

GENERAL MEDICAL COUNCIL

*Protecting patients,
guiding doctors*

Annual Report and Accounts 2003

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Constitution and governance

The General Medical Council (GMC) was established under the Medical Act 1858, and is a charity, registered no. 1089278. Our charitable aim is the protection, promotion and maintenance of the health and safety of the community by ensuring proper standards in the practice of medicine. The Council's duties and powers continue to be conferred and regulated by primary and secondary legislation. Our current powers derive from the Medical Act 1983, as amended by the Medical (Professional Performance) Act 1995, the European Primary Medical Qualifications Regulations 1996, the NHS Primary Care Act 1997, the Medical Act (Amendment) Order 2000, the Medical Act 1983 (Provisional Registration) Regulations 2000 and the Medical Act 1983 (Amendment) Order 2002. The legislation reflects the comprehensive review of the Council's functions and composition that was undertaken by the Committee of Inquiry into the Regulation of the Medical Profession (The Merrison Committee, which reported in 1975). It sets out the powers and responsibilities of the Council, its statutory committees, the President and the Registrar. It gives the Council the following functions:

- Promotion of high standards of medical education and co-ordination of all stages of medical education.
- Registration of persons qualifying as medical practitioners in the UK, the EU and overseas.
- Organisation and supervision of the registers.
- Provision of advice for members of the medical profession on standards of professional conduct and on medical ethics.
- Dealing with cases of professional misconduct and criminal offences by registered medical practitioners.
- Dealing with cases of seriously deficient standards of professional performance.
- Dealing with cases of unfitness to practise because of physical or mental illness.

In 2003, Council considered the adoption of a strategic plan for the period 2004-7, setting out our vision, values and aims. This was approved by Council in January 2004, and will be underpinned by an operational plan.

Composition

The composition of the Council changed in 2003. Until June it had 104 members, of whom less than a quarter were lay people and the remainder elected or appointed medical members. From 1 July 2003, the Council has consisted of 35 members, of whom 14 are lay people. The names of the trustees at the date of this report and of those who served until June 2003 are listed at the end of this report. The names and addresses of the GMC's principal advisors are also listed in this report.

Composition until 30 June 2003

- 54 Members elected by registered medical practitioners in the constituencies of England, Northern Ireland, Scotland and Wales.
- 25 Lay members nominated by the Queen on the advice of Her Majesty's Privy Council.
- 25 Medical members appointed by Universities and medical Royal Colleges throughout the UK.

Composition from 1 July 2003

- 19 Members elected by registered medical practitioners in the constituencies of England, Northern Ireland, Scotland and Wales.
- 14 Lay members nominated by the Queen on the advice of Her Majesty's Privy Council after advertisement and a public appointments process.
- 2 Medical members appointed by Council for the Heads of Medical Schools and Academy of Medical Royal Colleges.

Committees

There are seven statutory committees - six of which are Fitness to Practise committees, and the Education Committee.

Statutory Fitness to Practise committees

- a. Preliminary Proceedings Committee
- b. Professional Conduct Committee
- c. Health Committee
- d. Assessment Referral Committee
- e. Committee on Professional Performance
- f. Interim Orders Committee

Until June 2003, Council elected the members of these committees annually from within its own membership, as well as co-opting non-Council members, known as associates. From 1 July 2003, these committees have included increasing numbers of associates, some of whom act as the chairmen of committees sitting to consider issues of concern about doctors. However, Council agreed that until the implementation of the fitness to practise reforms during 2004, Council members would continue to undertake this work on the rare occasions it was operationally necessary.

The Medical Act 1983 (as amended) defines the committees' functions. The procedures by which each committee considers cases are set out in secondary legislation. The Council sets and has published the standards expected of doctors on the medical register and has published sanctions guidance for the Fitness to Practise committees.

Since September 2003 the Fitness to Practise Committee has overseen the development of fitness to practise policy which is then presented to Council for discussion and agreement. Since the separation of functions, with non-Council members on the committees hearing cases against doctors, the Fitness to Practise Committee has established the audit of determinations made by these committees. These audits have identified issues that are added to the training of the associates and have stimulated drafting and publication of further guidance to cover areas that had not previously been considered by Council, such as downloading pornography from the internet.

Education Committee

The purpose of the Education Committee is to promote high standards of medical education and co-ordinate all its stages. The Education Committee informs the Council of its work to fulfil the statutory duties for which it is accountable to the Privy Council, and on the performance of the other functions the Council has delegated to it. In 2003 the Committee continued a major review of education activities. New procedures for quality-assuring UK medical schools were prepared for piloting at volunteer schools.

Non-statutory Committees

Standing Orders state that in addition to the committees required by the Medical Act, the following committees shall be appointed and maintained:

- a. The Finance and Establishment Committee (to be known as the Resources Committee)
- b. The Registration Committee
- c. The Committee on Standards of Professional Conduct and on Medical Ethics
- d. The Fitness to Practise Committee
- e. The Race, Equality and Diversity Committee
- f. The Audit Committee
- g. The Remuneration Committee

In July 2003, Council agreed to review its working practices and the non-statutory committee structure. A working group is taking this work forward and will report to Council in 2004. In addition to the non statutory committees, the GMC has a Patient Reference Group (PRG), which is made up of GMC members, representatives of umbrella groups of patients and consumers and representatives from patient groups of medical Royal Colleges. Its purpose is to enable patient and consumer representatives to make an effective contribution to the development of GMC policy and procedures. The PRG also provides a useful forum for exchanging information and perspectives.

The organisation and its staff

The GMC's staff are under the direction of the Chief Executive, who is also the Registrar of the GMC. Internal directorates were restructured in 2003 by merging Corporate Affairs and Policy; moving Fitness to Practise and Registration Policy, Legislation and Standards to Corporate Affairs; and moving Education to Registration. The GMC's office in Manchester continued to grow, with fitness to practise hearings being held there as well as in London, and some operational work transferring from the London office. In addition, a new GMC Scottish affairs office opened in Edinburgh in November.

The GMC has no financial relationship with any other organisation. However, it works closely with its partners in medical regulation and with regulators of other healthcare professions.

Review of the year

In a year of profound change, the GMC made significant progress towards reform of medical regulation. A key challenge has been to maintain and improve the delivery of services while we carry through our far-reaching reform programme. Although sometimes the pace has been slower than we would have wished, by the end of 2003 we had achieved our operational objectives and were well on the way towards implementing the many changes that will ensure that the GMC, and the services we provide, are fully fit for purpose.

