Annual Report and Accounts 2008-09

Postgraduate Medical Education and Training Board

www.pmetb.org.uk

Postgraduate Medical Education
and Training Board

Annual Report and Accounts 2008-09

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Chairman's foreword

> In my first year as Chair, I am delighted to report that 2008/09 has proved to be another year of growth and improvement for the Board.
>
> *Professor Stuart G Macpherson - PMETB Chairman*

In my first year as Chair, I am delighted to report that 2008/09 has proved to be another year of growth and improvement for the Board. This is in no small part down to the very hard work and commitment of all individuals within the organisation who help us deliver to the highest standards we can.

Colleagues in medical education and training have witnessed some major changes to their world in recent years and a significant part of PMETB's work has been not simply to fulfil our statutory duties, but also to steady the ship and provide confidence and reassurance where for many this had faltered. Working closely with the Royal Colleges at the beginning of 2008 meant we were able to reach consensus and sign contracts to effect a new way of working together, with improved terms and outcomes for all those involved – college colleagues and trainees alike - in the certification process. This approach to the work we do with our PMET colleagues is just one illustration of how, as an organisation, we have grown and how we continue to identify ways to improve the service we provide.

If postgraduate training is to deliver an effective, relevant workforce for the services of the future, we shall need sustained engagement with and understanding of, the trainees and patients who are at the very heart of what we do. As I see it, the future of PMET lies in more of this joined-up working with all of our stakeholders and I believe our imminent merger with the GMC will further enable this direction of working. The recent appointment of former PMETB Chair, Professor Peter Rubin as the GMC's Chair is something the Board warmly welcomes. Peter has a wealth of experience of all aspects of medical education and training and his excellent chairmanship of the Board has been personally challenging to follow. With his leadership, I am confident that the new organisation will recognise the benefits of the GMC and PMETB, to bring the best of both to the profession.

The very important work PMETB has undertaken and the foundations it has laid in its short lifetime as an independent regulator will continue to inform training and trainees for years to come. The recent past has seen a period of substantial change, but feedback from our stakeholders tells us that the work that we have done has continued to build confidence in the standards of training delivered. This is something we should be very proud to take and share with colleagues as we head into a new era of continuum of medical education and training with the GMC.

Professor Stuart G Macpherson

Chief Executive's overview

> Since I last wrote, our Quality Framework has been one of the key measures of our increasing maturity as a regulator.
>
> *Paul Streets - PMETB Chief Executive*

Reflecting on our work over the last year, I am pleased that we have continued both to strive to provide a high quality service to our stakeholders and invested valuable time and resources in the improvement of our regulatory infrastructure and service delivery capability. This is all the more pleasing because we have done this with a cadre of just 70 dedicated employees to whom I once again offer my sincere thanks.

We made a strong start to the year with all of the Royal Medical Colleges and Faculties signing up to contracts and formal working arrangements with PMETB which ran from April 2008. The contracts affirm the roles of PMETB, the Colleges and Faculties in the certification processes, specifying the service standards and conditions to which all parties will be working. They also cover College and Faculty commitments to developing curricula and assessment frameworks against our standards and their role in the delivery of the broader Quality Framework.

Since I last wrote, our Quality Framework has been one of the key measures of our increasing maturity as a regulator. At the Quality Assurance level we have developed an impressive evidence base. The Annual Deanery and Annual Specialty Reports are particularly noteworthy as they both extend our ability to assess the overall picture of what is happening within postgraduate medical education and training (PMET), and introduce an important element of self-assessment into the framework. It is this element of cooperation between the regulator and the community that it regulates that we have worked hard to promote and develop.

Continuing with our review of quality assurance, I am delighted to have just learnt that over 42,000 trainees responded to our third National Survey of Trainee Doctors. This means that over 82% of trainee doctors have taken the time to tell us what they think of the training that they receive. It represents a 27% increase in the number of responses compared to last year's survey. The results from both our surveys – at the time of writing, the Trainer survey is well under way – are keenly anticipated not only by PMETB but by the rest of the PMET sector.

Last year over 22,000 copies of the Trainee Doctor and Trainer National Reports were downloaded from our website and we expect even more interest this year. The results are only half of the challenge though, as it falls to the PMET sector itself to use the surveys outputs wisely and take appropriate action continuously to improve the standard of education and training that trainee doctors receive.

We have taken great efforts to ensure that our colleagues within the deaneries, Colleges and Faculties are able to discharge their Quality Management duties as efficiently as possible. The Board and the Quality directorate took time during the early months of 08/09 to revise our standards and requirements. We have combined the contents of our previous principles, standards and requirements into three key documents: *Generic standards for training, Standards for curricula and assessment systems* and *Standards for deaneries*. We were conscious that significant changes to our standards could have a disproportionate impact upon our stakeholders so getting the balance between the change and the implementation effort was crucial. I am delighted that we got this balance right and that our stakeholders have received these revisions positively. I would like to thank the Board and the Quality team for all of the effort that went into this particular piece of work.

Chief Executive's overview

We issued our 1,000th CESR and CEGPR certificates in the summer months of 2008. Those who have followed the development of our equivalence routes will know that this is a tremendous achievement for not only PMETB but also the Colleges and Faculties who contribute their time and effort to the certification process. Processing an equivalence route application requires expert knowledge, an eye for detail and the ability to make an accurate assessment based upon the considerable body of evidence that each and every applicant has collated.

As a regulator, it is important that we are able to adapt to the ever-changing landscape within which we regulate. The Certification directorate has always strived to provide an efficient and effective service by listening to the feedback from our applicants. In 08/09, in response to this feedback, we introduced the Combined Programme (CP) route.

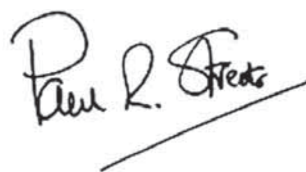
This new route has been specifically introduced for applicants who have been through a combination of training in a PMETB approved programme - from the point of entry to the programme to successful completion - and who also have training and experience in posts prior to appointment which were not PMETB approved posts. The new route will be less expensive and more expedient than other routes. At the time of writing, the CP route had just been launched so we have yet to receive feedback on how applicants find it in practice. However, based on the feedback that we have received from the various pilot groups that we have used to test the new route, I am confident that this will be a very successful addition to the way that PMETB does business.

Turning to our *Future Doctors review*, we achieved a number of important project milestones, including the publication of our working group reports on *Educating Tomorrow's Doctors*, the *Patient's role in healthcare* working group reports and the completion of our survey of NHS Chief Executives. Through *Future Doctors*, we have been able to present the PMET perspective of Lord Darzi's *Next Stage Review for services in England.*

We have now established a Board-led working group tasked with the analysis of all of the collated evidence ready for consultation and release of our *Future Doctors* policy statement in autumn 2009. The *Future Doctors* section of this report identifies a number of important themes that have emerged from our research that need to be addressed both by PMETB and our colleagues at the GMC.

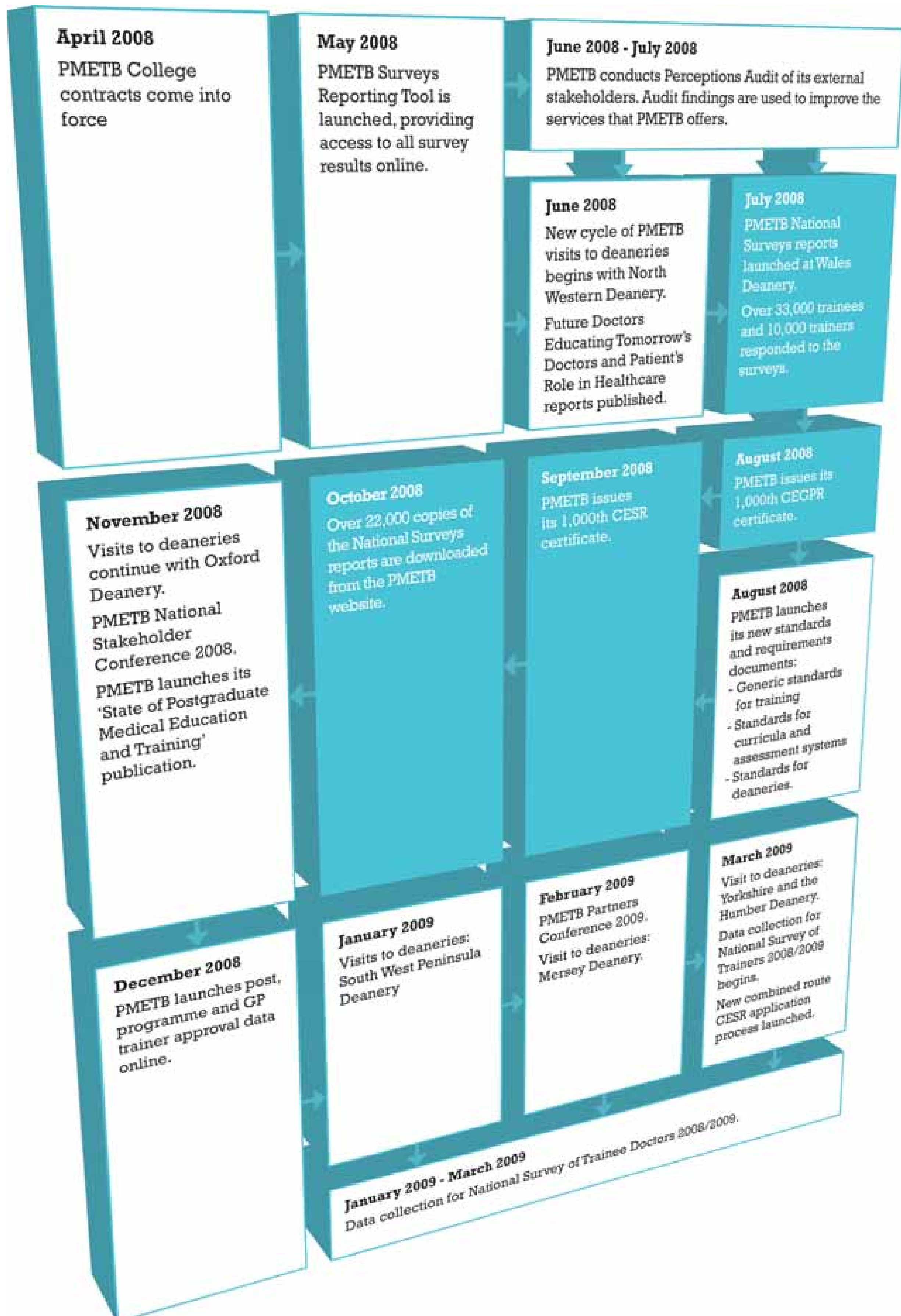
As you will see from the timeline summary that follows this section, the above covers but a small part of the work that we have completed over the past year. I have not mentioned either of our major national conferences for our stakeholders and Partners or the publication of the inaugural issue of the *State of Postgraduate Medical Education and Training* to which many of our stakeholders contributed, for which I am exceptionally grateful.

All of this has been achieved whilst working closely with our colleagues at the General Medical Council (GMC) to ensure that the merger to create the single regulator for medical education and training transitions smoothly. I have been impressed by the way that both sets of staff have worked together in all areas of the merger: from the implementation of the legislation that will give the GMC the authority to look after the whole of medical education and training; through to the Patel Review which will be an essential input into how the GMC can effectively regulate the medical education continuum, and I would like to offer my heartfelt thanks to both sets of staff. The period preceding the merger can bring uncertainty for those affected and I would particularly like to thank all PMETB staff, the Board and all of our colleagues and friends within the sector who have made this year such a success.



Paul Streets, OBE

Timeline of significant events and achievements



Certification: maintaining the standards of applications to the Specialist and GP Registers

Doctors are legally required to be on either the GP or Specialist Registers if they want to practise as a GP or as a substantive or honorary consultant in the NHS. At PMETB we have the responsibility of processing applications for entry to these registers from all UK trainee doctors as well as applicants from overseas, or those who apply through equivalence of training and experience. We refer to these as our certification processes. This section summarises our achievements in certification during the financial year 2008 – 2009 and provides an overview of some of the projects that the directorate has been working on throughout the reporting period.

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

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

Achievements during the reporting period 2008/09

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

- 3,064 were CCTs;
- 2,087 were GPCCTs;
- 340 were sub-specialty certificates;
- 939 were decisions relating to CESR applications; and
- 251 were decisions relating to CEGPR applications.

Of the 939 CESR applications, we approved 370 applications and rejected 569 applications. For CEGPR, 232 were approval decisions and only 19 were rejections.

Where an application was rejected we gave detailed reasons for rejection with recommendations for further training and evidence.

We also:
- Issued 144 CESR/CEGPR review decisions; and
- Submitted 497 CESR applications to the Colleges/Faculties for evaluation.

On average, 557 decisions were made every month.

College and Faculty contracts

In April 2008 new contracts with the medical Royal Colleges and Faculties and PMETB came into effect. These were the result of detailed negotiations between PMETB and the medical Royal Colleges and Faculties who undertake certification evaluations and referrals work on behalf of PMETB. The new contracts meant an increase in the funds paid to Colleges and Faculties to help them improve the turnaround time of evaluations and recommendations on CESR and CEGPR applications to PMETB that they assess. Additionally, there was the introduction of a penalty clause to this College fee to try to ensure that the three month deadline for PMETB to issue a decision from receipt of a full application (including referees' structured reports) is met in as many cases as possible.

The CESR - CEGPR Review

The CESR - CEGPR review, led by PMETB Board member Dr Namita Kumar, was established to examine the existing processes in place and identify areas for improvement. So far it has agreed:
- That the revised processes now in place, with deadlines for applicants, referees, Colleges and PMETB, were as streamlined as they could be providing that the deadlines at each stage were adhered to;
- That the new framework for assessment and evaluation of applications should be based on the new General Medical Council (GMC) four domain model of *Good Medical Practice* (GMP) to be used for future revalidation;
- The introduction of improved and more focused structured referee reports based on the four GMP domain headings with more detailed guidance to be provided for referees about completion of the structured reports;
- The number of referees to be kept at five and the same categories of people to be named;
- The introduction of a revised College evaluation and recommendation form (based on the four GMP domain headings);
- A revised application form and guidance for applicants based on feedback from colleges, staff, evaluators, BMA representatives and certification panel members collected through a short questionnaire;
- The possibility of an application form which requires a separate application to be completed for each specialty applied for; and
- Specialty specific guidance restructured to follow the four GMP domain model.

Much of this work was completed in the reporting period and there has been an improvement in both the standard of applications and the turnaround time from most Colleges/Faculties for this work.

Certification: maintaining the standards of applications to the Specialist and GP Registers

CESR/CEGPR Combined Programme (CP) applications

One of the most significant outcomes from the CESR - CEGPR review is the introduction of a *Combined Programme* route for CESR/CEGPR applicants who were appointed to a training programme above ST1 on the basis of experience, either in the UK or overseas, and not previous PMETB approved training.

This route has been developed specifically for individuals who have been appointed in open competition, against job descriptions and person specifications approved by Colleges, via an appointment system that includes College representation. From entry to a training programme above year one, to its successful completion, these doctors will have been continually assessed and have available records of their progression through a programme including details of relevant College examinations taken and required assessments.

The review group determined that it would not be necessary for such doctors to go through a full CESR/CEGPR application process and that a more streamlined application process would be an appropriate and proportionate solution that has been welcomed by Colleges, Faculties, postgraduate deans and doctors alike.

Certification panels work

The purpose of the certification panels is to examine and make recommendations on applications submitted to PMETB for entry to the GMC's Specialist or GP Registers. Panels consider applications which are referred to them by the Certification Directorate which includes whether the recommendation made by the College/Faculty is clear, appropriate and suitable and satisfies the legal requirements.

There have been an average of two certification panels per month and feedback from these has been very positive. As this was a relatively new system from early 2008, a number of improvements to the panels' process have been identified and introduced during the reporting period to enable clearer reasons to panels as to why the application is being sent to them, clearer conditions and requirements for further training from panels, and faster sign off of panel recommendations by panel chairpersons.

