



JOINT CONSULTANTS COMMITTEE

February 2005

A Response to the PMETB consultation paper on the content of the main rules governing its operations

The Joint Consultants Committee (JCC) welcomes the opportunity to comment on this consultation paper regarding the content of the main rules governing the operations of the Postgraduate Medical Education and Training Board. It is reassuring to see that progress is at last being made in implementing the General and Specialist Medical Practice (Education and Qualifications) Order 2003. Nevertheless, much remains to be done and time is short.

The JCC is pleased to be consulted at a relatively early stage in the process of drafting the rules and hopes that there will be adequate opportunity to comment again once the definitive wording has been agreed.

In framing this response, the JCC has taken the opportunity to review the Order and the recent PMETB publications listed in paragraph 1.5 of the consultation paper.

Rules on standards and requirements for postgraduate medical education and training (PME)

The JCC notes that, 'The rules on standards for PME will develop as PMETB's thinking develops' (p.7) and recognises the need at this stage of the PMETB's evolution for the rules to be generic, given that there is no certainty as to how training will be structured as a result of Modernising Medical Careers (MMC). Developing concrete rules at present may prove limiting for the PMETB and would not be in the best interests of future trainees. Nevertheless, it is imperative that the PMETB works quickly to provide the details that will 'flesh out' the more generic rules and ensure that medical training within the UK is of the highest possible standard. The rules will need to state clearly who is responsible for defining these standards and the necessity for them to be adhered to uniformly throughout the UK.

3.4

It is essential that the rules reflect the PMETB's assertion that 'standards for specialist or general practice training need to be seen as part of the continuing development of a doctor, from medical school to beyond higher specialist training'. Honouring this commitment and ensuring that specialist and GP training are regarded as a continuum will require the PMETB to facilitate constructive collaboration between the relevant bodies responsible for training throughout this continuum. The rules must give rise to national policies and curricula that are clear and coherent and that are underpinned by common expectations.

3.6

As noted above, the paper is clear that 'the rules on standards for PME will develop as PMETB's thinking develops' (p.7). In addition to this it seems certain that the end product of new training programmes will not be known until such time as the providers of PME have revised their curricula and assessment practices and the outcomes from these have been carefully evaluated. With the existence of such uncertainty it is questionable as to whether the standard for the award of a CCT will in fact consistently match that for the current CCST. The rules should therefore incorporate a quality assurance mechanism to ensure that the outcome of new training programmes equates to that associated with the award of a CCST.

3.7

It is understood that the PMETB is developing a description of a generic standard expressed as 'as level of knowledge and skill consistent with practice as a consultant in the NHS' against which doctors who have trained outside the UK can be assessed. It is vital that such a definition is agreed and that this definition reflects the standard signified by the award of a CCT. However, the definition will have to be sensitive to the many reforms and changes in practice that have, and will, alter the role and requirements of a consultant in the future. The JCC hopes that PMETB will consult widely on the detail of this particular definition.

3.9

The JCC welcomes and supports the definitions of 'standards' and 'requirements'.

3.13, 3.15 and 3.17

Again, the JCC welcomes the assertion that from September 2005 the standard for a CCT (in specialties other than general practice) will be the same as that currently applied for a CCST. However, we are concerned that a central description of this standard does not exist and urge PMETB to establish such a description at the earliest opportunity in order to make the process more transparent. It will be of great importance to members of JCC that the publication of PMETB's generic standards does not provide an opportunity for standards in specialist practice to be lowered. We therefore welcome PMETB's commitment to involve outside organisations (especially Medical Royal Colleges) as it develops its thinking in this area and we would welcome the opportunity to be involved in this dialogue as this work is taken forward.

Rules on approval of postgraduate medical education and training

4.4

We welcome the decision of the PMETB to move towards the approval of *programmes* of PME and training. Such an approach is appropriate considering the new training arrangements being put in place by MMC. However, approval of units of training will continue to be necessary, particularly for those who have undertaken a proportion of their training outside the UK.

4.5

The JCC understands the convenience for PMETB of engaging with postgraduate deaneries for approving postgraduate training arrangements. However, especially for smaller specialties, it will be vital to ensure that nationally consistent standards are being maintained. It seems to the JCC that this will require evaluation by specialists outside the deanery. This quality assurance is currently provided by Medical Royal Colleges. It is essential that their expertise continues to inform this process.

4.11, 4.12 and 4.13

We recognise the need for the rules to permit different categories of approval. During this process and subsequently when new training arrangements require approval, it will be essential that the expertise which has been accumulated by Medical Royal Colleges is available to the Board and its

committees. It appears that some of the tasks associated with approval may be delegated to individual members of the Training Committee. Since the Committee is not representative of all medical specialties, the JCC considers that the rules should clearly state that the appropriate Medical Royal College should be consulted formally in all cases, at least during the critically important transitional period.