We identified three key aims for all areas of the Council's work – timeliness; quality and effectiveness; and containing or reducing costs. We improved standards of service in operational areas such as registration and fitness to practise where we cleared the backlog of cases. We registered record numbers of doctors, a majority of whom – around 60% – qualified outside the UK. We opened our new clinical assessment centre, where international medical graduates take Part 2 of the PLAB Test. There is now no waiting time before candidates are able to sit PLAB tests although some may still experience some delay before they can sit the English test.

In financial terms, we more than succeeded in controlling our costs, achieving a surplus of £12.7 million. At this stage in the reform programme, running a surplus is prudent as we face significant challenges dealing with the introduction of revalidation and the reform of our fitness to practise procedures.

We are on track to reduce our overheads for the future. Relocation of a significant amount of our work from London to Manchester will keep up this momentum towards efficiency and value for money, and those savings will ensure less expense for the doctors who register with us. There was no rise in the registration fee for the second year in succession. A continuing priority has been our work to uphold standards and ethics. In 2003, new advice was published about treating patients with gunshot wounds and updated guidance prepared on prescribing and confidentiality. Work progressed on drawing up a code of practice to protect patients' rights to confidentiality affected by the Health and Social Care Bill. Another priority is our support for high quality medical education at every stage of a doctor's career. Procedures for quality-assuring UK medical schools were prepared for piloting at volunteer schools. New medical school visitors were recruited against competencies and will be subject to regular appraisal.

Making progress towards reform

Our reform programme is the most ambitious since the GMC was set up in 1858. The thinking can be traced back nearly 10 years, to the publication of *Good Medical Practice* in 1995. This landmark guidance for doctors signalled a different approach to medical regulation. Instead of describing what doctors should not do, it sets out the principles that they should operate by and the standards of medical practice that every patient has a right to expect. This concept of regulation by the medical profession in partnership with the public is at the heart of all the changes now taking place – from the reform of our governance, which led to the establishment of the new Council in 2003, to the reforms of our Fitness to Practise procedures and new arrangements to revalidate the license to practise from 2005. Reform of governance marks a fundamental change in how we approach medical regulation, and has implications for everyone using medical services in the UK. The reformed Council of 35, which was established on 1 July 2003, includes 14 lay members, ensuring that the voice of the public is heard more loudly than ever before. The outcome is regulation by the medical profession in partnership with the public. In the old Council of 104 members, some spent much of their time on case work, which has now been transferred to specially recruited associates who sit on fitness to practise committees.

The shift of focus from case work to governance is crucial in ensuring that the GMC of the future achieves its goals. Council members set standards while the associates judge individual cases strictly within the criteria set by the Council and subject to the audit process established by the Fitness to Practise Committee.

Streamlined Fitness to Practise procedures

The next step in the reform programme will be the introduction of the new streamlined procedures for Fitness to Practise. Problem doctors are a tiny minority but they damage the whole profession, and the new process will allow us to deal with them promptly as well as fairly. This will increase public confidence in all doctors and doctors' confidence in our processes. Much of the detailed planning took place over the last year.

In the new system, it will no longer be necessary to decide in advance under which of the separate procedures an issue should be handled: health, performance or conduct. The tools now restricted to these individual procedures, such as an assessment of a doctor's professional performance and a medical report on the doctor's health, will be available, if required, to assist the investigation and presentation of all cases. Over 200 associates have been appointed and trained, and assessment and appraisal systems will be implemented during 2004. Those selected as having the necessary skills to chair hearings of Fitness to Practise committees are taking on a role formerly performed only by Council Members. Each committee reports to Council on the discharge of its functions. Council has no legal authority to review individual decisions of Fitness to Practise Committees, although the Council for the Regulation of Healthcare Professionals (CRHP) may do so in certain circumstances. Appeal procedures were changed during 2003 when the CRHP formally assumed its powers.

In future, in cases where no action is warranted, we plan to explain the reasons more fully. That in turn should generate more confidence in the GMC. To obtain full benefit of the proposed new system it will be important to achieve early communication with the NHS and other employers. We wish our procedures to be part of a much wider network of clinical governance in the NHS and complaints across the health care system.

Setting up an in-house legal team at the GMC for the first time was one of the year's most significant developments. By the end of the year, 12 lawyers had been recruited and started taking on a growing proportion of presentational and investigative work, most appeals and all judicial reviews. As well as keeping legal costs down, the team will be able to provide legal advice to decision makers at every stage of a case. More active investigation is planned and information will be shared with other organisations that have clinical governance responsibilities. The GMC's objective is to ensure a free flow of information among professional bodies that employ doctors.

Making registration more coherent

New legislation has made it possible to reform the whole registration process in order to make it simpler and more equitable. At the end of 2003, special arrangements for first registration with the GMC ceased for those doctors who qualified at certain universities in Australia, New Zealand, South Africa, Hong Kong, Singapore, and the West Indies (or at the University of Malaya before 1990) – the 'section 19 route'. Now all those applying for registration with the GMC from outside the UK and EEA will be treated in the same way. All will be required to demonstrate their medical knowledge and skills at the point of registration. We will no longer have to rely on primary medical qualifications, which may have been obtained many years earlier from universities whose medical curriculum we cannot oversee, and where we cannot quality-assure the outcome of basic training.

The second stage in the reform of registration is planned for 2005. We will supplement the existing registration system, in which doctors register only once, at the beginning of their career, with a system of revalidation every five years, in which doctors will have to demonstrate that they are up to date and fit to practise. The new procedures will ensure that all doctors are checked not just when they qualify but regularly until they retire.

A new approach to regulation

The changes in registration mark a different way of thinking about the GMC that is more appropriate to the needs of the UK in the 21st century. Today we must help to ensure that the NHS and other health providers have an adequate supply of good doctors to employ. We should regulate in a way that is welcoming and encouraging, as much as it is fair and rigorous in the standards we set. Significant progress was made in building partnerships with other professional organisations in 2003. In the year's strategic plan we set out the aim to develop strategic relationships with government, other regulatory bodies, medical organisations and the wider public, both in the UK and overseas.

On the European stage, the GMC has taken a leading role in offering guidance through the formation of AURE (the Alliance of UK Health Regulators on Europe). As a member of AURE we fought hard, with our sister regulators, to secure changes to a draft EU Directive that could have seriously threatened our ability to regulate effectively. We were encouraged when amendments were accepted by the European Parliament.

Moving to Manchester

In 2002, Council adopted two principles – that there should continue to be a significant GMC presence in London, and that there should be an appropriate relocation of work from London, mainly to Manchester. As a consequence, by the end of 2003 we had relocated about 100 jobs to Manchester and the total will be around 200 by the end of 2004. Net savings over 10 years will be around £15 million. Relocation of work outside London will also help to improve channels of communication with employers and others. Together with the opening of our Scottish office in Edinburgh and a fresh look at our activities in Wales and Northern Ireland, it addresses the traditional image of the GMC as a London-centric organisation. It is important to acknowledge the huge upheaval for London staff, some of whom have already left the organisation. We are grateful for their valuable contribution over many years and their cooperation towards a smooth transition.

