

Agenda item:	M6
Report title:	Business Plan and Budget 2017
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Considered by:	Performance and Resources Board
Action:	To consider

Executive summary

An outline 2017 business plan and budget was considered by Council at its closed session on 29 September 2016. Following Chief Operating Officer and Director scrutiny, the 2017 business plan and budget have been finalised and were signed off by the Performance and Resources Board at its meeting on 28 November 2016.

The 2017 business plan is at [Annex A](#). It sets out how we will maintain and improve our core regulatory functions and deliver against the final year of our current corporate strategy. It is underpinned by detailed work plans, which will enable us to report on progress and exceptions in delivery on a regular basis to the Performance and Resources Board and Council during 2017.

Expenditure against the approved budget will also be reported to Council on a regular basis through the Chief Operating Officer's report.

Recommendations

Council is asked to:

- a** Consider the 2017 business plan, at [Annex A](#).
- b** Consider the 2017 budget, at [Annex B](#), and capital programme, at [Annex C](#).
- c** Agree the revised GMC Registration Fees Regulations to enable reduced transaction charges on all credit card payments from 1 April 2017, at [Annex D](#).

The context for 2017 planning

- 1 In planning for 2017 we have prioritised our primary aim of maintaining and enhancing delivery of our core regulatory functions as this is the majority of the work we undertake each year. We have also identified activities that will help deliver against our strategic aims in the final year of Council's current four-year Corporate Strategy; as well as reflecting Council views on priorities for the organisation.
- 2 The changes we made to our organisational design in 2016 as part of the Change Programme, which include posts moving from London to Manchester, will enable us to continue to drive forward transformation in 2017 – which is essential in order for us to remain relevant and effective.
- 3 We have also taken into account the challenges and uncertainties in the external healthcare and wider environment. In order to deal with any new work that arises from this, we have built in flexibility to our 2017 plan.

Our approach to 2017 planning

- 4 The timeline at [Annex E](#) sets out our approach to 2017 planning. Following a period of consultation with the business and with the Senior Management Team, Council considered the emerging priorities for 2017 at its closed session on 29 September 2016. Since then, the business plan and budget have been developed in detail, and scrutinised by Directors, the Chief Operating Officer and the Chief Executive. The business plan has seen no material changes in priorities since it was first proposed to Council in September. The Performance and Resources Board approved the business plan and budget at its meeting on 28 November 2016.
- 5 The summary business plan at [Annex A](#) will be published on our website in January 2017 as part of our statutory obligations to set out clear annual objectives. This high-level public document is underpinned by detailed work plans that will be used to monitor progress within our business performance reporting in 2017.
- 6 Much of our core, on-going, operational work will continue to be monitored and reported on by exception against key performance indicators (KPIs) and service level agreements (SLAs), to the Performance and Resources Board and Council. We have also identified a number of projects that enhance how we deliver our core regulatory functions, or will deliver wider transformational benefits. These 'corporate projects' have significant scale or cost; potential impact on our operations, staff or our stakeholders; or significant associated risk or opportunities. We have specified 42 corporate level projects for 2017 of which 19 are new for 2017, the remainder are projects we began in 2016. We feel these projects require a higher level of oversight, and will be reported against regularly on an exception-basis to the Performance and Resources Board, and to Council by exception. Our portfolio management software,

Planview, will be used to monitor and report against them, assuring a level of consistency in corporate reporting of progress.

2017 budget

Context for the 2017 budget

- 7 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 before any decisions to change fee levels take full effect.
- 8 Our aim is to maintain actual reserves in line with the target range of £25 million to £45 million over the medium term. We forecast that our free reserves will be around £35 million at the end of 2016.

2017 Income and expenditure

- 9 We adopt a building block approach to budget-setting. We use current spending levels as our starting point for the 2017 budget. We start the budget-setting process in August and so we use the 2016 Q2 forecast as the starting point, and make any adjustments as necessary when the Q3 forecast becomes available later in the process. We then incorporate the full year effect of 2016 business plan decisions and known and unavoidable cost pressures. A 3% efficiency reduction has been applied to directorate budgets. Bids for additional resources have been scrutinised by the Performance and Resources Board, the Chief Operating Officer and Directors, before being incorporated in the budget.
- 10 The 2017 draft expenditure budget is £104.3 million, comprising operational expenditure of £99.6 million, a transformation fund of £2 million, and change programme costs of £2.7 million (relating to accommodation changes in London). Our operational expenditure in 2017 is 6% lower than the 2016 budget and 3% lower than the 2016 forecast. Details are set out in [Annex B](#).
- 11 The changes from 2016 to 2017 are set out in [Annex F](#). The main areas of growth are:

