

To consider

2015 Business Plan and Budget

Issue

- 1** To consider the 2015 Business Plan, budget and fee levels.

Recommendations

- 2** Council is asked to:
 - a** Approve the 2015 Business Plan.
 - b** Approve the 2015 revenue expenditure budget of £104.6 million and the capital programme of £7.7 million.
 - c** Approve an annual retention fee of £420, and a fee increase of 7.7% on all other fees.
 - d** Agree to delegate authority to the Chair of Council to make the revised GMC Registration Fees Regulations, as necessary, effective from 1 April 2015.

2015 Business Plan and Budget

Issue

Business Plan

- 3 Our Corporate Strategy 2014–17 sets out the challenges we face and how we are responding to them while maintaining and improving our regulatory functions. Our Business Plan sets out our annual priorities in delivering the strategy.
- 4 Performance pressures in 2014 have highlighted the challenges of our operating environment. We continue to experience a high volume of complaints and do not expect this to fall significantly in the immediate term. Our revalidation team will process over 70,000 revalidation recommendations in 2015, up from 20,000 in revalidation's first year of operation in 2013. We also experienced challenges in our Contact Centre following changes in the volume and nature of enquiries we receive. Our plans for 2015 include resourcing our teams to continue deliver quality functions for the longer-term.
- 5 Our fees have been frozen since we reduced them to their current level in April 2012. In this context, the investment we propose in our core regulatory functions reduces the resources available to support the broader ambitions of our Corporate Strategy. The plan and budget have been subject to significant scrutiny to make sure the underlying proposals are robust. We have staggered the timeframes for delivery to extend over the whole of 2015 and remaining forward three years of our strategy. This approach will help balance our aims with what is financially prudent. However, over the same period we will need to embark on a more extensive programme of internal change if we are to avoid a significant increase in fees in coming years.
- 6 The 2015 Business Plan is at Annex A. This reflects the outline of our priorities considered by Council in September 2014. This year we will start to deliver against some of the key initiatives set out in our Corporate Strategy including consideration of a national licensing examination, continuing with our data strategy, rollout of Welcome to UK Practice and professionalism events, and publishing guidance on confidentiality and cosmetic practice.
- 7 Subject to approval, the Business Plan will be designed and formatted for publication on our website.

Context for the 2015 budget

- 8 The Business Plan and Budget must pass four broad tests:
 - a That it enables us to meet our statutory and strategic objectives.

- b** That the financial targets, improvements and reforms in the Plan enable us to demonstrate that we continue to manage our resources responsibly and provide value for money.
 - c** That any fee increases are justified and proportionate.
 - d** That we remain financially sound through maintain our free reserves within the target range £25 million to £45 million.
- 9** Our financial health is, to a large extent, measured by our reserves. We hold reserves for the following reasons:
 - a** Risks – to provide funds to deal with any risks that materialise, resulting in an unexpected increase in expenditure and/or a reduction in income.
 - b** Financial flexibility – to provide funds to respond to new initiatives, opportunities and challenges that may present themselves during the year.
 - c** Timing – to manage the time lag in increasing/decreasing fee levels. Any change in fee levels in 2015 will not take full effect until 2017, due to the distribution of annual retention fee (ARF) payments through the year and the effect of the standard accounting treatment for deferred income.
- 10** Council has recognised that the actual level of reserves will fluctuate year on year, reflecting variations in actual levels of income and expenditure compared to budget. Our aim is therefore to maintain actual reserves in line with the target range over the medium term.
- 11** As an organisation we are currently financially sound. We forecast that our free reserves will be around £39 million at the end of 2014.

2015 Revenue budget

- 12** We adopt a building block approach to budget-setting. The 2014 forecast outturn is used as the starting point for the 2015 budget, to reflect existing expenditure levels, and adjusted for the full year effect of 2014 business plan decisions, known and unavoidable cost pressures in 2015, and a target level of efficiency gains of 3% on directorate costs. Bids for additional resources are scrutinised by the Performance and Resources Board, the Chief Operating Officer and Directors, before being incorporated in the budget.
- 13** The 2015 draft budget proposed is £104.6 million, set out at Annex B. This represents an increase of £5.2 million compared to the 2014 forecast, and the main reasons for the increase are set out at Annex C.

