General Medical Council – GMC Draft Order - Consultation questions

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.

Question 1: 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
- **Neither agree nor disagree**
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We are neutral to this question. We believe inserting a specific 'coming into force date' is something the GMC would be best placed to advise on, taking into account how different options would affect transition planning, case management and the avoidance of any regulatory gaps.

If you have any further comments regarding the commencement of the General Medical Council Order 2026 and the transition to GMC's new legislation, please set them out here. Do not include any personal information in your response. (Optional, maximum 500 words)

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 PSA regarding equality, diversity and inclusion

Question 2: Do you agree or disagree with the inclusion of these requirements in the order? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree with the inclusion of these requirements because they strengthen the GMC's responsibility to lead by example on equality, diversity and inclusion. Embedding a clear duty to apply good practice and act on areas for improvement, helps to ensure that regulatory decisions are fair, transparent and responsive to the diverse needs of patients, professionals and those who GMC will engage with. We believe this will create a more consistent, accountable framework that supports trust and drives meaningful, sustained progress across the sector.

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.

Question 3: 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**
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We consider that the provisions set out in parts 2 to 4 of the draft order will enable GMC to carry out its governance and operating framework functions appropriately. We consider that the provisions provide a framework without being too prescriptive which can often be a hindrance to innovation and progress.

We note that although there are wide powers of delegation, the regulator may not delegate functions in relation to standards, education, registration or fitness to practise. We also note that under Article 8(8) 'the delegation of the exercise of a function does not affect 'the regulator's responsibility for the exercise of the function'. We question whether specific provisions to exclude registration and fitness to practise (and potentially standards and education) may fail to future proof the legislation.

For example, some regulators may choose to delegate periodic assessment to registrants or external registrants to achieve the aim of patient safety.

We note that there are powers to join fitness to practise proceedings for doctors and PAs under Article 52 but the delegation provisions would prohibit innovative future models for joining proceedings involving other health professionals.

Opportunities for delegating standards and education functions may also inhibit closer working between regulators in the future.

Any concerns about delegation could be dealt with under the Article 24 Privy Council intervention powers.

We note that under Article 14 – the Professional Standards Authority does not regulate the health professionals, this is done by the General Medical Council and the other regulators and so that in Article 14(3) the '(Professional Standards Authority)' should be removed as the sentence is correct without this addition.

In relation to the delegation of Fitness to Practise – this is already delegated to independent Committees and hearing panels consisting of members of those committees to ensure there is no conflict and that there is fairness in the process. We are not clear from Article 8(3 & 4) where a FtP panel fits – would that be 8(3)(b) such a person as appears to the regulator to be appropriate to exercise the function on its behalf?

Schedule 1 of the draft order includes provisions to enable GMC and MTS 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.

Question 4: Do you agree or disagree that the powers and duties in schedule 1 on constitution of the regulator are sufficient to enable GMC and MTS to carry out their functions appropriately and proportionately? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the powers and duties set out in Schedule 1 are sufficient and appropriate, providing a clear and modern framework for the GMC and MTS.

We note the transition to a unitary board structure which has the intention to support effective, proportionate regulation. It is our view that a streamlined governance model can strengthen accountability and decision-making, but it remains essential that the professional voice is not diluted within this structure.

Maintaining meaningful professional input is vital for legitimacy, confidence and trust among those regulated, ensuring that decisions are both well-informed and seen as credible across the sector.

Equally, we are supportive of the Article 13 which requires the regulator to publish arrangements to engage and inform the public about the exercise of its functions and the regulatory principles in Article 7 which require the regulator to be transparent, accountable, proportionate and consistent and in the case of registration and fitness to practise to target action only where it is needed and supportive of publication requirements related to the Annual Report in Article 16 (not the statistical detail) and the arrangements for Committees outlined in Para 14, Schedule 1 which state that the constitution of the Committee should take account of the impact on the profession and the public.

