Royal College of General Practitioners (RCGP) organisational response to the Department of Health & Social Care and The Scottish Government's Reforming the General Medical Council legislative framework consultation

June 2026

About RCGP

We are the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. We support GPs through all stages of their career, from medical students considering general practice, through to training, qualified years and retirement.

Reforming the General Medical Council legislative framework

Department of Health & Social Care and The Scottish Government

This consultation seeks views on a draft General Medical Council Order 2026 ('the draft order'), which would reform how the General Medical Council (hereafter referred to as 'GMC') regulates medical practitioners, physician associates and anaesthesia associates across the UK.

It also seeks views on:

- implementing Leng Review recommendations 1 and 9 relating to proposed changes to professional titles to improve clarity for patients
- regulatory reform recommendations made by Lord Mann in his rapid review into tackling antisemitism and other forms of racism in the NHS

Consultation questions

[RCGP responses are in blue]

Commencement

We need to ensure that the commencement of the General Medical Council Order 2026 is managed in a safe and effective way that mitigates the risks of a regulatory gap during this transition.

A 'coming into force date' mechanism has been included for parts 2 to 10 of the draft order. However, we have not specified a date for when parts 2 to 10 come into force as per article 2(2)(b) of the draft order. Article 2(2)(b) relates to the coming into force of the majority of the provisions within the draft order.

Although a coming into force date for the General Medical Council Order 2026 would provide clarity, there would be advantages in allowing flexibility regarding when provisions are activated, in particular for areas involving transition of cases from the old framework to the new. This could be achieved by specifying dates in tertiary legislation – for example, to be made through a Privy Council Order.

Do you agree or disagree that a specific 'coming into force' date should be included in article 2(2)(b) of the final General Medical Council Order 2026? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

A specific 'coming into force' date should be included in article 2(2)(b) of the final Order. Regulatory clarity is essential for practitioners, employers and legal advisers who need to understand which framework applies at any given time. Without a fixed date, there is a risk of prolonged uncertainty, inconsistent application and difficulty managing cases that straddle the old and new legislative frameworks. There are provisions within the Order that need to be implemented swiftly as a matter of patient safety; namely the change in title from 'physician associate' to 'assistant', as recommended by the Leng Review.

Governance

Separate to annual report requirements relating to equality and diversity, the draft order contains the following for GMC relating to equality, diversity and inclusion:

- a duty to ensure that, in the exercise of its functions, it applies good practice in relation to equality and diversity
- where it considers that an improvement may be required, a duty to take such steps as it considers appropriate to make that improvement
- a duty to have regard to any current or future principles set by the Professional Standards Authority for Health and Social Care regarding equality, diversity and inclusion

Do you agree or disagree with the inclusion of these requirements in the order? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree with the inclusion of these duties and support the general direction of embedding equality and diversity obligations within the GMC's regulatory framework. We would,

however, like to see the draft Order amended to require that any recommendations relating to equality and diversity are implemented as soon as reasonably practicable, and that the GMC has a duty to publish data on equality and diversity disparities in its outcomes, together with evaluations of interventions intended to address differential experiences.

We also do not consider the current wording sufficient. The draft Order refers only to 'good practice in relation to equality and diversity' and to general Professional Standards Authority (PSA) principles. This language is too broad and lacks the specificity needed to address the concrete harms identified in recent regulatory practice. We therefore believe the equality, diversity and inclusion provisions should be strengthened through explicit recognition of, and protections against, discrimination including Islamophobia and antisemitism.

Parts 2 to 4 of the draft order relate to GMC's governance and operating functions. This includes provisions relating to:

- delegation of exercise of functions
- disclosure of information
- guidance
- annual reports
- fee setting and other financial requirements
- default powers of the Privy Council

The provisions in these sections aim to improve the efficiency of GMC's administrative functions, reducing bureaucracy.

Do you agree or disagree that the provisions set out in parts 2 to 4 of the draft order enable GMC to carry out its governance and operating framework functions appropriately? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

The provisions in Parts 2 to 4 have the potential to improve administrative efficiency and reduce unnecessary bureaucracy within the GMC. Greater flexibility in relation to delegation, information sharing, guidance, reporting and financial management could lead to a more responsive and effective regulatory system. We are also supportive of regulators working collaboratively with other organisations or third parties where this reduces duplication and promotes consistency. However, it is reassuring that responsibility for key functions are retained by the GMC, such as those relating to professional standards, conduct or ethics, education and training, registration, and fitness to practise.

