TRAINING

The role of the postgraduate medical education and training board

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The Postgraduate Medical Education and Training Board (PMETB) is a new organisation set up to develop, establish, and maintain standards and requirements for postgraduate medical education (PGME) and training. First trailed in the NHS Plan,¹ its remit covers the UK. As such it aims to be a single, unifying framework for doctors in training.

The PMETB took up its full statutory powers—"go live"—in September 2005. It was formally established by law when the General and Special Medical Practice (Education and Qualifications) Order was approved by Parliament in April 2003. It will take on the work of the two existing bodies—the Specialist Training Authority (STA) and the Joint Committee on Postgraduate Training for General Practice (JCPTGP). Its responsibilities extend from the second foundation year of postgraduate medical training (F2) throughout the specialist training period, usually three years, at the end of which a trainee is eligible for a Certificate of Completion of Training (CCT) issued by the PMETB. These responsibilities bring with them for the first time the unification of approach between general practice and hospital and community based specialist training. There are also new regulations which allow doctors trained outside the UK to be assessed for specialist status based on their training, qualifications, and experience.

WHY THE PMETB?

The PMETB was established by government to address concerns about the perceived lack of transparency in medical postgraduate education and the inconsistency in the quality of medical training across the UK.

It will have responsibility for defining the standards necessary for entry into specialist medical training, for the standards of the training, and for the standards to be met by the end of training, to enable the necessary levels of competence and experience required for certification as a registered specialist to be achieved.

The background to these aspirations reflects the government's concern to improve the way doctors are trained. Growing frustration in government that existing mechanisms were not responsive enough to change, were not able to reflect consistent quality, and lacked transparency and responsiveness to patient care lie behind the Board's establishment. Specific events such as Colleges withdrawing training approval without regard to the impact on patients added to the distrust between government and the medical profession.

Frustration with the apparent power of the medical institutions such as the Royal Colleges, a lack of levers to use for control, and concern about protecting the public from variable standards added to the need for change. Drivers for establishing the PMETB are listed in box 1.

The introduction of the PMETB is only part of the drive to improve professional medical training. Other simultaneous drivers for change in medical education include the New Deal for junior doctors,² the European Working Times Directive,³ and Modernising Medical Careers⁴ which introduces a new framework for training. In addition there is the ongoing work and responsibilities of the GMC. The environment for trainers is also changing, not least because of the new contracts for GPs and consultants which have direct impact on doctors' working practice. For example, consultant time, previously available on a grace and favour basis for education and College activities, is now structured and costed. These initiatives are creating a different work environment for doctors in training.

THE PMETB BOARD

The Board is accountable to Parliament and will act independently of government as the UK competent authority. The Board's remit covers basic and higher specialist medical training. It does not cover undergraduate medical education, nor that of pre-registration doctors, which remains the responsibility of the General Medical Council and universities, or undergraduate and postgraduate dental education and training, which remains the responsibility of the General Dental Council. However, the Arm's Length Body review⁵ has suggested that the activities of the Dental Vocational Training Authority be incorporated.

The members of the Board are from a variety of backgrounds, reflecting the interests of stakeholders in postgraduate medical education. There is a mix of lay and medical members and there are observers from the departments of health of the four countries of the UK. The process of appointment for Board Members was through open competition with selection by the Appointments Commission.

The Board works through:

- Two statutory committees who advise the Board covering training and assessment. There are supporting Training and Assessment Committees Subcommittees. The Quality Assurance Subcommittee relates to both statutory committees. The Subcommittees of the assessment committee are concerned with elements of assessment: standards and outcomes; workplace based assessment; examinations; Articles 11 and 14.

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Box 1: Drivers for establishing the PMETB

Desire for cultural change

- Existing mechanisms ad hoc, reflecting historical accident rather than a planned and systematic approach to medical education from the profession
- New relationships with medical institutions such as Royal Colleges needed with review of the associated funding mechanisms
- Greater transparency provided by separation between the regulatory framework and the provision of education

Better synergy and connections between NHS bodies and the professional education systems

- Balance between the educational aspirations of the professions and service needs of the service to be redressed correcting inefficient and costly lack of synergy

Greater engagement of patients and the public

- Previous systems seen as professionally biased and not listening to the views of patients or the public

Subcommittees of the training committee are concerned with standards for curricula, foundation programmes, specialist programmes, the training environment, and academic medicine.

