

## RESPONSE FROM JRCPTB TO TRAINEES CONCERNS ABOUT THE RECENT FEE INCREASE

This statement has been prepared in response to concerns being expressed by trainees following the recent announcement of an increase in training fees by £28 (the combined effect of a fee increase of £10 per annum, and a charge of £18 per annum for use of the ePortfolio) per annum. The concerns centre on both the size of the increase, but also on the lack of prior consultation with trainee representatives.

Medical Royal Colleges have responsibility for setting and maintaining the standards of specialist training working to generic standards set by the GMC (which has recently taken over the function formerly performed by PMETB). In the case of the specialties of internal medicine, this work is conducted by the JRCPTB which reports to the Federation of Royal Colleges of Physicians of the UK. The Federation oversees the work and financial arrangements of the Board and its paid staff.

JRCPTB and the Federation acknowledge that trainee representatives should have been consulted early in the discussions about a possible large fee increase taking into account the ePortfolio charge for trainees in 2010 and that a longer period of notice should have been agreed. Both are committed to ensuring this is not repeated in future and apologise for the difficulties this year.

### Financial Background

The JRCPTB budget, with a turnover in 2010 of £1.6m, derives income from three sources - a Department of Health (DH) grant, trainee fees, and college central funds. Since the advent of PMETB in 2005 there has been a significant (in excess of 60%) reduction in the DH grant, and we anticipate that for the current financial year ending 31<sup>st</sup> March 2011 DH support will probably cease altogether. Recognising this budget pressure the JRCPTB proposed a fee increase of £10 to Federation in the 2010 Business Plan that would take account of inflation increases since the last fee uplift in 2007.

### ePortfolio

The JRCPTB has been working with NHS Education Scotland (NES) for some years developing NES' ePortfolio platform for physician trainees. This has been an excellent partnership and has revolutionised and greatly facilitated the way in which trainees can record their training and assessment. Until late last year NES had undertaken this work without charge but now needs to recoup running costs through an annual per capita charge of £18 for each trainee user using their e portfolio. For JRCPTB this amounts to an additional charge of approximately £120,000 per annum. Given the financial realities it faced, the Federation had no option but to pass on this additional charge to the trainees.

In reaction to trainee's concerns the Board has analysed ePortfolio take up amongst pre-2007 trainees (SpRs) and has noted that only a very small number have enrolled for it. Accordingly it has been decided that SpRs still paying their JRCPTB fee by

annual subscription allied to collegiate membership will be exempt from the ePortfolio charge.

## Role and workstreams

We feel that it is important to explain in greater detail what the JRCPTB budget supports. The JRCPTB delivers its work through an executive group, a permanent staff complement of 25 led by a Medical Director (part time) and a deputy (also part time) and a core medical training committee and 29 Specialist Advisory Committees (SACs). The principal workstreams are:

Curriculum and assessment development and review Working to the requirements of the regulator, the SACs have designed and implemented three cycles of specialty curricula (2004, 2007 and 2010). Each iteration has been more complex and sophisticated than its predecessor and has mirrored changes in the structure of training from SpR training, through StR run-through and then uncoupled training. The development of the 2010 curricula was a 12-month project, involving many stakeholders including trainees, patients and the service. SACs will continue to review and adapt curricula on an ongoing basis. Knowledge and workplace based assessments have been developed to complement curricula.

Trainee support and certification This has been a traditional role for the SACs for many years encompassing the monitoring of trainees' progress, the recognition of research, out of programme training, the provision of advice to individual trainees and their trainers and recommendations for the award of CCT. With the introduction of run-through training in 2007, an additional 2500 CMT trainees were added to the JRCPTB's responsibilities. The current cohort of trainees under the aegis of the JRCPTB numbers around 7600 across 30 specialties. In 2009, the JRCPTB recommended the award of 869 CCTs and 65 CESRs.

Quality management Quality management has recently been re-established as a major workstream to design new processes for working with deaneries and ensuring the collection of accurate quality data. Trainees will be able and encouraged to contribute to quality management through interaction with an external adviser allocated to their programme. Problems and difficulties encountered by trainees and educational supervisors can be aired and resolved through the offices of the SAC. Each SAC will be required to submit an annual specialty review to the regulator.

The regulator's quality framework incorporates training standards. Colleges have a vital role in setting the specialty-specific standards and an even more important task in developing the metrics which will allow quality management of training providers and programmes. Our QM project team will be co-ordinating the SAC's efforts in this.

Academic training This has been a somewhat neglected area of postgraduate medical education. The Academic Committee of JRCPTB has identified the need to improve the support for those doctors in formal academic training programmes as well as those undertaking OOPR or other less formalised academic experience.

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Workforce issues Historically, the Workforce Review Team, employed by the DH, canvassed the views of SACs in a semi-formal way in an attempt to predict workforce requirements. In recent years, this has lapsed, and we await the advent of the Centre for Workforce Intelligence to advise NHS Medical Education England (MEE) on workforce issues and similar initiatives in the devolved administrations. There are indications of a future mismatch between service requirements and CCT holders in many specialities; SACs are ideally qualified to develop an expert view of likely workforce needs, and are also well-placed to provide early warning when CCT-holders are not moving on into Consultant appointments. This is work which JRCPTB will be developing and coordinating in the next year.

Recruitment The JRCPTB is becoming increasingly involved in the national coordination of recruitment, and in 2010 will be handling recruitment to ST3 posts in 5 specialities, building on the success achieved with CMT in 2009. Inevitably and appropriately this generates work for SACs in developing recruitment systems and such things as question banks, although this particular work has been covered by DH grants.

## **Communication with trainee representatives**

The constitution of the Board and the SACs allows for the inclusion of trainee representatives as members, enabling trainees to contribute to the training agenda for their specialities. Delegates can be drawn from college trainee committees or from trainee groups within specialist societies. We believe that this arrangement works well and trainee contribution is highly valued and effective. The Board was congratulated by the regulator on its involvement with trainees in the curriculum re-write project. Board and college representatives attend trainee committees regularly. The recent announcement of the fee increase has exposed a gap in the communication and collaboration we have with trainee committees. We will ensure that trainee opinions are sought when issues such as fee changes are being considered.