- a** Creation of a transformation fund of £2 million.
 - b** Additional payment of £0.5 million to the pension scheme.
 - c** Recruitment and training of legally qualified chairs.
 - d** Continuing work on the digital media strategy.
 - e** Continuing work on the medical licensing assessment.
 - f** An increase in performance assessment volumes.
 - g** Additional staffing resources for Education, the Regional Liaison Service, IS security, learning and development.
 - h** An expansion of GMC Services.
- 12** The draft income budget for 2017 is estimated at £108.6 million. We propose no increase in fee levels in 2017.
- 13** In 2016 we introduced a transaction charge of 1.5% on all credit card payments, to cover the charges made by the credit card issuers. The law allows businesses to pass these charges on to consumers, but the Consumer Protection (Payment Surcharge) Regulations 2012 restricts the surcharge to the recovery of actual costs only. There has been pressure on the card issuers to reduce their charges, and charges are likely to average around 1.2% next year. Council is asked to make revised GMC Registration Fees Regulations to bring this reduction into effect from 1 April 2017, at [Annex D](#).
- 14** An Annual Retention Fee (ARF) discount of 50% is available for doctors whose income is below a certain level. The threshold for eligibility for the income discount is currently £32,000, and we propose to retain this in 2017.
- 15** The budget proposed here will generate a surplus of £4.3 million in 2017, bringing our free reserves to around £39.3 million by the end of 2017.

2017 Capital programme

- 16** 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.

- 17** We propose a capital programme of £6 million in 2017, maintaining it at the same level as 2016. Details are at [Annex C.](#)

Council meeting, 14 December 2016

General Medical Council

M6 – Business Plan and Budget 2017

M6 – Annex A

2017 Business Plan

Business plan 2017

Our role

Every patient should receive a high standard of care. As an independent organisation, we work to protect patients and improve medical education and practice across the UK. We will achieve this by working closely with doctors, their employers and patients.

Our plan for 2017

Our priority will remain to deliver a high-quality service across our core regulatory functions. These are set out below, along with some of the work we'll do in 2017 to achieve them.

Deciding which doctors are qualified to work here, and overseeing UK medical education and training.

- We plan to visit at least 40 medical schools, deaneries and local education and training boards (LETBs) to check they are complying with our standards for undergraduate and postgraduate medical education. We'll also continue to approve trainers, training environments and curricula to make sure they are in line with our standards. We expect that our work in this area will grow in 2017, due to the recent increases in the number of UK private medical schools, and overseas campuses looking to provide a UK primary medical qualification.
- We expect to register approximately 11,500 doctors for the first time in 2017 – including 4,500 who have qualified at medical schools

outside the UK. We'll develop our plans to introduce the Medical Licensing Assessment (MLA) – a single standard of entry to the UK medical register. We believe that introducing the MLA will help us ensure consistently high standards of safe practice for all doctors who want to join the register, whether they have trained within the UK or elsewhere.

Setting the standards doctors need to follow, and making sure they continue to meet these standards throughout their careers.

- In 2012, we introduced revalidation – the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen specialism. Since then, we've revalidated approximately 164,000 doctors. We've also withdrawn licenses from 3,395 doctors, where they had failed to engage in revalidation. In 2017, we will use the findings of the independent review of revalidation that we commissioned to take forward improvements to this key aspect of how we protect patients.
- We will continue to review our guidance to make sure it is up to date, and is being communicated effectively. In 2017, this will include our guidance on consent, treating patients who are nearing the end of their life, confidentiality, and treating children and young people.

Taking action to prevent doctors putting the safety of patients, or the public's confidence in doctors, at risk.

- We expect to receive around 9,500 enquiries about a doctor's fitness to practise in 2017. Of these, we may need to open investigations into approximately 1,500.
- For the doctors where there are serious concerns about their fitness to practise, approximately 250 hearings will be run by the Medical Practitioners Tribunal Service (MPTS). The MPTS was established in June 2012 to provide a clear separation between our investigation function and the adjudication of hearings. In 2017, the MPTS will be enhancing its guidance and making it more accessible to support its tribunal members. It will also provide more support and guidance to doctors who have chosen to represent themselves at hearings.
- In 2015, we ran a public consultation on the information we publish about doctors who have been through a fitness to practise investigation and received a sanction, aimed at making the information more open and transparent for patients, but also fairer to doctors. In 2017, we will complete the first phase of this work, which includes implementing time limits for the publication and disclosure of sanctions. We will also begin to review other areas of our policy, including the information we share with third parties during a fitness to practise investigation.

