 2007 £	Year ended 31 March 2006 £
At 1 April 2006	(56,502)	835,808
Net Operating Cost	(1,928,256)	(4,138,776)
Grant in Aid funding	4,067,000	3,229,000
Notional cost of capital	36,432	13,725
Realised element of Revaluation Reserve	3,175	741
At 31 March 2007	2,121,849	(56,502)

15 Revaluation Reserve

	31 March 2007 £	31 March 2006 £
At 1 April 2006	4,965	0
Revaluation of kitting out costs in the year	10,830	5,706
Realised element transferred to General Reserve	(3,175)	(741)
Backlog depreciation re kitting out costs	(1,122)	0
At 31 March 2007	11,498	4,965

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

	Year ended 31 March 2007 £	Year ended 31 March 2006 £
Net Operating Expenditure	(1,928,256)	(4,135,776)
Adjustment for non-cash transactions:		
Notional cost of capital	36,432	13,725
Depreciation	192,727	264,746
Permanent diminution in value of fixed assets	22,198	17,387
Less Interest received	(24,242)	(17,569)
Adjustment for movements in working capital other than cash:		
Increase in creditors	362,860	695,034
(Increase) decrease in debtors	(65,589)	226,019
Net cash (outflow) from operating activities	(1,403,870)	(2,936,434)

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

	Year ended 31 March 2007 £
Increase in cash in the period	2,543,396
Increase in liquid resources	0
Change in net funds	2,543,396
Net funds as at 31 March 2006	599,190
Net Funds as at 31 March 2007	3,142,586

17 Contingent Liabilities

As detailed in Note 12 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

PMETB 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 2007 the Department of Health made payments totalling £4,067,000 in respect of funding for PMETB for 2006/07.

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 2006/07.

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 2006/07 in respect of this assistance. The following Board Members were post holders of Royal Colleges and Faculties during 2006/07:

Professor Sir Alan Craft	President of the Royal College of Paediatrics and Child Health (until October 2006)
Dr Patricia Hamilton	President of the Royal College of Paediatrics and Child Health (from October 2006)

Professor Stephen Field	Council Member of the Royal College of General Practitioners
Professor David Haslam	Council Member 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
Sir Peter Simpson	President of the Royal College of Anaesthetists
Mr John Smith	President of the Royal College of Surgeons of Edinburgh
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 2007 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 12), 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 2007 that would have a material effect on these financial statements.

These accounts were approved and authorised for issue on 26 January 2009.

22 Financial Instruments

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

The Postgraduate Medical Education and Training Board had no borrowings. Financing from the Department of Health is based on an agreed business plan. Management monitor cash flow performance to the plan to ensure PMETB maintains adequate working capital. PMETB 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

There were no commitments under operating leases at the balance sheet date.

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 quality assurance (QA);
- 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 PMETB has 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 8 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 Members 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; 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. 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.

PMETB's equality scheme

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 – both as a regulator and as an employer - and, to this end, in October 2006, we published our Equality Scheme incorporating a list of functions/policies and an action plan.

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

The following summarises the action which we have taken since we began operations:

- Our core materials specify the requirements for equality and diversity which must be taken into account: The *Generic standards for training*, the *Principles for an assessment system for postgraduate medical training* and the *Standards for curricula*;

- Monitoring data for certification applicants has been published at Annex 2 of this report. The data is also available on our website at: http://www.pmetb.org.uk/index.php?id=equality.

  The data, which is derived from the monitoring forms and covers the first twelve months of our operations (October 2005 to September 2006), 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. As the data grows year-on-year, it will be used to help inform development of our policies and processes.

- A Race Equality Impact Assessment was carried out by Third Vision Consultancy on our certification process during the reporting period and they confirmed that we were meeting our legal responsibilities in relation to equality.

Key PMETB documents

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

i. Preparing doctors for the future: about PMETB

Précis: Provides an overview of our latest work in Quality and Certification and outlines our future work on the content and outcomes of postgraduate medical education and training.

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

Précis: Answers specific questions about our role, responsibilities and remit. It also includes a trainee's directory section which points readers in the right direction for further information around their training.

iii. PMETB Strategy Document 2006-2010

Précis: Includes the proposed direction of our work for the period 2006 - 2010

All of the above publications are available from our website: http://www.pmetb.org.uk/corporatepublications

Contact details and press information

PMETB
Hercules House
Hercules Road
London
SE1 7DU

Tel: + 44 (0)20 7160 6100

(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 trainer survey queries, please email: trainer.survey@pmetb.org.uk

For trainee survey queries, please email: trainee.survey@pmetb.org.uk

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: 2006-2007

Postgraduate Medical Education and Training Board Members	
Professor Peter Rubin	Chairman
Dr Ike Anya	Medical board member
Professor Dame Carol Black	Medical board member
Dr Chris Clough	Medical board member
Professor Angela Coulter	Lay board member
Professor Sir Alan Craft	Medical board member (Until 21 October 2006)
Mr Ian Cumming	Lay board member
Professor Neil Douglas	Medical board member
Professor Stephen Field	Medical board member
Mrs Susan Fox	Lay board member
Mrs Frances Gawn	Lay board member

