currently emerging. Others include Modernising Medical Careers (Department of Health, 2003) and the European Working Time Directive (http://www.incomesdata.co.uk/information/worktimedirective.htm). Its role, responsibilities and membership is clearer than some. These educational initiatives are occurring at the same time as changes in service, such as payment by results, are likely to increase the tension between service and education. The specialty of medical education must develop at an increasingly rapid pace. Such questions as the relationship between service quality, patient outcome, patient safety and training will be asked and will require considered responses as the relationship of governance – educational, clinical and corporate – is explored.

The Board has a variety of potential positions. It must certify the completion of specialist training for all doctors including general practitioners, it must have clear processes for certifying equivalence under Articles 11 and 14. It has to act as a regulator across the entirety of medical education. It may act as an advocate for medical education in the potentially difficult times to come as the National Health Service fundamentally changes with foundation trusts, independent treatment centres and the above payment by results. It may act as a promoter of good practice in the field of medical education and thus greatly assist the necessary professionalisation of this activity. It must work in partnership with a vast range of professional and non-professional bodies, patients, public and politicians. The rhetoric of true partnership working will be tested to the full.

What then will the advent of the PMETB signify? It has arisen from the Bristol Royal Infirmary Inquiry wherein Kennedy expressed surprise that no single body held responsibility for the education and accreditation of doctors in the UK. The emergence of such a body represents a huge potential change. A number of questions need to be asked. The ambitions are high, there is a clear focus on outcome rather than process, and the time scales are less clear. The capacity and resource at not only PMETB but also at all levels in medical education will require robust definition if the potential benefits are to be realised. Unfortunately, failure to achieve may not result in a stand still position but could give rise to the very opposite of what is desired (and required), that is, a dilution and lowering of standards by marginalising those who have been crucial to their development and maintenance for many decades, such as the Royal Colleges.

Declaration of interest

None.

References

DEPARTMENT OF HEALTH (2000) *The NHS Plan: A Plan for Investment, a Plan for Reform*. London: Department of Health.

DEPARTMENT OF HEALTH (2001) *Postgraduate Medical Education and Training – the Medical Education Standards Board: A Paper for Consultation*. London: Department of Health.

DEPARTMENT OF HEALTH (2002) *Postgraduate Medical Education and Training – the Postgraduate Medical Education and Training Board: Statement of Policy*. London: Department of Health.

DEPARTMENT OF HEALTH (2003) *Modernising Medical Careers. The Response of the Four UK Health Ministers to the Consultation on 'Unfinished Business. Proposals for Reform of the Senior House Officer Grade'*. London: Department of Health.

DEPARTMENT OF HEALTH (2004) *Modernising Medical Careers – The Next Steps*. London: Department of Health.

KENNEDY, I. (2001) *Learning from Bristol: The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984 –1995*. London: HMSO.

Nick Brown Consultant Psychiatrist, Lyndon Clinic, Hobs Meadow, Olton, Solihull B92 8PW, e-mail: Nicholas.brown@bsmht.nhs.uk

Psychiatric Bulletin (2005), **29**, 433–434

SANJU GEORGE AND VEENA MATH

A trainee's perspective: Commentary on . . . The Postgraduate Medical Education and Training Board (PMETB) goes live

The Postgraduate Medical Education and Training Board (PMETB) is an 'independent regulatory body which sets standards, approves, quality assures and evaluates postgraduate medical education and training in the UK' (Thomas, 2005). The Board was launched in September 2005, although it will be another 2–3 years before it will become fully functional as the single competent authority for postgraduate medical education and training. It is worth noting that the remit of the PMETB does not encompass undergraduate medical education, training for pre-registration doctors or dental education and training. The three important areas of activity of PMETB include approval of curricula and assessments, certification and quality assurance. The first two of these are of immediate and direct relevance to trainees. Brown's paper 'The Postgraduate Medical Education and Training Board (PMETB) goes live' (2005, this issue) gives an excellent overview of the origins, structure and roles and responsibilities of the PMETB. However, one key aspect that is not discussed in Brown's paper is the impact of PMETB on trainees and training. We will highlight some of these issues and discuss concerns which trainees have raised regarding changes to training which will arise in the wake of the PMETB.