Increased operational flexibility must be balanced by strong safeguards to maintain transparency, accountability and independent oversight, particularly in the context of the

wider expansion of GMC powers proposed elsewhere in the draft Order. Delegation arrangements should not reduce accountability or external scrutiny, and the reduction in the Privy Council's role in approving rule changes raises questions about the adequacy of independent checks and balances. Similarly, guidance issued by the GMC should remain subject to appropriate consultation and governance processes, while disclosure powers must be exercised proportionately and in accordance with data protection and confidentiality principles.

Schedule 1 to the draft order includes provisions to enable GMC and the Medical Tribunal Service to effectively operate. It outlines how the GMC board may operate under the order, how committees may function and how adjudicatory bodies such as appeal panels may operate. It also puts a duty on GMC to appoint a registrar and case examiner or case examiners to exercise certain functions on behalf of GMC. In addition, the Privy Council must, by order, make further provision as to the constitution of the regulator.

Do you agree or disagree that the powers and duties in schedule 1 on constitution of the regulator are sufficient to enable GMC and the Medical Tribunal Service to carry out their functions appropriately and proportionately? (Optional)

- Agree
- Neither agree nor disagree
- Disagree X
- Don't know

Please explain your answer. (Optional)

We disagree that the provisions in Schedule 1 are sufficient to ensure that the GMC and the Medical Tribunal Service (MTS) can carry out their functions appropriately and proportionately.

In particular, we have concerns about the proposed composition of the regulator, which would limit membership to no more than fourteen people, with no more than half being current or former registrants. We believe that doctors should constitute a majority within the GMC's governing structures. As practising professionals with direct experience of clinical practice, professional standards and patient care, doctors are uniquely placed to provide informed insight into the implications of regulatory decisions. An argument could also be made that the profession should retain majority representation within its governing body while the GMC continues to be funded primarily through doctors' registration fees.

We also believe that the title 'Medical Tribunal Service' should be reviewed to ensure it accurately reflects its remit, in light of the expansion of regulation to include 'assistant' roles. This would help avoid patient confusion and improve clarity and consistency where professional roles are concerned.

Finally, while the draft Order provides for a degree of structural separation between the GMC and the MTS, it is essential that the independence of adjudicatory functions is both genuine and visibly maintained in practice.

The draft order proposes that the Privy Council's default powers continue to apply (they are currently contained in section 50 of the Medical Act 1983). These are powers which the Privy

Council may use if it feels that GMC has failed to carry out its regulatory functions. In relation to GMC's rule-making powers in the draft order, the Privy Council will no longer be required to approve new rules or rule changes made by GMC under the draft order. However, should any future rules be deemed to require Privy Council approval, such approval will be put in place.

Do you agree or disagree that the powers and duties in the draft order in relation to the Privy Council are sufficient to support GMC to carry out its functions appropriately? (Optional)

- Agree
- Neither agree nor disagree
- Disagree X
- Don't know

Please explain your answer. (Optional)

We recognise that removing the requirement for routine Privy Council approval of GMC rules and rule changes may provide greater flexibility and allow the regulator to respond more swiftly to emerging issues. However, the draft Order provides limited detail on the circumstances in which Privy Council oversight might be reintroduced for particular categories of rules. Greater clarity on these arrangements would help strengthen confidence in the proposed framework.

The reduction in external scrutiny should also be considered alongside the broader expansion of GMC powers, including changes relating to fitness to practise processes, appeals, interim measures, evidence gathering and rule-making. It is important that appropriate checks and balances remain in place to ensure fairness, proportionality and accountability.

We would therefore welcome consideration of additional safeguards for significant rule changes, particularly those affecting fitness to practise procedures, appeal rights, thresholds for regulatory action and interim measures. This could include enhanced consultation requirements, independent review mechanisms, or other forms of external scrutiny before such changes take effect.

It would also be helpful to establish clear and transparent mechanisms through which registrants and other stakeholders can raise concerns about the impact of GMC rules and governance arrangements, enabling the Privy Council or other appropriate bodies to consider whether further oversight or legislative intervention may be necessary.

Professional Standards Authority for Health and Social Care evidence gathering

The draft order, as per a recommendation of the Mann Review, provides for a consequential amendment to be made to the National Health Service Reform and Health Care Professions Act 2002 to allow the Professional Standards Authority for Health and Social Care to have a power to compel information from GMC.

Do you agree or disagree that the draft order provides the Professional Standards Authority for Health and Social Care with sufficient and proportionate evidence-gathering powers? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We support the provision of proportionate evidence-gathering powers for the PSA – assuming it has sufficient resources to use these powers effectively. Independent oversight of healthcare regulators is important for maintaining public confidence and accountability. Strengthening the PSA's ability to scrutinise regulatory decision-making is especially important given the significant expansion of GMC powers proposed within this Order.