Professor Janet Grant	Lay board member
Dr Patricia Hamilton	Medical board member
Professor David Haslam	Medical board member
Professor Peter Hill	Medical board member
Dr John Jenkins	Medical board member
Dr Hasmukh Joshi	Medical board member
Dr Namita Kumar	Medical board member
Professor Stuart Macpherson	Medical board member
Professor David Neal	Medical board member
Dr Trevor Pickersgill	Medical board member
Miss Jane Reynolds	Lay board member
Mrs Susanne Roff	Lay board member
Mr Finlay Scott	Lay board member

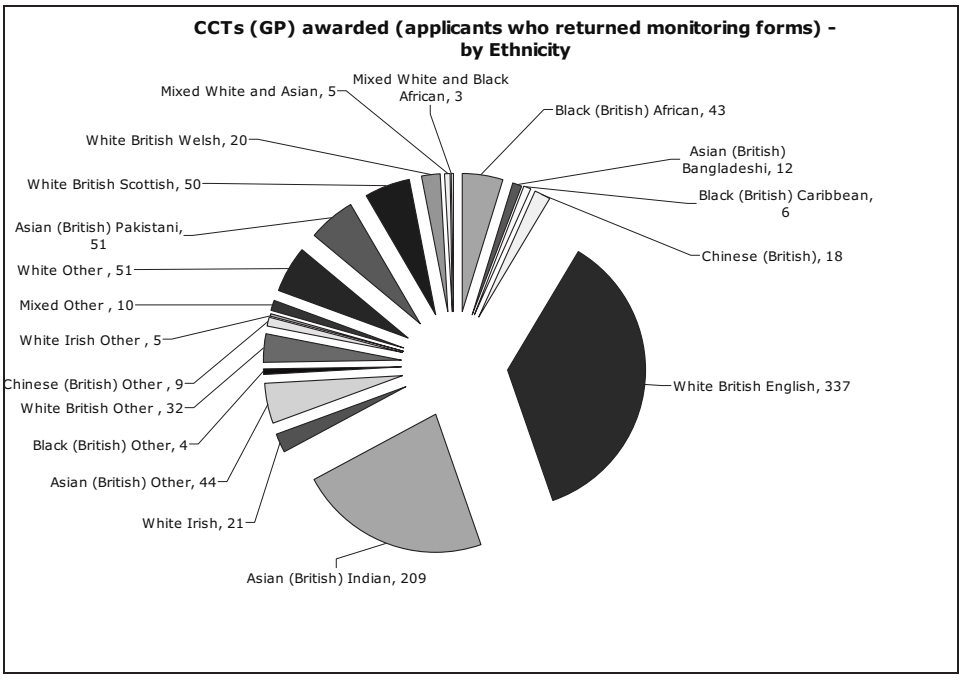
Sir Peter Simpson	Medical board member (Until 21 October 2006)
Mr John Smith	Lay board member
Professor Dame Lesley Southgate	Medical board member (Until 21 October 2006)
Dr Anita Thomas	Medical board member

Annex 2: Equality and Diversity Monitoring Data: Certification Applicants

CCTs (GP) awarded (applicants who retuned monitoring forms) by ethnicity

ETHNIC BACKGROUND	CCT (GP)	%
Black (British) African	43	4.62%
Asian (British) Bangladeshi	12	1.29%
Black (British) Caribbean	6	0.65%
Chinese (British)	18	1.94%
White British English	337	36.24%
Asian (British) Indian	209	22.47%
White Irish	21	2.26%
Asian (British) Other	44	4.73%
Black (British) Other	4	0.43%
White British Other	32	3.44%
Chinese (British) Other	9	0.97%
White Irish Other	5	0.54%
Mixed Other	10	1.08%
White Other	51	5.48%
Asian (British) Pakistani	51	5.48%
White British Scottish	50	5.38%
White British Welsh	20	2.15%
Mixed White and Asian	5	0.54%
Mixed White and Black African	3	0.32%
Total	930	100%