Certification panels have also been held to look at specific specialties particularly where there appears to be either a very high or very low success rate where compared to other specialties. Panels also consider applications where PMETB has already issued a decision, to facilitate a sampling process to monitor consistency of decision making.

Certification Online

Certification Online is the name of the new online CCT application system which will replace the previous paper-based process. A significant amount of work on the development and design of the system began in 2008 and the new service is set to go-live in May 2009.

Certification Online offers a number of benefits to applicants who are due to complete their approved (CCT) programme of training and these include:

- Peace of mind for trainees that their application has been received and is complete and correct thanks to the in-built validations;
- Simplification of the CCT application process through user-friendly system design, clear presentation and easily accessible help text;
- Secure online payment options and a secure application process which has undergone rigorous testing (including testing by an ethical hacker company); and
- Allowing trainees to review the status of their application and update their personal details at their own convenience.

This online application system will enable PMETB to deal with applications more efficiently, particularly during the two peak periods (January and July-August) when the majority of doctors complete their training and apply for their certificates. The volume of applications during these two peak periods has become much greater because of the appointment of trainees to the new specialty programmes from August 2007.

Certification statistics

In September 2008, we published details of all certification decisions made on the PMETB website. This information is updated each and every quarter. The aim is to provide applicants with a greater insight into the extensive work done by the certification directorate since PMETB's inception in September 2005 and the success rates for each category. These have been arranged by specialty and financial year and are available for CESR, CEGPR and CCT applications.

Certification: maintaining the standards of applications to the Specialist and GP Registers

1,000th CEGPRs and CESRs issued

Landmark numbers were reached in certificates issued, when the 1,000th CEGPR and 1,000th CESR were processed in August and September 2008 respectively. This is a significant milestone for PMETB; demonstrating the directorate's commitment to continuous improvement through smarter, streamlined and more efficient processes.

Certification research

Since September 2005, PMETB has issued over 11,000 CCTs and given decisions to almost 2,400 doctors who have applied for either GP or specialist registration through the equivalence routes of Article 14 (CESR) or Article 11 (CEGPR). In mid-2008, with this substantial number of decisions in mind, PMETB commissioned some research to understand what has happened to these doctors in relation to:

- Employment opportunities following successful certification from PMETB;
- CESR and CEGPR applicants' experience of the application process; and
- Whether those who required top-up training or were asked to submit additional evidence, were clear about what was required from them in the light of PMETB's decision letter.

Analysis of these results is now underway and a full report is expected in mid-2009.

Quality: securing and maintaining standards in postgraduate medical education

The Quality directorate is responsible for activities that ensure the Board secures and maintains standards, and improves the quality of postgraduate medical education and training in the UK. The directorate does this by approving all training against published standards, testing education and training outcomes through visits, dealing with concerns, and national surveys; and considering this against relevant evidence. The Quality team also approves all curricula and associated assessment systems, posts (such as Academic Clinical Fellowships), all programmes and GP trainers.

PMETB's Quality Framework

The Quality Framework (QF) was formally launched in December 2007. It comprises five elements (standards and so approval; visits to deaneries; National Surveys; evidence; and responses to concerns) which inform each other and, when considered together by PMETB at the *Quality Assurance* (QA) level, present a comprehensive picture of the quality of postgraduate medical education and training at the deanery and local education provider (LEP) levels. The Framework identifies three levels of responsibility and accountability: the Board's to quality assure; the deaneries to quality manage (QM); and the local education providers to quality control (QC). The medical Royal Colleges work with these bodies at all three levels.

PMETB recognises that its regulatory framework needs to be sufficiently flexible to meet the demands of an ever-changing medical and education training sector. It is designed to incorporate several models of QA process within the Framework that enable the different specialties to be thoroughly addressed. The processes used need to be refined and improved by work with stakeholders and so in the early months of 2008/2009 the team revised and developed certain aspects of the QA activities. These are considered in more detail below.

As well as informing the continuation of approval of training, the introduction of the Annual Deanery Reports and Annual Specialty Reports significantly strengthened the shared evidence element of the QF.

PMETB also turned its focus on intended outcomes from quality assurance, quality management and quality control activity and PMETB will be hosting a series of workshops in May 2009 to explore these in more detail. Of particular concern is the need to ensure that sufficient emphasis is placed at the QC level, where the day-to-day education and training of doctors takes place.

Standards

In July 2008 PMETB launched its revised standards and requirements and, by doing so, introduced greater clarity and usability to PMETB's existing standards and requirements. The Board opted to take this approach rather than introducing major changes of substance to ensure a smooth and effective transition for PMETB's stakeholders.

This important work took the existing standards and principles documents and drew them together into three succinct documents:

- (Revised) Generic standards for training (including standards for trainers);
- Standards for curricula and assessment systems; and
- Standards for deaneries.

At the same time, PMETB also published a description of its regulatory nomenclature, providing further clarity on the differences between principles, standards, requirements and guidance.

Nomenclature type	Definitions
PMETB principles	Overarching statements of intent, values and approaches.
PMETB standards	Statements of expectations, PMETB standards are those that must be demonstrated by postgraduate medical and training providers at all levels and must be met in order to achieve and maintain approval.
PMETB requirements	When a standard is articulated, there will be a set of requirements that underpin the achievement of that standard. These requirements are mandatory and must be reflected by providers at all levels.
PMETB guidance	All other statements that are not principles, standards or requirements. Guidance will be those activities that should be considered and where appropriate, implemented. It is not however a requirement and a deanery, College or LEP can interpret the guidance within their context.

Approval of curricula and assessment systems

Royal Medical Colleges and Faculties submitted their Annual College Summaries, providing information on the minor changes made to specialty and sub-specialty curricula and assessment systems following the first year of delivery of the approved training that reflect the approved curriculum and assessment systems. Specially convened quality panels reviewed the summaries and feedback was provided to the relevant Colleges and Faculties where necessary. This process facilitated prompt, appropriate and responsive changes to the curriculum by the Royal Colleges and Faculties.

Quality: securing and maintaining standards in postgraduate medical education

The Panels concluded that, in general, Colleges and Faculties were managing the curriculum review process well. However, there were some concerns in situations where amendments to curriculum and assessment systems were proposed under the minor changes regime but, after consideration by the panel, it was determined that the changes were in fact deemed to be major[1]. The panels also declined approval for a number of major changes on first submission by a few Colleges where the proposed changes did not evidence a clear link to PMETB standards. The Colleges and Faculties responded promptly and were successful on resubmission of revised documentation.

Further information on curricula and assessment system change can be found in *Standards for curricula and assessment systems* (July 2008) and the *QF Operational Guide*. Section 1.5 of the *QF Operational Guide* provides further details on the Annual College Summary timetable.

Approval of programmes, GP trainers and posts

In order to be eligible to receive a Certificate of Completion of Training (CCT) at the end of their postgraduate training, doctors must be able to demonstrate that they have followed an approved curriculum in PMETB approved training posts and programmes. Therefore, a major component of PMETB's quality assurance work is the approval of posts and programmes that directly contribute to the award of a CCT. To date PMETB has approved 924 specialty programmes to be delivered by UK deaneries. Posts within these programmes are deemed approved and are not scrutinised separately by PMETB. However new posts have to be separately approved, and substantiated concerns may lead to a review of approval for specific posts.

During the reporting period, the approvals team considered 891 out of programme applications (referred to as posts). Of these, the Quality directorate approved:

- 652 out of programme training posts (OOPT)
- 186 out of programme research posts (OOPR) applications

32 applications were not given approval. Typically these applications were either incomplete, lacked supporting evidence, or were seeking retrospective approval (which is not undertaken).

The Quality directorate also received:

- 472 Academic Clinical Fellowship post applications
- 1867 Clinical Lecturer post applications

To date, PMETB has received over 4,900 GP Trainer applications.

1 A minor change is defined as being an amendment which does not significantly alter the nature, outcomes and delivery of the totality of the training. A major change is defined as an amendment which *significantly* alters the nature, outcomes and delivery of the totality of the training.

In addition to dealing with approval applications, the Quality team also published data on programme approvals, academic clinical fellowships and clinical lecturer approvals, and GP trainer approvals data. The data, which was reconciled against deanery records, provides a complete picture of all of the approvals granted by PMETB. The publication of this data would not have been possible without the assistance of COPMeD, COGPED and the Royal College of General Practitioners.

The approvals data is available from: www.pmetb.org.uk/approvalsdata.

National Surveys of Trainee Doctors and Trainers

The 2007/2008 surveys

To conclude the 2007/2008 surveys activity, PMETB launched the Surveys Reporting Tool and published the National Reports for both the Trainee Doctor and Trainer surveys. The National Reports were launched in July 2008 in Wales.

The online *Surveys Reporting Tool* makes all of the results from the previous surveys available to PMETB stakeholders, providing an invaluable snapshot of how trainers and trainees perceived the postgraduate training in which they were participating at the time of the research.

The Trainee Doctor Survey report noted that trainees' overall satisfaction with their training had improved since the first survey, evidencing the improvements being made to medical education and training. It also highlighted the increasing demand for flexible training amongst trainee doctors.

Amongst the highlights from PMETB's inaugural Trainers Survey was a notable difference in the preparation for training of GP Trainers and Consultants, with the former showing some very positive perceptions by comparison. For example, 81 per cent of GPs had been trained for training in the previous three years, compared to only 38 per cent of Consultants.

The 2008/2009 surveys

Data collection for the third National Survey of Trainee Doctors was completed in March 2009. Over 40,000 (82% of) trainee doctors responded to the survey, making the 2008/2009 survey the most comprehensive collection of primary evidence from trainees ever undertaken within the postgraduate medical education and training sector.

The National Survey of Trainers data gathering began in March 2009. The Trainer Survey provides PMETB with important insights into the effect of quality management and quality control on training and trainers. Not only does it give trainers the opportunity to give their views anonymously on the quality of the training that they receive, but it also gives PMETB an important insight into the structure, processes and support provided to trainers by LEPs and other training institutions.

The survey results are available via the Surveys Reporting Tool (www.reports.pmetb.org.uk).

Quality: securing and maintaining standards in postgraduate medical education

Visits to deaneries

The purpose of PMETB's visits to deaneries is to assess deanery quality management processes and the local education provider quality control processes for best delivery of postgraduate medical education and training.

Early in 2008 PMETB launched the new planned visits to deaneries; these visits draw upon a wide range of evidence to target areas of concern and those potential areas of notable practice. Three audit trails are used to test the QM and QC processes in action and each audit trail is normally based on a particular specialty. Every deanery is to have at least two planned visits within the five year period 2005-2010.

A visit to deanery has three key foci:

1. On the deanery's quality management systems against set PMETB standards and requirements;
2. On the relationships that the deanery has with local education providers at the quality control level; and
3. On the relationships that the deanery has with Colleges and Faculties to deliver training and provide support to trainees.

At the end of each visit a report is published which summarises the outcomes of the visit activity, assesses the deanery's quality management performance against PMETB's standards and requirements and so confirms continuing approval of training.

The following table summarises the visits to deaneries that were undertaken in the reporting period:
The visit to deanery reports can be found at www.pmetb.org.uk/visits.

Deanery	Visit date
North Western	10-12 June 2008
Oxford	11-13 November 2008
South West Peninsula	13-15 January 2009
Mersey	10-12 February 2009
Yorkshire and the Humber	10-12 March 2009

Evidence

There are three types of evidence:

- Evidence that is generated by PMETB such as the programme approvals or National Surveys;
- Evidence that is generated externally and passed directly to PMETB such as the Annual Deanery Reports and Annual Specialty Reports; and
- Indirect Evidence (not directly on training) that is generated externally and passed to PMETB. For example, as a signatory to the Concordats, PMETB can access data and information from other co-signatory regulatory or inspection bodies.

As we have seen above, the National Surveys continue to provide a strong body of evidence on the quality of medical education based on the perspectives of trainees and trainers.

Over the past 12 months the Quality team has built up a substantive body of evidence, now strengthened following the launch of the first Annual Specialty Reports and the Annual Deanery Reports. The former provide for each specialty to inform PMETB as the regulator of key information, issues and strengths of the specialty training and to formally raise any concerns with PMETB (in addition to issues dealt with immediately). The deanery reports are required by PMETB in order for approval to be maintained and are succinct exception reports of progress on actions taken to enhance training and an action plan for the year ahead (the plans to be published by PMETB).

The Quality team also attended the Risk Summits coordinated by the Healthcare Commission in England where they contributed to the development of a sector-wide plan of regulatory activities based on a series of individual, community and public resource risks identified by the regulatory collective. Although this was a challenging work programme for all involved, there was clear consensus that this work would produce highly beneficial outcomes for the future.

PMETB continued to participate in the UK Concordats, attending the Wales Concordat steering group meetings and contributing to the continuous development of a targeted and proportionate approach to regulation and information gathering. PMETB signed a Memorandum of Understanding with the Regulatory and Quality Improvement Authority of Northern Ireland and participated in its review of maternity services in March 2009. PMETB acknowledges the importance of NHS Education Scotland, and the work that NHS Quality Improvement Scotland has done and looks forward to formalising the collaborative steps taken.

Quality: securing and maintaining standards in postgraduate medical education

Responses to concerns including triggered visits

The fifth element of the QF is PMETB's range of responses to concerns to ensure patient and/or trainee safety. Concerns can be raised at any level – from PMETB's own evidence (such as visit teams), by trainees or by external bodies or individuals. There will be a range of responses, including direct correspondence with deaneries, ongoing monitoring and, where necessary, triggered visits. The final sanction will normally be withdrawal of approval for training, but the aim is to improve training wherever possible.

To raise a concern is very simple – anyone with a concern should write to the Director of Quality at PMETB. However, all local systems and procedures must normally have been followed first. The concern must be about postgraduate medical education and training as that is the remit of PMETB, and there needs to be evidence to back the concern up.

Examples of response to concerns activity include:

- In 2008-2009 a hospital was required to continue to follow up on meeting conditions that were set in a triggered visit that took place in 2007 (the responses to the conditions set included substantial investments in infrastructure that take time).
- One triggered visit occurred following concerns identified within a PMETB planned visit and approval is subject to conditions being met during the coming year.
- One concern was raised by the postgraduate dean as service configuration would limit the training opportunities. A three way meeting with the CEO of the trust enabled an action plan to be put in place to prevent problems for training; the relevant Royal College was involved throughout.
- Two incidents were identified by Royal Colleges with regards to assessments and these were successfully resolved by the Colleges.
- One training issue was raised through the BMA Junior Doctors Committee. PMETB were able to be reassured that there were no systemic issues or implications for the deanery.
- One request for a triggered visit to a hospital by a postgraduate dean was not deemed necessary at that particular time but actions taken by the deanery and the hospital continue to be monitored.

All these concerns involved different specialties, in those involving clinical services, only acute hospital settings in England featured.

Quality Assurance of Foundation Programme

Under the Quality Assurance of Foundation Programme (QAFP), the General Medical Council - responsible for Foundation Year One - and PMETB - responsible for Foundation Year Two - undertake joint QA visits against agreed standards within the nine Domains of the PMETB Generic standards for training. QAFP reports from the previous year were published; QAFP teams visited London Deanery in May 2008 and Kent, Surrey and Sussex Deanery in June 2008 and these reports and action plans are now published.

In addition to the ongoing visit programme, PMETB, the General Medical Council (GMC), the Conference of Postgraduate Medical Deans (COPMeD) and the UK Foundation Programme Office (UKFPO) agreed to meet on a quarterly basis to discuss and coordinate activities in relation to the delivery and quality assurance of the Foundation Programme across the UK.

PMETB also continues to work closely with the Academy of Medical Royal Colleges (AoMRC) and UKFPO to work towards the Foundation Programme review that is due to take place in November 2009.

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

The reporting year saw the culmination of nearly two years' evidence gathering and analysis across the four work streams of *The Future Doctors review*. The review is considering the content and outcomes of postgraduate medical education with the broad aim of ensuring that doctors are appropriately equipped with the skills and knowledge required to practise as specialists and GPs, as well as to ensure that training is sufficiently adaptable to the health service in ten to fifteen years time.