Public inquiries

During the year, the GMC gave evidence to public inquiries into the cases of three doctors – Harold Shipman, Clifford Ayling and Richard Neale. The second phase of the Shipman Inquiry, chaired by High Court judge Dame Janet Smith, included an examination of monitoring and disciplinary and regulatory procedures and the handling of complaints. It turned the spotlight on the GMC's involvement with the late Harold Shipman, our past and current procedures and the reforms now being planned. In giving evidence we were able to explain the thinking behind the reform programme, which has been approved by Government and Parliament, and described our proposals for a gateway that would make it less confusing for members of the public to register concerns or complaints about any aspect of the profession. The President and Chief Executive listened carefully to the views of victims' families, which reinforced the value of the gateway proposal. It was agreed to continue the constructive dialogue that had been established with the families.

That there are lessons to be learned from the Shipman Inquiry is beyond dispute. The GMC's ongoing reform programme grew from our recognition that we needed to improve our procedures. We believe that the reform programme now underway will address justifiable concerns. In particular, the new procedures for revalidating doctors and investigating complaints energetically and effectively should inspire public confidence in the profession. That will benefit doctors and patients alike.

Financial performance

No increase in the annual retention fee was made in 2003. Fee income increased from £54.6 million in 2002 to £58.7 million. Total income including investment income increased from £ 55.7 million to £60.3 million. The increase in revenue is mainly the result of higher PLAB activity, additional restorations to the register and additional investment income.

Total expenditure for the year was £47.7 million compared to £44.7 million in 2002. The 6.7% increase in expenditure was incurred as a result of the additional activity necessary to meet the increased demand for our services, particularly the number of doctors wishing to register and the increase in the number of candidates wishing to take PLAB tests. Costs associated with Fitness to Practise reduced by £1.2m primarily as a consequence of the development of our in-house legal team and the transfer of work to Manchester. An analysis of 2003 expenditure by function and cost type is shown in note 4 to the accounts.

Net incoming resources before investment gains amounted to £12.7million, compared to £11 million in 2002. Investment gains were £3.1 million compared to losses of £4.1 million in 2002 because of a recovery of UK and world stock markets.

Investment policy

The Resources Committee (formerly Finance and Establishment Committee) appointed Henderson Global Investors in 1998 to manage its investments. The investment objective is to maximise the total return whilst maintaining a prudent and balanced investment exposure to achieve performance of 1% per annum in excess of CAPS median returns over a rolling five-year period. There are restrictions on investment in unquoted companies, works of art, gold, bullion or commodities, grey markets, options, futures and derivatives. Investment in tobacco companies is not allowed. There are limits to the proportion of the fund that can be held in any single security or deposited with any one institution. There was a slight improvement in stock market conditions and this had a positive impact on the value of the investment fund in the year. The portfolio at the start of 2003 was valued at £19 million and had increased to £23.3 million at 31 December 2003. The investment return on the portfolio for the 12 months to 31 December 2003 was 18.7% compared to 19% achieved by the benchmark.

Reserves policy

The Resources Committee has adopted a prudent reserves policy. Normally the general reserves (excluding those invested in operational assets or designated by the trustees) are budgeted at a level necessary to cover periods of the year when income is lower than expenditure, with a contingency for exceptional costs that might occur. This is estimated at 50% of anticipated annual expenditure. At 31 December 2003 the general reserves as described above amounted to £31.6 million representing 58% of planned annual expenditure in 2004. The trustees consider this to be materially consistent with their policy.

The Resources Committee has determined that funds should be designated for two purposes: to allow for the exceptional costs that will be incurred as we relocate work and transfer staff to new premises in London and Manchester (£13.5 million); to allow for the exceptional costs that will be incurred to reduce the deficit in the Staff Superannuation scheme (£5.0 million).

Risk policy

The trustees, through the Audit Committee and with advice from our internal auditors, have implemented a system for identifying and assessing major risks and the controls in place to mitigate the risks identified. The GMC risk management strategy provides for an annual review of all identified risks and mitigating actions as part of working towards the achievement of its business objectives.

Trustees

The GMC trustees between January and July 2003 were:

Elected members

Dr Karim Admani OBE JP FRCP (until 20 May 2003)
Professor Sir George Alberti FRCP Lond
Mr Munther Aldoori FRCS
Dr Rachel Angus FRCP
Dr James Appleyard FRCP
Dr Kumbakonam Bhanumathi MB BS
Dr Chitra Bharucha FRCPATH
Dr Elizabeth Bingham FRCGP
Dr Edwin Borman FRCA
Dr Cecilia Bottomley MB
Mr Stephen Brearley FRCS
Dame Fiona Caldicott DBE FRCPsych
Sir Cyril Chantler MD FRCP
Dr John Chisholm CBE MB
Dr Naginah Choudhuri MRCGP
Dr Jennifer Colman MA LMSSA LLM
Miss Caroline Doig ChM FRCS
Professor James Drife MD FRCOG
Dr Andrew Fergusson MRCGP
Dr Simon Fradd FRCS
Dr Alexandra Freeman BM MRCGP
Mr Douglas Gentleman FRCS
Dr Brian Goss MRCGP
Dr Pearl Hettiaratchy OBE FRCPsych
Sir Barry Jackson FRCS Eng
Dr Brian Keighley FRCGP
Dr Richard Kennedy MRCGP
Miss Alam Khan JP FRCOG FRCA
Dr Krishna Korlipara MB BS MRCGP
Dr Surendra Kumar MRCGP
Dr Malcolm Lewis LLM MB BS
Professor Arnold Maran MD PRCS Edin
Dr John McCluggage FRCGP
Mr Sola Oni FRCS
Dr Shiv Pande MBE JP MB BS MRCGP
Dr Fiona Pearsall FRCA
Professor Sir Denis Pereira Gray OBE FRCGP
Dr Rosalind Ranson MRCGP
Dr Ann Rennie MB ChB
Professor Peter Richards FRCP
Professor Wendy Savage MSc FRCOG
Dr Akram Sayeed OBE FRCGP
Mr Robert Slack FRCS
Dr Andrew Stewart MRCGP

Professor Nigel Stott CBE FRCGP
Professor Hilary Thomas FRCP
Dr Anthony Toft CBE FRCP
Dr Nicola Toynton MRCGP
Dr Fay Wilson MRCGP
Dr Michael Wilson FRCGP
Dr Jane Wood FRCP
Dr Ronald Zeegen OBE FRCP