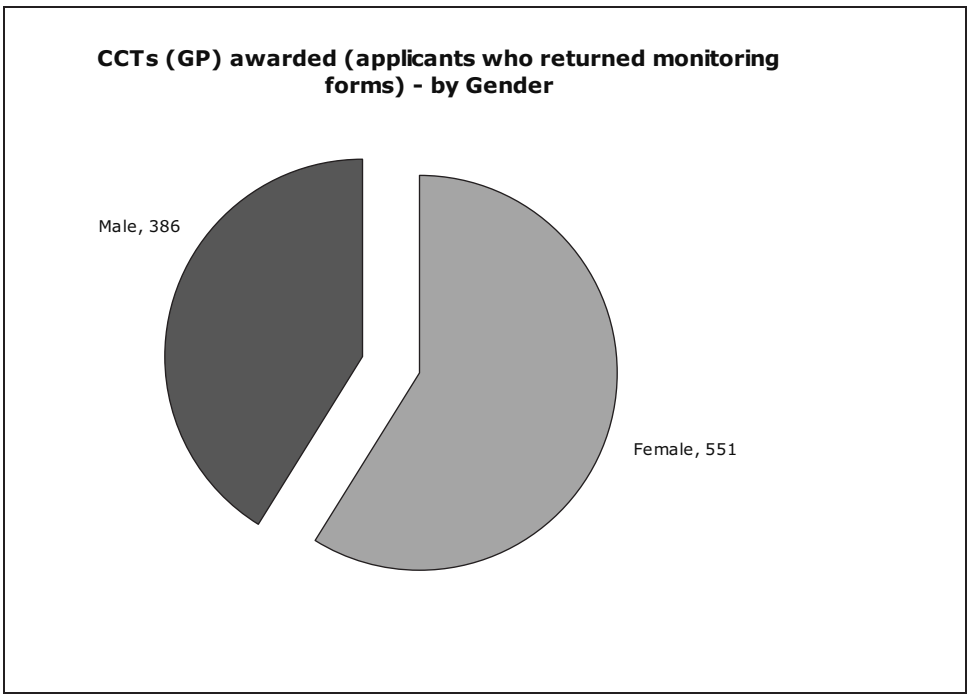
Total CCT (GP) decisions issued	*1876*
Response rate (ethnic background)	*50%*



CCTs (GP) awarded (applicants who returned monitoring forms) by gender

GENDER	CCT (GP)	%
Female	551	59%
Male	386	41%
Total	937	100%

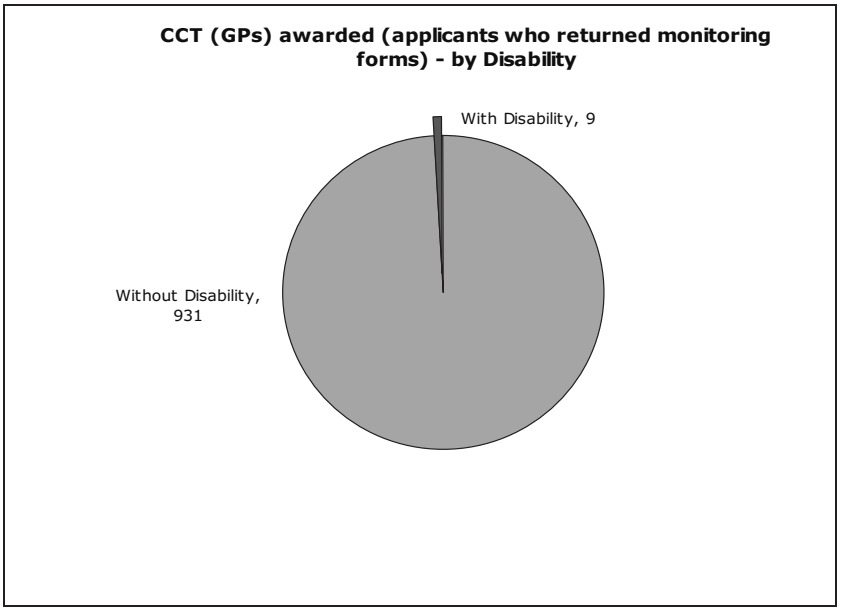
Total CCT (GP) decisions issued	*1876*
Response rate (gender)	*50%*



CCTs (GP) awarded (applicants who returned monitoring forms) – by disability

DISABILITY	CCT (GP)	%
Without Disability	931	99.04%
With Disability	9	0.96%
Total	940	100%

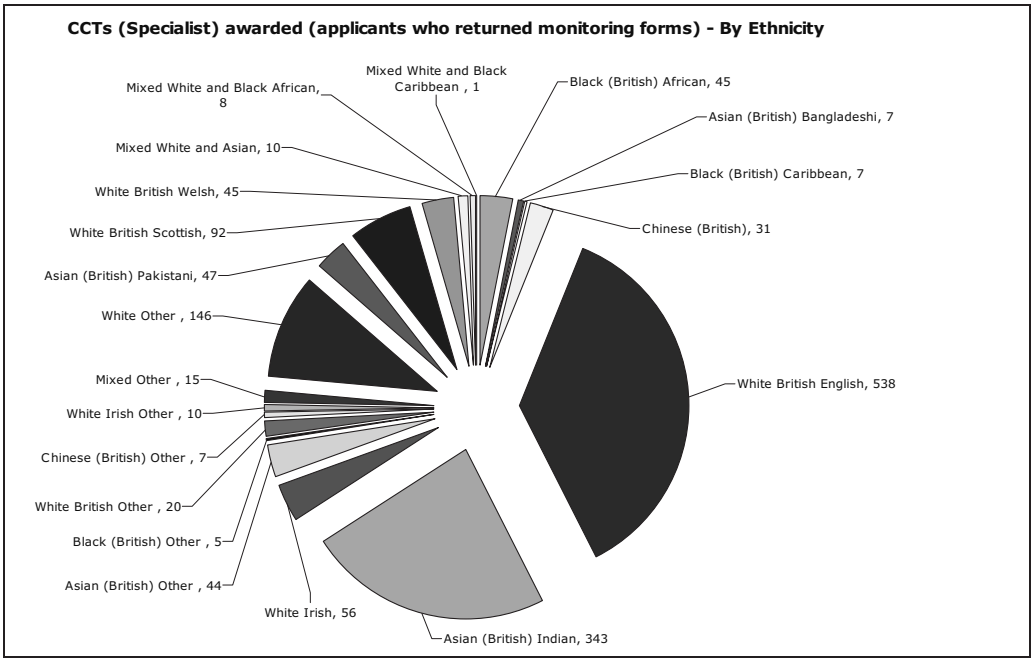
Total CCT (GP) decisions issued	*1876*
Response rate (disability)	*50%*