To set this in context, the environment within which postgraduate medical education and training (PMET) 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 measures which PMETB has already established within the QF - including the standards for curricula, training and trainers and deaneries – have provided the cornerstone for consistency and improvement across specialist and general practice training in the UK. However, there is more we can do and our legal duty to promote PMET provides an unparalleled opportunity to make fundamental change to the content, outcomes and delivery of training across the board.

To this end, the review has been taken forward through four work streams and associated Working Groups:

- The Patient's role in healthcare – focusing on the future relationship between doctor and patient. The Working Group's report was published in June 2008 and is available for download from the PMETB website.
- Educating tomorrow's doctors – exploring the scope for generic professional skills, maximising opportunities for training and trainees' expectations for careers. The Working Group's report was also published in June 2008 and is available for download from the PMETB website.
- Role of the regulator – considering how PMETB should use its powers and whether it should be more prescriptive. A small subset of this Working Group was set up to lead development of the draft report. This paper has now been completed and will be circulated to all members of the Working Group for final comments. It is intended that this report will be published in spring 2009.
- The future shape of the heath service – looking at the scenarios for the future delivery of health care. Pivotal to this work stream is a survey of senior managers in the NHS that took place in early autumn. This survey was issued to around 400 UK-wide NHS Chief Executives to gather an understanding of how they saw the future of medical training within the service. Analysis is now complete and the survey outcomes, as part of the report from this work stream, will be available in spring 2009.

Future Doctors Policy Working Group

A Board-led Future Doctors Policy Working Group (FDPWG) has been established to review all research gathered and analysis undertaken for the Future Doctors review over the two years, including the work stream reports and recommendations, the trainee and patient seminars and the wider policy themes emerging from Lord Darzi's Next Stage Review.

The FDPWG is tasked with drafting, following consultation, a Policy Statement which sets out the Board's view of and action which should be taken in respect of specialist training in the UK. The FDPWG held its first two meetings in December 2008 and March 2009, during which the Group began the process of identifying and discussing the key issues that can be progressed via the Policy Statement. Themes emerging include accreditation of trainers, training flexibility including graded responsibility, patient involvement – in training and curricula development - and using quality data to promote improvement of training.

Next steps

Over this summer the Board will consider the draft Policy Statement with publication in autumn 2009. The document will set out key challenges facing PMET and suggest ways to overcome them.

These could include:

- Support for the definition of the outcomes required of a doctor training for a CCT, including professional skills, within the continuum of medical education;
- Greater support for training for doctors, such as those in Trust Grade posts, who are not in a programme of training towards a CCT;
- Development of greater flexibility in training to reflect the needs of both trainees and the NHS; and
- Consider the accreditation of trainers: the role of trainer is a real one, which requires training and recognition.

Whilst the Board will not be in a position to act on all the likely recommendations due to the merger, it will provide a strong basis for the GMC as it takes on its new responsibilities.

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

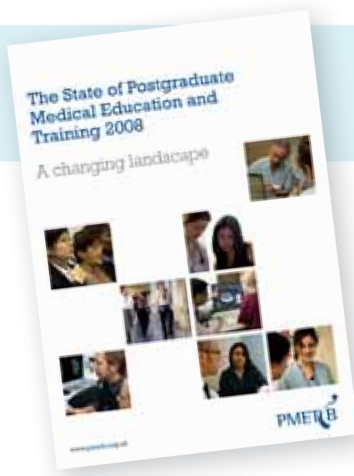
PMETB Policy and Communications

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

PMETB Policy

In addition to the leading role which the Directorate has taken on the Future Doctors review and Equality and Diversity - covered in separate sections of this report - it has led on and supported several initiatives during the reporting period including:

- Providing support to Lord Patel's review of the medical education continuum. The review will undertake a fundamental and strategic view of the regulation of medical education and training across the continuum of a doctor's career;
- Commissioning and leading on the analysis of the certification research project. The project aims to track the progress of a sample of nearly 2,000 doctors who received decisions from PMETB. Areas under investigation include whether and how quickly successful applicants took up consultant or GP posts;
- The launch of PMETB Engage. This is a branded initiative designed to assist with electronic stakeholder networking and consultation; and
- Supported a number of other significant projects including the NHS Institute for Innovation and Improvement's initiative on clinical leadership.



State of Postgraduate Medical Education and Training

In November 2008 we launched the first annual edition of *State of Postgraduate Medical Education and Training* (SoPMET). SoPMET was introduced not as a report of the work that PMETB has done, but as both a forum and an annual review for the postgraduate medical education and training (PMET) sector. The publication brings together data, comments and opinions from the sector to make sense of the diversity and complexity of contemporary PMET. The inaugural 2008 edition featured comments from a wide variety of contributors from the sector covering topics such as medical leadership, different perspectives on assessment and curricula, quality management and professional development and the future of PMET regulation.

Since its launch in November, over 2,000 copies of SoPMET have been downloaded and 1,500 hard copies distributed to our key audiences.

PMETB's National Stakeholder Conference 2008

We held our second annual stakeholder conference at the Royal College of Physicians building in London on the 17th November 2008. The event was well-attended attracting over 160 representatives from across the PMET sector. The conference offered a mixed programme of plenary sessions and workshops designed to explore some of the issues which PMETB will face in the near future.

PMETB's Partners programme

Introduction

In 2008 we undertook a structured training plan for our PMETB Partners to ensure that they were in a position to support the work of the Board. This section explains what a PMETB Partner does and documents their involvement during the year. PMETB also held its first annual Partner Conference in February 2009.

What does a PMETB Partner do?

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

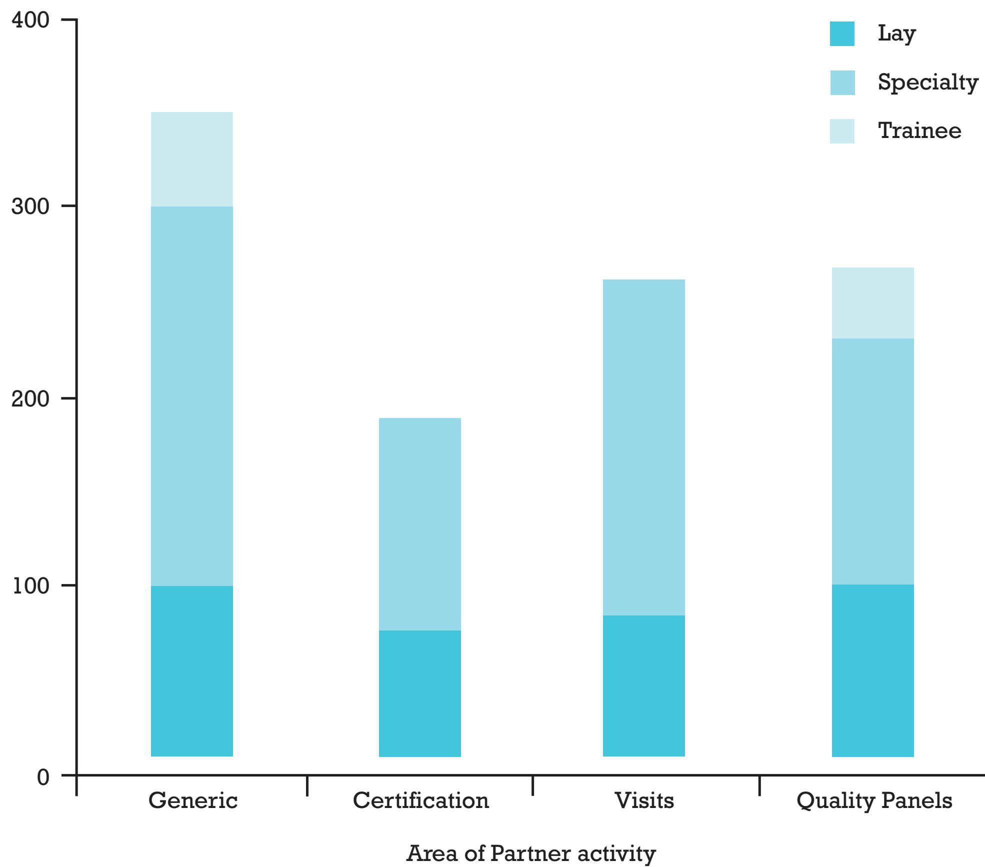
- Certification panels – A typical panel is chaired by a Board member and is made up of five medical specialists and two lay partners. The panel is supported by the Head of Certification and a number of certification officers to present each case considered. The purpose of the certification panels is to examine and make recommendations on applications submitted to PMETB for entry to the GMC's Specialist or GP Registers. Partners assess whether the recommendation made by the College is clear, appropriate and suitable. Certification panels also quality assure the decision making process;
- Visitors – Partners provide support to the *Visits to deaneries* element of our Quality Framework. A typical visit team is led by a Lead visitor (an experienced partner) with two lay and four medical specialists (one of which is a trainee). One of PMETB's quality officers provides support and guidance to the team and the deanery. Visitors are also expected to contribute to the drafting of the visit report;
- Quality panels - These come in several forms and activities; each one is chaired by a Board member and made up of a minimum of two lay and three medical specialist partners (one of which is a trainee). At least one of PMETB's quality officers attends all panels:
  - Visits to deanery panels – these panels ratify and/or amend the recommendations made in the visit report, identify notable practice and determine whether the deanery has *met, met with conditions* or *not met* PMETB's standards and requirements;
  - Curriculum/assessment system approval panels – medical Royal Colleges and Faculties propose changes to curricula and assessment systems for approval by PMETB. These panels assess and recommend approval of these major and minor changes against our standards and requirements;
  - Post and programme approval panels – in order to ensure that our post and programme approval decisions are consistent and appropriate, we sample the decisions made by our officers. Complex or difficult cases are always referred to these panels;
  - Subspecialty/specialty approval panels – these panels are tasked with evaluating the applications for new sub-specialties or decommissioning those that are no longer required. These decisions are made against our standards and requirements and panels make recommendations to PMETB as to whether or not approval can be given; and
- From time to time, Partners may also be called upon to assist us in project work where specialist or other specific knowledge and expertise is required.

How we trained our PMETB Partners

The training received by PMETB Partners is split into generic training and specific-responsibility training. The generic training covers PMETB's legal responsibilities, its standards and requirements, whilst the specific-responsibility training covers the roles of a partner when participating in each of the areas of responsibility outlined above. Partners are awarded Continual Professional Development points for their participation in Partner training and activities.

PMETB have run a total of 24 training sessions held over seven days in London and Birmingham.

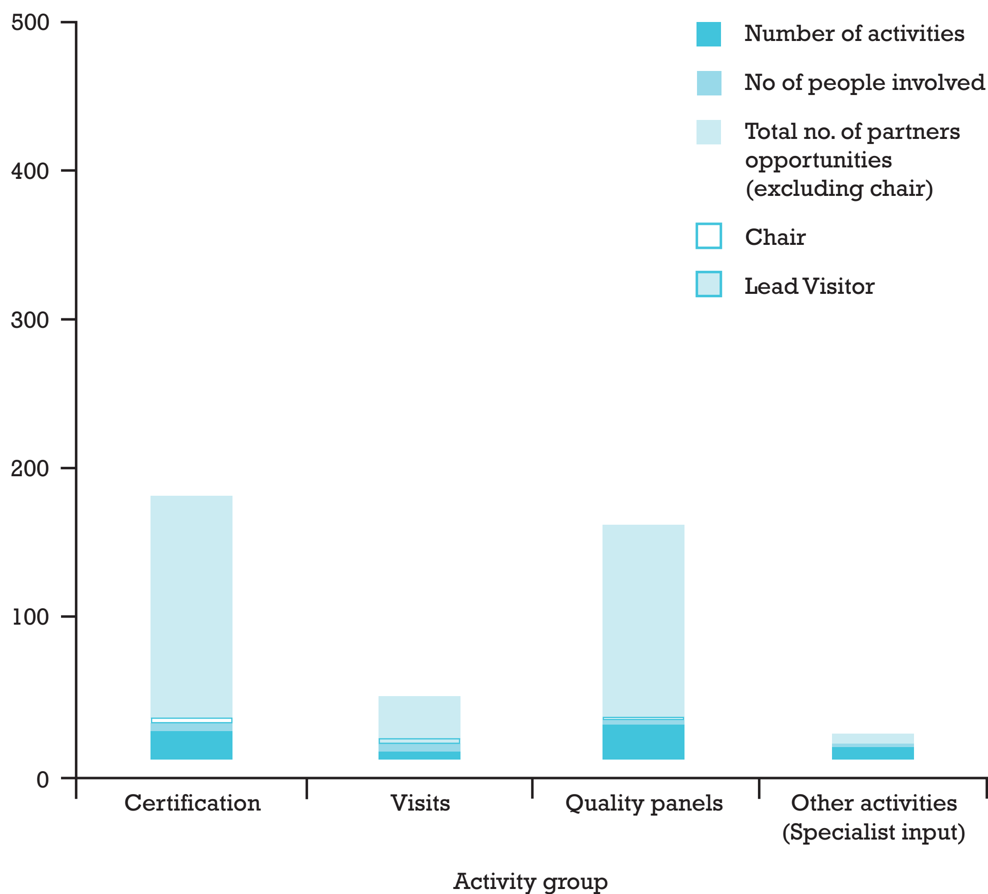
Partners are trained in different areas of PMETB activity



PMETB's Partners programme

PMETB Partner activity

The year has seen a considerably high level of activity with a total of 424 Partners being involved in PMETB activities during the reporting period.



Inaugural Annual PMETB Partner conference

On the 18 February 2009, 94 Partners attended the inaugural Partners conference held at the Royal College of Physicians in London. Partners participated enthusiastically in discussions around, among other topics, proposed models for performance review systems, and a Partners web space. The outcomes from the event will be informing Partner developments in 2009/10.

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 independent statutory process and appeals can only be made for seven legally defined reasons. These are where PMETB:

1. Fails to give a decision within three months of receipt of a complete application from an eligible specialist or general practitioner (GP);
2. Fails to give a decision within four months of receipt of a complete application from an eligible general systems specialist or GP;
3. Refuses to award or withdraws a CCT;
4. Is not satisfied that a general systems specialist or general systems general practitioner is eligible for entry to the GP Register or the Specialist Register under the relevant provisions of the Order or requires they complete an adaptation period;
5. Is not satisfied that a specialist or general practitioner is eligible for entry to the GP Register or the Specialist Register under the relevant provisions of the Order or requires they complete additional training, examination(s) or assessment;
6. Refuses to award a GP a certificate of acquired rights to practice; and
7. Imposes conditions on, refuses or withdraws approval from a hospital, training institution or trainer.

The Office of the Director of Appeals 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 appeals panel, and the parties to the appeal (the appellant and PMETB as 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, 10 new appeals against PMETB decisions were received. During the reporting period independent appeal panels in total heard 18 PMETB appeals. This included appeals received in the previous year but not heard until this reporting period. Of the 18 appeals heard, 16 appeals were against PMETB decisions under Article 14(4) and two were appeals under Article 21(2) (h). Written appeals normally take one day and recent Oral Appeals are taking one to two days to hear the evidence from both parties before a decision is issued.

Of the 16 appeals heard against PMETB decisions under Article 14(4) the appeal panel decisions were as follows:

- Two appeals were allowed in favour of the appellant - (i.e. PMETB's decisions on their applications were overturned);
- 14 appeals were upheld in favour of PMETB - (i.e. PMETB's decisions were upheld);
- Of the 14 appeals upheld in favour of PMETB, two of these had their recommendations for additional training reduced - (PMETB's decision to turn down their applications was upheld but the conditions and requirements for further training were modified); and
- For the two appeals under Article 21(2) that were against PMETB's failure to make a decision within three months from receipt of a complete application including referees structured reports, the appeal panel instructed PMETB to issue a decision on the appellants' application within a certain timeframe which PMETB complied with.

Management commentary

Description of business, objectives and strategy

The Postgraduate 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) as an executive Non Departmental Public Body sponsored by the Department of Health. It is managed by a Board and two statutory committees.

