

## Our plans for 2011

Some of our priorities for 2011 are set out below. You can read more of our plans in our [Business Plan 2011](http://www.gmc-uk.org) on our website [www.gmc-uk.org](http://www.gmc-uk.org).

### Revalidation

Revalidation will begin in late 2012. It will be based on existing appraisal systems and will play a crucial part in improving standards of care for patients.

In 2011 we will:

- help doctors and employers prepare for revalidation, including publishing simple guidance on professional values and supporting information for appraisal
- enhance the value of the medical register by collecting information from doctors about the nature of their practice to plan for the introduction of revalidation.

### Ethical guidance

We produce ethical guidance to instruct and support the behaviour and decisions of doctors. It is against this that their fitness to practise is measured.

In 2011 we will:

- review and consult on our core guidance, *Good Medical Practice*
- publish revised guidance on prescribing and management.

### Fitness to practise

Our fitness to practise procedures ensure that patients are protected.

In 2011 we will:

- consult on changes to our procedures; firstly, on how we deal with cases at the end of an investigation, and secondly, into how we can further separate adjudication
- establish a network of advisers who will work with medical directors to support the management of concerns about doctors
- deliver a programme of work to improve our procedures for doctors with health conditions including launching a website to provide support and information.

### Education

We set and regulate standards for all stages of medical education and training. Getting this right is vital in improving the quality of doctors qualifying in the UK.

In 2011 we will:

- begin to implement our *Education Strategy*, which will bring a consistent approach to the regulation of all stages of medical education and training
- consult on and review our role in relation to continuing professional development.

## The GMC in numbers in 2010

**20,273** Number of initial registrations granted\*

**228,058** Calls to the GMC contact centre

**10,075** Doctors visiting the GMC

**77,727** Fax, letter and email enquiries

**8,173,199** GMC website hits

\*Figure does not include Specialist or GP applications

### Fitness to practise procedures

Number of enquiries received by the GMC	7,292	<div style="width: 72.92%;"></div>
Number of investigations by the GMC	2,066	<div style="width: 20.66%;"></div>
Number of doctors referred to a Fitness to Practise Hearing after investigation	386	<div style="width: 3.86%;"></div>
Number of erasures	73	<div style="width: 0.73%;"></div>

### General Medical Council

Regent's Place, 350 Euston Road, London NW1 3JN  
Telephone: 0161 923 6602 (+44 161 923 6602 from outside the UK)  
Website: [www.gmc-uk.org](http://www.gmc-uk.org)  
Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

GMC/ARF/0211



## Your annual fee – how we use it

The annual retention fee 2011/12

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

## The annual retention fee 2011/12

We understand that these are difficult times for doctors, especially those who have recently qualified and have large student debts so we have frozen the annual retention fee paid by all doctors for 2011/12, cut the fees paid by those recently qualified, cut certification fees and enabled more doctors on lower incomes to claim a discount.

We need to provide value for money and, as far as we can, control our costs. Looking ahead, we will do everything we can to keep our fees to a minimum while continuing to help improve standards and protect patients.

**Professor Sir Peter Rubin**  
Chair of the General Medical Council

The fees for 2011/12, most of which will apply from April 2011, are as follows:

- Provisional registration fee: £100 (reduced from £145)
- Full registration fee for newly qualified doctors: £210 (reduced from £420)
- Full registration fee for other doctors: £420 (no change)
- Threshold for claiming 50% income discount increased from £22,190 to £26,000
- Annual retention fee for registration with a licence to practise: £420 (no change)
- Annual retention fee for registration without a licence to practise: £145 (no change)
- Fee for CCT: £500 (reduced from £805, with effect from 9/12/2010)
- Fee for CESR/CEGPR: £1,600 (reduced from £1,905, with effect from 9/12/2010)

You can find out more about our fees at [www.gmc-uk.org/doctors/fees.asp](http://www.gmc-uk.org/doctors/fees.asp)

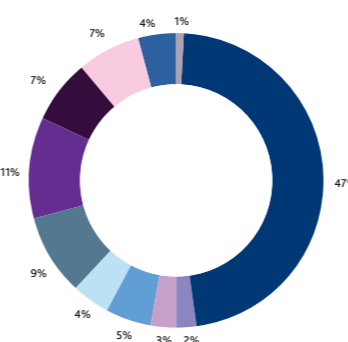
## How we use your fees

Our expenditure in 2011 is set to be £93.8 million. Most of this money will come from the annual retention fee paid by doctors. Other sources of income include new registrations and certification fees.

We are driving down costs wherever possible and aim to generate year-on-year gains of 3-5% from 2010-2013. This does not necessarily mean cuts in budget - in many cases it means getting more from what we already spend. Our largest costs continue to relate to our fitness to practice work, and we are taking forward a programme of work over the year ahead to identify ways that we can make savings in this area while still protecting patients.