CCTs (Specs) awarded (applicants who returned the monitoring form) – by ethnicity

ETHNIC BACKGROUND	CCT (Sp)	%
Black (British) African	45	3.05%
Asian (British) Bangladeshi	7	0.47%
Black (British) Caribbean	7	0.47%
Chinese (British)	31	2.10%
White British English	538	36.43%
Asian (British) Indian	343	23.22%
White Irish	56	3.79%
Asian (British) Other	44	2.98%
Black (British) Other	5	0.34%
White British Other	20	1.35%
Chinese (British) Other	7	0.47%
White Irish Other	10	0.68%
Mixed Other	15	1.02%
White Other	146	9.88%
Asian (British) Pakistani	47	3.18%
White British Scottish	92	6.23%
White British Welsh	45	3.05%
Mixed White and Asian	10	0.68%
Mixed White and Black African	8	0.54%
Mixed White and Black Caribbean	1	0.07%
Total	1477	100%

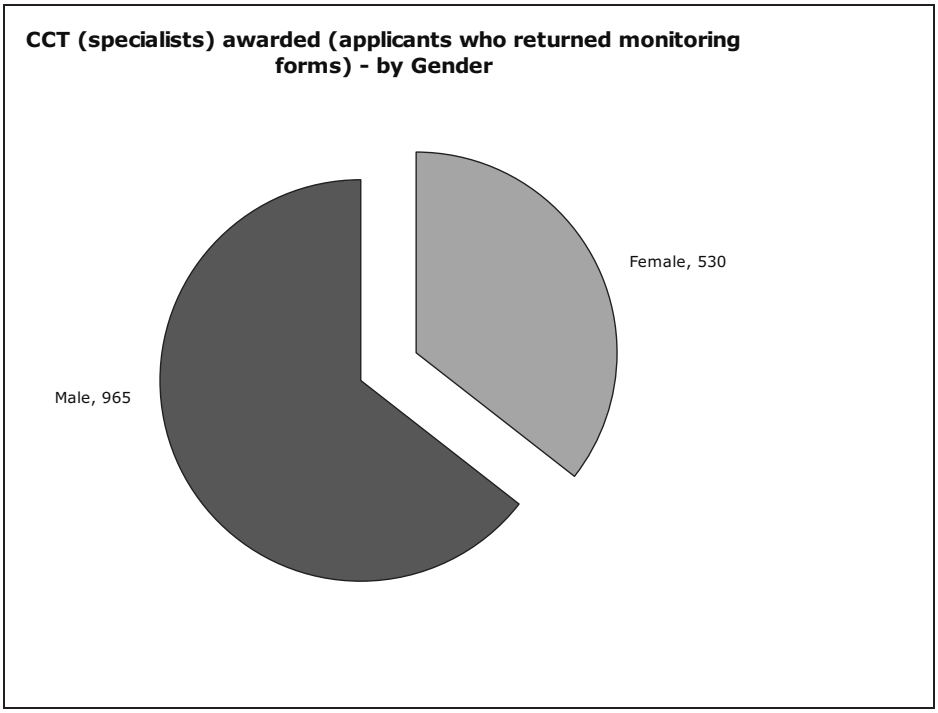
Total CCT (Specialist) decisions issued	*2371*
Response rate (ethnicity)	*62%*