Appointed members

Professor Sir Colin Berry DSc
The University of London and the Society of Apothecaries

Professor Carol Black CBE
The five Colleges of Physicians and Surgeons of England and Scotland

Professor Robert Boyd MB Chir FRCP
The University of London and the Society of Apothecaries

Professor Sir Graeme Catto MD FRCP
The University of London and the Society of Apothecaries

Professor Robert Dickson ChM FRCS DSc
The Universities of Leeds and Newcastle

Professor Michael Farthing FRCP
The Universities of Aberdeen, Dundee, Edinburgh and Glasgow

Professor Roger Green MB ChB
The Universities of Liverpool and Manchester

Professor David Hatch FRCA
The Royal College of Anaesthetists

Professor Peter Hutton BSc PhD ChB FRCP FRCA
The Bodies not otherwise represented on Council

Dr Jeffrey Jay FRCOphth
The Royal College of Ophthalmologists

Professor Ian Lauder MB BS FRCPATH FMedSci
The Universities of Birmingham, Leicester Nottingham and Sheffield

Professor Norman MacKay CBE FRCP
The five Colleges of Physicians and Surgeons of England and Scotland

Mr Donald Macleod FRCSEd
The five Colleges of Physicians and Surgeons of England and Scotland

Professor Sir Roddy MacSween FRCPATH
The Royal Colleges of Radiologists & Pathologists

Dr Sheila Mann FRCPsych
The Royal College of Psychiatrists

Professor Denis McDevitt MD FRCP
The Universities of Aberdeen, Dundee, Edinburgh and Glasgow

Lord Naren Patel FRCOG

*The Royal College of Obstetricians and
Gynaecologists*

Professor Mike Pringle CBE MD FRCP FRCGP

The Royal College of General Practitioners

Professor Peter Rubin FRCP

*The Universities of Birmingham, Leicester,
Nottingham and Sheffield*

Professor Deborah Sharp BM BCH

The Bodies not otherwise represented on Council

Dr David Snashall FRCP

*The Faculty of Occupational Health and Faculty
of Public Health Medicine*

Professor Robert Stout FRCP

Queen's University of Belfast

Professor Chris Thompson MBBS BSc MPhil

The Universities of Bristol and Southampton

Professor Stephen Tomlinson MD FRCP FMed Sci

University of Wales

Dr Joan Trowell FRCP

The Universities of Oxford and Cambridge

Members nominated by the Privy Council

Mr Ijaz Ashraf MBE JP

Mrs Rani Atma

The Rt Hon Kevin John Barron PC MP

Mr Colin Breed MP

Mr Vaughan Bruce

Mrs Mary Clark-Glass CBE

Mr Manny Devaux JP

Mr Roland Doven JP

Ms Ruth Evans MA

The Very Reverend Graham Forbes CBE MA BD

Mrs Angela Macpherson

Mr Humfrey Malins CBE MP

Dr Arun Midha JP BSc Econ MBA PhD

Mrs Patricia Moberly JP

Mr Campbell Morton DL FCA

Mr Robert Nicholls CBE BA DSA FHSM

Dr Christopher Robinson CBE PhD

Mr John Shaw CB

Professor Douglas Smyth OBE

Lady Winifred Tumim CBE OBE JP MA

Mrs Eileen Walker MA

Mr Gareth Wardell MSc (Econ)

Mr Robert Winter CQSW D.PA

Mrs Judith Worthington BSc

Mr Rodney Yates FCA

The GMC trustees as at 31 December 2003 who held office as trustees from 1 July 2003 were:

Elected members

Dr Rachel Angus, FRCP

**Dr Sathiyakeerthy Ariyanayagam, JP MRCGP
MRCOG**

Dr Edwin Borman, FRCA

Mr Stephen Brearley, FRCS

Professor Christopher Bulstrode, MCh FRCS

Professor James Drife, MD FRCOG

Dr Alexandra Freeman, BM MRCGP

Dr John Jenkins, MD FRCP FRCPCH FRCPI

Dr Brian Keighley, FRCGP

Dr Krishna Korlipara, MB BS MRCGP

Dr Malcolm Lewis, LLM MRCGP

Professor Michael Pringle, CBE MD FRCP FRCGP

Dr Rosalind Ranson, MRCGP

Professor Wendy Savage, MSc FRCOG

Professor Robert Shaw, CBE MD FRCSE

FRCOG MFFP

Mr Robert Slack, FRCS

Dr Peter Terry, MD FRCSE

Dr Nicola Toynton, MRCGP

Dr Joan Trowell, FRCP

Members nominated by the Privy Council

The Rt. Hon. Kevin Barron, PC MP

Mr David Bean, QC

Sir Michael Buckley, MA

Mrs Gillian Camm, BSc

Ms Ruth Evans, MA

The Very Reverend Graham Forbes, CBE MA BD

Mr Stuart Heatherington, JP MSc Cmath FIMA

Mr Robin MacLeod MHSM Dip.HSM MI Mgt

Dr Joan Martin, DPhil FCOT

Dr Arun Midha, JP BSc Econ MBA PhD

Mrs Patricia Moberly, JP

Mr Robert Nicholls, CBE BA DSA FHSM

Mrs Fiona Peel, OBE LLM SRN

Mrs Ann Robinson

Appointed members

Professor Sir Graeme Catto, MD FRCP

Council of Heads of Medical Schools

Professor Peter Hutton, BSc PhD ChB FRCP FRCA

Academy of Medical Royal Colleges

Statement of Trustees' responsibilities

Law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the GMC and of its financial activities during the year. In preparing those financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the GMC will continue in business.

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the GMC and to enable them to ensure that the financial statements comply with the requirements of the Charity Commission. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent fraud and other irregularities.

Approved by the Trustees on

and signed on their behalf by:

Professor Sir Graeme Catto MD FRCP

ADVISORS

Bankers

National Westminster Bank
Regent Street Branch
PO Box 4RY Regent Street
London W1A 4RY

Solicitors

Field Fisher Waterhouse
35 Vine Street
London EC3N 2AA

Auditors

haysmacintyre
Fairfax House
15 Fulwood Place
London WC1V 6AY

Investment advisor

Henderson Global Investors Limited
3 Finsbury Avenue
London EC2M 2PA

Actuary

Hewitt Bacon & Woodrow
Parkside House
Ashley Road
Epsom Surrey KT18 5BS

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF TRUSTEES

We have audited the financial statements of the Charity for the year ended 31 December 2003 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes. These financial statements have been prepared under the historical cost convention (as modified by the revaluation of certain fixed assets) and the accounting policies set out therein.