https://doi.org/10.1192/pb.29.11.433 Published online by Cambridge University Press


education & training

There are likely to be immense changes to training with the advent of the PMETB. It has set out principles of assessment that will lead to the focus of assessment being on competence and performance (http://www.pmetb.org.uk/pmetb/publications/principles.pdf). This will result in more of an emphasis on workplace-based assessments and clinical assessments rather than traditional written examinations (Bhugra & Holsgrove, 2005). This would be a welcome change which would mean that the progression through the trainee grade would no longer hinge solely upon passing the membership examination. The proposed changes should help to ensure that 'good doctors' progress rather than doctors who are simply good at passing exams. However, although the ethos behind workplace-based assessments is good, the assessment process comprises a three-tier system and is time-consuming. Some components already form part of the appraisal and the Record of In-Training Assessment (RITA). With the restrictions in time availability that have arisen with the implementation of the European Work Time Directive (EWTD; European Union Council Directive, 2000), will trainees have sufficient time to complete more assessments? The 'reliability, validity and evidence-base' of the new methods of assessment (that the PMETB promises) and their superiority over the current methods are far from clear. Furthermore, the time and resource implications for training the trainers to assess trainees need clarification.

As the regulatory body, the PMETB will also have a crucial role to play in facilitating the implementation of initiatives like Modernising Medical Careers (Department of Health, 2003). Concerns shared by trainees in this regard are the reduction in the total duration of training for the certificate of completion of training (CCT), the lack of clarity surrounding post-CCT supra-specialisation and the uncertain fate of research and special interest sessions for specialist registrars. PMETB will award CCTs instead of certificates of completion of higher specialist training (CCSTs) but it is unclear as to what arrangements are to be made for transitional specialist registrars. It seems ironic to assume that shortening of training (as proposed by the Department of Health, 2003) and reduced clinical contact time (as a result of the Department of Health and European Union work time initiatives) would improve the 'knowledge, skills and experience of doctors' (vision of PMETB). Yet another much debated topic amongst trainees is the likely effect of Articles 11 and 14, which will allow applicants direct entry to specialist registrar and substantive consultant posts. Such entry will be based merely on experience in the field and there will be no requirement for applicants to have undertaken structured and systematic basic and higher specialist training. Unless this process is rigorous and subject to intense scrutiny, it could undermine the incentive to train and the training process.

Overall, the PMETB in principle appears sound. Its vision to 'achieve excellence in postgraduate medical education, training, assessment and accreditation throughout the UK to improve the knowledge, skills and experience of doctors . . .' is laudable and ambitious. Since the PMETB is structurally and functionally still in its infancy, comments on its potential effectiveness and success would be premature and speculative. Trainees need to be more proactive in a much wider debate about the PMETB's proposed changes to the training and assessment process. Trainees are currently under-represented in the PMETB committees and this needs to change if they are to be instrumental in shaping the future of postgraduate medical education. The majority of today's trainees are trainers of the future and so will have an active role in its implementation, and hence an early exposure would make it easier for them to embrace these changes. Regular monitoring, evaluation and feedback from trainees are crucial in order to ensure that the PMETB realises its aims within the defined timescales and with reasonable costs.

Declaration of interest

None.

References

BHUGRA, D. & HOLSGROVE, G. (2005) Patient-centred psychiatry: Training and assessment: the way forward. *Psychiatric Bulletin*, **29**, 49–52.

DEPARTMENT OF HEALTH (2003) *Modernising Medical Careers: The Response of the Four Health Ministers to the Consultation on 'Unfinished Business Proposals for Reform of the Senior House Officer Grade'*. London: Department of Health.

EUROPEAN UNION COUNCIL DIRECTIVE (2000) *The European Work Time Directive*. 2000/34/EC. Brussels: European Union.

THOMAS, A. J. (2005) The Postgraduate Medical Education and Training Board. *Hospital Medicine*, **66**, 142–146.

***Sanju George** Specialist Registrar in Psychiatry, Queen Elizabeth Psychiatric Hospital, Edgbaston, Birmingham B15 2QZ, e-mail: sanju.george@talk21.com, **Veena Math** Specialist Registar in Psychiatry, Southern General Hospital, Glasgow G51 4TF, e-mail: veena_math@hotmail.com

https://doi.org/10.1192/pb.29.11.433 Published online by Cambridge University Press