4.15 and 4.16

The JCC accepts that applications for approval of programmes should normally emanate from postgraduate deaneries. However, there may be occasions, particularly in relation to training programmes in smaller subspecialty areas, where training must take place in more than one deanery. Furthermore, there may be training fellowships for which training is initially planned outwith the deanery structure. While accepting that the approval of the relevant postgraduate deans will be necessary before these programmes can be undertaken, the JCC considers that it may be unnecessarily bureaucratic to insist that consideration of such potentially innovative programmes should depend upon prior deanery approval.

4.18, 4.19 and 4.20

Once again, the JCC notes that approvals of examinations, assessments or other tests of competence are likely to be delegated to a statutory committee of the Board (in this case the Assessment Committee) which 'might delegate to members of the Committee or PMETB staff.' The JCC does not consider that at present these proposed arrangements ensure that the advice of relevant specialists is taken before decisions are made. Medical Royal Colleges have great expertise in specialist assessment and often have in place arrangements whereby overseas qualifications or training can be accepted in lieu of part of a UK-based system. We would suggest that the rules for this preliminary period of the work of PMETB should state that the appropriate Medical Royal College should be formally consulted in these cases.

Rules about PMETB visiting panels

This is clearly an area of considerable concern to PMETB and, it appears, one where much work still needs to be done. While it will be necessary for PMETB to rely on existing visiting arrangements set up by Medical Royal Colleges, the conditions set out in the Order will necessitate changes in practice from September 2005. The JCC would welcome reassurance that PMETB has ensured that such changes will be put in place by Colleges by this date.

Article 7 of the Order provides little guidance to PMETB about the purpose of visits. The JCC would therefore welcome a clear statement from PMETB in this important area. Only then can a systematic approach to the process of visiting be set out.

5.7, 5.8 and 5.9

A visiting panel of four members is larger than that currently provided by many Colleges. Larger numbers of visitors will make it logistically more difficult to organise visits, especially if visitors have to have been appropriately trained. There does not seem to be great merit, at least at this early stage in the process of coordination, in having a Chairman in addition to regular panel members. There is no obvious reason why one member of the panel, appropriately trained, could not undertake this role. If the lay representative were to act as Chairman, it would be essential to ensure that full consideration were given to the views of the panel members with appropriate specialist expertise. A mechanism whereby, in case of disagreement, individual panel members could submit personal comments would be valuable whatever the chairmanship arrangements.

The JCC considers that the involvement of trainees in this process is important and would encourage PMETB to consider the implications of their incorporation into visiting panels, a practice which is already in place in several European countries.

5.10

The JCC is not certain that the primary objective of visits by PMETB is 'to protect the health and wellbeing of patients.' While, as specified in the Order, this is one of the main objectives of the Board itself, it seems to JCC that visits provide a valuable opportunity to quality assure the process of training to the advantage of trainees and thus, indirectly, for the benefit of patients in the future. It does not seem to JCC that it is within the remit of PMETB to quality assure standards of clinical practice unless they impact directly upon training. That is the duty of the Healthcare Commission. This is not to deny that in exceptional circumstances, where visitors consider that training arrangements put patients at risk, they have a duty to ensure that appropriate action is taken. The concern of the JCC in this area underlines the need for PMETB to enunciate clearly its view about the purpose of the visiting process.

5.16 and 5.17

The additional costs of the new visiting system seem likely to be considerable. No doubt PMETB will make available in due course a detailed statement of the financial implications of these proposals. Meantime, the JCC agrees that the rules should clarify the mechanism by which the reasonable expenses of visitors will be met.

Rules about making and considering applications for certification

The JCC welcomes the acknowledgement by PMETB of the important role of Medical Royal Colleges and Faculties in providing specialist advice in this area and approves the introduction of service level agreements for this purpose. Once again, it will be essential as part of this process that costings are transparent.

6.26

Involvement of Colleges in this process is important not only because of their expertise in specialist training but also because decisions taken about entry to the specialist register, especially those relating to Articles 11 and 14, may have longer-term implications for the definition of a specialty itself. This problem was clearly identified during the transitional arrangements for the introduction of specialist registration and resulted in protracted and expensive legal disputes. There are particular problems surrounding non-standard specialties. Some appeals against its decisions in this area were successfully resisted by the Specialist Training Authority and it will be important for PMETB to review the judgements in these cases before finalising rules.

Conclusion

These are vitally important times for postgraduate medical education in the UK. The JCC is pleased to have been consulted during the formulation of PMETB's rules and would be happy to provide further clarification of its views if necessary. We would welcome the opportunity to comment further upon the definitive text of the rules when these are formulated.