This report is made solely to the charity's trustees, as a body, in accordance with the regulations made under the Charities Act 1993. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Governors and Auditors

The Trustees' responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of Trustees' Responsibilities. We have been appointed as auditors under section 43 of the Charities Act 1993 and the Medical Act 1983 and report in accordance with regulations made under section 44 of the Charities Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion, the Trustees' Report is not consistent with the financial statements, if the Charity has not kept proper accounting records or if we have not received all the information and explanations we require for our audit. We read the other information contained in the Trustees' Report and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or apparent material inconsistencies with the financial statements.

Basis of Audit Opinion

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of the charity's affairs as at 31 December 2003 and of its incoming resources and application of resources in the year then ended and have been properly prepared in accordance with the Charities Act 1993 and the Medical Act 1983.

haysmacintyre Chartered Accountants, Registered Auditors
Fairfax House, 15 Fulwood Place, London, WC1V 6AY

	Notes	Unrestricted Funds Total 2003 £'000	Unrestricted Funds Total 2002 £'000
INCOMING RESOURCES			
Activities in furtherance of GMC objectives			
Fees	2	258,679	54,565
Sales	2	143	181
Investment income and interest	3	1,496	929
Total Incoming Resources		60,318	55,675
RESOURCES EXPENDED			
Costs of generating funds			
Investment Fund Management Expenses		50	43
Charitable Expenditure			
Charitable activities		42,666	39,926
Management and administration		4,949	4,741
Total Resources expended	4	47,665	44,710
Net Incoming Resources		12,653	10,965
Other recognised gains and losses on Investments			
Unrealised gains/(losses) in the year	8	2,855	(2,395)
Realised gains/(losses) in the year	8	224	(1,683)
Exceptional credit	6	-	1,177
NET MOVEMENT ON FUNDS		15,732	8,064
Funds brought forward		34,345	26,281
FUNDS CARRIED FORWARD	11	50,077	34,345

GENERAL MEDICAL COUNCIL
BALANCE SHEET
FOR THE YEAR ENDED 31 DECEMBER 2003

	Notes	2003 £'000	2003 £'000	2002 £'000	2002 £'000
FIXED ASSETS					
Tangible Fixed Assets	7		3,820		1,955
Investments	8		23,313		18,952
			27,133		20,907
CURRENT ASSETS					
Debtors	9	4,425		1,802	
Cash and bank balances		1,320		3,023	
Short Term Deposits		31,235		17,625	
		36,980		22,450	
Creditors: amounts falling due within one year	10	(14,036)		(9,012)	
NET CURRENT ASSETS			22,944		13,438
NET ASSETS			50,077		34,345
FINANCED BY					
Funds					
Unrestricted	11		31,577		25,845
Designated	11		18,500		8,500
			50,077		34,345

SIGNED ON BEHALF OF THE COUNCIL

Dr Arun Daniel Midha JP BSc Econ MBA PhD

Chairman Resources Committee

2004

GENERAL MEDICAL COUNCIL
CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2003

	2003 £'000	2003 £'000	2002 £'000	2002 £'000
Net cash inflow from operating activities (Note 1)		14,259		22,020
Returns on investments and servicing of finance:				
Interest received	864		417	
Investment income received	634		517	
Net cash inflow from returns on investments and servicing of finance		1,498		934
Taxation paid		–		–
Capital Expenditure	(2,566)		(315)	
Net purchase of investments	(1,284)		(6,491)	
Net cash outflow from investing activities		(3,850)		(6,806)
Net increase in cash and cash equivalents (Note 2)		11,907		16,148

NOTES:

1. CASH FLOW FROM OPERATING ACTIVITIES	2003 £'000	2002 £'000
Net incoming resources	12,653	10,965
Investment income and interest	(1,496)	(929)
Non cash items – Depreciation	701	587
Exceptional credit	–	1,177
Operating surplus	11,858	11,800
(Increase)/Decrease in debtors	(2,623)	7,414
Increase in creditors	5,024	2,806
	14,259	22,020

2 CASH AND EQUIVALENTS	Cash at bank and in hand £'000	Deposits with Investment Managers £'000	Total £'000
Balances at 1 January 2003	16,474	4,174	20,648
Net increase/(decrease) in cash and cash equivalents	12,504	(597)	11,907
Balances at 31 December 2003	28,978	3,577	32,555

1. ACCOUNTING POLICIES

a. Accounting Convention

The financial statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (issued in October 2000) and applicable accounting standards as modified by the inclusion of investments at market value. The principal accounting policies adopted in the preparation of the financial statements are as follows.

b. Income

Income consists of fees charged for registration, annual renewal, PLAB tests, sales, and investment income. Operating income is recognised at registration, renewal, or test date, or when goods are despatched. Investment income is recognised when dividends or interest become payable and are stated gross of recoverable tax.

c. Expenditure

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. All expenditure is directly incurred in respect of the relevant activity except that shared accommodation costs have been apportioned in proportion to area occupied and support costs have been allocated in proportion to estimated resources consumed.

d. Fixed Assets and Depreciation

Expenditure on fixed assets has been capitalised whenever the cost of the asset acquired exceeds £5,000 and assets are recorded at cost less accumulated depreciation. Expenditure on fixed assets not capitalised is written off in the Statement of Financial Activities as incurred.

Tangible fixed assets financed by leasing arrangements that approximate to the loan of money (finance leases) are treated as though they had been purchased and the corresponding capital cost is shown as an obligation to the lessor. The financing cost of these leases is written off over the period of the lease.

e. Depreciation of Tangible Fixed Assets

Depreciation is provided so as to write off the cost of tangible fixed assets evenly over their estimated useful lives or, in the case of leased assets, over the period of the lease if shorter. The estimated useful lives are as follows:

Furniture and office fittings	10 years
IT equipment and software	3-5 years
Other office equipment	3-6 Years
Leasehold land and buildings	period of the lease

1. ACCOUNTING POLICIES (continued)

f. Investments

Investments are stated in the balance sheet at market value.

g. Operating leases

Rentals payable under operating leases are charged in the Statement of Financial Activities on a straight line basis over the lease term.

h. Pensions

The GMC operates a non-contributory defined benefits pension scheme for permanent employees. The cost is included in the Statement of Financial Activities as accrued based on the actuarial valuation of accrued liabilities. Details of the scheme assets and liabilities are shown in Note 14.

i. Designated Funds

All funds of the GMC are unrestricted. Designated Funds are amounts allocated by the Council in respect of specific purpose.