CCTs (Specs) awarded (applicants who returned monitoring forms) – by gender

GENDER	CCT (Sp)	%
Female	530	35.45%
Male	965	64.55%
Total	1495	100%

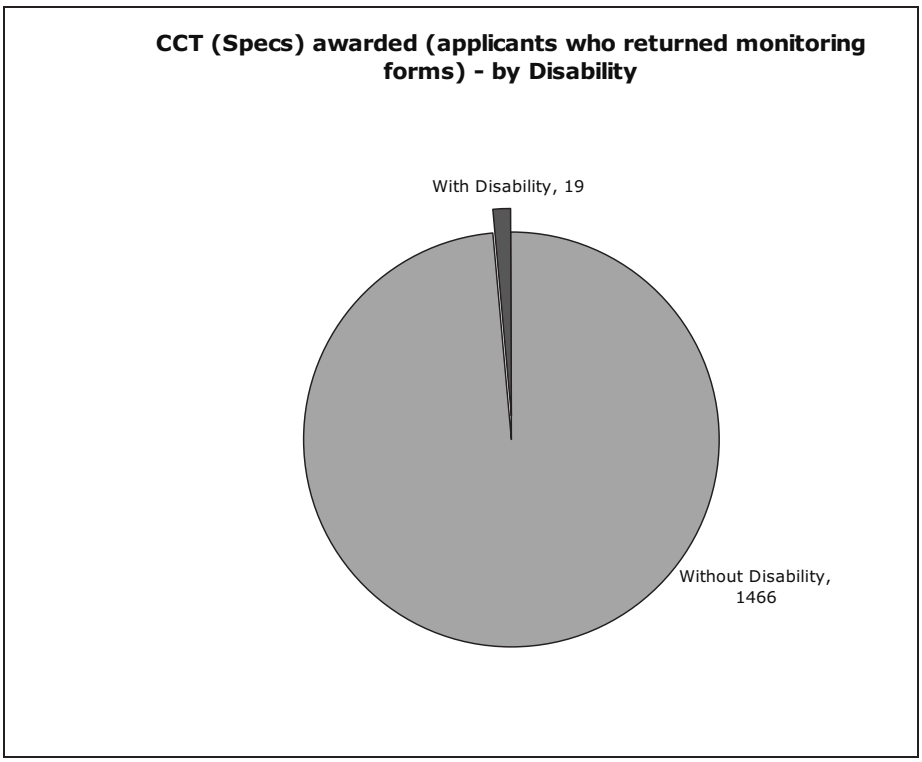
Total CCT (Specialist) decisions issued	*2371*
Response rate (gender)	*63%*



CCTs (Specs) awarded (applicants who returned monitoring forms) – by Disability

DISABILITY	CCT (Sp)	%
Without Disability	1466	98.72%
With Disability	19	1.28%
Total	1485	100%