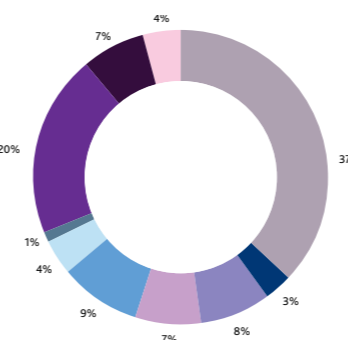
### 2011 budget summary by area of work (£000s)

Standards	992	1%
Fitness to Practise	44,510	47%
Continued Practice and Revalidation	2,150	2%
Education	2,783	3%
Strategy and Communication	7,995	9%
Registration	8,194	9%
Resources	10,299	11%
Accommodation	6,441	7%
Depreciation	6,920	7%
New initiatives fund	3,527	4%
<b>Total</b>	<b>93,811</b>	<b>100%</b>



### 2011 budget summary by expenditure type (£000s)

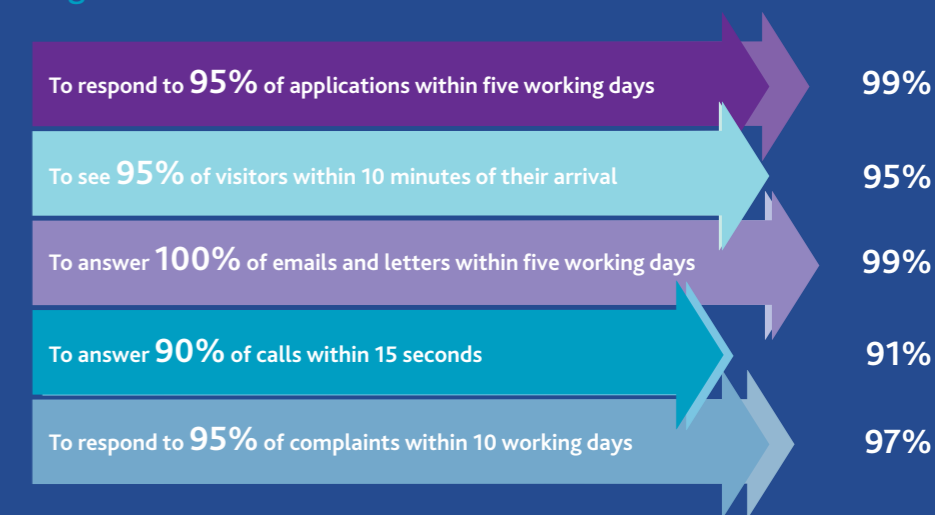
Direct staffing costs	35,106	37%
Indirect staffing costs	3,274	3%
Office costs	7,410	8%
Accommodation	6,441	7%
Legal costs	8,340	9%
Professional fees	3,338	4%
Council and member costs	580	1%
Panel and assessment costs	18,875	20%
Depreciation	6,920	7%
New initiatives fund	3,527	4%
<b>Total</b>	<b>93,811</b>	<b>100%</b>



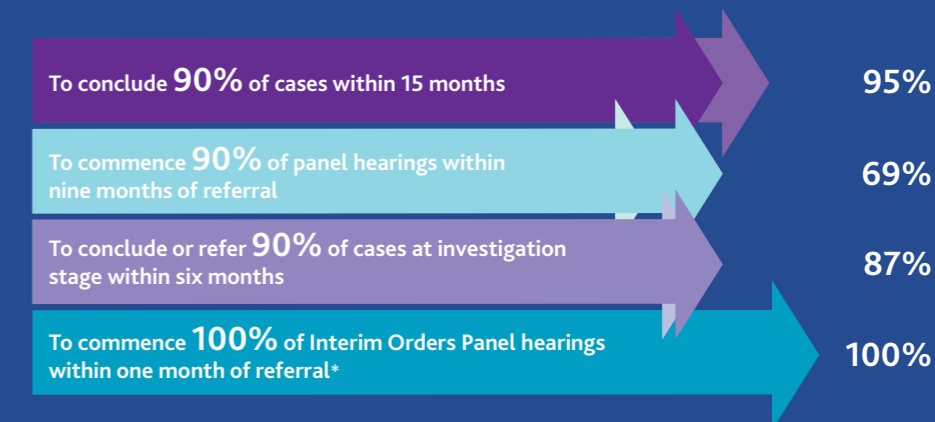
## Performance against service targets in 2010

We set service targets for our work to ensure that we are operating as efficiently as possible and providing the best service that we can. These targets, and our performance against them, are overseen by our Council.

### Registration



### Fitness to Practise



\*Please note that since August/September 2010 the four week target to commence IOP hearings has changed to three weeks.