2. FEES AND SALES

	2003	2002
	£'000	£'000
Annual retention fee	45,263	44,214
Registration fees	3,427	2,941
Provisional and Limited registration fees	3,272	3,111
Miscellaneous fees	2,012	1,436
PLA Board	4,705	2,863
Publications and other income	143	181
	58,822	54,746

3 INVESTMENT INCOME AND INTEREST

	2003	2002
	£'000	£'000
(net of irrecoverable tax)		
Arising on quoted investments	634	517
Bank interest	864	417
Loss on Exchange	(2)	(5)
	1,496	929

GENERAL MEDICAL COUNCIL

NOTES TO THE ACCOUNTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2003

4 TOTAL RESOURCES EXPENDED	Staffing £'000	Direct £'000	Allocated £'000	2003 £'000	2002 £'000
Fitness to practice	6,907	15,912	4,077	26,896	28,082
Registration	3,805	1,538	1,845	7,188	6,839
PLAB	432	3,090	197	3,719	2,033
Standards	338	144	210	692	578
Education	384	213	210	807	740
Revalidation	283	320	233	836	638
Legislation and Policy	479	1,235	210	1,924	1,059
Support and accommodation	2,991	4,857	(7,848)	-	-
Relocation of work	390	264	-	654	-
Management & Administration	1,676	2,407	866	4,949	4,741
	17,685	29,980	-	47,665	44,710

Accommodation costs have been apportioned on the basis of floor area occupied. Support costs include IT, finance, office facilities and human resources and have been allocated according to estimated resources consumed on a basis consistent with the previous year. An analysis of total cost by type is set out below.

	2003 £'000	2002 £'000
Staffing costs	17,685	14,267
Office costs	5,571	4,745
Committee costs	8,505	7,518
Legal costs	8,886	10,950
Accommodation costs	5,405	5,417
Relocation of work (excluding staffing costs)	264	-
Financial, actuarial and professional costs	1,349	1,813
	47,665	44,710
Total resources expended include:		
Depreciation of owned assets	701	574
Depreciation of assets held under finance leases	-	14
Operating lease costs:		
Leasehold property	2,422	3,268
Audit fees	25	25
Other fees paid to Auditors	-	-

5. EMPLOYEES

	2003 £'000	2002 £'000
The total employment costs of all employees were:		
Wages and salaries	12,151	10,834
Social security costs	846	782
Superannuation scheme costs	3,414	1,880
Redundancy and related costs	327	153
Other staffing costs	947	618
	17,685	14,267

5. EMPLOYEES (continued)

	2003	2002
	£'000	£'000
The average number of employees in the year by category was:		
Fitness to Practise	151	148
Registration, PLAB, education and revalidation	108	112
Management and administration	77	62
	336	322

EMPLOYEES REMUNERATION

The number of staff whose taxable emoluments (excluding redundancy payments) fell into higher salary bands was:

£ 50,001-£60,000	20	9
£ 60,001-£70,000	1	-
£ 70,001-£80,000	1	1
£ 80,001-£90,000	-	2
£ 90,001-£100,000	1	1
£100,001-£110,000	3	1
£130,001-£140,000	-	1
£140,001-£150,000	1	-

6. EXCEPTIONAL CREDIT

Following receipt of the Charity Commission confirmation in 2001 that the GMC is a charity, there are certain tax advantages available to charities which the GMC has claimed. Where the amounts are in respect of prior years these incoming resources have been treated as exceptional and are:

	2003	2002
	£'000	£'000
Business rates in respect of past years	-	204
Interest on tax refunds	-	717
Release of prior year tax creditor	-	256
	-	1,177

GENERAL MEDICAL COUNCILNOTES TO THE ACCOUNTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2003**7. FIXED ASSETS**

	Land and Buildings £'000	Fixtures, Furniture & Equipment £'000	IT Equipment & software £'000	Total £'000
COST				
Balance at 1 January	-	1,293	2,652	3,945
Additions	1,245	69	1,252	2,566
Balance at 31 December	1,245	1,362	3,904	6,511
DEPRECIATION				
Balance at 1 January	-	627	1,363	1,990
Depreciation charge for the year	-	194	507	701
Balance at 31 December	-	821	1,870	2,691
NET BOOK VALUE				
At 31 December 2003	1,245	541	2,034	3,820
At 31 December 2002	-	666	1,289	1,955

The net book value of fixed assets comprises:

	2003 £'000	2002 £'000
Assets held under finance leases		
Cost	172	172
Accumulated depreciation	(172)	(172)
	-	-
Owned assets	3,820	1,955
	3,820	1,955

8. INVESTMENTS

	2003 £'000	2002 £'000
Valuation at 1 January	18,952	16,544
Acquisitions	16,076	15,868
Disposals	(14,794)	(9,382)
Realised gains / (losses)	224	(1,683)
Unrealised gains / (losses)	2,855	(2,395)
Valuation at 31 December	23,313	18,952

8. INVESTMENTS (continued)	2003	2003	2002	2002
	£'000	£'000	£'000	£'000
The valuation at the end of the year consisted of:				
Quoted investments				
UK - fixed interest	1,368		1,206	
- equity	14,133		11,620	
		<u>15,501</u>		<u>12,826</u>
Non UK - fixed interest	1,026		765	
- equity	6,786		5,361	
		<u>7,812</u>		<u>6,126</u>
		<u>23,313</u>		<u>18,952</u>

The quoted investments had an original cost of £21,818,982 (2002: £21,136,220).

At 31 December 2003 (2002:nil) the following single investments had a carrying value equal to 5% or more of the value of the investment portfolio.

Henderson Global investments UK Gilt Fund Class 'I'	5.9%
Henderson Global investments Japan Fund Class 'I'	5.8%
Vodafone Group Ord	5.0%

In 1982 the GMC acquired the remaining 25 years of a lease in a residential property in central London, which is due to expire in June 2006. The original cost of investment, approximately £32,000, was written-off in earlier years. Until early 2003 this property was unavailable for let. However, with effect from 2 January 2003 the property has been let for an initial period of 12 months. No adjustment has been made to the value of investments to reflect the change in use of the asset as an investment property because the amounts involved are not considered to be material. Rental income, net of service charges, is accounted for as other investment income.