Our strategic aims

In 2017, the final year of our current corporate strategy, we will continue to deliver against the five strategic aims as set out below.

Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients

The development of our data strategy over the past few years has allowed us to identify, analyse and better understand trends and areas of risk, making use of both external and our data. We are now able to explore aggregate data across all our functions, helping us to better understand the environments doctors work in, and respond to some enquiries quicker. In 2017, we will develop ways to share this capability for the benefit of our partners and the public.

We've also been piloting our UK Medical Education Database (UKMED), aimed at bringing UK undergraduate and postgraduate data together into one central place. In 2017, we will continue to evaluate and explore the wide-ranging benefits from UKMED, including how we can effectively share this with others to help protect patients.

Strategic aim 2: Help raise standards in medical education and practice

The limited flexibility of current training pathways was highlighted by our independent Shape of Training Review and the 2016 industrial dispute between doctors in training in England and the UK Government. In 2017, we will also complete our review on making training pathways more flexible.

Our continuing work in 2017 with the Academy of Medical Royal Colleges to develop a framework of generic professional capabilities will help build the foundation for taking forward a more flexible system. Generic professional capabilities support the essential broader human skills – such as communication and teamworking – that are needed by doctors as part of the range of skills to help them provide safe and effective patient care.

We will also further explore a new process called credentialing to recognise doctors' capabilities in particular practice areas. In 2017, we'll work with a small number of early adopters to evaluate and test the cost effectiveness and efficacy of our credentialing model.

Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety

In 2017, we'll continue with our reforms to speed up fitness to practise cases and reduce their impact on doctors. This will include evaluating our pilot of how we handle cases where doctors are alleged to have made a one off mistake involving poor clinical care. Building on the success of our approach to provisional enquiries, introduced in 2015, this should help us deal with cases in a proportionate way where we are satisfied there is no ongoing risk to patients.

Another approach we are taking to assess whether a full investigation is necessary, is asking designated bodies – such as NHS organisations and independent healthcare providers – to disclose whether the doctor we've received a complaint about has previously raised any patient safety issues. This will help reduce the risk of doctors who have acted as whistleblowers subsequently being disadvantaged – a key recommendation from the independent review we commissioned by Sir Anthony Hooper into whistleblowing and our processes.

We will also continue to enhance our support to vulnerable doctors who are involved in our fitness to practise procedures, implementing recommendations

from the independent review we commissioned from Professor Appleby in 2015. This will include reviewing our communications to vulnerable doctors, and making sure we notify doctors as quickly as possible about the outcome of an investigation.

Strategic aim 4: Work more closely with doctors, medical students and patients on the frontline of care

In 2017, we'll continue to embed our customer service strategy within all of our services. We want everyone who interacts with us to experience a consistent level of customer service, wherever they are based and however they choose to engage with us.

As part of this, we will strengthen our approach to working across the four UK countries. We'll continue to strengthen our working relationships with doctors, medical students, patients, and employers through our liaison services. And we'll enhance the quality of video conferencing facilities for MPTS witnesses, enabling them to give evidence from remote locations more easily.

A key part of how we are transforming our customer engagement is through our Digital Media Strategy. We began work in 2015 to enhance the impact we have as an organisation, by making our digital presence more customer-focused, efficient and collaborative.

In 2017, we'll continue to embed the technology and ways of working across the organisation. We will also revise and migrate our website content onto the new technology, and make our information more accessible and user centred. We'll also take forward work to make the UK medical register more helpful, relevant and accessible – drawing on learning from our 2016 public consultation.

Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions

In 2016, we implemented some major changes to the way we work, through our change programme. The changes make sure we're able to continue to deliver a model of regulation that is fit for purpose, and delivers value for money. We believe this particularly important in the current challenging financial environment.

In 2017, we will continue to make sure our organisational design and capability allow us to carry out our ambitious programme of reform. The development of our Central Analytics team in 2017, for example, will allow us to centralise key functions such as our data sharing, give better assurance, consistency, and leading to efficiencies overall.