PMETB's Board comprises 25 members, made up of 17 medical, and eight lay members. There are also four departments of health representatives who attend meetings and are treated as members but who do not have the right to vote. Appointments are made via the independent NHS Appointments Commission, which makes recommendations to the Secretary of State. Under the provisions of PMETB's constitutional statutory instrument one member is nominated by the General Medical Council and six medical members are nominated by a body that represents medical Royal Colleges in the UK.

PMETB's principal role is to:-

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

In exercising its functions PMETB's main objectives 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

As part of its strategy for meeting its objectives in 2009, PMETB concentrated on implementing a Quality Framework which would govern postgraduate medical education and training (PMET). Work was also undertaken on reviewing major standards and requirements documents to clearly distinguish between those which are enforceable in statute and those which are guidance.

In 2007 PMETB established a "Partnership Programme" and recruited "Partners" from both lay and medical backgrounds to work with the Board to deliver its objectives in Certification and Quality by sitting on panels and participating in visits (amongst other activities).

The work of this group has continued to be valuable in the year to March 2009. In February 2009 a very successful event was held for the Partners which was designed to promote the exchange of ideas and sharing knowledge, experience and best practice.

Performance against Targets 2008/09

What we said we would do	Performance
Implement the Quality Framework	This work covered a number of strands: post and programme approvals; visit to deaneries; surveys; curriculum and assessment approvals and evidence- of these only the work on the Trainer Survey was delayed. In all other areas the targets were achieved.
Implement the agreed Quality Assurance of Foundation Programmes (QAFP)	This work has been conducted jointly with the General Medical Council (GMC) and a joint report has been published covering an overview of the issues raised by the first sets of visits.
Work with others in relation to the Quality Framework and improvement	A great deal of work has been undertaken relating to agreeing different concordat relations across the UK, including progress towards a Memorandum of Understanding with Regulation and Quality Improvement Authority in Northern Ireland as well as discussions with NES, the Scottish Government and NHS QIS in Scotland.
Ensure the timely award of certificates	The contract entered into with the Royal Colleges is having a positive impact on this target. The contract included a penalty clause for late returns which has meant that the colleges are dealing with old applications chronologically.
Implement EU Directive implications across Certification	The procedure for handling EU applications is in place though to the end of the year we had not had any applications using this route.
Monitor and verify College performance to meet Certification deadlines	Two Certification panels are now held every month to monitor this.
Ensure PMETB is engaging widely, explaining its role and ensure a wide range of contributions to our work and policy development.	A very successful stakeholder conference was held in November attended by over 160 delegates. We published the first edition of "The State of PMET" which is intended to be a relevant, accurate snapshot of postgraduate medical education and training in the UK in 2008.

Equality, Policy and Employee Relations and Communications

PMETB continues to actively promote diversity and equality of opportunity within its workforce and has a policy of Equal Opportunities and aims to create and sustain a working environment that is fair to all. Through commitment, action and review, the aim is to ensure that employment, training and development opportunities are appropriate to the abilities of the individual regardless of their sex, race, colour, nationality, ethnic or national origins, disability, religion, age, marital status, working pattern, sexual orientation or gender reassignment.

In March 2009, the gender profile of our permanent staff was 21 male (30%) and 49 female (70%), with 95% (67 staff) working full time and 5% (3 staff) working part time.

A staff Forum was established during the year - the Joint Employee Forum (JEF) as a means of consulting and communicating with staff on matters affecting the staff body. JEF is made up of five representatives from the different staff grades within PMETB and is chaired by the Director of Finance and Resources. The Forum will be used as the negotiation body with staff over staffing issues relating to the merger with the GMC.

In addition to existing training provision, we introduced an Individual Development Scheme (IDS) as part of the Learning and Development Programme. 33% (23 employees) participated in the scheme and undertook a range of activities to aid their development.

A number of other staff initiatives were introduced during the year including the introduction of a Child Care voucher Scheme as well as a Cycle Scheme and monthly Management reports of HR statistics to managers.

Environmental Policy

Over the past year, we have furthered our engagement with environmental and sustainable development agendas. This has meant starting to review internal policies in line with these agendas and giving consideration to how PMETB can demonstrate best practice regarding ecological impact within its internal operation. Sustainability is now included in staff inductions to make it part of the staff thinking.

As a government building, PMETB's premises Hercules House has a target to achieve Carbon Neutrality by 2010 measured against benchmark figures for 1999/2000.

Personal data related incidents

PMETB is working with their Internal Auditors, South Coast Audit, to identify and manage information risks and has introduced steps in the current year to protect any personal data held. We will continue to monitor and assess our information risks in order to identify and address any weaknesses and ensure continuous improvement.

PMETB did not have any loss of personal data which had to be reported to the Information Commissioner during the year to March 2009.

Open Government

Under the Open Government code, PMETB does not charge fees for requested information, unless provision of the information will consume a significant amount of staff time and resources. No requests have been refused to the year ended 31 March 2009.

Political and Charitable Gifts

PMETB made no political or charitable gifts during the year.

Factors likely to affect postgraduate medical education and training in the next year

In February 2008, the Government announced that PMETB would be merged with the General Medical Council (GMC), following a recommendation from Sir John Tooke's inquiry into 'Modernising Medical Careers'. The merger aims to build on the strengths of both bodies, while securing gains from the single oversight of all stages of medical education and training. The two organisations already have a track record of working together successfully and the objective is to achieve a smooth transition thus ensuring continuity. The merger is planned to happen by April 2010.

The decision on the merger came at a time when significant changes within PMET were being considered, partly driven by the wider recommendations from the Tooke inquiry and partly from the work being carried out to ensure that we are producing a medical workforce fit for the future.

Some of the challenges and opportunities facing PMET over the next year are:

- The pressure to break down the learning experience of doctors into tasks which has the potential to undermine fundamental professional skills and capabilities for Doctors;
- The priority on service provision will increase to the potential detriment of postgraduate medical education and training;
- There is tension between the need for generalist medical skills and the need for increased specialisation;
- The need to respond to well informed patients with complex needs who expect partnerships with their Doctor; and
- The need to ensure that high quality is maintained whilst facilitating flexibility in delivery, structure, content and provision of services.

Management commentary

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 types of equivalence application and Certificate of Completion of Training (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 announcement of the proposed merger of PMETB with GMC has resulted in changes to this model as it was felt that it would not be appropriate to make the adjustments to the fee structure necessary to achieve financial independence.

The accounts to March 2009 show net operating costs after interest receivable of £2,106,524 (2007-08 £1,171,269). The Board is financed by grant income from the Department of Health (DH) of £1,450,000 (2007/08 £1,000,000). Funding from DH is received to meet cash flows associated with expected short term liabilities for capital and operating expenditure. Of the grant income received £41,582 was used to acquire tangible fixed assets and £155,073 was used to acquire intangible fixed assets. The remaining grant of £1,228,345 was used to cover revenue expenditure.

In 2008/09 income from fees amounted to £5,172,827 (2007/08 £5,012,195). Total expenditure for the year was £7,318,606 (2007/8 £6,265,563).

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

At the end of the year reserves stood at £1,407,914 – a decrease of £620,940 from the position reported at the end of the previous year. This decrease was planned in order to utilise Grant funding received from the Department of Health in previous years.

The Board had expenditure on fixed assets of £196,655 (2007/08 £115,912).

Creditor Payment Policy

PMETB tries to observe The Confederation of British Industry's code of practice that all matured and properly authorised invoices should be paid in accordance with the terms of contracts or within 30 days. In addition, Government regulations require that during the current financial crisis Small and Medium Enterprises should be paid within 10 days. At 31 March 2009 the percentage of invoices paid within 30 days was 72%, of which 30% were paid within 10 days.

PMETB payment processes for the payment of creditors was slow and included the use of the services of a third party. After a review of the systems by Internal Audit the process has been streamlined to ensure efficiency and faster payments. In the last two months of the year payments were made in-house and the target of payment within 10 days was met for over 80% of creditors.

Register of Interest

A register of members' interests is maintained and held at Hercules House, Hercules Road, London SE1 7DU. The register is available for inspection during named office hours of 9am to 5pm, or a copy may be requested by post, fax or email.

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 (resigned on 4 September 2008)	Director of Finance and Resources	11.04.05	Permanent Contract	3 months
Paula Harris (appointed on 6 October 2008)	Director of Finance and Resources	06.10.08	Fixed contract expires on 30.06.10	3 months
Lesley Hawksworth	Director of Certification	01.07.01 *	Permanent Contract	3 months
Luke Bruce	Director of Policy and Communications	07.03.06	Permanent Contract	3 months
Patricia Le Rolland	Director of Quality	01.09.06	Permanent Contract	3 months

** Date applicable to contract with predecessor organisation.*

Senior Managers' salaries

Name	Basic Salary (£) 2008/09	Non consolidated award for (£) 2008/09	Basic Salary (£) 2007/08	Non consolidated award (£) 2007/08	Real increase in pension at age 60 (£'000)
Paul Streets	132,155	6,608	129,146	6,400	0-2.5
John Tuck	35,768	0	79,336	3,967	0-2.5
Paula Harris	44,423	1,875	n/a	n/a	n/a
Lesley Hawksworth	79,431	4,250	74,047	3,702	0-2.5
Luke Bruce	78,278	4,250	76,729	3,594	0-2.5
Patricia Le Rolland	78,817	4,280	73,272	3,594	2.5-5.0

No amounts were payable to third parties for the services of any of the above senior managers. During the year no awards or compensation payments were made to former senior staff. None of the senior managers received any of the following types of remuneration in 2008/09 or 2007/08: allowances; expenses allowance; benefits in kind; compensation for loss of office or termination of service.

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

Pensions

Name	Title	Value of accrued pension (£'000)	Related lump sum (£'000)	Real increase in related lump sum (£'000)	Cash equivalent Transfer Value as at 1 April 2008 (£'000)	Cash equivalent Transfer Value as at 31 March 2009 (£'000)	Real increase in the cash equivalent transfer value during the reporting year (£'000)
Paul Streets	Chief Executive	5-10	20-22.5	2.5-5	90-92.5	135-137.5	27.5-30
John Tuck	Director of Finance and Resources	0-5	10-12.5	2.5-5	50-52.5	90-92.5	27.5-30
Lesley Hawksworth	Director of Certification	0-5	10-12.5	2.5-5	37.5-40	75-77.5	22.5-25
Luke Bruce	Director of Policy & Communications	0-5	7.5-10	2.5-5	17.5-20	35-37.5	10-12.5
Patricia Le Rolland	Director of Quality	30-35	100-102.5	7.5-10	500-502.5	737.5-740	155-157.5

Paula Harris did not join the NHS pension scheme.

Cash Equivalent Transfer Value

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

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

Real increase in CETV

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

There has been no compensation paid to former senior managers.

Board Members' Remuneration

Professor Stuart Macpherson succeeded Professor Peter Rubin as Chair on 22 October 2008 and received remuneration of £32,500 in the year for those services. Peter Rubin received £32,500 as Chair (2007/08 £65,000) for the period up to 22 October 2008. Stuart Macpherson's remuneration as a board member is disclosed in the table below. Board Members' remuneration and the Chair's salary are not subject to superannuation. Board Members receive an annual remuneration of £9,000 (2007/08: £9,000).

Board members' remuneration during the year amounted to £375,332 (2007/08: £370,465), including social security costs. Payments to individual members are disclosed in the following ranges:

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
Dr Ikechuku Anya	9,000	9,000
Professor Dame Carol Black *** (resigned 18 July 2007)	-	2,700
Dr Chris Clough	9,000	9,000
Professor Angela Coulter *** (resigned 31 May 2007)	-	1,500
Dr Nicola Cohen (appointed 22 October 2008)	3,986	-
Mr Ian Cumming (Deputy Chair)	9,000	9,000
Professor Neil Douglas	9,000	9,000
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	9,000	9,000
Professor David Haslam	9,000	9,000
Professor Peter Hill *** (resigned 21 October 2008))	5,014	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) *** (appointed chairman on 22 October 2008)	5,014	9,000
Dr Johann Malawana (appointed 22 October 2008)	3,986	-
Dr Alastair McGowan (appointed 11 March 2008)	9,517	-
Dr Arun Midha (appointed 15 September 2007)	9,000	4,800
Professor David Neal	9,000	9,000
Dr Trevor Pickersgill (Wales) ***	9,000	9,000
Miss Jane Reynolds	9,000	9,000
Mrs Susanne Roff (Scotland)	9,000	9,000
Mr. Finlay Scott ***	9,000	9,000
Mr John Smith	9,000	9,000
Dr Anita Thomas **/***	9,000	9,000

* Mr John Smith succeeded Dr Hasmukh Joshi as Chair of the Assessment Committee on 1 January 2009 and received an additional £4,875 for those services. Dr Hasmukh Joshi had received £16,958 (2007/08 £22,610) in respect of his role as Chair of the Assessment Committee.

** £47,685 (2007/08 £61,796) 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 until 1 January 2009. Dr John Jenkins took over as Chair of the Training Committee on 1 January 2009 and £9,275 was paid to Queens University, Belfast in respect of costs related to his additional work.

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

Board Members' Remuneration

In addition, expenses amounting to £116,732 (2007/08: £93,267) 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

1 July 2009

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

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

In preparing the accounts, the Board is required to:

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

The Accounting Officer's Responsibilities

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

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

Statement on Internal Control

Scope of responsibility

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

PMETB reports directly to the UK Parliament and works closely with the 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.

Accountability within PMETB is exercised through

- a governing board consisting of up to 29 members.
- a Senior Management Team of four Directors and the CEO as Accounting Officer.
- the Audit and Risk Sub-Committee of the Board who are charged with the responsibility of advising and monitoring the adequacy of risk management and who receive reports on risk at all of their meetings.

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 2009, 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. The Senior Management Team reviews the risk register on a quarterly basis. Directors and Heads of Section are expected to understand and accept responsibility for the recognised risks associated with their areas of authority.

Responsibility for risk management policy and coordination lies with the Director of Finance and Resources to ensure that risk management is linked to corporate planning and performance monitoring.

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.

The Audit and Risk Committee, a formally constituted sub-committee of the Board, provides independent assurance on all aspects of risk, governance and controls. They oversee the risk management process and receive regular updates on business and financial performance. This includes the work of both the internal and external audit.

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

The Head of Internal Audit provided a "satisfactory" level of assurance on the overall adequacy and effectiveness of PMETB's risk management, control and governance processes (i.e. the system of internal control) for 2008/09, on the basis of the work undertaken by South Coast Audit.

Following the issue of data security in the public sector, we have reviewed our processes for the handling of personal information and our compliance with the Data Protection Act.

We are working to improve our information governance systems as a result of the analysis conducted as part of the Department of Health's Information Governance Toolkit. We have not yet met all of the deadlines set for this work and so the Programme on Information Governance was assessed as "weak" by Internal Audit. We have agreed with Internal Audit a new programme of measures designed to ensure that the targets are met. Security procedures for encryption are being introduced and we have reminded all staff of their responsibility to maintain confidentiality of information and are working to improve processes for identifying and managing breaches in data security.

We have had no information risk incidents nor suffered any loss of data during the year to March 2009.

Statement on Internal Control

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 2008/09 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.

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.

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, the Audit and Risk Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Paul Streets
Accounting Officer
1 July 2009

Independent Auditor's Report to the members of the Postgraduate Medical Education and Training Board

We have audited the financial statements on pages 50 to 64. 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 53 to 55. 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 41, the Board and the Chief Executive (as the Accounting Officer) are responsible for the preparation of the financial statements and the remuneration report in accordance with the above mentioned Order and as directed by the Secretary of State for the Department of Health with the consent of the Treasury and for ensuring the regularity of financial transactions. The Board and its Chief Executive are also responsible for the preparation of the other contents of the Annual Report. Our responsibility is to audit the financial statements and the part of the remuneration report that is described as having been audited in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

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

We review whether the Statement on Internal Control (pages 42 to 44) reflects the Board's compliance with Treasury's guidance on the Statement on Internal Control. We report if it does not meet the requirements specified by the Treasury of if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, whether the Accounting Officer's Statement on Internal Control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Board's corporate governance procedures or its risk and control procedures.