Total CCT (Specialist) decisions issued	*2371*
Response rate (disability)	*63%*

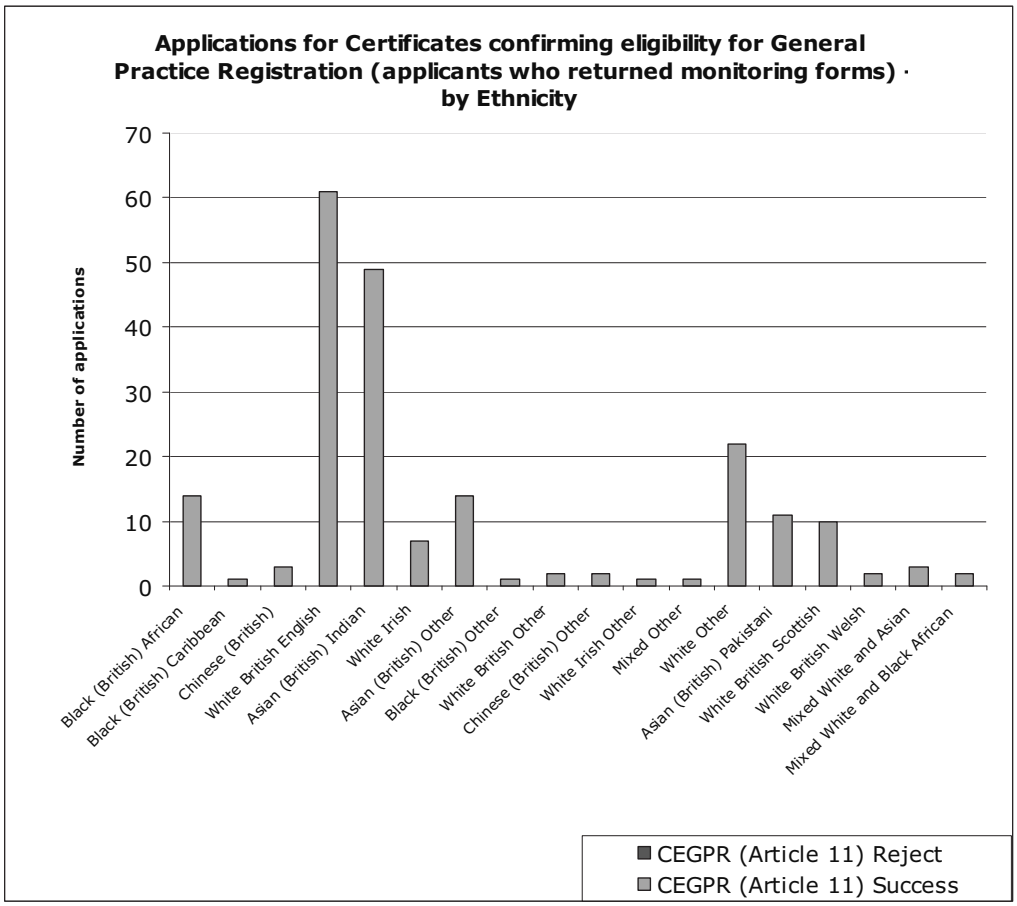


CEGPR BY ETHNICITY

ETHNIC BACKGROUND	CEGPR (Article 11) Success	CEGPR (Article 11) Reject	Overall %
Black (British) African	14		6.80%
Black (British) Caribbean	1		0.49%
Chinese (British)	3		1.45%
White British English	61		29.61%
Asian (British) Indian	49		23.79%
White Irish	7		3.40%
Asian (British) Other	14		6.80%
Black (British) Other	1		0.49%
White British Other	2		0.97%
Chinese (British) Other	2		0.97%
White Irish Other	1		0.49%
Mixed Other	1		0.49%
White Other	22		10.68%
Asian (British) Pakistani	11		5.34%
White British Scottish	10		4.85%

White British Welsh	2		0.97%
Mixed White and Asian	3		1.45%
Mixed White and Black African	2		0.97%
Total	206	0	100.00%

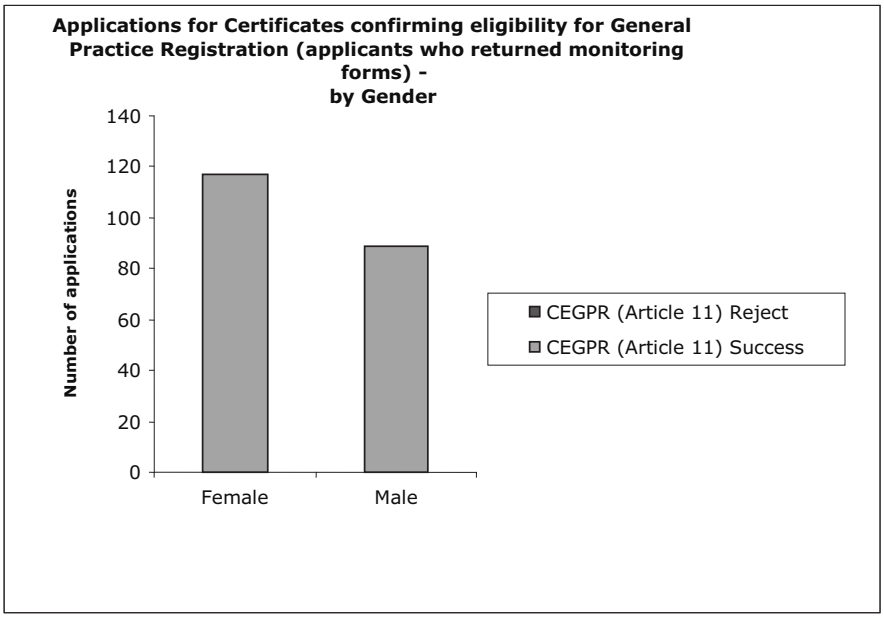
Total CEGPR decisions issued	*407*	*5*
Response rate (ethnicity)	*51%*	*0%*



CEGPR BY GENDER

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

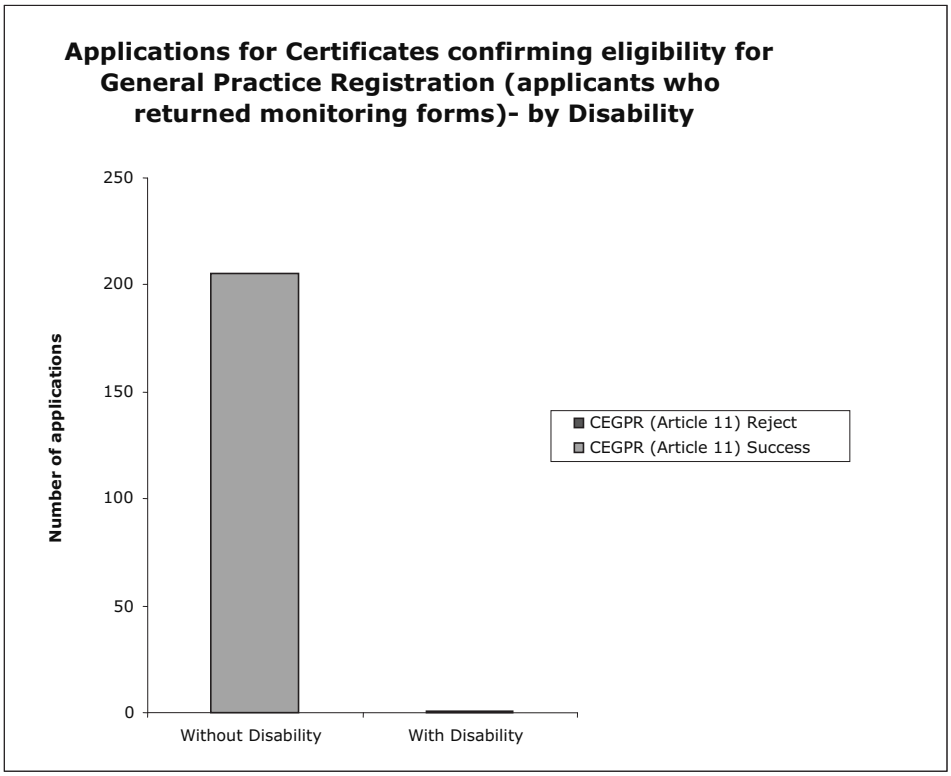
Total CEGPR decisions issued	*407*	*5*
Response rate (gender)	*51%*	*0%*