- 14** Our expenditure during the year is, to a large extent, influenced by activity levels over which we have little control. The key assumptions on which the 2015 budget is based are set out at Annex D.

Capital programme

- 15** Each year we incur a mix of revenue expenditure on day to day operational business, and capital expenditure on major IT and facilities projects and assets that will generate benefits over a number of years. The standard accounting treatment is to spread capital costs over the useful life of the asset, rather than accounting for the whole cost in the year of acquisition. This is achieved through an annual depreciation charge to the revenue account.
- 16** Annex E sets out the proposed capital programme of £7.7 million in 2015. A full business case will be prepared for all major capital projects before any costs are incurred.

Fee options

- 17** We have evaluated the options of maintaining the annual retention fee at its current level of £390; increasing the fee to £420; and increasing the fee to £450.
- 18** An ARF freeze at £390 would generate around £96.8 million in 2015, rising to £99.3million in 2016 due to natural growth in the register. Natural growth in the register has typically generated an additional £2 million each year, but clearly there is a degree of uncertainty around this.
- 19** An ARF increase to £420 will generate around £99.2 million in 2015, rising to £106 million in 2016, as it takes two years for the fee increase to take full effect, and we have assumed that natural growth in the register of £2 million continues. Increasing our other fees in line with the ARF increase of 7.7% (initial registration fees, CCT fees, CESR/CEGPR fees, and PLAB fees), but freezing provisional registration fees, would generate additional income of around £400k.
- 20** An ARF increase to £450 would generate around £101.6 million in 2015 (rising to £112.7 million in 2016).
- 21** We are currently assuming that our expenditure will continue to increase by around 5% each year, even after taking account of our existing target of 3% efficiencies each year. A more radical approach is to assume zero growth, or 2% annual growth, over the medium term (i.e. that any growth bids are funded either entirely or substantially through an enhanced efficiency programme).
- 22** Even with an aggressive efficiency programme our reserves will fall outside the target range if we hold the ARF at £390.

- 23** Our analysis shows that an increase in the ARF is necessary. The scenarios of an ARF of £420 with 2% expenditure growth, and an ARF of £450 with 5% expenditure growth, both keep reserves broadly constant in the middle of our target range over the medium term.
- 24** An ARF of £420 strikes the most appropriate balance between the need to increase income and the need to avoid the generation of significant complaints, particularly if we continue to discount the fees for those at the start of their careers.
- 25** This would return the ARF to the level it was in 2011. Had we not reduced the fee at that time and instead applied inflation based increases linked to CPI each year the fee would now be £451.
- 26** With an increase in the ARF to £420 our free reserves at the end of 2015 would be around £33 million, ensuring that we remain financially sound and in a position to assess the impact on future income and expenditure of longer term plans for reform.

Other fees

- 27** We propose to increase all other fees by 7.7%, in line with the ARF increase from £390 to £420. The main fee changes are:
- a** Annual retention fee without a licence to practice – increase from £140 to £150.
 - b** Full registration with a licence to practise for doctors who hold, or have previously held, provisional registration, or who submit their application within two years of passing a primary medical qualification (and do not hold, or have not previously held, provisional registration) – increase from £185 to £200.
 - c** Full registration with a licence to practise for doctors not covered above – increase from £390 to £420.
 - d** Full registration with a licence to practise for a temporary period for a visiting overseas doctor – increase from £390 to £420.
 - e** Restoration fee – from £300 to £325.
 - f** Certificate of Completion of Training (CCT) – increase from £390 to £420.
 - g** Certificate of Eligibility for Specialist Registration (CESR), and Certificate of Eligibility for GP Registration (CEGPR) – increase from £1,500 to £1,600.
 - h** Part 1 of the PLAB test – increase from £145 to £155.
 - i** Part 2 of the PLAB test – increase from £430 to £465.