We read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. This other information comprises only, the reports on pages 4 to 31 and 36 to 40. 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.

Independent Auditor's Report to the members of the Postgraduate Medical Education and Training Board

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 2009 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
6 July 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 2009, 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 Board, Accounting Officer and auditor

The Board and Chief Executive, as Accounting Officer, are 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. I report to you whether, in my opinion, certain information given in the Annual Report, which comprises the 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.

Certificate and report of the Comptroller and Auditor General

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 Postgraduate Medical Education and Training Board and the Accounting Officer 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 the Postgraduate Medical Education and Training Board's affairs as at 31 March 2009 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 Management Commentary included in the Annual Report, 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.

Amyas C E Morse
National Audit Office
Comptroller and Auditor General
151 Buckingham Palace Road
London, SW1W 9SS
13 July 2009

The maintenance and integrity of the Postgraduate Medical Education and Training Board's website is the responsibility of the Accounting Officer; the work carried out by the auditors does not involve consideration of these matters and accordingly the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

PMETB operating cost statement for the year ended 31 March 2009

	Note	Year ended 31 March 2009 £		Year ended 31 March 2008 £	
Staff Costs	4	3,304,641		2,882,923	
Board Members' Remuneration	3	375,332		370,465	
Other Operating Costs	6	3,332,731		2,693,178	
Gross expenditure	15	0		33,373	
Depreciation	9,10	245,480		212,574	
Notional cost of capital	8	60,422		73,050	
Gross operating cost			7,318,606		6,265,563
Operating Income	7		5,172,827		5,012,195
Net operating cost before interest			2,145,779		1,253,368
Interest Receivable			39,255		82,099
Net Operating Cost for the year			**2,106,524**		**1,171,269**

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

	Note	Year ended 31 March 2009 £		Year ended 31 March 2008 £	
Statement of Recognised Gains and Losses					
Unrealised gains on fixed asset indexation	9		0		5,788

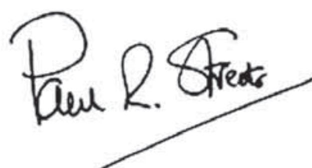
The notes on pages 53 to 64 form part of these accounts.

PMETB balance sheet as at 31 March 2009

	Note	Year ended 31 March 2009 £		Year ended 31 March 2008 £	
Fixed Assets					
Tangible fixed assets	9		445,511		632,307
Intangible fixed assets	10		129,940		0
Current Assets					
Debtors	11	58,126		180,268	
Cash at bank and in hand	12	1,985,157		2,890,172	
		2,043,283		3,070,440	
Creditors: amounts falling due within one year	13	1,086,951		1,661,832	
Net current assets			956,332		1,408,608
Provisions for liabilities and charges			(120,000)		-
Net Assets			1,411,783		2,040,915
Reserves					
General Reserve	16		1,407,914		2,028,854
Revaluation Reserve	17		3,869		12,061
			1,411,783		2,040,915

The notes on pages 53 to 64 form part of these accounts.

Signed on behalf of the Postgraduate Medical Education and Training Board



Paul Streets
Accounting Officer
1 July 2009

PMETB cash flow statement for the year ended 31 March 2009

	Note	Year ended 31 March 2009 £		Year ended 31 March 2008 £	
Net cash outflow from operating activities	18i		**(2,172,615)**		**(1,219,501)**
Return on investments and servicing of finance			**39,255**		**82,099**
Capital expenditure					
Payments to acquire tangible and intangible fixed assets			(196,655)		(115,912)
Sale proceeds from sale of fixed assets			0		900
Net cash outflow before financing			**(2,330,015)**		**(1,252,414)**
Management of liquid resources					
Financing received			1,425,000		1,000,000
Decrease in cash	18ii		(905,015)		(252,414)

The notes on pages 53 to 64 form part of these accounts.

1: Accounting Policies

a Basis of preparation

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

b Accounting convention

The financial statements have been prepared under the historical cost convention as modified to account for the revaluation of tangible fixed assets at their value to the business by reference to their current cost.
Without limiting the information given, the financial statements meet the accounting and disclosure requirements of the Companies Acts and accounting standards issued by the Accounting Standards Board so far as those requirements are appropriate to the public sector.

c Grant in Aid and government grant reserve

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

d Tangible fixed assets

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

Fixed assets are capitalised as follows:

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

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

e Depreciation on tangible assets

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 Intangible fixed assets

Where consultants' expenditure creates a distinct asset for PMETB, the expenditure is shown as an intangible asset and grouped with associated expenditure on related software.

All such expenditure is being written down to 31 March 2010.

g Notional charges

In accordance with the 2008 *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% (2007/08: 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.

h 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.

i 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.

j Operating leases

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

k 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.

l 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.

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

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
Net Operating Cost for the period	(2,106,524)	(1,171,269)
Financing received from the Department of Health	1,425,000	1,000,000
Overspend against Financing received from the Department of Health	**(681,524)**	**(171,269)**

PMETB Notes to the Accounts

3: Board costs

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
Payments to Chair	65,000	65,000
Payments in respect of additional responsibilities of Chairs of Statutory Committees	83,292	84,406
Fees	212,018	207,000
Social security costs	15,022	14,059
	375,332	**370,465**

4: Staff costs

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
Salaries	2,199,148	1,946,460
Social security costs	192,588	173,273
Superannuation costs	239,741	203,000
Agency/Temporary costs	673,164	560,190
	3,304,641	**2,882,923**

5: Average number of staff

The average number of full time equivalent staff were as follows:

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
Administration	17	16
Appeals	2	2
Certification	25	26
Policy and Communications	12	10
Quality	14	13
TOTAL	**70**	**67**
Permanent	58	53
Temporary	12	14
TOTAL	**70**	**67**

6: Other Operating Costs

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
Other operating costs include:		
Professional fees	501,896	537,502
Rent and office accommodation	301,828	300,984 *
Provision for dilapidations	120,000	0
Training and recruitment	182,325	137,847
ICT costs, computer consumables and website costs	288,703	209,352
Printing and stationery	423,445	280,517 **
Board members' expenses	116,732	93,267
Room Hire	93,114	106,057
External audit fee	30,503	29,500
Fees to external auditor for other services	8,500	0
Support to Royal Colleges	652,715	537,940
Quality Assurance	221,846	182,431
Appeals costs	90,727	56,902
Merger costs	28,896	0
Other costs	271,501	220,879
Total other operating costs	**3,332,731**	**2,693,178**

** Rent and office accommodation includes £168,000 (07/08 £161,000) in respect of operating leases for land and buildings.*
*** Printing and stationery includes £16,810 (07/08 £6,551) in respect of operating leases for plant and equipment.*

7: Fee Income

	Year ended 31 March 2009 £	Year ended 31 March 2008 £
CCT	3,996,324	3,662,625
CESR & CEGPR	1,011,800	1,218,094
Appeals, reviews, other	164,703	131,476
	5,172,827	**5,012,195**

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 2009 £	Year ended 31 March 2008 £
Capital employed as at beginning of period	2,040,914	2,133,346
Capital employed as at 31 March	1,411,782	2,040,914
Mean capital employed	1,726,348	2,087,130
Notional charge	**60,422**	**73,050**

9: Tangible Fixed Assets

	Furniture, Fixtures and Fittings - conversion costs £	ICT equipment £	Total £
Cost/Valuation			
At 1 April 2008	743,984	551,529	1,295,513
Additions	0	41,582	41,582
Disposals	0	(31,759)	(31,759)
Revaluations	(8,030)	(6,168)	(14,198)
Impairments	0	0	0
At 31 March 2009	**735,954**	**555,184**	**1,291,138**
Depreciation			
At 1 April 2008	343,515	319,692	663,207
Charge for year	151,910	64,342	216,252
Disposals	0	(31,759)	(31,759)
Revaluations	0	(2,073)	(2,073)
At 31 March 2009	**495,425**	**350,202**	**845,627**
Net Book Value			
At 31 March 2009	**240,529**	**204,982**	**445,511**
At 31 March 2008	**400,469**	**231,838**	**632,307**

10: Intangible Fixed Assets

	Asset under construction £	Development costs £	Total £
Cost			
At 1 April 2008	0	0	0
Additions	115,646	39,427	155,073
At 31 March 2009	**115,646**	**39,427**	**155,073**
Depreciation			
At 1 April 2008	0	0	0
Charge for year	22,486	2,647	25,133
At 31 March 2009	**22,486**	**2,647**	**25,133**
At 31 March 2009	**93,160**	**36,780**	**129,940**
At 31 March 2008	**0**	**0**	**0**

Asset under construction: During the year PMETB incurred expenditure on a Quality Framework system. As at the year end this project is still work in progress.

Development costs: The development costs relate to an online certification project which has been designed to improve the efficiency of dealing with certification applications.

Depreciation in the operating cost statement comprises: charges for the year for tangible assets (£216,252) and intangible assets (£25,133) plus the diminution in value of ICT equipment (£6,168-£2,073).

11: Debtors

	31 March 2009 £	31 March 2008 £
Prepayments	42,996	139,577
Other debtors	14,139	10,803
Income tax recoverable	963	24,414
Interest receivable	28	5,474
	58,126	**180,268**

12: Cash at Bank and in Hand

	31 March 2009 £	31 March 2008 £
At 1 April 2008	2,890,172	3,142,586
Decrease in cash in year	(905,015)	(252,414)
At 31 March 2009	**1,985,157**	**2,890,172**
Bank Accounts	1,984,998	2,889,706
Cash in Hand	159	466
	1,985,157	**2,890,172**

13: Creditors: Amounts falling due within one year

	31 March 2009 £	31 March 2008 £
Trade Creditors and accruals	268,483	692,503
Deferred Income	719,295	852,783
Capital Creditors	14,231	0
Other Creditors	84,942	116,546
	1,086,951	**1,661,832**

14: Provisions

	31 March 2009 £	31 March 2008 £
Provision for dilapidations	120,000	0

The provision represents the estimated cost of dilapidations relating to accommodation occupied by PMETB at Hercules House.

15: Abortive expenditure on systems development

	31 March 2009 £	31 March 2008 £
Expenditure in year	0	33,373

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. There was no expenditure in the year to March 2009.

Payments to lawyers	0	33,373
	0	**33,373**

16: Reserves

	31 March 2009 £	31 March 2008 £
At 1 April 2008	2,028,854	2,121,848
Net Operating Cost	(2,106,524)	(1,171,269)
Grant in Aid funding	1,425,000	1,000,000
Notional cost of capital	60,422	73,050
Realised element of Revaluation Reserve	162	5,225
At 31 March 2009	**1,407,914**	**2,028,854**

17: Revaluation Reserve

	31 March 2009 £	31 March 2008 £
At 1 April 2008	12,061	11,498
Revaluation of kitting out costs in the year	(8,030)	7,960
Realised element transferred to General Reserve	(162)	(5,225)
Backlog depreciation re kitting out costs	0	(2,172)
At 31 March 2009	**3,869**	**12,061**

18i: Reconciliation of Net Operating Cost to Net cash (Outflow) / Inflow from Operating Activities

	31 March 2009 £	31 March 2008 £
Net Operating Expenditure	(2,106,524)	(1,171,269)
Adjustment for non-cash transactions:		
Notional cost of capital	60,422	73,050
Depreciation	241,385	196,693
Loss on disposal of fixed assets	0	9,064
Permanent diminution in value of fixed assets	4,095	6,817
Increase in provisions for liabilities	120,000	0
Less Interest received	(39,255)	(82,099)
Adjustment for movements in working capital other than cash:		
Decrease in creditors	(574,880)	(171,743)
Decrease (increase) in debtors	122,142	(80,014)
Net cash outflow from operating activities	**(2,172,615)**	**(1,219,501)**

18ii: Reconciliation of net cash flow to movement in net funds

	Year ended 31 March 2009 £
Decrease in cash in the period	(905,015)
Increase in liquid resources	0
Change in net funds	(905,015)
Net funds as at 31 March 2007	2,890,172
Net Funds as at 31 March 2008	**1,985,157**

19: Contingent Liabilities

As detailed in Note 15 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.

20: Capital Commitments

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

21: Related Party Transactions

The Board is a Non-Departmental Public Body sponsored by the Department of Health. The Department of Health is regarded as a related party. During the period to 31 March 2009 the Department of Health made payments totalling £1,425,000 in respect of funding for PMETB for 2008/09.

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 2008/09.

PMETB has contracts with a number of medical Royal Colleges and Faculties specifying how they would assist PMETB with various aspects of its activities. Payments made in 2008/09 in respect of this assistance are disclosed below where relevant. The following Board Members were post holders of Royal Colleges and Faculties during 2008/09:

Dr Patricia Hamilton	President of the Royal College of Paediatrics and Child Health who were paid £49,539 in 2008/09
Professor Stephen Field	Chairman of the Royal College of General Practitioners
Professor David Haslam	President of the Royal College of General Practitioners who were paid £84,852 in 2008/09
Dr Hasmukh Joshi	Council Member and Vice Chairman of the Royal College of General Practitioners
Professor David Neal	Council Member of the Royal College of Surgeons of England who were paid £7,222 in 2008/09.
Professor Sir 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 2009 no Board Member undertook any transaction with the Board in a personal capacity.

22: Losses and special payments

There were no material losses or special payments made during the financial year.

23: Post Balance Sheet Events

PMETB is to merge with the General Medical Council. It is intended that this will take place in 2010. No adjustments are required to these financial statements as a result of this planned merger.

There have been no other significant events since 31 March 2009 that would have a material effect on these financial statements.

These accounts were approved and authorised for issue on 13 July 2009.

24: Financial Instruments

As permitted by FRS 25, 26 & 29, this disclosure excludes short term debtors and creditors.

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

25: Commitments Under Operating Leases

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

Payments for land and buildings to which PMETB is committed during the next year	31 March 2009 £	31 March 2008 £
Expiring within 1 year	0	0
Expiring later than 1 year and not later than 5 years	168,000	168,000

Other information

About PMETB

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

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

PMETB's responsibilities include:

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

The main objectives of PMETB are:

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

PMETB governance and our senior management team

From left to right: Lesley Hawksworth, Paul Streets, Paula Harris, Luke Bruce, Patricia LeHolland

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

The Board

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

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

Details of the Board 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. It promotes improvements to the quality of training and develops policy for the quality assurance of postgraduate medical education and training.

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

PMETB senior management team

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

Other information

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

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

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

Paula Harris, Director of Finance and Resources. Paula Harris leads the Finance and Resources directorate at PMETB. She joined PMETB in October 2008, following appointments at the Commission for Architecture and the Built Environment (CABE).

Promoting equality

We believe that every individual should be treated with dignity and respect irrespective of their age, disability, gender, transgender, religion, sex, sexual orientation and ethnic, national or racial origins. We are therefore committed to promoting diversity and equality of opportunity in all its functions. We have published our Equality Scheme incorporating a list of functions/policies and an action plan. The Equality Scheme can be viewed at: www.pmetb.org.uk/equality. We have recently undertaken a review of the Equality Scheme. The revised Scheme will be made available online, early in the next reporting period.

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

As part of PMETB's action on equality, the Equality and Diversity Reference Group was established. The purpose of this group is to create a network for continuing consultation with stakeholders from a range of organisations including the British Association of Physicians of Indian Origin, the Locum Doctors Association and the Gay and Lesbian Association of Doctors and Dentists. We will be consulting closely with the Reference Group upon publication of the revised Scheme.

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

Key PMETB resources

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

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

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

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

ii PMETB Strategy Document 2006-2010

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

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

iii Quality Framework, Consultation and QF Operational Guide

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

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

Select the *Quality Framework* option in the menu on the right.

iv Generic standards for training

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

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

v Standards for curricula and assessment systems

Précis: Part of the PMETB standards and requirements document set, these are the standards and requirements that PMETB will hold royal Medical Colleges, Faculties and specialty associations accountable for, in accordance with the Order.

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

vi Standards for deaneries

Précis: Part of the PMETB standards and requirements document set, *Standards for deaneries* sets out the standards and requirements that PMETB will hold postgraduate deaneries accountable for, in accordance with the Order.

