

THE LOCUM DOCTORS' ASSOCIATION



LDA'S RESPONSE TO THE GMC CONSULTATION: A NEW FEES FRAMEWORK FOR GMC REGISTRATION AND LICENSING

We thank you for your letter of 16 September 2004 and for consulting us. Our response is based on a wide consultation of our membership.

LDA represents doctors many of whom are either intermittently, short or long-term unemployed. Our members are locum doctors who are denied pay protection, pay increments, and many of the benefits that substantive doctors enjoy. Locums also pay double bills and double living costs from their single incomes. This leads to hardship. We therefore welcome the GMC's decision to give a 50% discount and introduce flexible payment options. We see this as the GMC's recognition of our difficulties. Since the doctors we represent will be more affected by these proposals than any other group or craft within the profession, it is important that the regulations and policies created for this are fair and proper and do not violate any of our fundamental rights.

We welcome a 50% discount in fees. We support the framework document **except** for the contentions below. **We however REJECT both draft regulations as they currently stand.** The reasons for this are given below:

1. LDA believes that the current and proposed fees are both excessive. We believe that since the GMC's functions are essentially for the public interest *not doctors' interests*, and since the GMC does not care if the doctors it actions cannot earn a living and if they are ruined along with their families; in fairness, its income should come from public funds not the doctors; and asking doctors to pay for their own regulation is akin to asking prisoners to pay for their own prosecution, trial, sentencing and imprisonment costs. This is inequitable. The GMC should charge doctors a nominal amount for administering the Register while the public and patients it protects should pay the rest.
2. The "expected gross annual income" stated in para b on page 2 is impractical for locums. Most locums have erratic and variable working patterns and incomes. Income cannot be predicted for the future. Locum incomes vary from one year to the next. A locum may earn £50,000 in one year, then earn only £5000 the next year. Conversely a locum who earns £4000 one year may unexpectedly earn £30,000 the following year. During periods of unemployment, and years of low incomes, locums face financial hardships and find it difficult to pay subscriptions.

Subscriptions often lapse during these periods due to inability to pay. To address these we propose some options below.

3. We propose that the GMC offers a yearly discount on the basis of the **retrospective low-income year**. If doctors earn over the PRHO level in the year following hardships for which they would get a discount (when they would be clearing their financial arrears), then they will not be eligible for a discount the following year. This would enable those deserving a discount to get it **prospectively but based on retrospective income**. Alternatively the GMC could give them a 50% refund rather than a discount the following year.
4. Doctors unable to find work for a number of months could get a refund for that “unused” period. This is not the same as the rebate/refund for relinquishing the licence stated on page 5. The proposal to refund for full quarters is acceptable.
5. Doctors claiming state benefits like income support or income-based jobseekers allowance, or incapacity benefit, attendance allowance etc for any period should get a rebate or exemption for that period, in line with those of other authorities.
6. The fees for registration only should be £15 or £20. £100 is too high.
7. The single anniversary date will be less costly for the GMC to administer but we will only support it if it does not result in doctors having to pay for additional months either during the transitional period or following discounts. We note that page 3 further down at “a” and page 4 at “b” answer our former concern but the latter still needs to be addressed.
8. We disagree with para b on page 5 (system of refunds). **Registration is required for medical practice, not merely for holding a medical qualification**. A non-registered doctor does not work, and usually subscriptions lapse due to inability to pay. It is unjustifiable to charge retrospective licence to practise fees from such a doctor who has not practised. **Restoration should be without penalty**.
9. **THE DEFINITION OF INCOME:**
The GMC is concerned only with medical practice. **It has no jurisdiction outside medicine**, nor does it offer any non-medical benefits to doctors with outside interests. Doctors pay it solely for practicing medicine. **The GMC can and should only be concerned with medical income**. Non-medical interests have their own overheads. The proposed definition “total worldwide gross income from all sources” is an attempt to extend its jurisdiction beyond the medical professional lives of doctors; is irrelevant; disproportionate; perverse; and violates the fundamental human right to privacy (since GMC has no right to involve itself in other aspects of doctors’ lives.) If this definition is not altered to “income from all *medical* sources”, we predict legal challenges where the GMC will waste its resources through its own fault. Furthermore if the GMC were to infringe fundamental human rights (as these drafts do), it would cease to hold the

confidence of all, and its charitable status would become untenable, as would its own validity.

ANNEX A: THE MEDICAL PRACTITIONERS REGISTRATION (FEES) (AMENDMENT) REGULATIONS 2004

These regulations are proposed, prepared drafted and submitted for formal “rubberstamping” of parliament by the same body that executes these and tries and would penalise those who would break these rules. These regulations therefore infringe Article 6 of ECHR as enacted by the Human Rights Act 1998. We reject these as incompatible with the HRA 1998.

Without prejudice to the above statement, Clause 3 unless amended to “income from all **medical** sources” renders this incompatible with the HRA 1998.

ANNEX B: DRAFT/THE GENERAL MEDICAL COUNCIL (REGISTRATION FEES) REGULATIONS 2004

These regulations are proposed, prepared drafted and submitted for formal “rubberstamping” of parliament by the same body that executes these and tries and punishes those who break its rules. These regulations therefore infringe Article 6 of ECHR as enacted by the Human Rights Act 1998. We reject these as incompatible with the HRA 1998.

Again the definition of gross annual income for this purpose should be amended to income from all **medical** sources. Unless “medical” is inserted here this clause will be incompatible with the Human Rights Act 1998. That is notwithstanding the fact that the instrument breaches the principle of the separation of the powers as required by Article 6 (1) of the ECHR.

The Annual retention fees in clause 3 are unacceptably high.

In Clause 4, “expressly” should be removed. It serves to intentionally fetter discretion.

To abolish any discretion for considering exceptional circumstances contradicts the spirit of these proposals. Given the GMC uses ample discretion to define “serious professional misconduct” to suit its panelists’ wind directions, this could thus be construed as a double standard.

Clause 6(2): Erasure and restoration. We reject this clause in full for the reasons given above.

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22 October 2004