

6b

To consider

Fees Framework

Issue

1. Interim arrangements for fees as a result of the merger of PMETB into the GMC.

Recommendation

2. To endorse interim arrangements to fix the 2010-2011 fees for CCT, CESR and CEGPR at the existing 2009-2010 levels (paragraphs 11-15 and Annex A).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602

Background

Assimilation of PMETB into the GMC

4. The Independent Inquiry into Modernising Medical Careers, led by Sir John Tooke, recommended in its interim report in September 2007 that 'PMETB should be assimilated in a regulatory structure within the GMC that oversees the continuum of undergraduate and postgraduate medical education and training, continuing professional development, quality assurance and enhancement'.

5. In January 2008, the final report of the Inquiry confirmed this recommendation, noting that 'the financial burden of regulation falls heavily on the trainee under PMETB and many feel it more appropriate that such costs should be borne by the profession as a whole'. The report also said that one of the benefits of merger would be that 'the greater resources of the GMC would ensure that the improvements that are needed in postgraduate medical education will be achieved more swiftly and efficiently'.

6. In February 2008 the Secretary of State accepted the recommendation and on 4 June 2009 the draft legislation that will transfer PMETB's functions to the GMC was published for consultation. This legislation provides powers for the GMC, post the merger, to levy fees for the services currently provided by PMETB.

7. We remain on track to achieve the merger by the planned date of 1 April 2010.

PMETB fees

8. Doctors who have completed a PMETB approved training programme are eligible to apply for a Certificate of Completion of Training.

9. Doctors who have not followed a full PMETB approved training programme and wish to have their training or qualifications and experience evaluated can apply for a Certificate of Eligibility for Specialist Registration or a Certificate of Eligibility for General Practice Registration.

10. A full schedule of PMETB fees is at Annex A.

Discussion

11. Around 6,000 doctors each year seek certification from PMETB. Both those in their final year of training and those contemplating an application for certification based on their experience are no doubt aware that PMETB will cease to exist in April 2010.

12. We need therefore to provide an indication as to the arrangements which will take effect come April 2010.

13. On 24 June 2009 the Resources Committee considered a range of interim arrangements. They concluded that in the short term it would be prudent to leave the current PMETB fee structure unchanged while a new fees framework is developed.

14. The functions of the GMC and PMETB do not overlap and there will not be an immediate and material reduction in direct expenditure from April 2010. We do, however, expect to make savings. We have identified around £500,000 in potential savings from economies of scale during the first year and expect to eliminate the current PMETB funding shortfall by 2014. This would allow us to leave the fees for 2010-2011 at their current 2009-2010 level.

15. We have sought transitional funding from the Health Departments to cover the one-off costs of assimilation and the loss of grant in aid and gap funding that PMETB currently receives. The transitional funding takes into account our forecast of savings that can be achieved during the transitional period. Our application has been approved in principle, subject to further work.

Recommendation: To endorse interim arrangements to fix the 2010-2011 fees for CCT, CESR and CEGPR at the existing 2009-2010 levels.

Resource implications

16. Maintaining the fees at 2009-2010 levels creates a funding shortfall of between £1 million and £2 million in 2010. Funding has been agreed in principle by the Department of Health.

Equality

17. An equality impact assessment will be undertaken as part of the development process for the new fees framework.