However, we note that the use of these powers should remain:

- Proportionate and clearly defined
- Applied in a manner that is consistently fair, proportionate and free from bias
- Subject to appropriate safeguards and confidentiality protections
- Focused on legitimate regulatory oversight and public protection
- Free from unnecessary duplication or burden that could interfere with due process.

Education and training

The draft order sets out that GMC can approve overseas undergraduate, foundation and postgraduate education and training programmes.

Do you agree or disagree that GMC should be able to approve overseas undergraduate, foundation and postgraduate education and training programmes? (Optional)

This does not mean that people who take part in such overseas programmes would be given priority for places on the UK foundation programme or for speciality training in the UK, subject to a few limited exceptions in the Medical Training (Prioritisation) Act 2026.

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that the GMC should be able to approve overseas undergraduate, foundation and postgraduate education and training programmes as part of its role in maintaining consistent standards across medical education and training. However, it is essential that this power is exercised transparently and fairly, and that careful consideration is given to maintaining equivalent quality assurance across different healthcare systems. The impact of such

approvals on UK foundation or specialty training programmes should be clearly communicated.

We welcome the clarification that approval of an overseas programme will not confer priority for UK foundation or specialty training places. To ensure prospective students are not misled, providers of GMC-approved overseas programmes should be required to make this clear to applicants. The GMC should also monitor and report on the impact of its education and training functions on domestic and international graduates and publish clear approval standards that do not create additional or discriminatory barriers for International Medical Graduates (IMGs).

Part 5 of the draft order relates to GMC's education and training functions. This includes provisions relating to:

- standards in connection with practising as a regulated professional
- approval of education and training, an examination or assessment or a qualification
- supply and production of information and evidence
- criminal offences
- certification of completion of a course
- other related powers

Our proposed changes aim to enable GMC to undertake more flexible and swifter education and training functions.

Do you agree or disagree that the powers and duties set out in the draft order enable GMC to carry out its education and training functions sufficiently and proportionately? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

We broadly agree that the powers and duties set out in the draft order are sufficient to enable the GMC to carry out its education and training functions safely, proportionately and with appropriate flexibility. It is logical that the GMC continues to have responsibility for the regulation of undergraduate and postgraduate medical education and training, and the functions set out in Part 5 support this role.

However, we believe the draft order could be strengthened by requiring the GMC, under Article 25(4), to consult appropriate persons, including registrants and their representative bodies, when determining standards. This would help ensure that standards remain practical, proportionate and informed by those directly affected. Regulators should also be encouraged to work collaboratively with education providers and communicate changes clearly to registrants in order to support high-quality learning environments.

In addition, the GMC should be required to publish equality impact assessments when making changes to education and training standards or processes, and to routinely monitor outcomes for differential impacts across IMGs and doctors with protected characteristics. This would help ensure that reforms are implemented fairly and do not inadvertently exacerbate existing inequalities.

Postgraduate Medical Education and Training Order of Council 2010

As a consequence of modernising GMC's register and legislative framework, many of the current provisions contained within the Postgraduate Medical Education and Training Order of Council 2010 ('the PMET Order') will become obsolete.

The draft order therefore proposes that the PMET Order is revoked, including the list of recognised specialties currently contained in the schedule to the PMET Order, and the Privy Council is given a power to specify categories of speciality in practice in the UK in an order of council.

Do you agree or disagree that the PMET Order should be revoked and the categories of speciality in practice should be set out in a new order of council? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

We recognise that the current PMET Order model, which relies on a fixed statutory list of specialties, can be slow to adapt to changes in medical practice, emerging specialties and evolving professional terminology. In principle, we therefore support efforts to modernise and simplify the legislative framework.

However, it is difficult to fully support the revocation of the PMET Order without greater clarity on how specialty categories, and the routes to recognition as a medical specialist (GP or consultant), will be defined and governed under the new arrangements. Any changes must preserve the high standards of training, competence and assessment currently required for recognition as a medical specialist.

Given the significance of specialty classification for training pathways, workforce planning and professional progression, changes to specialty categories should be subject to transparent criteria, appropriate external oversight and meaningful consultation with key stakeholders, including the medical profession and relevant professional/educational bodies. We would also welcome ongoing monitoring of the impact of any changes, including consideration of potential effects on different groups within the workforce.

Registration

The draft order provides that medical practitioners may be able to be registered despite having a complete restriction on registration. This means they will be registered as a medical practitioner but not allowed to practise. A medical practitioner may choose to have a complete restriction on their registration, or a complete restriction could be, for example, the result of failing to complete periodic assessment.