- 28** We propose to freeze the provisional registration fee at £90, to continue Council's aim to provide support to doctors at the start of their careers.

Fees Regulations

- 29** Responsibility for making fees regulations rests with Council. Fee changes come into effect on 1 April each year, to allow sufficient time for changes to be made to our billing and collection systems. We will also consider whether it would be fairer if the cost of a change to a doctor's registration status were, in future, borne by the doctor making the request.
- 30** The fee regulations cannot be drafted until Council has determined the fee levels, and so Council is asked to delegate authority to the Chair of Council to make the revised GMC Registration Fees Regulations and GMC Certification Fees Regulations.

Income discount

- 31** Council introduced a discount in 2005, providing a 50% reduction in the annual retention fee for those with total annual income less than the starting salary for a doctor in Foundation Year 1. It is available to doctors who are fully registered, with or without a licence to practise.
- 32** In recent years Council has departed from this approach and agreed a higher income threshold in order to make the discount available to a greater number of doctors.
- 33** The threshold for eligibility for the income discount is currently £32,000, and we propose to retain this in 2015.

Supporting information

How this issue relates to the corporate strategy and business plan

34 The Business Plan establishes our annual priorities that we will undertake to support and enable us in achieving our strategic priorities established in the Corporate Strategy.

If you have any questions about this paper please contact: Steve Downs, Assistant Director - Finance, sdowns@gmc-uk.org, 0161 923 6257; or Luke Bruce, Assistant Director - Office of the Chair and Chief Executive, lbruce@gmc-uk.org, 020 7189 5482.

DRAFT 2015 Business Plan

About us

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Our *Corporate strategy 2014–17* sets out the challenges we face and how we are responding to them while maintaining and improving our regulatory functions. This document sets out our 2015 priorities in delivering against our strategy.

Our core work

Our key priority for 2015 is maintaining the quality of our core regulatory functions.

Registering doctors - There are 270,000 doctors on the UK medical register. We check every doctor's identity and qualifications before they are able to join the register. We also check with others, such as the doctor's medical school or previous employers, to find out if they have any concerns about the doctor's ability to practise safely. Each year, we process over 30,000 registration applications and register around 20,000 new doctors.

Overseeing doctors' education and training - We set the educational standards for all UK doctors through undergraduate and postgraduate education and training. To test whether or not medical schools meet our standards for undergraduate education we carry out monitoring and inspections across over 30 medical schools and all deaneries and local education and training boards in the UK. This includes talking to medical students about their experiences and responding directly to any concerns raised.

Setting the standards for doctors - Our standards define what makes a good doctor by setting out the professional values, knowledge, skills and behaviours required of all doctors working in the UK. We regularly review our ethical standards to ensure that they continue to reflect the values of a wide range of key interests, including patients, doctors, employers and educators.

Helping to raise standards through revalidation - It is important that every doctor practising in the UK is competent and that their knowledge and skills are up to date. We work with employers to make sure every doctor has an annual check or appraisal. Every five years, we ask for formal confirmation that each doctor is following our standards. This system of checks is called revalidation. It gives doctors the opportunity to reflect on their practice, including feedback from colleagues and patients. Over time, revalidation should help drive up the standards of care that patients receive, by helping doctors to reflect on their practice, understand what they do well and how they can improve. We expect to process over 70,000 revalidation recommendations in 2015.

Investigating and acting on concerns about doctors - When a serious concern is raised about a doctor's behaviour, health or performance, we investigate to see if the doctor is putting the safety of patients, or the public's confidence in doctors, at risk. This can be a particularly challenging part of our work. The volume of concerns raised with us has grown significantly in recent years. We expect 2015 to continue with this trend with over 10,000 concerns likely to be raised. We have added additional resources to our teams to help deal with this demand and will focus our efforts in continuing to provide timely and quality investigation.

