

Form S1: Schedule of costs

Hearing name and dates	
Party details	Party name:
Representation	Representative name:
MPTS hearing reference number	

Explanatory notes

- ▶ Complete this schedule of costs carefully and accurately. It will help the case manager make a fair decision about the amount of costs payable.
- ▶ Please read our [Case Management Procedure guidance](#) before completing this document (referred to below as **the guidance**). Your schedule of costs must only set out the costs:
 - ▶ you have incurred and/or are liable to pay and
 - ▶ which represent time or disbursements wasted directly in connection with the paying party's failure to comply, as found by the medical practitioners tribunal.
- ▶ Once completed, this schedule of costs must be sent to the other party and to the case manager at MPTSCaseManagementTeam@mpts-uk.org.
- ▶ You must sign the declaration at the end of this document. If you don't, the case manager won't be able to take the information you send into account.
- ▶ You may wish to provide evidence to support your schedule of costs. List any documents you wish to submit in the space provided in Part 4 of the schedule of costs.

Part 1: Preparation costs

Hourly rate for work undertaken by legal representatives

- ▶ Applicable hourly rates are the lesser of the hourly rate charged or the applicable grade from the Guideline Hourly Rates.

A	
B	
C	

Hourly rate for self-represented doctors

- ▶ Applicable hourly rates are either an hourly rate to reflect actual financial loss (to be supported by evidence as outlined in paragraph 30 of the guidance) or a fixed hourly rate of £18/hr.
- ▶ You must send evidence to support an hourly rate reflecting actual financial loss to the case manager with the completed schedule of costs.

A	
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Hourly rate for a suitable person representing a doctor

- ▶ Applicable hourly rates are those agreed by the suitable person and the doctor he/she is representing, as evidenced by a genuine written agreement between them.
- ▶ A copy of the written agreement must be provided to the case manager with a completed schedule of costs.

A	
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Attendances on client

- ▶ In this section, representatives may record time spent meeting, corresponding and speaking with their client in preparation for hearing.
- ▶ This section is not applicable for self-represented doctors.

Personal attendances

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Letters and emails

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Telephone

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Attendances on opponent

- ▶ In this section, representatives or self-represented doctors may record time spent meeting, corresponding and speaking with their opponent in preparation for hearing.

Personal attendances

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Letters and emails

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Telephone

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Attendances on others (please specify)

- ▶ In this section, representatives or self-represented doctors may record time spent meeting, corresponding and speaking with others (for example, Counsel or an expert witness), in preparation for hearing.

Personal attendances

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Letters and emails

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Telephone

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Work done on documents

- ▶ Please complete the schedule in the annex and put the amount claimed for work done on documents in the box below:

SUBTOTAL	£
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Attendance at hearing

- ▶ In this section, representatives or self-represented doctors may record time spent attending the hearing and travel or waiting time connected with attending the hearing.

Time in hearing

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

Travel time and waiting time

	Hours	Rate	Total
A		£	£
B		£	£
C		£	£

PART 1 TOTAL	£
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Part 2: Disbursements

Counsel's fees

Counsel	Name and year of call:
Brief fee	
Refresher fee	

- In this section, please provide details and the number of other wasted hours of Counsel's time incurred, if any.

Description and number of hours	Rate	Total
	£	£
	£	£
	£	£

SUBTOTAL	£
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Other expenses

- ▶ In this section, please give details of any other wasted expenses claimed, if any.

Description and number of hours	Rate	Total
	£	£
	£	£
	£	£

SUBTOTAL	£
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PART 2 TOTAL	£
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Part 3: Total costs and declaration

Total costs

Part 1 total	£
VAT on part 1 total (if applicable)	£
Part 2 total	£
VAT on part 2 total (if applicable)	£
TOTAL COSTS:	£

Declaration

I confirm that the information I have provided in this schedule of costs:

- ▶ is correct and true to the best of my knowledge
- ▶ does not exceed the costs which the paying party is liable to pay in respect of the work which this schedule covers
- ▶ reflects Counsel's fees and other expenses actually incurred and which will be paid to the persons stated above.

Signature	
Name	
Firm of solicitors (if applicable)	
Date	

Part 4: Documents submitted

- ▶ In this section, please list any documents submitted with this completed schedule of costs.

	Document description
1	
2	
3	

Annex: Work done on documents

	Description of work	A hours	B hours	C hours	Total
1					£
2					£
3					£
4					£
5					£
6					£
7					£
8					£
9					£
10					£
SUB-TOTAL					£