9. DEBTORS	2003	2002
	£'000	£'000
Amounts falling due within one year		
IRS debtors	3,229	476
Prepayments and accrued income	788	682
Other debtors	115	148
Deposits	134	131
Reclaimed tax	159	86
	<u>4,425</u>	<u>1,523</u>
Amounts falling due after one year		
Prepaid Pension costs	-	279
	<u>4,425</u>	<u>1,802</u>

10. CREDITORS: amounts falling due within one year	2003	2002
	£'000	£'000
Trade creditors	1,778	2,991
Other creditors including tax and social security	7	3
Accruals and deferred income	11,210	6,018
Accrued pension costs	1,041	-
	14,036	9,012

11. FUND MOVEMENTS IN THE YEAR

	2003 Designated			Total £'000	2002 Total £'000
	General £'000	Relocation Fund £'000	Pension Fund £'000		
At 1 January	25,845	8,500	-	34,345	26,281
Investment income	1,496	-	-	1,496	929
Other incoming resources	58,822	-	-	58,822	54,746
Outgoing resources	(47,011)	(654)	-	(47,665)	(44,710)
Gains / (losses) on investments	3,079	-	-	3,079	(4,078)
Fixed asset additions	1,245	(1,245)	-	-	-
Exceptional credit (see Note 6)	-	-	-	-	1,177
Transfers	(11,899)	6,899	5,000	-	-
At 31 December	31,577	13,500	5,000	50,077	34,345

- Relocation funds represent the anticipated future costs of restructuring the charity including the relocation of certain activities to Manchester office and other property related expenditure.
- Pension fund represents funds set aside in response to the deficit on the charity's pension scheme. This fund will be utilised or released following the receipt of actuarial advice arising from the 2003 triennial valuation.

12. CAPITAL COMMITMENTS

Capital expenditure contracted but unspent at 31 December 2003 amounted to £500,000. (2002 £Nil)

13. OPERATING LEASE COMMITMENTS

Committed amounts payable for the next year are:	2003	2002
	£'000	£'000
Leases of land and buildings expiring:		
Within one year	1,877	615
In years two to five	796	1,747
After more than five years	90	90
	2,763	2,452

14. SUPERANNUATION SCHEME

The GMC operates a defined pension scheme in the UK. The latest full actuarial valuation of the scheme was as at 31 December 2000. It was assumed that the investment return would be 5.6% per annum, salary increases would average 4.5% per annum and that future pensions would increase at the rate of 2.5% per annum. This actuarial valuation showed the market value of the scheme's assets was £28.5m which represented 136% of the scheme's past service ongoing liabilities.

An approximate valuation was prepared by the actuary as at 31 December 2002. At 31 December 2002 the value of the scheme's assets had fallen to £19.7m and liabilities had increased so that those assets represented 68% of the benefits accrued to members. Allowance has been made for benefits accruing in the year to 31 December 2003. It was assumed that the investment return would be 5.4% per annum pre-retirement and 5.0% post-retirement, salary increases would average 4.3% per annum and future pensions would increase at the rate of 2.5%.

The resulting deficit of the actuarial value of liabilities over assets is being reflected in the Statement of Financial Activities over a period of 15 years; being the estimated average remaining service life of the employees.

The charge for superannuation scheme costs for the year is:	2003	2002
	£'000	£'000
Regular cost	2,094	1,168
Amortisation of deficits on valuations	1,320	712
	<u>3,414</u>	<u>1,880</u>

Financial Reporting Standard 17 – Transitional Arrangements

Under FRS17, the GMC has adopted the transitional arrangements and has made the following disclosures: A full actuarial valuation of the scheme was carried out as at 31 December 2000 and updated to 31 December 2003 by qualified independent actuaries. The GMC contributed to the Scheme at the rate of 22.1% of salaries over the year. The major assumptions used as at 31 December 2003 are:

	2003	2002
	%	%
Rate of increase in salaries	4.8%	4.3%
Rate of increase in pensions in payment	2.9%	2.5%
Discount rate for scheme liabilities	5.4%	5.5%
Inflation assumption	2.8%	2.3%

14. SUPERANNUATION SCHEME (continued)

The assets in the scheme and the expected rate of return were:

	Value at 31 December 2003 £'000	Long term rate of return expected at 31 December 2003 %	Value at 31 December 2002 £'000	Long term rate of return expected at 31 December 2002 %
Equities	23,328	7.8%	18,790	7.5%
Bonds	1,533	4.8%	900	4.5%
Other	514	4.3%	41	4.0%
Total market value of assets	25,375		19,731	
Present value of scheme liabilities	(35,343)		(27,177)	
Deficit in the scheme	(9,968)		(7,446)	

Full adoption of FRS17 would require the net pension asset or liability to be shown on the balance sheet. At the same time, the pension provision, currently £1,041,000 (see Note 10) would be released.

Analysis of amounts that would have been charged to functional cost categories:

	2003 £'000	2002 £'000
Current service cost	2,216	1,943
Past service cost	-	-
	2,216	1,943

Analysis of net return on pension scheme which would have been (charged)/credited in the Statement of Financial Activities:

	2003 £'000	2002 £'000
Expected return on pension scheme assets	1,512	2,040
Interest on pension scheme liabilities	(1,539)	(1,386)
Net Return	(27)	654

14. SUPERANNUATION SCHEME (continued)

Actuarial losses which would have been recognised in the Statement of Financial Activities:

	2003	2002
	£'000	£'000
Actual return less expected return on pension scheme assets	2,525	(8,772)
Experience gains and losses arising on the scheme liabilities	(741)	(278)
Changes in assumptions underlying the present value of the scheme liabilities	(4,247)	(911)
	(2,463)	(9,961)

Movement in (deficit)/surplus in the year:

	2003	2002
	£'000	£'000
Deficit/surplus in scheme at 1 January	(7,446)	2,683
Current service cost	(2,216)	(1,943)
Contributions	2,185	1,121
Pension finance (cost)/income	(27)	654
Actuarial loss	(2,463)	(9,961)
Deficit in scheme at 31 December	(9,968)	(7,446)

15. TRUSTEES

Following the implementation of governance reforms on 1 July 2003 there are currently 35 trustees of the General Medical Council (prior to that there were 104 trustees). Trustees undertake a variety of governance functions through Council meetings, committees and working groups. Some members also participate in the statutory committees that consider doctors' fitness to practise as required by the Medical Act 1983; however, the intention is to reduce member involvement in these Committees.

As from 1 July 2003 an annual fee (currently £5,426) is paid to the council members to cover members attendance at Council and committee meetings, including preparation and travelling time. A daily fee of £275 per day (£250 before 1 July 2003) may be claimed by members for other activities, such as Fitness to Practise or Registration casework. (Prior to 1 July 2003 members were able to claim the daily fee for all work done for the GMC). As an alternative to receiving an annual and daily fees, medical members can claim up to £300 per day in refund of receipted locum expenses.

A small number of members receive an honorarium for undertaking specific statutory roles. Reimbursement of certain expenses necessarily incurred on GMC business may also be claimed by the members. The payment of allowances, honoraria, and expenses to members is permitted by paragraph 17 of Schedule 1 to the Medical Act 1983. The amounts and limits are set by the Resources Committee (formerly the Finance and Establishment Committee) under delegated powers from the General Council.