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

Other information

vii National Surveys of Trainee Doctors and Trainers: Summary Reports and Surveys Reporting Tool

Précis: These resources allow our stakeholders to access the data and findings from our National Survey of Trainee Doctors and the National Survey of Trainers.

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

viii PMETB Approvals data

Précis: Publicly available information on programme approvals, academic clinical fellow and clinical lecturer approvals, and GP trainer approvals. The information may be sorted by deanery and by specialty.

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

ix PMETB certification statistics

Précis: Statistics on the numbers of applications that have been processed in each of the medical and surgical specialties, according to financial year.

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

Contact details and press information

PMETB
Hercules House
Hercules Road
London
SE1 7DU

Tel: + 44 (0)20 7160 6100
Fax: +44 (0)20 7160 6102

Email: info@pmetb.org.uk

CESR, CEGPR and certification queries:

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

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

Or email:
For CESR/Article 14 queries: cesr@pmetb.org.uk
For CEGPR/Article 11 queries: cegpr@pmetb.org.uk
For CCT inquiries: cct@pmetb.org.uk
For GP CCT queries: gpcct@pmetb.org.uk

Appeals:

Phone: +44 (0)20 7160 6115

Email: appeals@pmetb.org.uk

Curricula and assessment systems queries:

Email: curriculum.eval@pmetb.org.uk

Deanery visits and post and programme approvals queries:

Email: quality.assurance@pmetb.org.uk

Trainer and trainee survey queries:

For trainee and trainer survey queries, please visit: www.pmetb.org.uk/surveysfeedback

Media:

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

If your media query is urgent and outside of normal working hours (9.00am - 5.30pm Monday to Friday) please call +44 (0)7765 652 723.

Glossary of Terms

Terms, acronyms and abbreviations used within this document

Article 11: another term for a CEGPR (see below).

Article 14: another term for a CESR (see below).

CCT: Certificate of Completion of Training – The award of a CCT confirms that a doctor has satisfactorily completed a PMETB approved training programme.

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.

COGPED: Committee of General Practice Education Directors.

COPMeD: Conference of Postgraduate Medical Deans.

CP Route: Combined Programme route - The process of awarding a certificate to doctors who have followed a combination of training in a PMETB approved programme (from the point of their entry to the programme to successful completion) and training/experience in posts prior to appointment which were not PMETB approved posts.

Good Medical Practice (GMP): Good Medical Practice describes what is expected of all doctors registered with the GMC.

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

MMC: Modernising Medical Careers.

PMET: Postgraduate medical education and training.

PMETB: The Postgraduate Medical Education and Training Board.

Annex 1: PMETB Board Members

Postgraduate Medical Education and Training Board Members	
Professor Stuart G Macpherson	Chairman
Dr Ike Anya	Medical member
Dr Chris Clough	Medical member
Mr Ian Cumming	Lay member
Dr Nicki Cohen	Medical member
Professor Neil Douglas	Medical member
Professor Stephen Field	Medical member
Mrs Susan Fox	Lay member
Mrs Frances Gawn	Lay member
Professor Janet Grant	Lay member
Dr Patricia Hamilton	Medical member
Professor David Haslam	Medical member
Dr Johann Malawana	Medical member
Dr John Jenkins	Medical member
Dr Hasmukh Joshi	Medical member
Dr Namita Kumar	Medical member
Professor Alastair McGowan	Medical member
Dr Arun D Midha	Lay member
Professor David Neal	Medical member
Dr Trevor Pickersgill	Medical member
Miss Jane Reynolds	Lay member
Mrs Susanne Roff	Lay member
Mr Finlay Scott	Lay member
Mr John Smith	Lay member
Dr Anita Thomas	Medical member

Annex 2: Equality and Diversity Monitoring Data

Introduction

The data covers the financial year April 2008 to March 2009. It provides a breakdown by ethnicity, gender, disability, religion, family circumstance and sexual orientation for each of the routes of entry to the specialist register – specifically for UK trainees awarded a Certificate of Completion of Training, and those who applied and who were approved or rejected for specialist registration via the equivalence routes. Further information is provided on the PMETB website.

Table 1 Applicants who returned EQD monitoring forms – by Ethnicity

by Ethnic Origin [1]	CCT GP Awarded	CCT Spec Awarded	CESR Article 14 Awarded	CEGPR Article 11 Awarded	CESR Article 14 Rejected	CEGPR Article 11 Rejected
Declined to answer	9	17	10	1	10	1
African	4	19	6	1	7	
Any Other Background	6	12	7		9	
Asian Other	16	13	7	4	4	
Bangladeshi	5	2		1	1	
British English	94	207	9	14	3	
British Other	16	36	2	3	1	
British Scottish	19	38	2	2	1	
British Welsh	7	12		2	2	
Caribbean	1	3				
Chinese	3	18	6	2	2	
Indian	71	128	35	4	13	
Irish	9	10	3	3	1	1
Mixed Other	2	7			1	
Pakistani	15	16	16	3	8	
White and Asian	2	5	1	1	1	
White and Black African	1	3	2		1	
White and Black Caribbean		1				
White Other	12	37	11	1	17	
Total [2]	**292**	**584**	**117**	**42**	**82**	**2**
Total Decisions Issued [3]	**1881**	**3276**	**470**	**229**	**519**	**21**
Response Rate [4]	15.52%	17.83%	24.89%	18.34%	15.80%	9.52%

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

Annex 2: Equality and Diversity Monitoring Data

Figure 1 Applicants who returned EQD monitoring forms – by Ethnicity

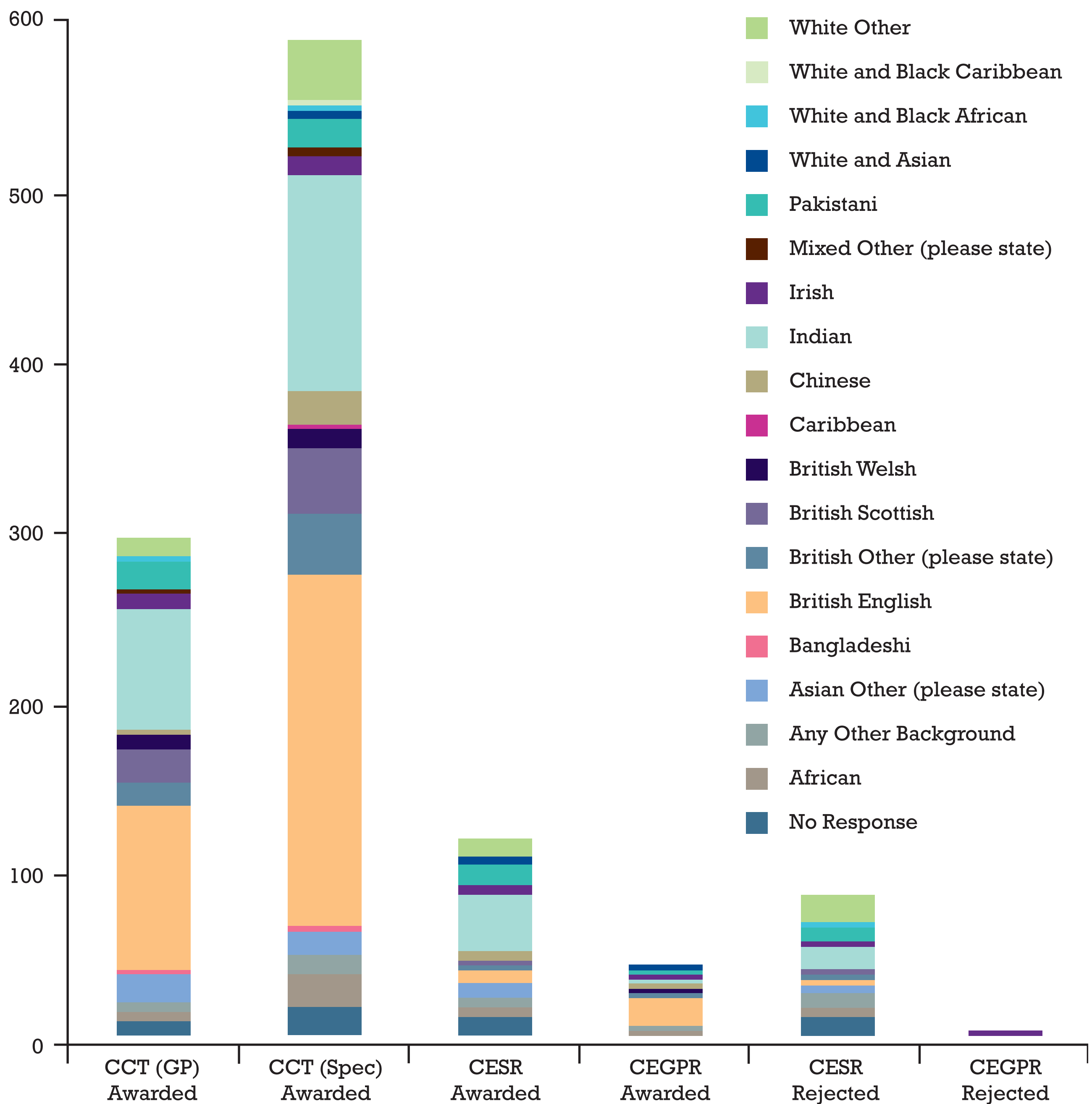


Figure 2 CCT (GP) Awarded (Applicants who returned monitoring forms) – by Ethnicity

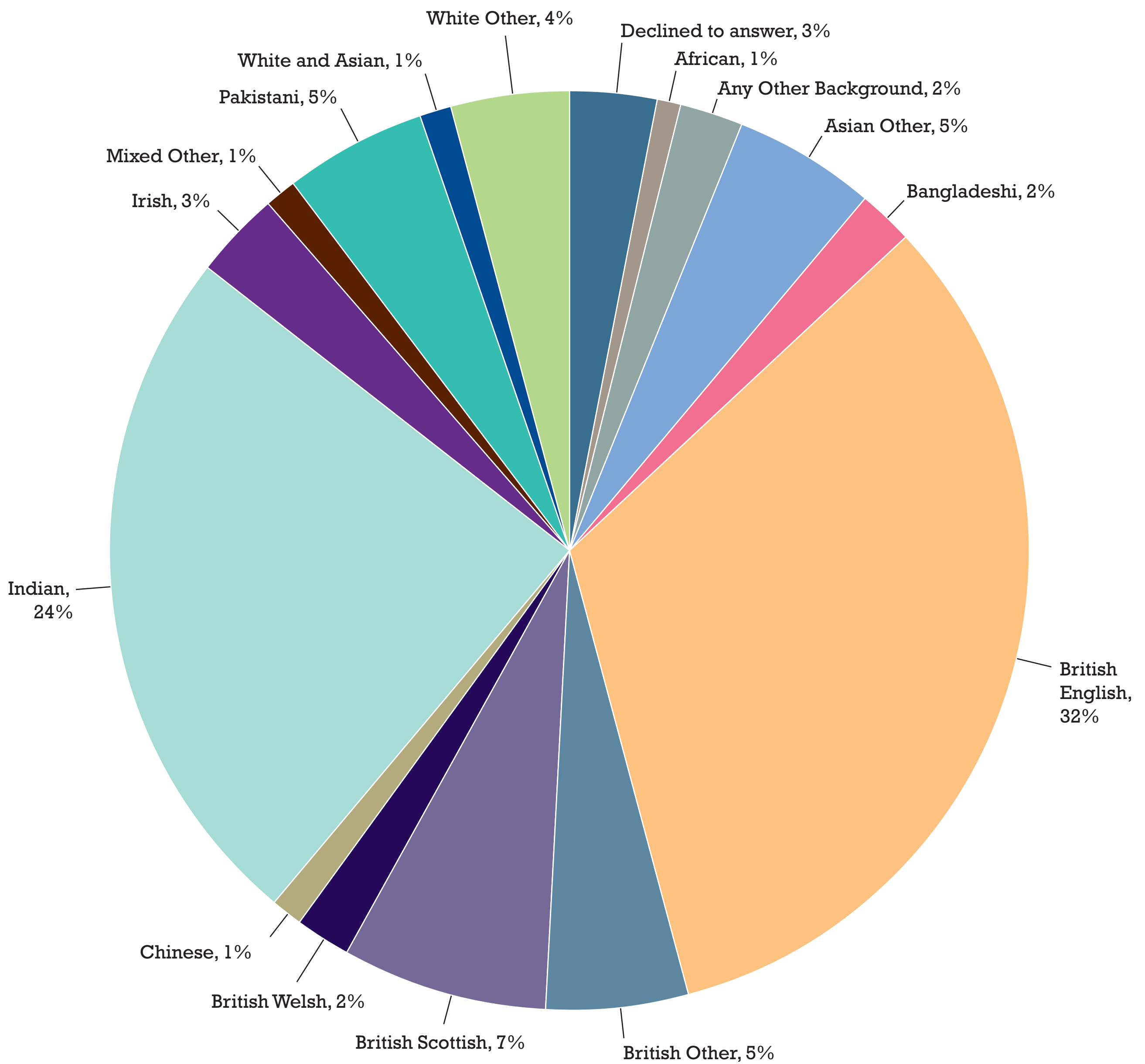


Figure 3 CCT (Spec) Awarded (Applicants who returned monitoring forms) – by Ethnicity

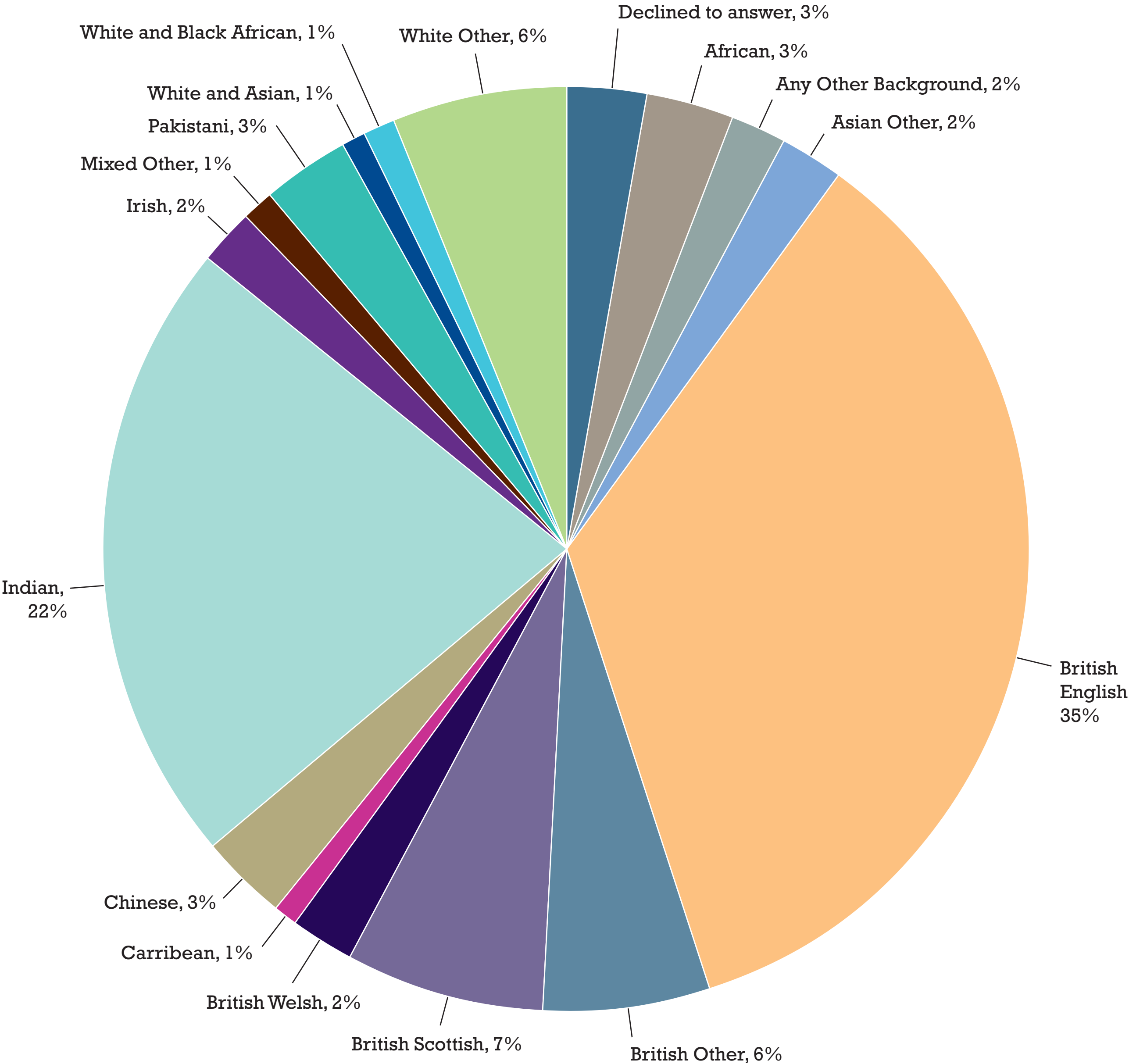


Figure 4 CESR (Article 14) Awarded & Rejected (Applicants who returned monitoring forms) – by Ethnicity