Transforming our organisation's way of working has given us a strong foundation for the development in 2017 of our next corporate strategy. We will also develop our equality and diversity strategy for 2018 and beyond, making sure we give consideration to how our work affects others in everything we do.

M6 – Business Plan and Budget 2017

M6 - Annex B

Budget 2017

2017 operational budget summary	2017 budget		2016 budget		Variance		2017 budget	2016 Q2		Variance	
	£000	£000	£000	%	£000	%		£000	£000	£000	%
Income											
Annual retention fees	95,569	94,787	782	1%	95,569	94,534	1,035	1%			
Registration fees	4,138	3,817	321	8%	4,138	3,965	173	4%			
PLAB fees	2,467	1,796	671	27%	2,467	2,487	(20)	(1)%			
Certification fees - CCT	3,480	3,327	153	4%	3,480	3,488	(8)	(0)%			
Investment income	883	1,048	(165)	(19)%	883	736	147	17%			
Other income	1,445	1,370	75	5%	1,445	1,270	175	12%			
GMC services	693	0	693	100%	693	0	693	100%			
Total Income	108,675	106,145	2,530	2%	108,675	106,480	2,195	2%			
Operational expenditure by cost type											
Direct staffing costs	55,908	56,037	129	0%	55,908	55,829	(79)	(0)%			
Indirect staffing costs	3,168	3,585	417	13%	3,168	3,245	77	2%			
Office costs	5,846	5,916	70	1%	5,846	5,452	(394)	(7)%			
Accommodation costs	6,291	6,847	556	9%	6,291	6,646	355	6%			
Legal costs	4,834	5,141	307	6%	4,834	4,961	127	3%			
Professional fees	1,962	1,748	(214)	(11)%	1,962	1,829	(133)	(7)%			
Council & members costs	397	502	105	26%	397	469	72	18%			
Panel & assessment costs	14,101	16,055	1,954	14%	14,101	15,203	1,102	8%			
Depreciation	7,309	7,575	266	4%	7,309	7,274	(35)	(0)%			
GMC Services	493	320	(173)	(35)%	493	320	(173)	(35)%			
Pension top up payment	500	0	(500)	(100)%	500	0	(500)	(100)%			
PSA Levy	707	736	29	4%	707	698	(9)	(1)%			
Consultancy	0	700	700		0	359	359				
MLA	650	500	(150)	(23)%	650	343	(307)	(47)%			
Efficiency savings	(2,556)	(101)	2,455		(2,556)	(311)	2,245	(88)%			
Total operational expenditure	99,610	105,561	5,951	6%	99,610	102,317	2,707	3%			
Transformation / New Initiative Fund	2,000	250	(1,750)	(88)%	2,000	250	(1,750)	(88)%			
Change Programme	2,730	3,534	804	29%	2,730	2,713	(17)	(1)%			
Total expenditure	104,340	109,345	5,005	5%	104,340	105,280	940	1%			
Surplus/(deficit)	4,335	(3,200)			4,335	1,200					

2017 operational budget summary	2016		Variance		2017 budget £000	2016 Q2 forecast £000	Variance	
	2017 budget £000	budget £000	£000	%			£000	%
Income								
Annual retention fees	95,569	94,787	782	1%	95,569	94,534	1,035	1%
Registration fees	4,138	3,817	321	8%	4,138	3,965	173	4%
PLAB fees	2,467	1,796	671	27%	2,467	2,487	(20)	(1)%
Certification fees - CCT	3,480	3,327	153	4%	3,480	3,488	(8)	(0)%
Investment income	883	1,048	(165)	(19)%	883	736	147	17%
Other income	1,445	1,370	75	5%	1,445	1,270	175	12%
GMC services	693	0	693	100%	693	0	693	100%
Total Income	108,675	106,145	2,530	2%	108,675	106,480	2,195	2%
Operational expenditure by directorate								
OCCE/OCOO	3,298	3,665	367	11%	3,298	3,658	360	11%
Fitness to Practise	32,115	33,926	1,811	6%	32,115	32,118	3	0%
Medical Practitioners Tribunal Service	9,388	10,574	1,186	13%	9,388	10,535	1,147	12%
Strategy & Communication	8,021	8,500	479	6%	8,021	8,641	620	8%
Education & Standards	5,705	6,225	520	9%	5,705	5,933	228	4%
Registration & Revalidation	11,520	11,990	470	4%	11,520	11,776	256	2%
Resources & Quality Assurance	14,397	14,703	306	2%	14,397	14,366	(31)	(0)%
Churn reduction	(960)	(700)	260	(27)%	(960)	(350)	610	(64)%
Accommodation	6,291	6,847	556	9%	6,291	6,646	355	6%
Depreciation	7,309	7,575	266	4%	7,309	7,274	(35)	(0)%
GMC Services	493	320	(173)	(35)%	493	320	(173)	(35)%
Pension top up payment	500	0	(500)	(100)%	500	0	(500)	(100)%
PSA Levy	707	736	29	4%	707	698	(9)	(1)%
Consultancy	0	700	700		0	359	359	
MLA	650	500	(150)	(23)%	650	343	(307)	(47)%
Apprentice levy	176	0	(176)		176	0	(176)	(100)%
Total operational expenditure	99,610	105,561	5,951	6%	99,610	102,317	2,707	3%
Transformation / New Initiative Fund	2,000	250	(1,750)	(88)%	2,000	250	(1,750)	(88)%
Change Programme	2,730	3,534	804	29%	2,730	2,713	(17)	(1)%
Total expenditure	104,340	109,345	5,005	5%	104,340	105,280	940	1%
Surplus/(deficit)	4,335	(3,200)			4,335	1,200		