Adjudicating on concerns - Sometimes we refer a case to the Medical Practitioners Tribunal Service (MPTS) for a hearing. When action is needed to protect the public or to maintain public confidence in doctors, an MPTS panel can suspend a doctor's right to work, or restrict their practice - for example by requiring them to work under supervision, or undergo further training. If necessary, a panel can also suspend or restrict a doctor's right to work while the investigation is conducted. In a few very serious cases, a doctor may be removed from the medical register. The MPTS is part of the GMC. However, it operates separately from the rest of our work. The MPTS expects to support around 2,800 hearing days during 2015.

Delivering our strategy

Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients

We will continue to develop smarter ways of using our data. Our ability to understand and respond to the rapid changes in the healthcare environment, particularly risks to patients, is reliant on how well we can understand and respond to what we learn from our data.

Our work in 2015 will include:

- Considering a national licensing examination. Medicine is an increasingly mobile profession. We believe it would be fairer and more reassuring to the public for there to be a single standard for entry to the register that everyone can rely on.
- Delivering our data strategy which sets out how we will develop and use our data. We are focussing on how we can better understand the different stages of each medical career and the different environments in which doctors work.
- Continuing the work we have undertaken in 2014 to improve the way we work with systems regulators and share concerns. We will continue to expand these relationships with organisations and improve the processes and systems that support our work together.
- Implementing the recommendations of our review of the Professional and Linguistics Assessment Board examination.

Help raise standards in medical education and practice

The most effective way for us to protect patients is to work with doctors to help ensure they have the education, training and resources they need to achieve high standards of professionalism and medical ethics. Our work in 2015 will include:

- Publishing updated guidance on confidentiality, new guidance on cosmetic practice and joint guidance with the Nursing and Midwifery Council on the professional duty of candour.
- Implementing the assessment process for the revalidation of doctors who don't have a connection to a designated organisation in the UK.
- Continuing with our evaluation of the impact revalidation has on doctors, healthcare organisations and the contribution it is making to the quality of patient care. We've commissioned research that will cover the first cycle of revalidation. Through understanding the impact of revalidation over time, we can identify opportunities for further improvements.

- Research to understand why different doctors achieve different outcomes as part of their assessments in postgraduate education. We will also consider research into our fitness to practise procedures to understand the role of cultural bias, and any impacts this may have on representation of doctors in our processes. This is an important part of implementing our *Equality and Diversity Strategy*.
- Implementing the recommendations from our education quality assurance review. This will include consulting on revised education and training standards.

Improve the level of engagement and efficiency in the handling of complaints against doctors

We can only make our processes more effective by working closely with doctors, employers and patients or their relatives. Complaints about a doctor's practice need to be managed by the right person, proportionate to the severity of the complaint, and in a way that reduces the stress for all involved. Our work in 2015 will include:

- Continuing to work with the government, parliament and departments of health to maintain momentum on the work of the Law Commission. Changes in the legislation that governs our role could help us introduce a range of reforms that would improve the efficiency and effectiveness of our work.
- Implementing changes that will establish the MPTS on a statutory basis and give the GMC the power to appeal decisions of panels. This is an important change that will enable us to appeal when a panel decision does not protect the public, a power that doesn't currently exist. These changes will also improve some of the rules for our hearings, making them more effective and helping to reduce unnecessary delay in proceedings.
- Consulting on the publication and disclosure of fitness to practise information. We need to make sure that the way we handle historical information and the approach we take to publication of this is consistent and fair.
- Rolling out our meetings with complainants across the UK. These meetings are designed to make sure we fully understand the details of a person's concerns and to explain how we will investigate them. After we have concluded our investigation the meetings give us a chance to explain what has happened and why.