Do you agree or disagree that doctors should be able to be registered with a complete restriction on registration? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that doctors should be able to be registered with a complete restriction on registration. This may provide administrative clarity for workforce tracking and retain a formal status for those who are temporarily unable to practise, in addition to giving more flexibility in allowing pathways back into practice. However, there is a risk that this will create public confusion about the difference between registration and fitness to practise.

It is also unclear as to how a complete restriction on registration would interact with a doctor's licence to practise, and whether any additional action would be required by either the registrant or the GMC. For example, where a doctor voluntarily requests a complete restriction on their registration, would they also be required to relinquish their licence to practise, either temporarily or permanently? We would welcome clarification on this point.

Regarding Chapter 4 ('Emergency registration'), it is important that it is made clear as to whether a professional has been added to the register under the emergency registration provision.

Although this is not addressed directly by this question, we would like to raise a concern regarding the use of the term 'periodic assessment' in relation to medical revalidation. The consultation document explains that Article 42 would require the GMC to establish rules for the periodic assessment of regulated professionals. While we recognise that the draft order is intended to provide a framework that can apply across different professions and regulators, we are concerned that describing medical revalidation as a 'periodic assessment' does not accurately reflect the nature of the current system.

Firstly, revalidation for doctors is a continuous process based on ongoing professional development, reflection and engagement, rather than a discrete assessment at a particular point in time. Characterising revalidation as a periodic assessment is therefore inconsistent with the established purpose and operation of medical revalidation.

Secondly, the UK medical revalidation system is structured around annual medical appraisal. Although experiences of appraisal vary, it is generally valued by GPs as a supportive and developmental process that encourages reflection and discussion of wellbeing. We are

concerned that the terminology of 'periodic assessment' could encourage a shift towards more summative approaches, particularly in a resource-constrained environment, potentially undermining these developmental aspects.

Thirdly, we note that the GMC is developing its approach to revalidation for physician associates (PAs) and anaesthesia associates (AAs) and that this is likely to resemble the process for doctors. While the GMC has indicated that its proposed model of revalidation for PAs and AAs will not routinely require an examination, this has not been ruled out. We are concerned that defining revalidation more broadly as a 'periodic assessment' could create pressure for summative-based approaches to be extended to doctors in the future. In our view, such an approach would be inappropriate for medical revalidation and would be likely to face significant opposition from the profession.

We therefore encourage the DHSC to consider whether alternative terminology would more accurately reflect the nature and purpose of medical revalidation.

Do you agree or disagree that the draft order enables GMC to carry out its functions relating to registration sufficiently? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

The RCGP strongly supports the creation of a single doctor register incorporating the current GP and Specialist Registers, with recognised specialties recorded through clearly defined registration enhancements. This should appropriately recognise GPs as medical specialists while maintaining clarity for patients and employers. The RCGP has long supported the merger of the GP and Specialist Registers as a means of simplifying the regulatory framework while clearly recognising general practice as a medical specialty.

However, we strongly disagree with and have significant concerns about the inclusion of PAs and AAs on a single register, albeit in separate parts. Their inclusion blurs the distinction between doctors and non-doctors and will likely engender further patient confusion, which may negatively affect patient safety. The Specialist and GP registers should instead be replaced with a single, doctor-only register.

It is the RCGP's position that a regulatory body other than the GMC would be more appropriate to take forward the regulation of PAs. However, recognising that GMC regulation is well advanced, and now in legislation, we would urge the creation of a separate register for PAs and AAs from that for doctors in order to ensure clarity. We would also urge that the prefix on the register for PAs is 'PA' rather than 'A'. In an RCGP survey on Physician Associates, open between April 2023 and May 2024, the majority of respondents agreed that this prefix should be used in front of a PA's GMC number, should the GMC's regulation of PAs proceed.

We would also welcome further clarification regarding the proposed use of registration enhancements. The consultation document states that the register must record and publish any restrictions or enhancements that apply to a regulated professional's registration. The

example provided is that a 'GP and a paediatric surgeon would both be registered with an enhancement that described their individual specialty or multiple specialties which allows them to practise in the area or areas outlined.'

We would welcome confirmation that, for doctors, enhancements will only be applied at the level of recognised medical specialties, as indicated in the consultation document. We would also welcome assurance that relevant stakeholders would be consulted before any change to this approach was made, including any proposal to expand, reduce or otherwise alter the scope of enhancements recorded on the register.

Protection of title

Protected title status means it is a criminal offence for someone to practise and use a protected title without being registered with the relevant regulator and on the relevant register, or part of the register, relating to that regulated profession.