M6 – Business Plan and Budget 2017

M6 - Annex C

Capital programme 2017

Project	2017 Budget £000	2016 Budget £000	Variance	
			£000	%
IS Projects	5,100	5,415	-315	-5.8%
Facilities Projects	900	585	315	53.8%
Total Capital Projects	6,000	6,000	0	0.0%

2017 Budget £000	2016 Q2 Forecast £000	Variance	
		£000	%
5,100	5,371	-271	-5.0%
900	585	315	53.8%
6,000	5,956	44	0.7%

Council meeting, 14 December 2016

**General
Medical
Council**

M6 – Business Plan and Budget 2017

M6 – Annex D

**The General Medical Council Registration Fees Regulations
2017**

THE GENERAL MEDICAL COUNCIL REGISTRATION FEES REGULATIONS 2017

The General Medical Council, in exercise of their powers under Section 32 of the Medical Act 1983 hereby make the following Regulations –

Citation and commencement

1. These regulations may be cited as the General Medical Council Registration Fees Regulations 2017 and shall come into force on 1 April 2017.

Interpretation

2.

(1) In these regulations, unless the context otherwise requires: -

“the Act” means the Medical Act 1983;

“annual retention fee” means any fee payable by a registered practitioner under regulation 4;

“due date” is the date on which a registered practitioner becomes liable to pay an annual retention fee in accordance with regulation 4(2);

“licence” means a licence to practise;

“income threshold” means the figure published by the Registrar from time to time representing the gross annual income below which a person is entitled to a refund or discount in accordance with regulation 6;

“primary medical qualification” means one of the primary medical qualifications set out in sections 4(3), 17 and 21B (2) of the Act;

“the Principal List” means the list of that name established in accordance with sections 2(2) (a) and 30(1) (a) and paragraph 20(2) of Schedule 6 to the Act;

“the register” means the register of medical practitioners established under section 2 of the Act;

“registered address” means the electronic mail or postal address entered into the register in respect of a registered practitioner;

“registered practitioner” means a person registered under any provision of the Act; and

“registration year” means, in respect of a registered practitioner, the period of twelve months commencing on:-

- (a) if fully registered:-
 - (i) the date on which the practitioner was granted full registration or restored to the register if applicable, or the anniversary of that date; or
 - (ii) if the practitioner became liable for the payment of an annual retention fee under regulation 8(1) of the General Medical Council Registration Fees Regulations 2008, each anniversary of 1 January 2009,
- (b) if provisionally registered, the date on which the practitioner was granted provisional registration or restored to the register if applicable, or the anniversary of that date.

Fees for registration

3

(1) The Registrar shall not make any entry in the register until the fee, if any, prescribed by this regulation has been paid.

(2) The fees for the making or amending of an entry in the register shall be:-

- (a) On provisional registration under section 15, 15A, 21 or 21C of the Act£90
- (b) On full registration under section 3, 14A, 19, 19A or 21B of the Act:-
 - (i) where the practitioner holds or has previously held provisional registration.....£200
 - (ii) where the date of application for full registration is within two years of passing a primary medical qualification and the practitioner does not hold, or has not previously held provisional registration.....£200
 - (iii) in any case not covered by sub-paragraph (i) or (ii).....£425

save where full registration is granted without a licence in accordance with regulations made under sections 29A and 29B of the Act, in which case sub-paragraph (d) shall apply.

