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

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

A defined date provides clarity and certainty for regulators, employers and registrants. However, we also recognise the operational complexity of transition, particularly for 'live' cases so suggest it may be worth considering a clear overarching commencement date with flexibility through phased implementation where necessary.

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

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 fully support embedding equality, diversity and inclusion (EDI) duties within the legislative framework. These should promote fairness, reduce differential attainment and ensure regulatory processes do not disproportionately disadvantage specific groups. Alignment with Professional Standards Authority (PSA) principles is appropriate and implementation must remain proportionate and evidence-based.

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

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

The provisions should appropriately support a more agile and efficient regulatory framework. Reducing unnecessary bureaucracy whilst maintaining transparency and accountability is welcome. However safeguards around delegation, financial oversight and reporting must remain central to maintain public confidence.

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.

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 have concerns about Schedule 1 of the draft order with regard to the composition of the regulator which means that it could be possible for no medical practitioners, as opposed to other regulated professionals, to be included. We consider that this needs to be revisited to protect the interests of medical practitioners whose professional expertise and knowledge is critical on this body and that the provision should be made for medical practitioners to make up a majority of the regulated professionals who compose the regulator.

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
- Don't know

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

While we understand the desire to seek regulatory agility, we do have some concerns about a reduction in oversight here. In order to reassure registrants it would be useful if significant detail could be provided in terms of the specific scenarios where rule changes would require Privy Council approval, how this would be triggered and the processes that would be involved.

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.

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 support this as appropriate and proportionate and consider it may help strengthen oversight and scrutiny.

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? 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 believe this would be potentially very helpful as when international graduates apply within the UK it can be difficult to know if their training is commensurate with UK training and so it is useful to employers when training is recognised/approved.

We consider it to be important for the GMC to ensure that education and training providers inform potential students from overseas that taking part does not give them the priority that may have existed previously.

In addition, Fellows were anxious to ensure that the approval process for overseas programmes ensured equivalence, quality assurance and patient safety remained paramount.

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
- Disagree
- Don't know

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

In relation to the arrangements with CCT, we are concerned that the proposals do not appear to recognise a key strength of the current situation where the GMC makes decisions on the basis of recommendations from bodies like Deaneries, the JRCPTB and PTB. We consider that the current externality is an important consideration and would seek assurances here through clear reference to external organisations. We would very strongly oppose any move to bypass any of the current stakeholders involved as we fear this could make the system more exposed to bias and reduce scrutiny.

We also have real concerns over the phrase "a certificate of completion of training (CCT) confirms a person such as a medical practitioner has completed an approved UK postgraduate training programme" and consider it should be made clear that only medical practitioners should be awarded a CCT. Furthermore, we note a repeated absence of reference to medical practitioners in this section where there should be strict separation between medical degrees and non-doctor training and we consider this distinction must be made explicit.

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
- Disagree
- Don't know

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

Before the PMET Order is revoked, we would welcome an assurance that Medical Royal Colleges and other relevant organisations would be fully consulted on its replacement.

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

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

Some Fellows suggested there could be a risk of confusion for patients and employers and therefore for patient and colleague safety. Clear communication and safeguards would be essential to ensure such registration status is understood and not misinterpreted and that unscrupulous professionals could not continue to practice by hiding their restrictions and simply showing potential employers that they are on 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.

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

We continue to have real concerns about the proposed single register which will include PAs and AAs alongside doctors and we support a separate register for each which is the best way to avoid confusion and provide transparency to the public.

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

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

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

We support this proposal in relation to apothecaries and licentiates, which no longer exist, but some Fellows pointed out that technically many doctors are still Bachelors of medicine so they wondered whether there should be further consultation and discussion over whether that title should continue to be protected.

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

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

We hope this could strengthens public understanding and trust by clearly identifying those regulated to practise medicine but consider that a further clause should be added to explain that this exclusively means doctors (medical) and cannot include MAPs, ANPs and other clinical roles. We welcome the retention of the other protected titles including Doctor of Medicine and Physician.

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

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

We strongly support this change and hope the 'assistant' title will bring clarity and may help avoid confusion and misunderstanding by patients. The term Physician Assistant better describes the role and draws clearer lines of reporting and scope.

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

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

While we hope the use of the word 'assistant' will bring clarity and may help avoid misunderstanding by patients, we are concerned that 'physician assistant in anaesthesia' is not a suitable title. Our Fellows suggested many physicians do not perform anaesthesia, but medicine. Therefore these assistants are not really assisting physicians, they're assisting anaesthetists. We suggest therefore that "Anaesthesia Assistants" is a better descriptor, which would then also align better to "Physician Assistants."

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
- Don't know

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

While we understand it may take time for Boards and Trusts to move across badges and documentation etc, we consider this must take place sooner rather than later and with a hard deadline.

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 do not consider it is necessary to protect these positions which will no longer exist.

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.

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 support this approach as one which is critical to maintaining public confidence.

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

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

We consider this to be appropriate. We consider that we should not be knowingly allowing, for example, convicted sexual offenders back into the clinical environment where they may pose a direct risk to patients and colleagues. We are aware that some data reports sexual recidivism rates of 10-15% after 5 years, 20% after 10 years, and 30-40% after 20 years.

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
- 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 grounds for action reflect key risks to patient safety and professional standards.

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 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)

We consider that a less adversarial, more efficient system would welcome. Fellows who have experience in supporting multiple doctors through the current system expressed a desire to see far clearer timelines and transparency for the registrant as well as for witnesses.

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
- Disagree
- Don't know

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

We have some concerns about this extension of the panel's powers and would like to see significantly more detail about this proposed process.

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
- Disagree
- Don't know

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

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
- Disagree
- Don't know

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

Fellows emphasised more transparency is needed in relation to a clear description of panel constitution, investigation officer recruitment and training, and governance arrangements so that there can be reassurance that sufficient expertise exists to support fair, proportionate and genuinely meaningful decision-making. We are unable to say we agree or disagree with this section until further details are provided in full.

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
- Don't know

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

Again, more information on the transparency surrounding these processes is required to

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
- Disagree
- Don't know

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

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
- Don't know

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

We recognise that there are a range of views on whether the GMC should have a right of appeal. Some of our Fellows consider that the Professional Standards Authority (PSA) – which has an established role in overseeing decisions across all healthcare regulator- should take the lead here, if adequate resources are available. We have concerns though that the PSA may not have adequate resource to scrutinise all decisions of the MPTS and if that is the case then a right of appeal by the GMC provides an additional avenue for appeal.

If the GMC is to retain its right of appeal, we consider it would be appropriate for there to be a detailed review into the guidelines used by, and operation of, GMC tribunals in order to improve confidence in the system among registrants and members of the public.

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

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)

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
- Disagree
- Don't know

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