The draft order proposes that the titles of 'apothecary' and 'licentiate in medicine and surgery' should no longer be protected in legislation as they are not reflective of current practice. It also proposes that the title of 'bachelor of medicine' should no longer be protected as this is linked to a qualification rather than a professional title.

Do you agree or disagree that the titles of 'apothecary', 'licentiate in medicine and surgery' and 'bachelor of medicine' should no longer be protected in legislation? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree with the removal of 'apothecary' and 'licentiate in medicine and surgery' from protection in legislation on the basis that the terms are no longer in current use. We also agree with the removal of 'bachelor of medicine' because it is linked to a qualification rather than a professional title.

Under the draft order, 'registered medical practitioner' is due to become a protected title.

Do you agree or disagree that 'registered medical practitioner' should become a protected title? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that 'registered medical practitioner' should become a protected title. However, it is vital that it is made clear that the title refers to doctors only. Without this clarification,

members of the public may believe that it includes PAs and AAs. With this clarification, making 'registered medical practitioner' a protected title should strengthen public clarity about who is authorised to practise as a doctor in the UK, support patient safety, and appropriately reflect the central protected status of licensed doctors in the regulatory framework.

In line with the recommendation of the Leng Review, the draft order proposes that 'physician assistant' replaces the title of 'physician associate', and 'physician assistant' becomes a protected title.

Do you agree or disagree that the title of 'physician associate' should be changed to 'physician assistant' and protected in law? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We strongly agree that the title of 'physician associate' should be changed to 'physician assistant' in line with the recommendations of the Leng Review and that it should be protected in law. The title 'physician assistant' better reflects the role and reduces the risk of public confusion about its scope of practice compared with 'physician associate'.

However, the continued use of the term 'physician' may still create ambiguity for patients and the public, as it is commonly understood to refer to a medically qualified doctor. As a result, there is a risk that the proposed title may not sufficiently distinguish the role from that of a registered medical practitioner, particularly in real-world clinical settings where patients may not be familiar with regulatory terminology.

The GMC should also prohibit the description of PAs and AAs as medical practitioners, medical professionals and medically trained.

In line with the recommendation of the Leng Review, the draft order proposes that 'physician assistant in anaesthesia' replaces the title of 'anaesthesia associate', and 'physician assistant in anaesthesia' becomes a protected title.

Do you agree or disagree that the title of 'anaesthesia associate' should be changed to 'physician assistant in anaesthesia' and protected in law? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that the title of 'anaesthesia associate' should be changed to 'physician assistant in anaesthesia' and protected in law, to create consistency with the 'physician assistant' role.

To allow time for the healthcare service to implement the new titles effectively, we are proposing that the protection of the 'physician assistant' and 'physician assistant in anaesthesia' titles will commence following a transition period of 6 months after the order comes into force, if approved by Parliament.

Do you agree or disagree that there should be a transition period in relation to moving from the associate titles to the assistant titles? (Optional)

- Agree
- Neither agree nor disagree
- Disagree X
- Don't know

Please explain your answer. (Optional)

We disagree that there should be a transition period in moving from 'associate' to 'assistant' titles. The Leng Review recommended in July 2025 that these titles should be changed; the change in titles is therefore not a new development to which people need time to accustom themselves. To prevent further patient confusion or harm, this measure should be implemented immediately.

Should there be any protection of the 'physician associate' and 'anaesthesia associate' titles alongside the proposed new titles? (Optional)

- Yes
- No X
- Don't know

Please explain your answer. (Optional)

We consider that the titles of 'physician associate' and 'anaesthesia associate' should not be protected alongside the proposed new titles. Maintaining protection for both old and new titles risks perpetuating confusion and undermines the aim of improving clarity and consistency in professional roles. If there is a transition period (which we do not consider necessary), it may be reasonable to protect the old titles alongside the new during and immediately following this period.

As protection of 'physician associate' and 'anaesthesia associate' titles is removed, consideration must be given as to how to ensure these titles cannot be used erroneously by untrained individuals in a way that may cause confusion or harm to patients.

Fitness to practise - mandatory removal from the register

The draft order requires GMC to mandatorily remove a registrant from its register, if the registrant has been convicted of a serious criminal offence, as set out in schedule 4 (known as a listed offence), without GMC having to investigate or the Medical Tribunal Service having to hold a fitness to practise panel hearing to determine whether the registrant's fitness to practise is impaired.

Do you agree or disagree with the listed offences set out in schedule 4 of the draft order? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that conviction for the criminal offences listed in Schedule 4 should result in automatic removal from the register without requiring a fitness to practise panel hearing. Patient safety requires that individuals convicted of the most serious offences should not continue in the medical profession.