(c) On registration under section 27A of the Act.....£425

- (d) On full registration without a licence in accordance with regulations made under sections 29A and 29B of the Act.....£152
- (e) On erasure from the register by virtue of section 31A of the Act.....£10
- (f) On restoration to the register by virtue of section 31A of the Act.....£10
- (g) On grant, restoration or withdrawal of a licence in accordance with regulations made under sections 29A and 29B of the Act]£10

(2A) The fee, if any, for the making or amending of an entry in the register on registration under section 27B of the Act shall be the amount prescribed in paragraph 2(c) save where otherwise determined by the Registrar.

(3) Where a person:-

- (a) has made an application for registration under the Act which has been refused or withdrawn; and
- (b) has paid a fee under paragraphs (2)(a) (2)(d)

the Registrar shall refund to him the amount of the fee and may withhold or charge a scrutiny fee of £90 in respect of the handling of that application.

(4) Where a person pays a fee under paragraph (2) by credit card, the Registrar shall apply a transaction charge which amounts to 1.2% of the fee under paragraph (2).

Annual retention fee

4

- (1) Any fully or provisionally registered practitioner shall be liable to pay a fee in respect of the retention of his name in the register in accordance with this regulation.
- (2) Subject to paragraph (6), any person who is required to pay an annual retention fee under this regulation shall become liable to pay it in full:-
 - (a) in relation to:-
 - (i) a fully registered practitioner, on each anniversary of the date on which he was granted full registration; and
 - (ii) a provisionally registered practitioner, in any year subsequent to a period of four years beginning with the date on which he was granted provisional registration, on each anniversary of the date on which he was granted provisional registration;
 - (b) where the person's name has been restored to the register, on the date on which his name was restored to the register and on each anniversary of that date; or

- (c) where the person became liable for the payment of an annual retention fee under regulation 8(1) of the General Medical Council Registration Fees Regulations 2008, on each anniversary of 1 January 2009.
- (3) Paragraph (2) shall apply to a person first registered or restored to the register on 29 February as if he had been first registered or restored to the register on 1 March.
- (4) The annual retention fee shall be:-
 - (a) in the case of a registered practitioner who holds a licence as at the due date.....£425
 - (b) in the case of a registered practitioner who does not hold a licence as at the due date.....£152
- (5) Any person who is required to pay an annual retention fee under this regulation may instruct, by way of a Direct Debit, his bank or building society to pay the Registrar the fee, and may instruct the Registrar to collect this either:-
 - (a) in one annual instalment;
 - (b) by four quarterly instalments, due at the beginning of each quarter of the registration year; or
 - (c) by ten instalments, due at the beginning of each month for the first ten months of the registration year,

and where a person instructs the Registrar to collect the fee by four quarterly or ten instalments (under sub-paragraph (b) or (c) respectively), the Registrar shall apply a processing charge of £8 to the fee payable under this regulation.
- (6) Any person whose registration has been suspended under Part V of the Act shall not be required to pay a fee under this regulation in respect of the period during which his registration is suspended.
- (7) Where a person pays an annual retention fee under this regulation by credit card, the Registrar shall apply a transaction charge which amounts to 1.2% of the fee payable under this regulation.

Adjustments

5.

- (1) Where a person has paid a fee under regulation 3(2)(b), 4(4)(a) or 5(2) and, in the current registration year:-
 - (a) is granted registration without a licence;
 - (b) relinquishes his licence; or
 - (c) his licence is withdrawn under section 29B(2) of the Act,

the Registrar shall refund to him any proportion of the fee paid which corresponds to the number of calendar days from the date his registration without a licence is granted, his licence is relinquished or is withdrawn, until his next due date, less any amount which he is liable to pay under regulation 3(2) (d) or 4(4) (b) in respect of that period.

- (2) Where a person has paid a fee under regulation 4(4)(b) or paragraph (1) applies and, in the current registration year:-
- (a) he is granted a licence;
 - (b) where his licence has been relinquished, this is restored;
 - (c) where his licence has been withdrawn, this is restored,

he shall become liable, immediately upon grant or restoration of a licence to practise, to pay a fee which corresponds to the difference between the fee paid in respect of the number of calendar days from the date of grant or restoration of his licence until his next due date, and that which he would have been liable to pay under regulation 3(2) (b) or 4(4) (a) in respect of that period.