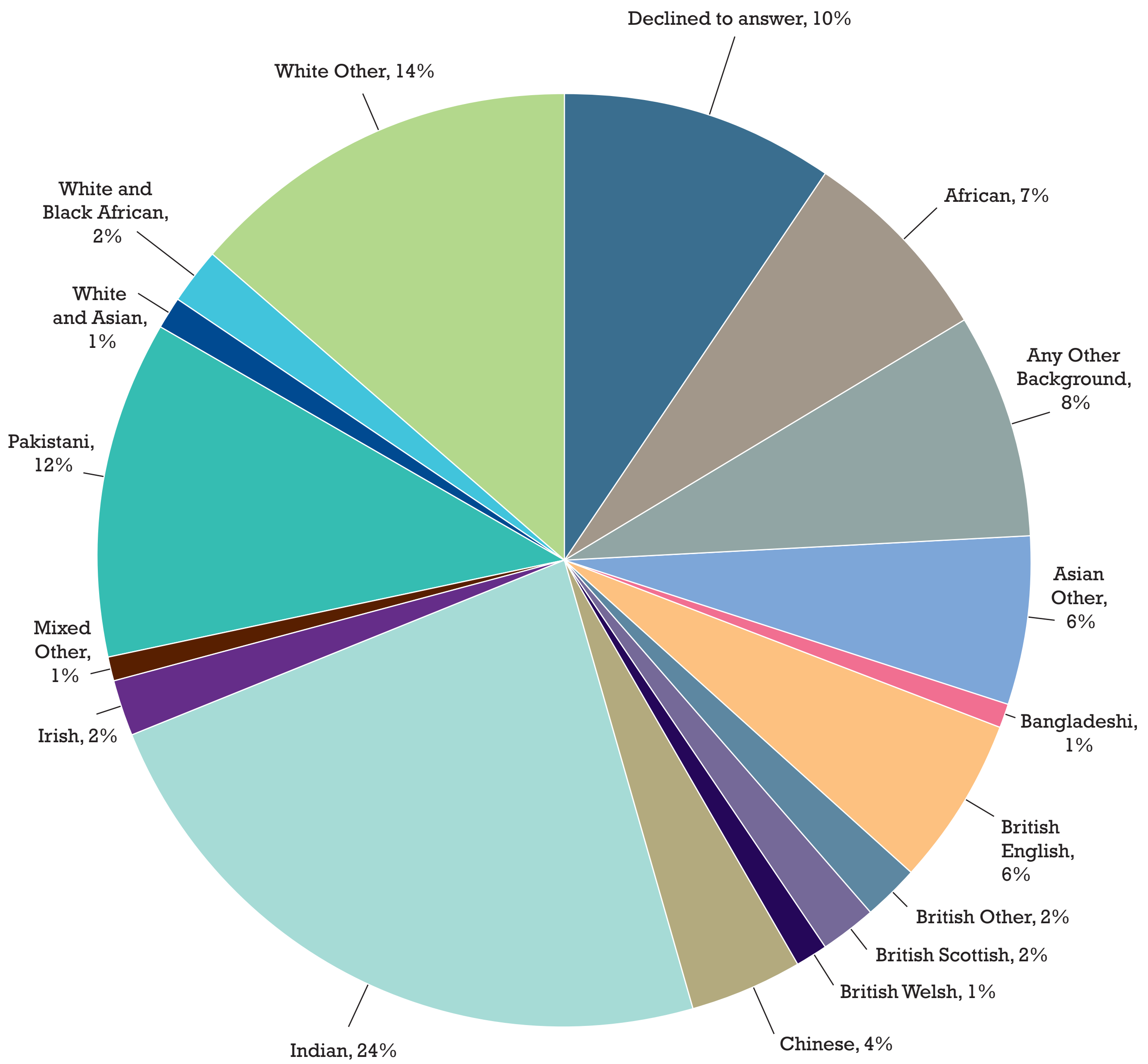


Figure 5 CEGPR (Article 11) Awarded & Rejected (Applicants who returned monitoring forms) – by Ethnicity

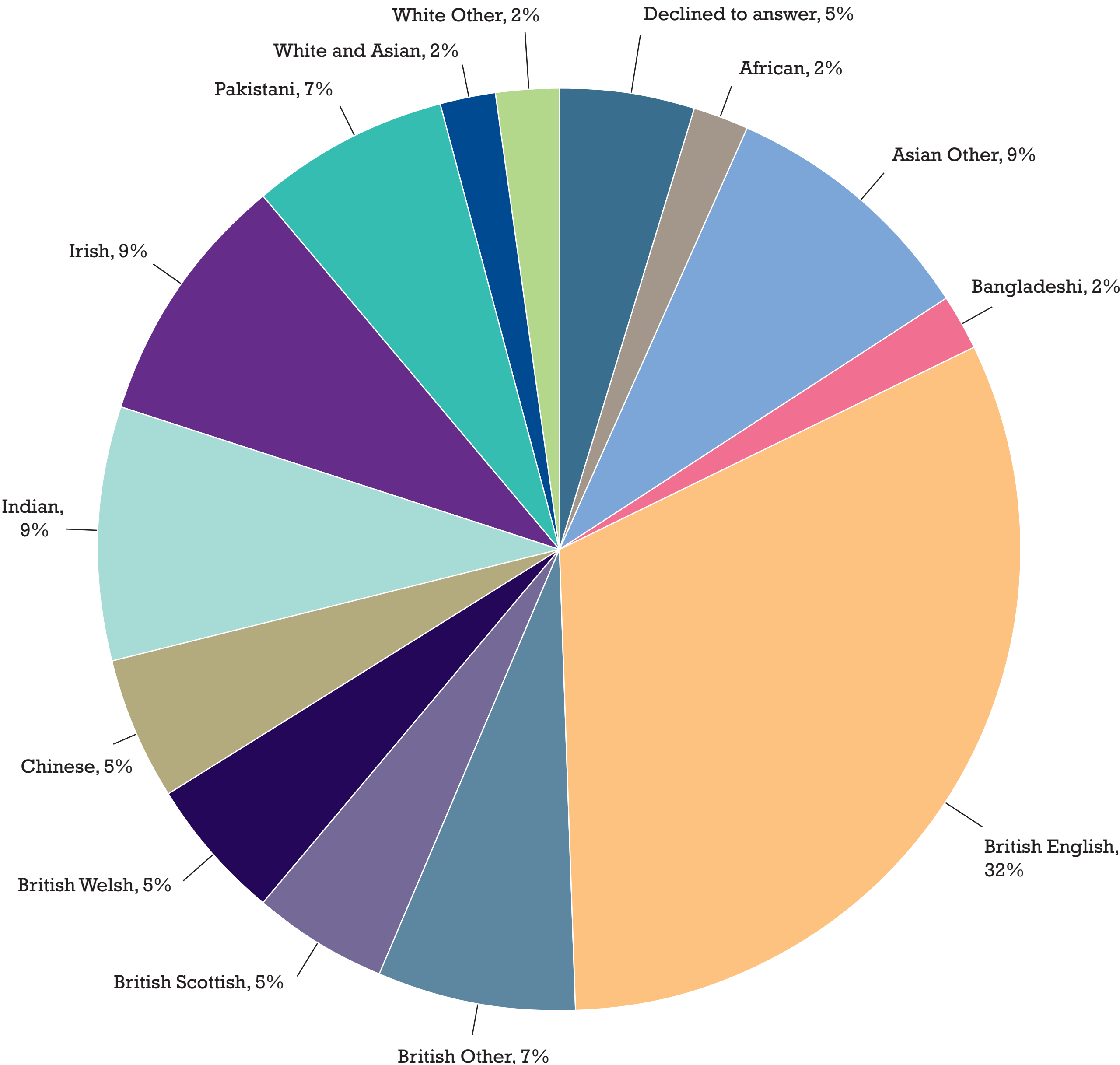
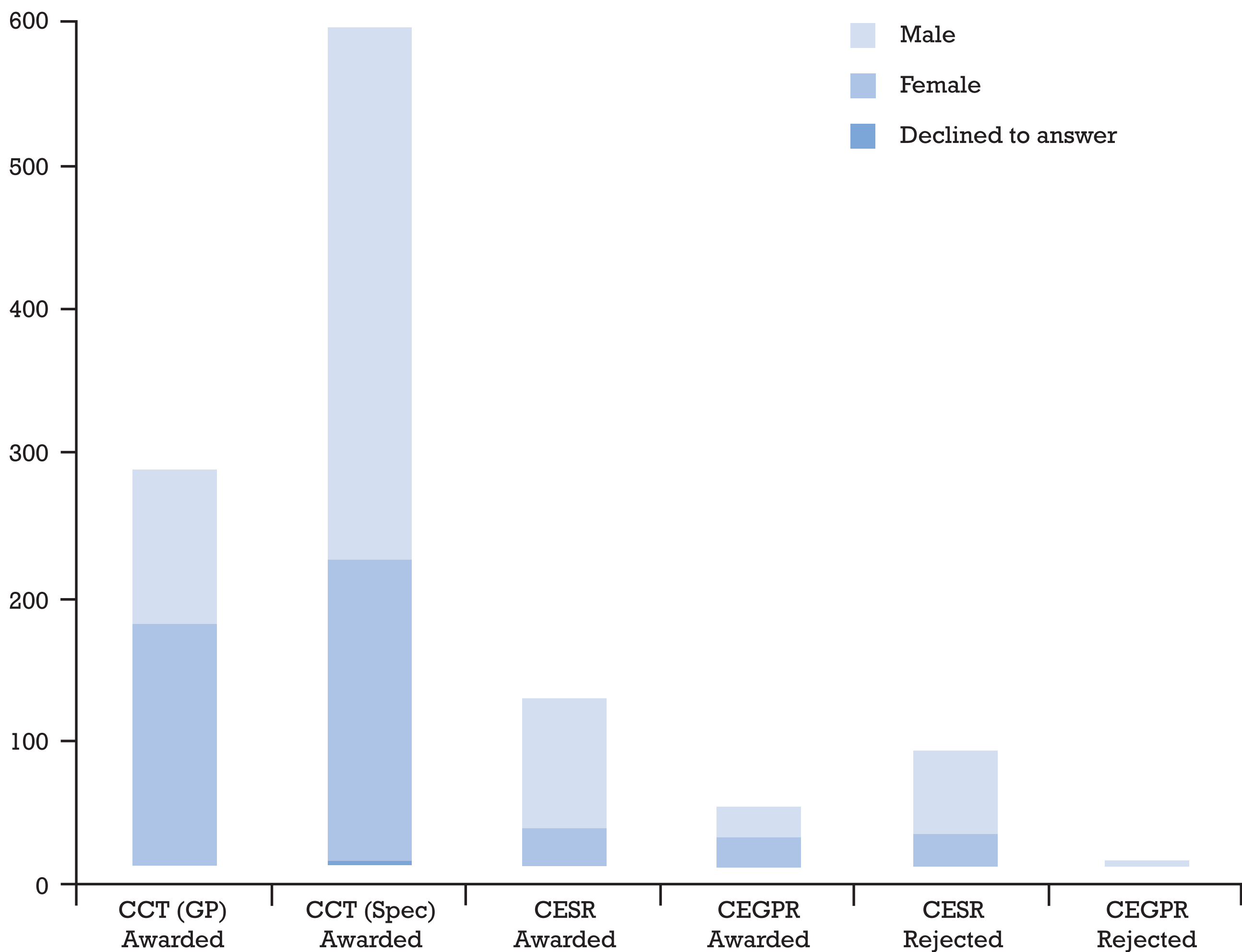


Table 2 Applicants who returned EQD monitoring forms – by Gender

by Gender [1]	CCT GP Awarded	CCT Spec Awarded	CESR Article 14 Awarded	CEGPR Article 11 Awarded	CESR Article 14 Rejected	CEGPR Article 11 Rejected
Declined to answer		4				
Female	169	211	27	23	22	1
Male	123	369	90	19	60	1
Total [2]	**292**	**584**	**117**	**42**	**82**	**2**
Total Decisions Issued [3]	**1881**	**3276**	**470**	**229**	**519**	**21**
Response Rate [4]	15.52%	17.83%	24.89%	18.34%	15.80%	9.52%

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

Figure 6 Applicants who returned EQD monitoring forms - by Gender



Annex 2: Equality and Diversity Monitoring Data

Table 3 Applicants who returned EQD monitoring forms – by Disability

by Disability Origin [1]	CCT GP Awarded	CCT Spec Awarded	CESR Article 14 Awarded	CEGPR Article 11 Awarded	CESR Article 14 Rejected	CEGPR Article 11 Rejected
Declined to answer	3	6	1		2	
Without Disability	286	577	116	42	79	2
With Disability	3	1			1	
Total [2]	**292**	**584**	**117**	**42**	**82**	**2**
Total Decisions Issued [3]	**1881**	**3276**	**470**	**229**	**519**	**21**
Response Rate [4]	15.52%	17.83%	24.89%	18.34%	15.80%	9.52%