Work more closely with doctors, medical students and patients on the frontline of care

The ability for us to successfully engage doctors in raising standards relies on our ability to work closer with others, including patients, educators, employers, students, and other health professionals and regulators. By understanding more about the daily challenges doctors face we can learn more about what motivates and influences their behaviour and engage them more successfully. Our work in 2015 will include:

- Continuing to use technology to make our professional standards easier to access and targeted specifically to the variety of doctors' roles. We will be releasing a smartphone application (App) to help doctors log and reflect on their continuing professional development activities. We will also prepare for an overhaul of our website and broader digital channels to make them more useful and engaging.
- Delivering a number of events throughout the year to promote medical professionalism amongst doctors and medical students.
- Rolling out our Welcome to UK Practice events across the UK for doctors new to practice. We will also continue to maintain and develop our engagement and presence as a UK wide regulator through our devolved offices and our regional and employer liaison teams.
- Using research we commissioned in 2014 to consider how patients, employers and others use the information we publish about doctors through the List of Registered Medical Practitioners (LRMP) so that we find opportunities to improve its value to the users of the information.
- Developing a communications strategy to support effective engagement with all our key interests. This will reflect the findings of the survey we introduced this year to understand and track perceptions of us and our work.

Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulator function

It is essential that we continue to provide clear value for money, especially as demand for our services increases and pressures within the health service continue. Our work in 2015 will include:

- Continuing our corporate efficiency programme to encourage the ongoing effective use of our resources and improve productivity by pursuing a three to five percent efficiency target. We will start work on a review of how we work and explore what opportunities there are for increasing our efficiency target in 2015/16.
- Developing our people strategy to ensure that we are able to attract, retain and develop the right people.
- Improving our capacity across the organisation for quality and continuous improvement projects that deliver efficiencies in our operations.

2015 Draft Income and Revenue Expenditure Budget

- 1 Annex B(i) shows income and expenditure by cost type.
- 2 Annex B(ii) shows expenditure by directorate.

2015 Business Plan and Budget - income and expenditure by cost type - Annex B(i)

	Budget 2014 £000	Forecast 2014 £000	Budget 2015 £000	Movement Budget 2014 vs Budget 2015 £000	%	Movement Forecast 2014 vs Budget 2015 £000	%
Annual Retention Fee	85,200	85,397	89,400	4,200	4.9%	4,003	4.7%
Registration Income	4,000	4,039	4,264	264	6.6%	225	5.6%
PLAB Income	1,200	1,177	1,262	62	5.2%	85	7.2%
Certification Income	3,000	3,178	3,114	114	3.8%	(64)	(2%)
Investment Income	1,400	1,431	1,400	0	0%	(31)	(2%)
Other Income	200	792	200	0	0%	(592)	(75%)
Total Income	95,000	96,014	99,640	4,640	4.9%	3,626	3.8%
Direct Staffing Costs	47,902	49,814	55,054	7,152	14.9%	5,240	10.5%
Indirect Staffing Costs	3,262	3,579	3,466	204	6.3%	(113)	(3%)
Office Costs	6,620	6,136	6,630	10	0.2%	494	8.1%
Accommodation Costs	6,470	6,531	6,870	400	6.2%	339	5.2%
Legal Costs	5,806	5,782	5,776	(30)	(1%)	(6)	(0%)
Professional Fees	2,220	2,318	2,841	621	28.0%	523	22.6%
Council & Members Costs	388	500	405	17	4.4%	(95)	(19%)
Panel & Assessment Costs	14,973	15,841	17,283	2,310	15.4%	1,442	9.1%
Bank Charges	248	233	228	(20)	(8%)	(5)	(2%)
Depreciation	6,696	6,699	6,820	124	1.9%	121	1.8%
New Initiatives Fund	250	64	250			186	
PSA Levy	0	0	600	600		600	
Efficiency savings	0	0	(2,596)	(2,596)		(2,596)	
Consultancy	2,139	1,953	1,000	(1,139)	(53%)	(953)	(49%)
Total Expenditure	96,974	99,450	104,627	7,653	7.9%	5,177	5.2%
Surplus / (Deficit)	(1,974)	(3,436)	(4,987)				