- (3) Where a person's registration has been suspended under Part V of the Act and his registration ceases to be suspended, the Registrar shall calculate the amount of fees paid by him in respect of the most recent due date on which his registration was not suspended, and the number of calendar days:-
- (a) between that date and the date his registration was suspended; and
 - (b) between the date his registration ceased to be suspended and his next due date,

and issue to him a refund or a fee notice in respect of the difference, as appropriate.

- (4) Where a person has paid a fee under regulation 4(4) and:-
- (a) that person's name has been erased from the register by virtue of regulations made under section 31A of the Act;
 - (b) that person dies; or
 - (c) that person's name has been erased from the register under:
 - (i) Part V of the Act;
 - (ii) section 30(5) of the Act; or
 - (iii) regulation 8(4),

the Registrar shall refund to him or his estate (as appropriate) the proportion of the fee paid which corresponds to the number of calendar days in the current registration year following the date of receipt of his application for voluntary erasure under section 31A of the Act, the date of his death, or the date of erasure under Part V, section 30(5) of the Act or regulation 8(4).

- (5) Where a provisionally registered person has paid a fee under regulation 4(4) and, in the current registration year, is granted full registration, the Registrar shall, on payment of the fee under regulation 3(2) (b) refund to him the proportion of the fee paid under regulation 4(4) which corresponds to the number of calendar days representing the remainder of what would have been his current registration year but for the grant of full registration.

Refunds and discounts relating to income

6.

- (1) Where the Registrar is satisfied that a person's gross annual income in the current or forthcoming registration year will be less than the income threshold applicable in respect of that year, the Registrar shall grant to that person a refund or discount of one half of any fee which has been paid or would otherwise be payable by that person under regulation 3(2) (b) (iii), 4(4), 5(2) or 5(3) in respect of that year.
- (2) If the Registrar becomes aware that a person who has been granted a refund or a discount under paragraph (1):-
 - (a) has earned or will earn more than the income threshold applicable in the registration year in respect of which the refund or discount was granted;
 - (b) has made a false declaration of his gross annual income;
 - (c) has supplied incorrect information in connection with the application for a refund or a discount; or
 - (d) has, following a request in writing by the Registrar, refused or failed to declare or failed to supply evidence of his gross annual income in the year in respect of which the refund or discount was granted;

the Registrar shall as soon as practicable give notice to the person in accordance with paragraphs (3) and (4) below.

- (3) Where the Registrar becomes aware of any of the circumstances at paragraph 2(a) to (d), otherwise than by being informed by the person of the circumstances at paragraph 2(a), the Registrar shall give notice to the person:-
 - (i) stating the matters which appear to raise a question that the person has received a discount or refund to which he is not entitled;
 - (ii) providing the person with copies of any documents in support of sub-paragraph (a) above; and
 - (iii) inviting the person to make written representations or to pay the balance of any fee owing within the period of 14 days from the date of the notice
- (4) Where the Registrar is informed by the person of the circumstances at paragraph 2(a) the Registrar shall give notice to the person inviting the person to pay the balance of any fee owing within the period of 14 days from the date of the notice.
- (5) On the expiry of 14 days from the date of the notice under paragraph (3) or (4), the Registrar may, having considered any written representations, send the person notice that if any outstanding amount is not paid within 28 days of the date of the notice his name may be erased from the register.

Exceptions

7.

The Registrar may decide not to seek or issue any outstanding fees or refunds due under these regulations where he considers it is not appropriate to do so.

Reminder notices and sanction for non-payment

8.

(1) The Registrar shall send a notice not less than seven days before the due date to each fully or provisionally registered practitioner who is liable to pay a fee under regulation 4(4).

(2) Where a person is liable to pay a fee under the provisions of regulation 4(4), 5(2) or 5(3) and is in arrears of payment of the fee or any part of the fee due from him for more than 14 days, the Registrar shall send him notice warning that if the outstanding amount is not paid within 28 days of the date of the notice his name may be erased from the register.

(3) Notices sent to a person under paragraphs (1) and (2) or under regulation 6(3) shall be sent to that person's registered address.

(4) Where a person is liable to pay a fee under regulation 4(4), 5(2) or 5(3) and:-

(a) a notice has been sent to the practitioner under regulation 6(3) or paragraph (2);

(b) a period of 28 days has elapsed from the date of the notice; and

(c) the outstanding amount has not been received by the Registrar;

the Registrar may erase the person's name from the register.

