



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the PMETB's consultation on Fees relating to Article 14, Certificate of Eligibility to the Specialist Register (CESR) and Article 11, Certificate of Eligibility to the General Practice Register (CEGPR)

About the Faculty of Public Health

The Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services, by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.

The FPH welcomes the opportunity to contribute to the PMETB's consultation on fees relating to Article 14. Our response contains replies to specific questions raised by the consultation, and comments on issues not covered by the consultation.

Responses to specific questions

Q1: Do you have comments on this rationale?

This would seem logical.

Q2: Do you agree that we should seek to meet the actual costs incurred by Colleges and Faculties?

Yes

Q3: If not, do you have any alternative suggestions on how these costs might be met?

No

Q4: Do you agree with this approach towards continued work with Colleges and Faculties on CESR/CEGPR?

Yes

Q5: If not what would you propose?

N/A

Q6: What is your view on the in-house option?

Any general arrangements at PMETB would be unlikely to take into account the special considerations of public health. In our view, the in-house option is not a good one.

Q7: Do you agree that we should consider including a performance-related clause within our contract with Colleges from 1 September 2008?

This would seem reasonable.

Q8: Is there any other action we should consider to achieve 3 months?

No

Q9: Do you have comments on how we should review fees in future years?

Revising fees below rate of inflation implies that the process will become easier year by year. However, with very few individual cases (expected) in public health, there will not be economies of scale, and RPI increases would seem more appropriate.

Q10: We would welcome comments on any specific equality issues which this consultation raises and suggestions on how they might be addressed?

No comment.

General comments on issues not covered by the consultation

In addition to the questions that PMETB has raised in its consultation document, there is another issue that we believe needs to be taken into consideration as it could have a significant impact on trainees within public health and all other specialties. This is the issue regarding trainees who have undertaken a small amount of previous work in an unapproved post but are now in a registered, unrecognised training programme. According to current PMETB regulations, these trainees are on course for a CESR rather than a CCT; however the work required at the end of the training will be significantly different from an individual who has undertaken all their training outside of prospectively recognised posts. FPH ask if/will this differential in workload for both PMETB and Colleges be taken into account in the final fee requested of certificate applicants?

To demonstrate the workload difference, take for example a trainee undertaking a six year training programme. The first two years of this programme are undertaken in non-recognised training posts (perhaps elsewhere in Europe or Australia), following which they are appointed to an English training programme into year three of training. They then complete the next four years of training uneventfully, obtaining an ARCP Form 1 in the first three years and an ARCP Form 6 in the final year. At the end of training they then apply for their certificate with four ARCP forms, the records from the College for these four years in training which demonstrate the acquisition of competences in these years, and a small portfolio covering the first two years of training addressing the competences in this period. Therefore the only additional work over awarding a CCT required for this trainee is the assessment of their two year portfolio rather than the full six years required for other Article 14 applicants. A simple mechanism to manage the fee for this applicant could be constructed based on 1/6th of the difference between the CESR and CCT fees for each year of portfolio which needs to be assessed. This should enable cost recovery for both PMETB and the College for the assessment of this individual.