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

Figure 7 Applicants who returned EQD monitoring forms – by Disability

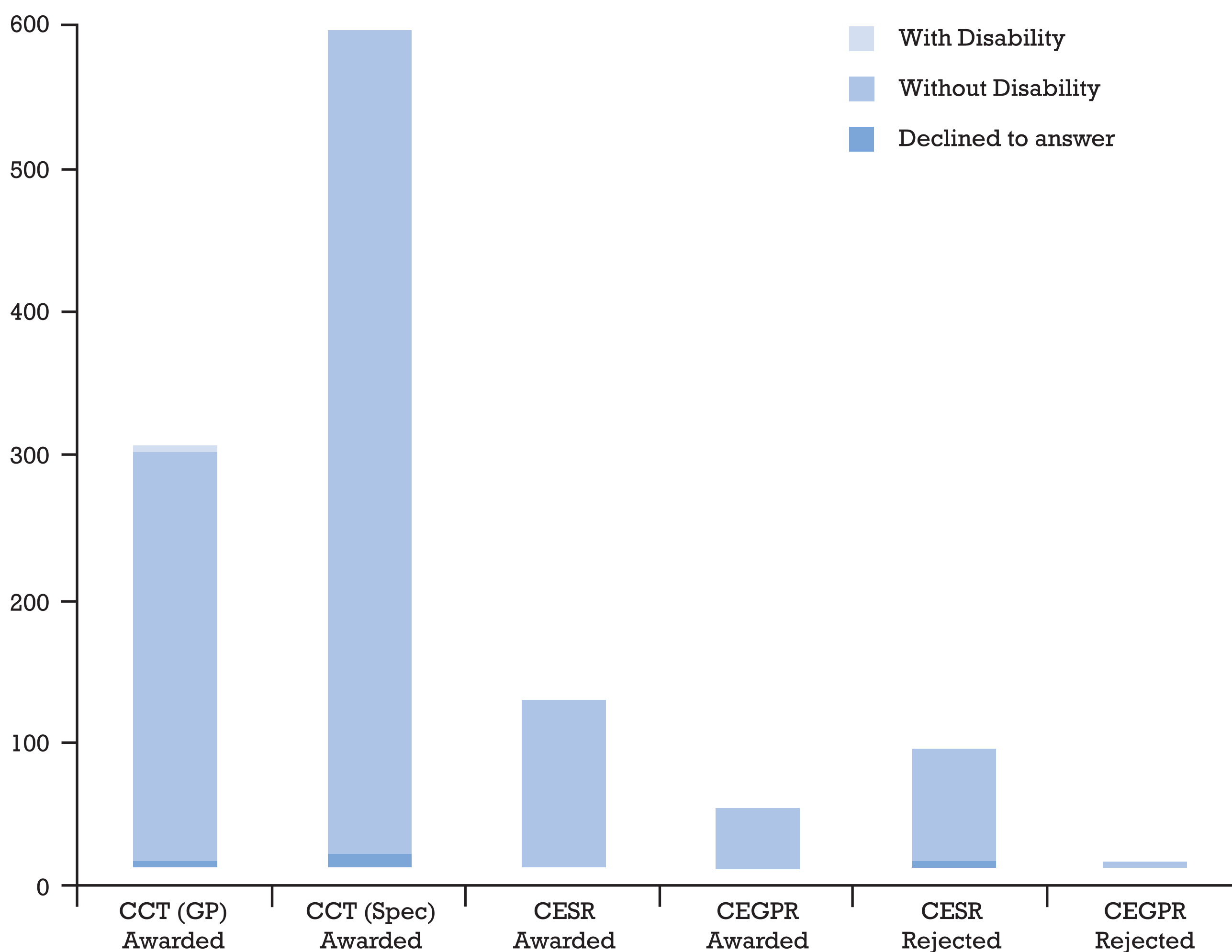


Table 4 Applicants who returned EQD monitoring forms – by Religion

by Religion [1]	CCT GP Awarded	CCT Spec Awarded	CESR Article 14 Awarded	CEGPR Article 11 Awarded	CESR Article 14 Rejected	CEGPR Article 11 Rejected
Declined to answer	13	26	1		2	
Baha'i		1				
Buddhist	5	6	4		1	
Church of England	24	56	3	4	3	
Catholic	24	51	5	4	3	1
Christian	71	146	18	8	20	1
Hindu	55	97	31	3	10	
Jewish	3	7			2	
Muslim	31	50	39	9	35	
No faith	55	128	11	13	5	
Other	5	11	3	1	1	
Rastafarian		1				
Sikh	6	4	2			
Total [2]	**292**	**584**	**117**	**42**	**82**	**2**
Total Decisions Issued [3]	**1881**	**3276**	**470**	**229**	**519**	**21**
Response Rate [4]	15.52%	17.83%	24.89%	18.34%	15.80%	9.52%

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

Annex 2: Equality and Diversity Monitoring Data

Figure 8 Applicants who returned EQD monitoring forms – by Religion

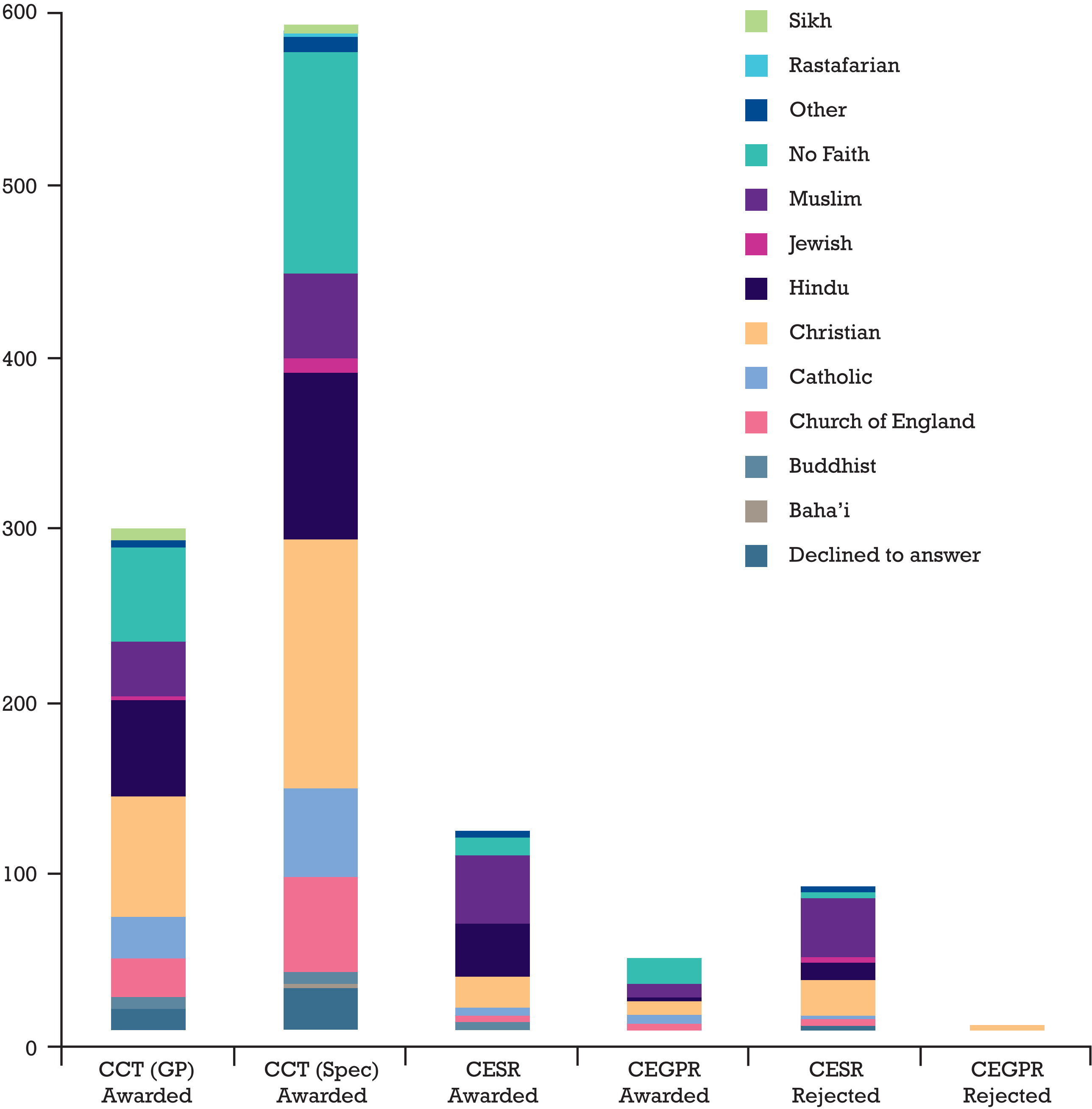


Table 5 Applicants who returned EQD monitoring forms – by Family Circumstance

by Family Circumstance [1]	CCT GP	CCT Spec	CESR Article 14	CEGPR Article 11	CESR Article 14	CEGPR Article 11
	Awarded	Awarded	Awarded	Awarded	Rejected	Rejected
Declined to answer	12	12			2	
Civil Partner	6	24	3	3	1	
Married	200	429	99	27	71	2
Single	74	119	15	12	8	
Total [2]	**292**	**584**	**117**	**42**	**82**	**2**
Total Decisions Issued [3]	**1881**	**3276**	**470**	**229**	**519**	**21**
Response Rate [4]	15.52%	17.83%	24.89%	18.34%	15.80%	9.52%

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

Figure 9 Applicants who returned EQD monitoring forms – by Family Circumstance

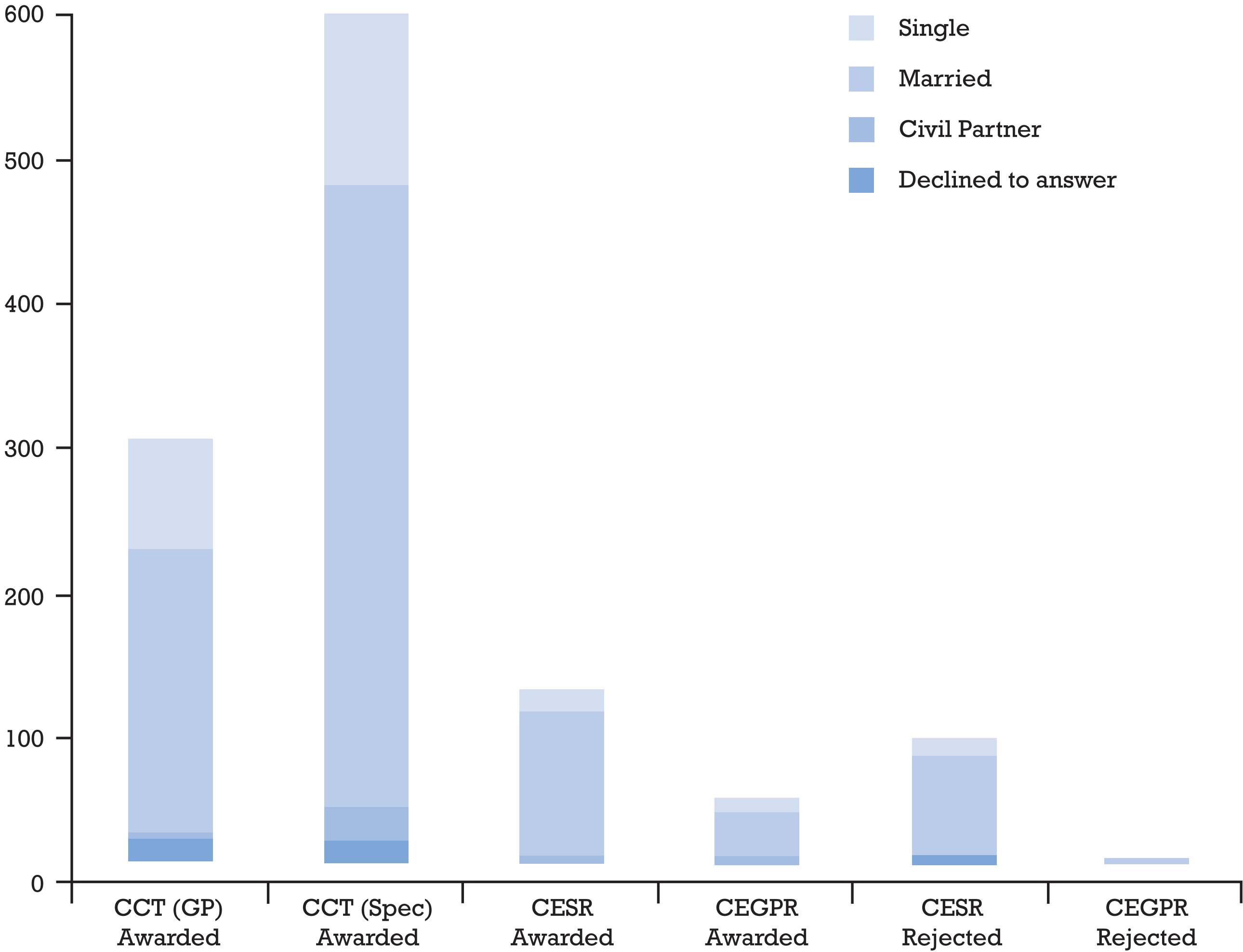
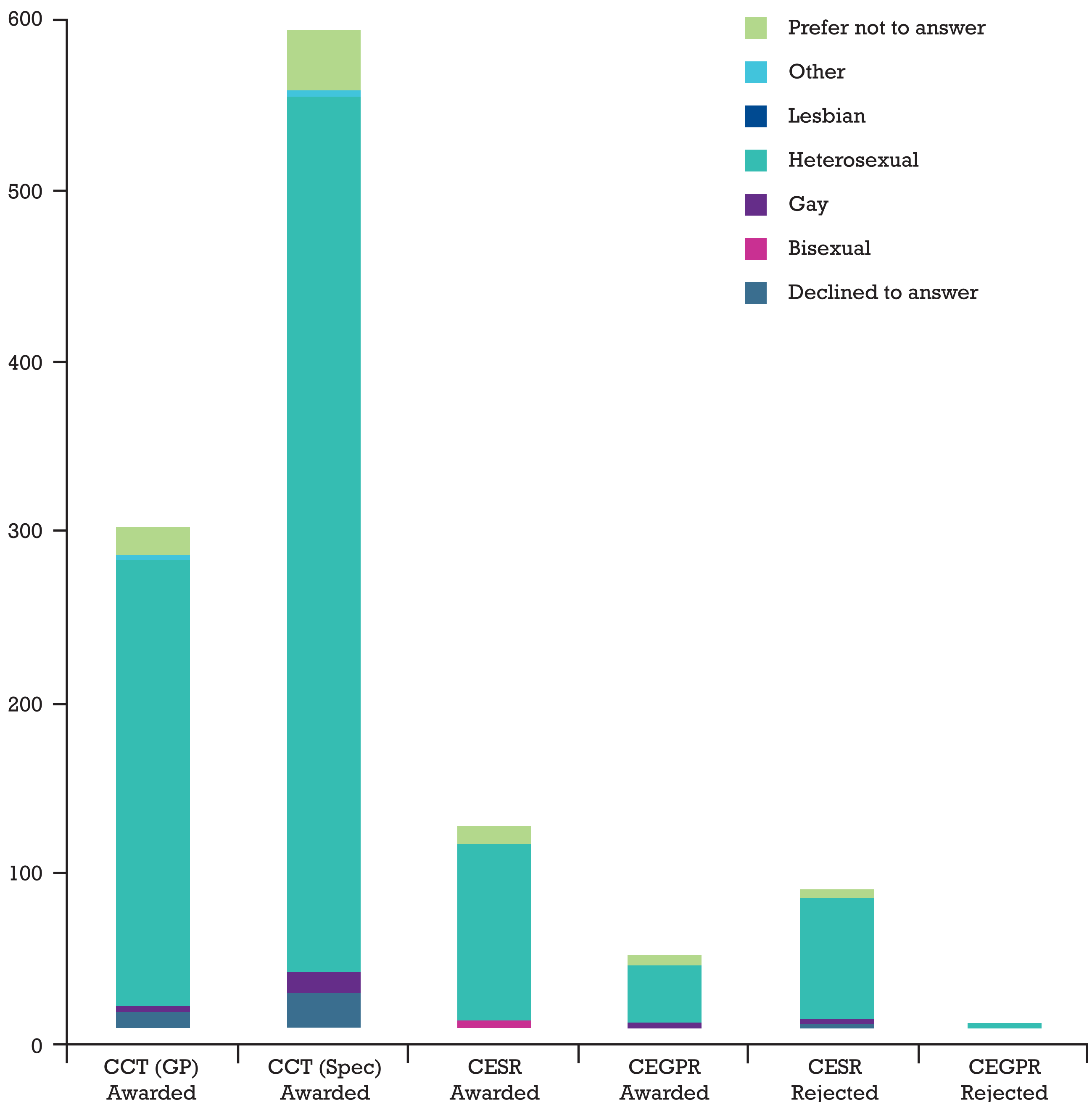


Table 6 Applicants who returned EQD monitoring forms – by Sexual Orientation

by Sexual Orientation [1]	CCT GP Awarded	CCT Spec Awarded	CESR Article 14 Awarded	CEGPR Article 11 Awarded	CESR Article 14 Rejected	CEGPR Article 11 Rejected
Declined to answer	10	19	1		3	
Bisexual			1		1	
Gay	4	13	2	2	1	
Heterosexual	259	511	103	36	71	2
Lesbian	3	3				
Other					1	
Prefer not to answer	16	38	10	4	5	
Total [2]	**292**	**584**	**117**	**42**	**82**	**2**
Total Decisions Issued [3]	**1881**	**3276**	**470**	**229**	**519**	**21**
Response Rate [4]	15.52%	17.83%	24.89%	18.34%	15.80%	9.52%

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

Figure 10 Applicants who returned EQD monitoring forms – by Sexual Orientation



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