Fees for restoration to the Principal List

9.

The Registrar may refuse to restore to the Principal List the name of any person whose name has been erased:-

(a) by virtue of section 30(5) of the Act, or by virtue of regulation 8(4), until that person pays:-

(i) a restoration fee of £325; and

(ii) the annual retention fee due under regulation 4(4) in respect of the forthcoming registration year; or

(b) by virtue of regulations made under section 31A of the Act, until that person pays the annual retention fee due under regulation 4(4) in respect of the forthcoming registration year and the fee prescribed under regulation 3(2)(f).

Regulations revoked

10. The General Medical Council Registration Fees Regulations 2016 (No. 3) are hereby revoked.
11. Notwithstanding anything contained in these regulations any fees due to the Council under or by virtue of the regulations that have been revoked shall remain due to the Council as though they were payable under these regulations and the powers contained in these regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Medical Council this day of 14 December 2016.

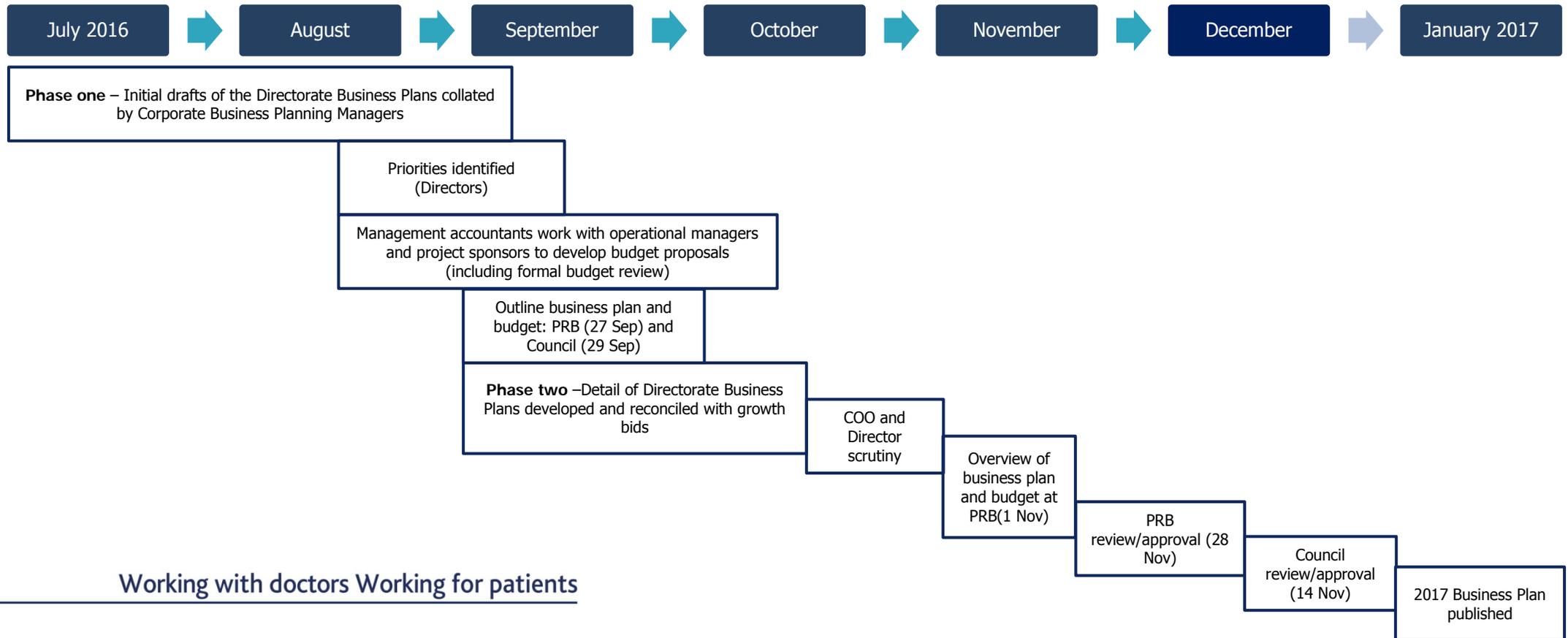
Terence Stephenson
Chair

Charlie Massey
Registrar

M6 – Business Plan and Budget 2017

M6 - Annex E

Timeline of development



M6 – Business Plan and Budget 2017

M6 - Annex F

Movement – 2016 forecast to 2017 budget