The total cost of members' honoraria, attendance allowances, and expenses was £1,016,877 (2002: £1,616,000). In 2003 trustees' travel, accommodation, subsistence, and other expenses totalled £340,721 (2002: £604,000). The amounts in respect of honoraria, and attendance allowances are shown in the following table. The table also shows payments made to related parties in respect of locum expenses where it is necessary for a locum to be employed in order for the trustee to carry out his GMC commitments. Related parties are family members, practice partners, and employers. Trustees who did not receive honoraria or attendance allowances and where there were no related party payments do not appear in the table. Amounts payable to members at 31 December 2003 totalled £63,257.

15. TRUSTEES (continued)

Name	Attendance Allowances and Honoraria £	Locum or other Payments to Related parties £	Total 2003 £	Total 2002 £
Dr R Angus	5,233	-	5,233	-
Dr W J Appleyard	750	-	750	2,750
Dr S Ariyanayagam	3,258	-	3,258	-
Mr I Ashraf MBE	10,975	-	10,975	12,500
Mrs R Atma	20,151	-	20,151	24,785
Mr K Barron	15,308	-	15,308	23,375
Professor Sir Colin Berry	250	-	250	1,000
Mr D Bean	3,446	-	3,446	-
Dr K S Bhanumathi	250	13,855	14,105	16,650
Dr C Bharucha	9,721	-	9,721	21,375
Dr L Bingham	3,375	-	3,375	7,375
Dr E M Borman	2,758	-	2,758	-
Dr C Bottomley	1,500	-	1,500	7,250
Mr S Brearley	3,308	-	3,308	-
Mr C Breed MP	625	-	625	2,000
Mr V Bruce	250	-	250	750
Professor C Bulstrode	3,008	-	3,008	-
Sir Michael Buckley	2,896	-	2,896	-
Mrs G Camm	2,758	-	2,758	-
Professor Sir Graeme Catto	-	65,697(4)	65,697	67,884
Professor Sir Cyril Chantler	2,625	-	2,625	3,625
Dr N J Choudhuri	-	-	-	1,500
Mrs M Clarke-Glass CBE	18,500	-	18,500	35,750
Dr J E R Colman	1,000	-	1,000	3,000
Mr J Devaux JP	13,625	-	13,625	27,300
Miss C M Doig	450	-	450	10,650
Mr R Doven	14,375	-	14,375	23,375
Professor J O Drife	14,159	-	14,159	11,035
Ms R Evans	13,020	-	13,020	14,000
Dr A Fergusson	8,500	-	8,500	27,750
The Very Reverend Graham Forbes CBE	11,401	4,008(2)	15,409	13,660
Dr S O Fradd	-	-	-	885
Dr A S J Freeman	2,758	-	2,758	-
Professor D J Hatch	7,125	-	7,125	13,625
Dr P D J Hettiaratchy OBE	5,250	-	5,250	18,535
Mr S Heatherington	3,033	-	3,033	-
Professor P Hutton	2,758	-	2,758	-
Sir Donald Irvine	-	-	-	14,237(1)
Sir Barry Jackson	4,000	-	4,000	8,750
Dr J L Jay CBE	11,401	-	11,401	11,035
Dr J G Jenkins	-	2,758(2)	2,758	-
Dr B D Keighley	11,401	7,483(3)	18,884	17,900
Dr R J Kennedy	1,250	-	1,250	1,125
Dr K Korlipara	11,701	2,050(3)	13,751	29,204
Dr S Kumar	-	-	-	19,410
Ms S Leggate	-	-	-	13,000

GENERAL MEDICAL COUNCIL

NOTES TO THE ACCOUNTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2003

15. TRUSTEES (continued)

Name	Attendance Allowances and Honoraria £	Locum or other Payments to Related parties £	Total 2003 £	Total 2002 £
Dr M Lewis	11,401	-	11,401	18,675
Sir Alexander W Macara	-	-	-	9,650
Mrs A Macpherson	3,060	-	3,060	14,740
Dr S A Mann	17,102	-	17,102	16,553
Professor A G D Maran	3,500	-	3,500	5,500
Professor Sir Roderick MacSween	1,850	-	1,850	1,500
Professor N MacKay CBE	5,000	-	5,000	16,000
Mr H Malins CBE MP	1,500	-	1,500	2,625
Professor A Mansfield	-	-	-	1,500
Mr D A D Macleod	-	775(2)	775	-
Mr R MacLeod	3,308	-	3,308	-
Dr J E Martin	4,408	-	4,408	-
Professor D G McDevitt	6,294	-	6,294	2,625
Dr A Midha	20,759	-	20,759	21,660
Mr J C Morton	6,500	-	6,500	9,250
Mrs P Moberly	7,833	-	7,833	-
Mr R Nicholls CBE	11,383	-	11,383	16,100
Dr S K Pande	-	1,050(3)	1,050	3,450
Dr F J B Pearsall	9,483	-	9,483	11,035
Professor Sir Denis D J Pereira Gray OBE	1,000	-	1,000	7,250
Mrs F Peel OBE	2,758	-	2,758	-
Professor M Pringle CBE	2,758	-	2,758	-
Dr R Ranson	7,383	-	7,383	13,300
Dr J A Rennie	12,625	-	12,625	26,125
Professor P Richards	9,375	-	9,375	23,875
Dr C J Robinson CBE	14,226	-	14,226	16,885
Mrs A Robinson	3,033	-	3,033	-
Professor W D Savage	33,584	-	33,584	29,910
Professor D J Sharp	-	-	-	108
Professor R Shaw	2,758	-	2,758	-
Mr J F Shaw	7,750	-	7,750	14,375
Mr R Slack	11,401	5,771(2)	17,172	11,035
Professor D D Smyth OBE	1,250	-	1,250	5,000
Professor N C H Stott CBE	5,250	-	5,250	12,250
Dr P Terry	2,758	-	2,758	-
Dr N J Toynton	5,588	-	5,588	7,524
Dr J M Trowell	14,159	-	14,159	11,035
Lady Winifred Tumim CBE OBE	3,750	-	3,750	5,875
Mr G L Wardell	10,875	-	10,875	22,250
Mrs E Walker	11,440	-	11,440	20,000
Dr M A Wilson	15,901	-	15,901	20,285
Mr R Winter	5,000	-	5,000	17,000
Dr F Wilson	3,500	-	3,500	6,000
Dr J D D Wood	9,925	-	9,925	22,375
Mrs J Worthington	4,875	-	4,875	250
Mr R B Yates	8,250	-	8,250	17,000

(1) Includes payments to private pension plan totalling £3,492.00

(2) Paid to employer.

(3) 3rd party locum expenses paid via partnership practice.

(4) Payments to Kings College.