However, we feel that the Order could go further in relation to the Constitution of the Council. We do not believe that 'lay' or 'not having a professional qualification' is the same as a role explicitly protecting the public interest and voice of the public and patients at level of strategic decision making on Council. Lay members are appointed for skills and experience required on boards, not for their ability to ask the question 'where is the patient in this' and we feel recognition of this is critical in order to deliver the regulatory objective as outlined at Article 6. This point could be made explicit in para 1 (2)(b) of Schedule 1 and also Paragraph 7 of Schedule 1.

With regards to Article 16: We wonder if there is too much information outlined on the face of the legislation. For example it states that the annual report should include 'a statistical analysis of arrangements that the regulator has put in place during that period in connection with protecting the public from regulated professionals whose fitness to practise is impaired'. Whilst this might be appropriate for the GMC, if this were to be transferred to other regulators, due to the smaller numbers in smaller regulators, such analysis may lead to identification of individuals in breach of data protection legislation. We suggest such detail should be left to the Professional Standards Authority Standards and the requirements as to publication under Article 15.

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.

Question 5: 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
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the proposed powers and duties relating to the Privy Council are appropriate and proportionate. Retaining the default powers provides an important safeguard, while removing the routine requirement for Privy Council approval of GMC rules enables a more modern, agile regulatory approach. We believe this strikes a sensible balance: the GMC can operate efficiently and responsively within its statutory remit, while the Privy Council retains the necessary oversight to intervene if ever necessary.

PSA 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 PSA to have a power to compel information from GMC.

Question 6: Do you agree or disagree that the draft order provides PSA with sufficient and proportionate evidence-gathering powers? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the draft order provides the PSA with evidence-gathering powers that are broadly sufficient and proportionate, but it will be important to ensure these powers are exercised in a way that supports constructive oversight rather than creating unnecessary burden. A balanced approach - where information can be compelled when genuinely required, but routine engagement remains collaborative - will help maintain trust, transparency and an effective regulatory relationship.

Education and training

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

Question 7: Do you agree or disagree that GMC should be able to approve overseas undergraduate, foundation and postgraduate education and training programmes? 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. (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the GMC should be able to approve overseas undergraduate, foundation and postgraduate programmes. We believe this approach supports a consistent, high-quality approach to medical education globally and strengthens assurance around the training of doctors who may later seek UK registration.

Our view is that it continues to be important that this approval function does not create any perception of preferential access to UK training pathways. Clear communication and robust safeguards will help ensure confidence in this activity.

In previous responses, we have made the point about the importance of powers of inspection in addition to powers to require information and evidence as an essential part of quality assurance process. We note the reference in Article 27 to 'Assessment or monitoring may, in particular, be carried out by attending premises used by a provider of education and training for the purposes of education and training.' and we support explicit powers of inspection as an essential part of quality assurance.

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.

Question 8: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the powers and duties in Part 5 provide the GMC with a sufficiently flexible and proportionate framework to deliver its education and training functions effectively. The ability to set standards and approve programmes is a crucial function of the regulator and to be able to do this within a framework that

facilitates a more responsive, modern approach which keeps pace with changes in medical education and workforce needs is essential.

In relation to Articles 25 and 26, we note that the reference to Standards for Education and Training applies to both the outcomes that graduates must meet before being awarded an approved qualification and the standards that providers must meet (Article 25 (1) states 'The regulator must determine standards of education and training in connection with practising as a regulated professional'. And article 26(2) states 'The regulator may, by reference to those standards, approve a person who provides education or training.'

We support the inclusion of Article 27(2) and 27(3) which enable powers of inspection of premises used by a provider for education and training which is an essential part of quality assurance.

We support the general powers to promote high standards and co-ordinate stages of education and training.

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.

Question 9: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the PMET Order should be revoked, as modern legislation should not retain obsolete or duplicative provisions.

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.

Question 10: Do you agree or disagree that doctors should be able to be registered with a complete restriction on registration? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that doctors should be able to remain on the register with a complete restriction, as this provides a transparent and accurate record while preventing them from practising.