However, we note that the list of offences must be clearly defined and proportionally classified, and that the process for updating Schedule 4 should be subject to transparent consultation, comprehensive involvement of the medical profession and their representative bodies, and parliamentary oversight.

Under the draft order, former registrants of GMC who have been mandatorily removed from the register following conviction for a listed offence in schedule 4 of the draft order will not be able to apply for re-entry to the register.

Exceptions would apply where the conviction has been quashed or was for a lower-level listed offence (blackmail or extortion), and the custodial sentence has been quashed and replaced with a non-custodial sentence.

Do you agree or disagree that former registrants who have been mandatorily removed from the register following conviction for a listed offence should not be able to apply for re-entry to the register, save for in the limited exceptional circumstances prescribed in the draft order? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that former GMC registrants convicted of the criminal offences set out in Part 1 of Schedule 4 should not be able to apply for re-entry onto the register.

We consider it appropriate for exemptions to apply for the lower-level offences listed in Part 2, while acknowledging the seriousness of these offences.

Fitness to practise - grounds for action

Grounds for action set out the basis on which regulators can investigate and take action where there is a concern about a regulated healthcare professional's fitness to practise. A

regulated professional's fitness to practise can only be found to be impaired if one or more of the grounds for action are met.

The draft order proposes that the fitness to practise of a regulated professional may be impaired if the regulated professional:

- is unable to provide care to a sufficient standard
- has behaved in a way which amounts to misconduct
- is adversely affected by a physical or mental health condition

Do you agree or disagree with the grounds for action set out in the draft order? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

We broadly agree that the proposed grounds for action provide a clear framework for identifying risks to patient safety and assessing fitness to practise.

We welcome the inclusion of health as a distinct ground for action, as this supports a more compassionate approach to managing health concerns. It is important, however, that regulatory processes strike an appropriate balance between protecting patients and supporting doctors' wellbeing, so that doctors are not discouraged from seeking help or disclosing health conditions. Where possible, the response to health concerns should focus on support and adjustments, rather than punitive action.

We would also welcome greater clarity on how the grounds, particularly misconduct and health-related impairment, will be interpreted and applied in practice. Clear guidance and consistent decision-making will be important to ensure fairness, proportionality and confidence in the process.

Fitness to practise – proceedings

Fitness to practise proceedings are one of the primary ways by which GMC ensures public protection. The fitness to practise model outlined in the draft order aims to make fitness to practise proceedings swifter, fairer and less adversarial for GMC's registrants and people who raise concerns.

Do you agree or disagree that the fitness to practise powers and duties set out in the draft order for GMC and the Medical Tribunal Service are sufficient and proportionate for the safe and effective regulation of the professions GMC regulates? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree

- Don't know

Please explain your answer. (Optional)

We note that the reforms promise faster, more proportionate and less adversarial fitness to practise processes, which should reduce delays, improve fairness, and support earlier remediation where appropriate. This may strengthen patient safety by ensuring that concerns are addressed promptly and consistently. The retention of GMC appeal rights and continued PSA oversight also provide important safeguards that reinforce accountability.

However, with increased GMC discretion, there is potential for reduced transparency, and the risk that implementation challenges could affect early decision-making. We would like to see reassurance that streamlined processes will not dilute scrutiny or limit the GMC's ability to understand how concerns are handled.

More broadly, the success of any regulatory framework depends not only on public confidence but also on the confidence of the professions being regulated. Regulatory reform should therefore seek to strengthen transparency, proportionality and trust alongside patient protection. These objectives are complementary rather than competing, and will be essential to the successful implementation of the proposed reforms.

Interim registration measures

Under the draft order, a fitness to practise panel's powers will be extended so that the panel can impose interim registration measures during registration proceedings, as well as during fitness to practise proceedings.

This would allow the panel to impose an interim registration measure while investigating whether a register entry is fraudulent, for example.

Do you agree or disagree that a fitness to practise panel's power should be extended so that it can impose an interim registration measure during registration proceedings as well as fitness to practise proceedings? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

We neither agree nor disagree with the proposal to extend a fitness to practise panel's power to impose interim registration measures during registration proceedings as well as fitness to practise proceedings. We recognise the importance of enabling the GMC to act swiftly where there are serious concerns, such as potential fraud in registration, in order to protect patients and maintain confidence in the profession.

However, we believe the use of these powers should be supported by clear safeguards to ensure they are applied fairly, consistently and proportionately. In particular, the draft Order

should provide greater clarity on the circumstances in which interim measures may be imposed urgently without first seeking representations from the professional concerned.

As interim measures may be applied before a full investigation has been completed, there is a risk of significant professional consequences being imposed on the basis of incomplete information. This is especially relevant for those entering the profession, where early regulatory intervention may affect training and career progression.