RESPONSIBILITIES OF THE PMETB

Amid this changing context, the list of tasks that fall to the PMETB includes:

- Approving PGME programmes and courses
- Accrediting postgraduate education, training institutions, and trainers
- Ensuring fairness of assessments and examinations undertaken as part of training
- Quality assuring the PGME and training system
- Issuing certificates to doctors meeting the standards it sets for successful completion of training
- Assessing the equivalence of the qualifications, training, and experience of doctors seeking a statement of eligibility to apply for entry to the Specialist or General Practice Registers of the General Medical Council.

PMETB's 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 health care of patients and the public. It will do this by setting, promoting, maintaining, and continuously improving standards, fulfilling the role of the statutory competent authority with fairness, effectiveness, and efficiency, and providing a responsive and timely service to meet the needs of trainees, trainers, and others concerned with training.

In practical terms this means approving training programmes, courses, posts, and curricula, recommending an individual for entry to the specialist register through a process of certification, and quality assuring the process and the institutions providing postgraduate education and training.

Key aspects to achieve objectives:

- *Establishing and raising the standards and quality in postgraduate medical education.* This involves defining what standards exist, and their validity and appropriateness. Early experience from the Board shows that in many instances this is uncharted water, and this work is one in which the

PMETB will work with other stakeholders, including the public. Clearly expressed standards for entry into specialist training, for the curricula for specialist training, and for exit from specialist training are all now in development. the PMETB has decided that the framework for doing this work will be Good Medical Practice and the College/Faculty/Specialist Society interpretation for each specialty will form the basis on which specialty specific standards will be built. Underpinning this work is a commitment to promoting equality and diversity.

- *Providing arrangements to ensure this quality is maintained.* This will be achieved through robust quality assurance mechanisms which are being developed with a wide range of stakeholders including the NHS as an employer. This will include assuring equivalence of experience for specialist registration with the GMC and recognition of standards from countries outside Europe.
- *Improving supervision of training by supporting both trainees and trainers.* Standards for training in the Foundation Year 2 as well as through the three years leading to the CCT are being developed. The structure and purpose of review visits as well as the environmental standards for training are also under discussion—with a view to simplifying processes, and ensuring single visits shared between the PMETB and the Colleges with greater engagement of the NHS.
- *Providing managed structures and processes to ensure all interests are represented in postgraduate medical education.* This will be achieved by establishing streamlined and transparent processes, working closely with a wide variety of partners including Deaneries, Royal Colleges, the NHS, GMC, Healthcare Commission, and the public in its work. One of the challenges of this area of work will be to implement the changes of Article 14 of the Act which provides alternative routes to the CCT for doctors seeking eligibility for the specialist register. In future doctors who have not been through formal training programmes in the UK and who are not covered through European legislation may apply for a statement of eligibility for registration. Eligibility to go on the specialist register will depend on training, qualifications, and experience. Part of this Act (Section 14(5)) also allows for doctors trained outside the UK to apply for registration in specialties not recognised as a standard specialty. The implementation of Article 14 will be complex and will be one of the main tasks facing the PMETB.

The PMETB is in its early stages and its next steps are to define the entry criteria for specialist programmes, to set standards for programme approval and the level of approval for programmes, posts, and courses, and to agree the process of approval, defining the manner in which approvals are given. It will issue certification with arrangements that are consistent and fair, their decisions based on evidence and commanding the confidence of the NHS, applicants, and others with an interest.

The values which underpin all this work are those of independence, a culture of collaboration and inclusiveness, a commitment to responsiveness, and a readiness to tackle difficult issues with assurance that all activities will promote diversity and equal opportunity for all.