2015 Business Plan and Budget - expenditure by directorate - Annex B(ii)

	Chief Operating Officer's Office		Fitness to Practice		MPTS		Strategy and Communication		Education and Standards	
	Forecast	Budget	Forecast	Budget	Forecast	Budget	Forecast	Budget	Forecast	Budget
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Direct Staffing Costs	1,978	2,251	18,517	20,755	2,902	3,194	5,578	6,323	4,340	4,807
Indirect Staffing Costs	144	120	790	693	95	44	534	583	267	207
Office Costs	37	64	984	864	205	258	1,547	1,330	137	134
Accommodation Costs							6	8		
Legal Costs			5,680	5,597	25	26	20	76		
Professional Fees	162	169					536	650		
Council & Members Costs	500	405								
Panel & Assessment Costs	27	26	5,366	6,378	8,078	8,304	15	12	476	470
Bank Charges										
Depreciation										
New Initiatives Fund										
PSA Payment										
Efficiency savings		(86)		(965)		(337)		(238)		(160)
Consultancy	125		660		3		574		147	
Total	2,973	2,949	31,997	33,322	11,308	11,489	8,810	8,744	5,367	5,458

2015 Business Plan and Budget - expenditure by directorate - Annex B(ii)

	Registration and Revalidation		Resources and Quality Assurance		Accommodation		Costs Controlled Centrally		Total	
	Forecast	Budget	Forecast	Budget	Forecast	Budget	Forecast	Budget	Forecast	Budget
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Direct Staffing Costs	8,328	9,223	8,171	8,501					49,814	55,054
Indirect Staffing Costs	284	362	1,465	1,457					3,579	3,466
Office Costs	751	1,193	2,475	2,787					6,136	6,630
Accommodation Costs					6,525	6,862			6,531	6,870
Legal Costs	9	16	48	61					5,782	5,776
Professional Fees			1,620	2,022					2,318	2,841
Council & Members Costs									500	405
Panel & Assessment Costs	1,879	2,093							15,841	17,283
Bank Charges			233	228					233	228
Depreciation							6,699	6,820	6,699	6,820
New Initiatives Fund							64	250	64	250
PSA Payment								600	0	600
Efficiency savings		(371)		(439)					0	(2,596)
Consultancy	199		245					1,000	1,953	1,000
Total	11,450	12,516	14,257	14,617	6,525	6,862	6,763	8,670	99,450	104,627

2015 Budget Analysis

- 1 The 2015 draft budget proposed is £104.6 million, which represents an increase of £5.1 million compared to the 2015 forecast. The main changes are:

	£m	£m
2014 Budget		97.0
Add: Q2 forecast		2.5
2014 Outturn		99.5
Add: known and unavoidable cost pressures in 2014:		1.2
Less: efficiency target for 2015		(2.6)
		98.1
Less: staff churn adjustment, reduced external consultancy and reduced staff travel between offices		(2.3)
Add: essential growth		
FtP increased caseload	2.4	
Activity growth in other directorates	1.5	
PSA levy	0.6	
Fiduciary management	0.4	
Welcome to UK Practice programme	0.3	
New Initiatives Fund	0.3	
Data Strategy	0.2	
Depreciation	0.2	5.9
Add: developmental growth		
FTP quality initiatives and service development	0.7	
Data Strategy	0.5	
Developing our work on standards	0.2	
Section 60 implementation	0.2	
MPTS service development	0.1	
Staff training	0.1	
Research projects	0.1	
Overseas consultancy	0.1	
Promoting Professionalism events	0.1	
National Licensing Examination	0.1	
Digital Strategy	0.1	
Rule 12 work	0.1	
Corporate complaints handling	0.1	
Quality Assurance	0.1	
Other projects	0.3	2.9
2015 Draft Budget		104.6

2015 Key Budget Assumptions

- 1 Our expenditure during the year is, to a large extent, influenced by activity levels over which we have little control. The key assumptions on which the 2015 budget is based are set out below.

Staffing

- 2 We have assumed an increase of 3% in our staff costs, to reflect the annual pay award and normal staff progression.
- 3 We know from past experience that we carry vacancies during the year as a result of normal staff turnover and internal promotions, which create further vacancies. Turnover typically runs at around 10-12% each year, and for 2015 we have assumed that posts are vacant for two to three months. We have reduced the 2015 staffing budget by £1.5 million, to reflect these factors.