The key from a public and patient perspective is that if people in this section are non-practising that the meaning is clear for patients and they understand that whilst the individual is still subject to professional and ethical standards, that they are not permitted to treat patients. We believe this approach supports public protection while avoiding the need to remove individuals entirely from the register.

Part 6 of the draft order relates to registration and includes provisions regarding the process of entering the register. It also includes provisions which enable GMC to

provide assurance that individuals on its register have the necessary education, training, knowledge, skills and experience required to practise safely in the UK.

Question 11: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the draft order gives the GMC the powers it needs to carry out its registration functions effectively, and importantly in a way that aligns with what patients expect from a modern regulator. Patients want assurance that anyone on the register has the education, training and competence to practise safely, and the framework set out in the order provides the GMC with the tools to deliver that assurance. By enabling more responsive checks and clearer standards, the draft order supports a registration system that is transparent, trustworthy and focused on protecting patients.

Article 34 has a wide ranging description of standards for registration which seems appropriate. The only exception might be 'must include experience' which would not necessarily be appropriate for a new graduate. We wonder if the 'must' should be 'should' to enable appropriate flexibility for the wide range of different scopes of practice held by practitioners at the point of registration (eg new graduate, specialist) thus enabling the standards to remain principles based and avoiding the traps of being so prescriptive that there are gaps in the framework.

However, we also note that there appears to be no direct and explicit connection between the important standards set out here and the concept of impairment in the fitness to practise section. The fitness to practise section of the order and specifically, articles 48 in relation to conviction and Article 49 which means that the registrant is 'is unable to provide care to a sufficient standard; has behaved in a way which amounts to misconduct; or is adversely affected by a physical or mental health condition' do not reference the Article 34 standards of registration. Further, Article 49 provides that the regulator 'issue guidance on what may constitute impairment for the purposes of paragraph (1)(a) to (c).' An explicit link between Article 34 and Article 49 would appear to be appropriate.

Article 35(2) it will be important to define what is 'appropriate cover in respect of the applicant's proposed practice as a regulated professional' so that this is clear for all.

Article 36 – We note that applicants for registration should meet both the standards for education and training and registration. Given the ambiguity as outlined above in relation to article 25 and 26, we wonder if this section should only apply to appropriate standards of registration as we expect that standards of education and training will vary across the world and will be different over time too and so it will not always be possible for someone's education delivered 10 years ago to meet today's standards. If the point is that the individuals should have an approved medical qualification, then the article should say this or use a different form of words to deal with the point.

We note that the provisions of Article 37 are specific to medical education and training, but we note that these kinds of provisions may need some adapting for professions which do not have provisional registration or mandatory foundation programme training.

Article 41 – in relation to re-registration, please note our points above about the Standards of Education and Training.

Periodic assessment – Article 42 - For the reasons outlined above, we suggest that 'such Standards for Registration' are included but not the Standards for Education and Training. We understand that implicit in this section is an ability to set standards for periodic assessment which may be based on the Standards for Registration and such other standards as the regulator considers appropriate. As scopes of practice develop and narrow, it may not be appropriate to be periodically assessed against the same education and training standards that apply to graduates.

We note that the powers of delegation do not allow any delegation of any of the registration functions. We refer to our response on that above.

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.

Question 12: 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**
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree, as these titles are outdated and no longer reflect modern professional practice.

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

Question 13: Do you agree or disagree that 'registered medical practitioner' should become a protected title? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We note the proposal that doctor should not become a protected title. We do have osteopaths with doctorates, but we are clear in our standards that if using the title doctor that they should make clear that they are not a medical doctor. What is important is that the status of the health professional treating the patient is clear to the patient. Otherwise there is a risk that a criminal offence will be committed.

We agree, as this title is more reflective of modern professional practice.

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.

Question 14: Do you agree or disagree that the title of 'physician associate' should be changed to 'physician assistant' and protected in law? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

N/A

As above, what is important is that patients are clear about who is examining and treating them for the purposes of consent.

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.