An example of the way the PMETB is working is shown by its work on assessment. The approach to assessment has been determined through close working with the variety of partners with whom it is essential to work, including the Colleges, the Postgraduate Deans, and the NHS.⁶

Through the work of the Board and led by Dame Lesley Southgate, standards for an assessment system have been agreed as an integrated set of assessments which is in place for the entire postgraduate training programme and which supports the curriculum. It may comprise different methods, and be

Box 2: Principles underpinning assessment

- (1) The assessment system must be fit for a range of purposes
- (2) The content of the assessment will be based on curricula for postgraduate training which themselves are referenced to all of the areas of Good Medical Practice
- (3) The methods used within the programme will be selected in the light of the purpose and content of that component of the assessment framework
- (4) The methods used to set standards for classification of the trainee's performance/competence must be transparent and in the public domain
- (5) Assessments must provide relevant feedback
- (6) Assessors/examiners will be recruited against criteria for performing the tasks they undertake
- (7) There will be lay input in the development of assessment
- (8) Documentation will be standardised and accessible nationally
- (9) There will be resources sufficient to support assessment

implemented either as national examinations, or as assessments in the workplace.

The balance between these two approaches principally relates to the relationship between competence and performance.

Competence (can do) is necessary but not sufficient for performance (does do), and as experience increases, so performance based assessment in the workplace becomes more important.⁷

Principles underpinning assessment are listed in box 2. A full version of this and other policy papers can be found on the PMETB website (www.pmetb.org.uk).

CHALLENGES FOR THE PMETB

The PMETB offers a unique opportunity to modernise medical education and to develop consistent standards for training in the UK. Through Articles 11 and 14 it also offers opportunities to doctors working at specialist level but previously unrecognised as specialists to be assessed at this level.

In creating this new system the challenges facing the PMETB are to:

- Provide a responsive and timely service for all trainees, trainers, and others concerned with training
- Create a new system that is more flexible and responsive to changing circumstances, the requirements of users, and providers of health services
- Deal with the perception that the current system is unfair and fails to properly recognise the equivalence of qualifications, training, and experience for overseas doctors
- Ensure that trainees are equipped with the attitude and skills to continue learning throughout their careers
- Ensure that the health and wellbeing of individuals needing or using the services of GPs/specialists are safeguarded
- Place patients at the heart of future training
- Support research activities.

The PMETB has agreed that more flexibility between academic and service programmes is desirable and will support core/module options within a district academic career pathway extending beyond the CCT. Colleges and faculties are being asked to produce new academic career pathways and to include in all regular NHS pathways generic academic competencies (teaching skills, research methodology, use of evidence base) which are deemed part of general professional activity.

Box 3: Recognised paediatric subspecialties

- Paediatric clinical pharmacology and therapeutics
- Paediatric community child health
- Paediatric endocrinology
- Paediatric gastroenterology
- Paediatric infectious diseases and immunology
- Paediatric intensive care medicine
- Paediatric nephrology
- Paediatric neurodisability
- Paediatric neurology
- Paediatric neonatal medicine
- Paediatric oncology
- Paediatric respiratory medicine
- Paediatric rheumatology

WHAT DOES ALL THIS MEAN FOR A CAREER IN PAEDIATRICS?

The PMETB is the competent body which will issue certificates and statements of eligibility for certification for paediatrics. It will work with the Royal College of Paediatrics and Child Health and other professional organisations to agree expected standards for certification for the specialty and its subspecialties. The 13 recognised subspecialties in paediatrics which already exist are listed in box 3.

Over time new models of practice and new career patterns will emerge, for which the PMETB will have responsibility for standards of training that will shape the future clinical practice. The future shape of paediatrics will, as with other medical specialties, be determined by a variety of factors as the work of the PMETB, professional practice, and service requirements unfold.

CONCLUSION

The PMETB is a new body that has yet to be fully established. Its role is emerging and because of its close interrelationships with a wide group of stakeholders engaged in medical education, its final shape and remit will evolve over time. Its future is not in its hands alone and will be shaped by its stakeholders and the future of other key players. For example, the CMO's review of the GMC as a result of the Shipman Enquiry and other reviews of professional regulation could have implications for the responsibilities of the PMETB. As it starts its work the PMETB remains committed to its core business of creating excellence in postgraduate education for doctors for the benefit of patients.

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Competing interests: none declared

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