Fitness to Practise volumes

- 4 We have developed a forecasting model that takes account of historical trends and key assumptions about future volumes. Our current estimate is that enquiries will remain relatively flat, but Stream 1 enquiries will increase by around 3%.
- 5 Based on this, we have budgeted for 9,842 enquiries and 2,953 Stream 1 cases, with 689 referrals to Responsible Officers and employers in 2015.
- 6 The 2015 budget also includes provision to carry out 75 performance assessments, and 2,000 expert reports.
- 7 We expect to have handled 9,842 enquiries, 2,865 Stream 1 cases, 581 referrals, 72 performance assessments and 2,000 expert reports in 2014.

MPTS hearings

- 8** Based on the fitness to practise forecasting model, we estimate 2,374 hearing days and 509 Interim Order Panel days in 2015. This compares to 2,355 hearing days and 526 IOP days in 2014.

Education visits

- 9** Education quality assurance visits comprise four main elements: regional reviews (scheduled up to five years in advance), new schools and programmes, Enhanced Monitoring Associates (EMA) visits in support of postgraduate deans to respond to concerns at specific sites, and check/thematic visits.
- 10** Regional reviews are a series of visits to a region of the country and include both undergraduate and postgraduate visits to medical schools, deaneries or Local Education and Training Boards and local education providers. Visits to the organisations involved take place across a period of two to three months. They are risk based, the risks being determined by our own evidence about education and training and also informed by evidence from other regulators. In 2015 for the regional reviews, new schools and programmes and check and thematic visits we aim to carry out 22 visits comprising 82 days. In 2014 we carried out 20 visits comprising 126 days.
- 11** We have budgeted for 25 days to cover EMA visits in 2015, compared to 24 days in 2014.
- 12** We plan that our check visits in 2015 will include sixteen local education providers and we will undertake three small specialty reviews. In 2014 we carried out 4 check visits and 3 small specialty reviews.

Registration and revalidation

- 13** The 2015 budget is based on the following registration activity levels:
- a** 7,700 provisional registrations (7,460 in 2014).
 - b** 13,100 full registrations (13,742 in 2014).
 - c** 6,100 applications for a Certificate of Completion of Training (6,513 in 2014).
 - d** 410 applications for a CESR/CEGPR (294 in 2014).
 - e** 2,600 PLAB 1 tests and 1,900 PLAB 2 tests (2,370 PLAB 1 tests and 1,589 PLAB 2 tests in 2014).
 - f** 73,572 revalidations (61,888 in 2014).

2015 Capital Programme

Business Plan and Budget 2015 - Capital Programme								
	Capital Expenditure		Depreciation charges					
	£	£	2015	2016	2017	2018	2019	2020
<u>IS Projects</u>								
Business Projects	1,434,512		119,543	478,171	478,171	358,628		
Infrastructure Projects	421,000		35,083	140,333	140,333	105,250		
SAP	2,848,992		237,416	949,664	949,664	712,248		
Oracle Database Platform Enhancements	400,000		33,333	133,333	133,333	100,000		
Software Licensing Growth	200,000		16,667	66,667	66,667	50,000		
Digital Media Strategy & New Website	100,000		8,333	33,333	33,333	25,000		
Online training development	50,000		4,167	16,667	16,667	12,500		
Sub-total		5,454,504						
<u>Facilities Projects</u>		1,203,800	60,190	240,760	240,760	240,760	240,760	180,570
<u>Other Projects</u>								
Data Strategy - phase 1	296,615		24,718	98,872	98,872	74,154		
Data Strategy - phase 2	599,845		49,987	199,948	199,948	149,961		
Other business projects	180,000		15,000	60,000	60,000	45,000		
Sub-total		1,076,460						
Total new projects in 2015		7,734,764	604,437	2,417,748	2,417,748	1,873,501	240,760	180,570
Depreciation charges for existing capital projects			6,215,685	4,684,925	2,300,478	520,745	185,270	0
Total depreciation (excluding new capital expenditure in future years)			6,820,122	7,102,673	4,718,226	2,394,246	426,030	180,570