Question 15: 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
- **Neither agree nor disagree**
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

N/A

As above, what is important is that patients are clear about who is examining and treating them for the purposes of consent.

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.

Question 16: 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
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

While we do not have a view on what the protected titles should be, we do agree there should be a transition period.

Question 17: Should there be any protection of the 'physician associate' and 'anaesthesia associate' titles alongside the proposed new titles? (Optional)

- **Yes**
- No
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We believe it would be prudent to have some protection in legislation for the titles even if they are to be phased out in time.

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 MTS having to hold a fitness to practise panel hearing to determine whether the registrant's fitness to practise is impaired.

Question 18: Do you agree or disagree with the listed offences set out in schedule 4 of the draft order? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We strongly agree with the listed offences in Schedule 4, as automatic removal in these circumstances is essential for protecting patients and maintaining public confidence in the profession. These offences are so serious that they fundamentally undermine the trust placed in a doctor, making continued registration incompatible with safe practice. This approach also avoids the cost and administrative burden of conducting investigations or hearings where the outcome is already clear, allowing resources to be focused on more appropriate matters.

Extension to non-custodial convictions:

However, by extending the list to non- custodial offences would benefit from explicitly stating that the provision does not apply to conditional discharges.

Extending the draft automatic removal provisions under the draft General Medical Council Order 2026 (the Order) could bring some the provisions within Schedule 4, Part 1 into direct conflict with Section 82 of the Sentencing Act 2020. For example: If a medical practitioner received a conditional discharge for an either-way offence such as cyberflashing (Section 66A of the Sexual Offences Act 2003), Section 82(2) of the Sentencing Act 2020 explicitly states that the conviction "is to be deemed not to be a conviction for any purpose other than the purposes of the proceedings in which the order is made".

Furthermore, Section82(4) provides that the conviction "shall in any event be disregarded for the purposes of any enactment or instrument which imposes any

disqualification or disability upon convicted persons". Because the draft Order 2026 proposes removal from the register an automatic exercise, it bypasses the existing step where there is a fitness to practise investigation into the underlying conduct in the particular circumstances of the case. The automatic strike-off is based solely on the fact of being found guilty of an offence treating that conditional discharge as an operative criminal conviction. Running an automatic removal system in these circumstances without assessing the alleged underlying misconduct, could lead to the GMC acting ultra vires making it vulnerable to successful legal challenge (see Wray v General Osteopathic Council [2021])

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.

Question 19: 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**
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that former registrants convicted of a listed offence should not be able to apply for re-entry to the register, except in limited circumstances. These serious offences represent a fundamental breach of trust, and preventing re-entry is essential for patient protection and maintaining confidence in the profession.

However, there are a number of other offences included that may require a more flexible and nuanced approach and individual assessment rather than a blanket ban. How does this sit with current impairment and mitigation, reflection and remediation and rehabilitation? This would clearly need to be viewed within the

lens of public protection. However, the exceptional circumstances may be seen as being too narrowly drawn.

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

Question 20: Do you agree or disagree with the grounds for action set out in the draft order? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

Please see comments above in relation to the disconnect between the Article 34 Standards for Registration and the Article 49 Impairment guidance. We think there should be an explicit link.

We agree with the inclusion of health as a separate ground for action. We were and are of the view that registrants who have a health condition that impacts upon their fitness to practise should not be 'labelled' with a misconduct or competence allegation if health sits at the heart of the concerns. Our experience demonstrates that registrants do find structure and support through the review mechanism and are encouraged to comply with conditions.

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.

Question 21: Do you agree or disagree that the fitness to practise powers and duties set out in the draft order for GMC and MTS are sufficient and proportionate for the safe and effective regulation of the professions GMC regulates? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

While we agree, we believe that a level of granularity would be better contained within rules. For example, informing complainants is usually provided within rules. However, seeking the complainant's views on proposed case examiner disposal without referral to a panel for adjudication, should be expressly provided for within the Order. This is consistent with our previous consultation response in 2023 where we said:

'We continue to consider that it is vital that any 'accepted outcomes' process should seek the patient/complainant's views on the accepted outcomes proposal and indeed that patients and complainants should be kept informed throughout the process. We consider that express provision for this should therefore be made within Article 13 of the Order.'