We would therefore welcome clearer thresholds for the use of interim measures, robust review and appeal mechanisms, and appropriate oversight to support consistent decision-making. Consideration should also be given to monitoring the impact of these powers across different groups, including IMGs and ethnic minority doctors, to ensure they do not inadvertently contribute to existing inequalities.

Evidence gathering

Under the draft order, GMC may, for the purpose of gathering evidence in connection with registration, fitness to practise and interim registration measure proceedings, require a person to supply such information or produce such a document as GMC may specify. GMC will also be able to require a witness to attend a fitness to practise panel hearing or an appeal panel hearing.

Do you agree or disagree that the draft order provides GMC with sufficient and proportionate evidence-gathering powers? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

We recognise that effective evidence-gathering powers are necessary to enable the GMC to carry out its regulatory functions and to ensure that decisions relating to registration, fitness to practise and interim measures are informed by relevant and reliable evidence.

However, we have concerns about the breadth of the proposed powers and whether the draft Order provides sufficient safeguards to ensure they are exercised in a consistently proportionate, transparent and fair manner. The powers to compel the provision of information and documents, and to require witnesses to attend hearings, apply across a wide range of regulatory processes and could have significant consequences for those involved.

If these powers are to be strengthened, we believe they should be accompanied by clearer statutory safeguards, including defined thresholds for their use, requirements to demonstrate necessity and proportionality, appropriate confidentiality protections and accessible mechanisms through which individuals could seek review or challenge of evidence-gathering requests where appropriate.

We would also encourage routine monitoring and publication of data on the use of these powers, including assessment of any differential impact on protected groups and internationally trained doctors, to support transparency and maintain confidence in the fairness of the regulatory system.

Rule-making powers

Under the draft order, GMC is able to make rules on specific procedures in relation to:

- governance and operating framework
- education and training
- registration
- fitness to practise
- interim registration measures
- revision of decisions and internal appeals

Do you agree or disagree that the rule-making powers in the draft order are sufficient and proportionate for the regulation of the professions GMC regulates? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

We agree that it is reasonable for the GMC to hold procedural rule-making powers to regulate the professions. However, we have some concerns that the powers proposed in the draft Order are too broad in scope, and that there is not sufficient assurance that they will be exercised with appropriate transparency, independent scrutiny and proportionality. The breadth of delegated authority granted to the GMC across governance, education, registration, fitness to practise, interim measures, revision of decisions and internal appeals is extensive and raises questions about accountability. Stronger safeguards and clearer oversight arrangements are needed to ensure confidence in the GMC's use of these powers.

Revision of decisions

Under the draft order, GMC will be able to revise specific:

- registration decisions (except emergency registration decisions)
- fitness to practise decisions (except fitness to practise panel decisions)
- case examiner interim registration measure review decisions

Do you agree or disagree that the draft order provides GMC with sufficient and proportionate powers and duties in relation to revision of decisions? (Optional)

- Agree
- Neither agree nor disagree
- Disagree X
- Don't know

Please explain your answer. (Optional)

While the changes to the draft Order in relation to revision of decisions would mean there would be greater potential to avoid lengthy tribunal cases for doctors, we disagree with the proposal to give the GMC broad powers to revise its own registration, fitness to practise and case examiner decisions. While it is appropriate to correct administrative or procedural errors, the proposed power goes beyond this and risks undermining the principle of finality in decision-making.

The ability to re-open decisions without clear limits, criteria or timeframes is likely to create uncertainty for doctors and risks blurring the distinction between investigatory, prosecutorial and adjudicative functions. This may damage confidence in the fairness and independence of the regulatory process, particularly given concerns about external pressure on the GMC in some high-profile cases.

Any revision powers should therefore be narrowly defined, limited to correcting clear administrative or procedural errors, and subject to independent oversight. The GMC should also be required to monitor and publish the equality impacts of any use of these powers to ensure they do not contribute to disproportionate outcomes for ethnic minority or internationally trained doctors.

Appeals

Under the draft order, applicants for registration, registrants and former registrants of GMC will have rights of appeal against specific registration and fitness to practise decisions.

Do you agree or disagree that the powers in the draft order provide individuals with sufficient and proportionate appeal rights? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

The expansion of appeal rights for applicants, registrants and former registrants under the draft Order is broadly positive, strengthening fairness, transparency and accountability in both registration and fitness to practise decisions. It ensures individuals have an independent route to challenge errors or disproportionate outcomes, which supports public confidence in the regulatory system.

However, the changes are not without risk. Increased appeal rights may lead to higher case volumes, greater resource pressure on the GMC and MTS, and the possibility of strategic or

delaying appeals. Early implementation will need careful management to avoid inconsistency, delay or reduced clarity for complainants and patients.