CEGPR BY DISABILITY

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

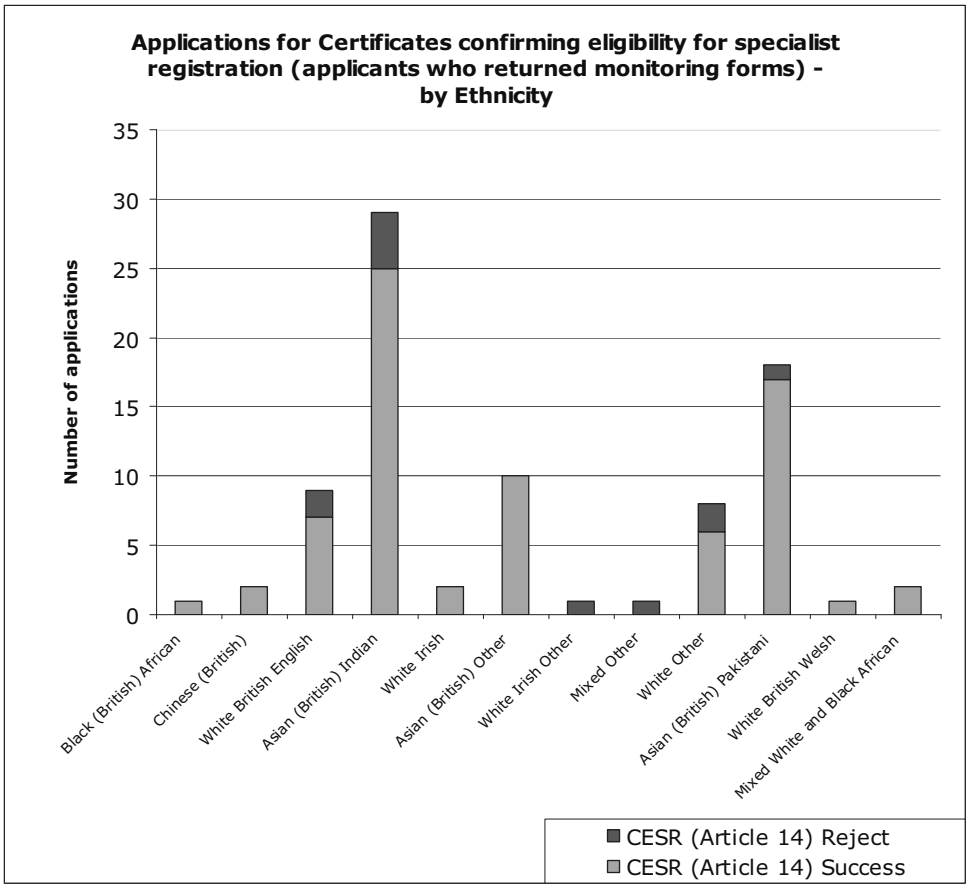
Total CEGPR decisions issued	*407*	*5*
Response rate (disability)	*51%*	*0%*



CESR BY ETHNICITY

ETHNIC BACKGROUND	CESR (Article 14) Success	CESR (Article 14) Reject	Overall %
Black (British) African	1		1.19%
Chinese (British)	2		2.38%
White British English	7	2	10.71%
Asian (British) Indian	25	4	34.52%
White Irish	2		2.38%
Asian (British) Other	10		11.91%
White Irish Other		1	1.19%
Mixed Other		1	1.19%
White Other	6	2	9.53%
Asian (British) Pakistani	17	1	21.43%
White British Welsh	1		1.19%
Mixed White and Black African	2		2.38%
Total	73	11	100.00%