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.

Question 22: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

Broadly, we agree.

However, Article 57 (2) makes provision for the panel to impose an interim registration measure notwithstanding that the time within which representations may be made has not expired if, by reason of urgency, it considers that it is expedient to do so.

However, the earlier provision contained in Article 56(4) requires that the MTS must notify the regulated professional of the manner in which, and time within which, representations may be made to the panel. Interim measures are by definition urgent. Issuing an interim restrictive measure prior to the receipt of representations effectively nullifies the procedural safeguard afforded by Article 56(4).

We consider that explicit provision should be made setting out the circumstances whereby the procedural safeguard within Article 56(4) can be effectively bypassed. The current reason for expediency provides an insufficient rational. We consider that making express provision within the Order will provide appropriate assurances and transparency which will promote public confidence in the fairness of the regulator's fitness to practise processes.

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.

Question 23: Do you agree or disagree that the draft order provides GMC with sufficient and proportionate evidence-gathering powers? (Optional)

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

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the draft order provides the GMC with evidence-gathering powers that are sufficient and proportionate. The ability to require information, documents and witness attendance is essential for robust and fair decision-making in registration and fitness to practise processes, and aligns with what patients and the public would expect from an effective regulator.

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

Question 24: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the rule-making powers in the draft order are sufficient and proportionate, as they give the GMC the autonomy it needs to set clear procedures across its core functions while supporting a more efficient regulatory system. This balance allows the GMC to respond to operational needs without unnecessary rigidity, while still ensuring appropriate safeguards and accountability.

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

Question 25: 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
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We consider that this provision sets out a sufficient and proportionate set of powers and duties that would allow GMC to discharge its role in relation to revision of decisions.

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.

Question 26: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We broadly agree; however, the appellate structure introduced by the draft General Medical Council Order 2026 risks facilitating a multiplicity of proceedings . A registrant challenging an administrative removal must navigate an internal permission appeal route envisaged under Article 67 prior to gaining access to the High court. This design creates a perception of unfairness and a real risk of parallel litigation and inconsistent outcomes.

In UK public law, the principle of finality dictates that regulatory disputes should be resolved through an efficient, definitive procedure that minimises costs and avoids duplicating judicial effort. Directing administrative disposals through an internal permission and appeal procedure rather than a single, unified gateway to the High Court creates unnecessary procedural delay, places undue burden on regulatory resources, and undermines the administration of justice.

To enhance statutory consistency and ensure procedural fairness, the draft General Medical Council Order 2026 should be amended to provide that appeals against case examiner removal decisions are available as of right to the High Court. Establishing a single, direct route of appeal to the High Court for all final removal orders would remove ambiguity surrounding relevant decisions and prevent a multiplicity of parallel administrative proceedings.

Aligning case examiner disposals with the provisions under Article 74 would streamline regulatory efficiency, uphold the principle of finality in litigation, and reinforce public and the professional confidence in the fairness of the regulators fitness to practise procedures.

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

Question 27: 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
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

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

Question 28: Do you agree or disagree that PSA 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**
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that these powers strike the right balance. Allowing the PSA to appeal specific fitness to practise and interim measure decisions provides an important layer of independent oversight, reinforcing public confidence that serious concerns can be escalated where necessary.

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.

Question 29: 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
- Disagree
- Don't know

Please explain your answer. Do not include any personal information in your response. (Optional)

We agree that the draft order provides the GMC with powers that are broadly sufficient and proportionate to administer its internal appeals function. Having a clear internal route of appeal supports fairness, efficiency and timely resolution of disputes.

However, it remains important that these powers are exercised with appropriate controls to ensure transparency, independence and public confidence particularly where the GMC is both the original decision-maker and the body administering the appeal. Ensuring strong procedural separation and clear accountability will be essential to maintaining trust in the system.