Under the draft order, as per a recommendation of the Mann Review, GMC will have a right of appeal against specific interim registration measure decisions and fitness to practise decisions made by a fitness to practise panel to the:

- High Court of Justice in England and Wales
- Court of Session in Scotland
- High Court in Northern Ireland

Do you agree or disagree that GMC should have a right of appeal to these courts against specific interim registration measure and fitness to practise decisions made by a fitness to practise panel? (Optional)

- Agree
- Neither agree nor disagree
- Disagree X
- Don't know

Please explain your answer. (Optional)

We disagree with the proposal to grant the GMC a right of appeal against specific interim registration measure and fitness to practise decisions made by an independent fitness to practise panel.

A core principle of an effective regulatory system is the separation of investigative, prosecutorial and adjudicatory functions. The GMC investigates concerns and presents cases before panels; allowing it also to challenge panel decisions risks blurring this distinction and undermining confidence in the independence and finality of the tribunal process.

The proposal also appears inconsistent with the direction of previous regulatory reform, including the recommendations of the Williams Review, which recognised that appeal powers held by the regulator could undermine trust, openness and a learning culture. Independent external oversight already exists through the PSA, which can appeal decisions where public protection requires it. Granting the GMC an additional right of appeal therefore risks unnecessary duplication, increased costs, prolonged proceedings and greater uncertainty for registrants, without a clear corresponding benefit.

While patient safety must remain paramount, safeguards already exist to address decisions that are insufficient to protect the public. The PSA provides a more appropriate and independent mechanism for external challenge.

There are also concerns that extending the GMC's powers in this way could exacerbate existing inequalities within regulatory processes, particularly for ethnic minority and internationally trained doctors.

Under the draft order, a consequential amendment will be made to the National Health Service Reform and Health Care Professions Act 2002 to allow the Professional Standards

Authority for Health and Social Care to appeal specific fitness to practise and interim registration measure decisions made by a fitness to practise panel to the:

- High Court of Justice in England and Wales
- Court of Session in Scotland
- High Court in Northern Ireland

Do you agree or disagree that the Professional Standards Authority for Health and Social Care should be able to appeal specific fitness to practise decisions and interim registration measure decisions made by a fitness to practise panel to these courts? (Optional)

- Agree X
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional)

From a patient safety standpoint, allowing the PSA to appeal specific fitness to practise and interim registration decisions is strongly positive. The PSA exists to provide independent oversight of all health professional regulators, including the GMC, and its appeal power is one of the most important mechanisms for ensuring that decisions genuinely protect the public. When a panel decision appears too lenient, inconsistent, or insufficient to safeguard patients, the PSA's ability to refer the case to the High Court provides a critical safety net.

This power helps maintain high and consistent standards, reinforces public confidence, and ensures that no regulator becomes self-policing.

There are some manageable risks: appeals can prolong cases, create uncertainty for complainants, and increase legal complexity. However, the PSA historically uses its appeal powers sparingly and proportionately, focusing only on decisions that pose a real risk to public protection.

Overall, from a patient safety and standards perspective, the PSA's right of appeal is necessary, appropriate and beneficial.

Under the draft order, GMC will be permitted to administer its own internal appeals function. Applicants for registration, registrants and former registrants will be able to appeal specific registration and fitness to practise decisions to an appeal panel of GMC.

Do you agree or disagree that the draft order provides GMC with sufficient and proportionate powers and duties to administer its appeals function? (Optional)

- Agree
- Neither agree nor disagree X
- Disagree
- Don't know

Please explain your answer. (Optional)

From a patient safety perspective, allowing the GMC to administer its own internal appeals function can be appropriate and proportionate, provided the safeguards in the draft Order operate effectively. An internal appeals mechanism offers a faster, more accessible route for applicants and registrants to challenge decisions, which can help correct errors early and ensure that regulatory outcomes remain fair, consistent and defensible. This supports patient safety by maintaining confidence in the integrity of registration and fitness to practise decisions.

However, there are important risks. Because the GMC investigates, prosecutes and would also hear internal appeals, some may question whether the process is sufficiently independent. If not carefully designed, there is a risk of perceived bias or lack of separation between operational and appellate functions. This could undermine trust among patients, complainants and professionals. The effectiveness of the system will depend on clear structural separation, transparent procedures, and strong external oversight from the PSA and the courts.

Overall, the draft Order appears to give the GMC sufficient and proportionate powers to run an internal appeals function, but its legitimacy from a patient safety standpoint will rely on robust independence, transparency and accountability in how those powers are exercised.