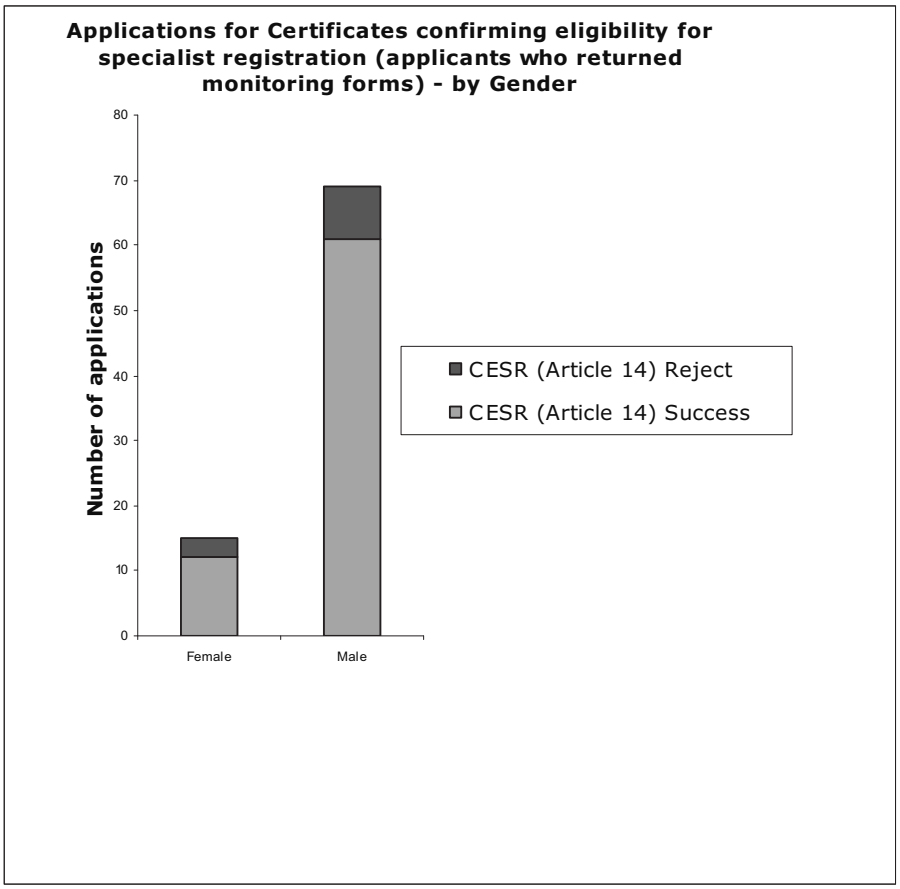
Total CESR decisions issued	*101*	*43*
Response rate (ethnicity)	*72%*	*26%*



CESR BY GENDER

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

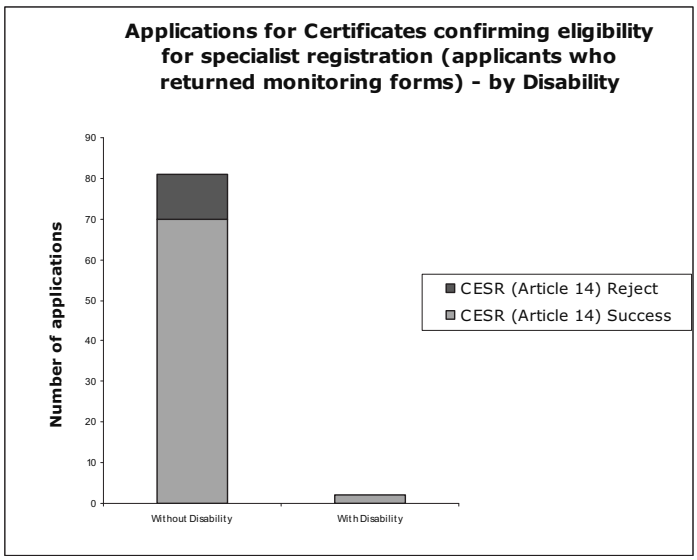
Total CESR decisions issued	*101*	*43*
Response rate (gender)	*72%*	*26%*



CESR BY DISABILITY

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

Total CESR decisions issued	*101*	*43*
Response rate (disability)	*71%*	*26%*



Glossary of Terms

Acronyms used within this document:

CCT: Certificate of Completion of Training.

CEGPR: Certificate confirming Eligibility for GP Registration.

CESR: Certificate confirming Eligibility for Specialist Registration.

CETV: Cash Equivalent Transfer Value.

COPMeD: Conference of Postgraduate Medical Deans.

EEA: European Economic Area.

GMC: The General Medical Council.

GP: General Practitioner.

GPCCT: (GP) Certificate of Completion of Training.

NHS: National Health Service.

NHSPA: NHS Pensions Agency.

PGME: postgraduate medical education and training.

PMETB: The Postgraduate Medical Education and Training Board.

QA: Quality Assurance.

QAFP: Quality Assurance Foundation Programme.

QF: Quality Framework.

STA: Specialist Training Authority.

Terms used within this document:

Article 11: An article from The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. Also, another term for a CEGPR.

Article 14: An article from The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. Also, another term for a CESR.

CCT: Certificate of Completion of Training **–** The award of a 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.

Deaneries: means all postgraduate deaneries of the UK.

Colleges/Faculties: mean all Medical Royal Colleges, colleges, Faculties and specialty associations.

Future Doctors: PMETB's review of the content, outcomes and delivery of postgraduate medical education and training across the sector.

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.

QAFP: Quality Assurance Foundation Programme – joint quality assurance initiative between the General Medical Council and PMETB to quality assure Foundation Programme training in the UK.

reporting period: the period of time upon which this document reports i.e. 1 April 2006 through to 31 March 2007.

Specialties: mean 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.

***The Order*:** The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 – the Order which established PMETB and gave it its statutory powers.

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