

DHSC Reforming the GMC Legislative Framework Consultation Response – June 2026

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) is a membership body for paediatricians in the UK and around the world and plays a major role in paediatric postgraduate medical education, professional standards, research and policy.

We strongly recognise the importance of effective and proportionate professional regulation to maintain public confidence and ensure patient safety. The GMC's role is to regulate the medical profession, including setting standards, managing registration, and overseeing fitness to practise processes.

In considering the proposals in this consultation, we would welcome greater information on the rationale for the changes and the specific issues they are intended to address, including how they are expected to improve regulatory outcomes in practice. Any changes to the legislative framework should be clearly evidenced, proportionate, and accompanied by appropriate safeguards to maintain transparency, independence and public confidence in regulation.

Any proposed changes must also reflect the important role Royal Colleges already play in medical education and training, including curriculum development, assessment, quality assurance and maintaining specialty and subspecialty standards across the UK.

This submission responds specifically to sections of the consultation's terms of reference that are most relevant to our members and the paediatric workforce. As the GMC regulates across the UK, it is important that any reforms are workable across all four nations and reflect differences in medical education, training and workforce structures.

Summary

RCPCH supports the principle of modernising the GMC's legislative framework where this improves patient safety, public confidence and the effectiveness of regulation. However, throughout the consultation there is limited detail on the specific problems the proposals are intended to address and how the changes would operate in practice.

In particular, RCPCH would welcome further detail on:

- the rationale for proposals that expand or alter the GMC's powers and functions

- how independence and proportionality within fitness to practise and appeals processes will be maintained
- the future role of Royal Colleges in education, training and quality assurance
- how specialties and subspecialties will continue to be recognised and protected within any revised registration or enhancement framework.

RCPCH is particularly concerned that the proposed changes relating to specialties and registration enhancements could reduce the visibility or stability of specialties and subspecialties over time. This is especially important in paediatrics, where subspecialties play a significant role in workforce planning, training pathways and maintaining standards of care for children and young people.

RCPCH supports the recommendation from the Leng Review to change the title physician associate to physician assistant as an important step towards improving role clarity for patients, families and healthcare teams.

We note the recommendation of the Mann Review that the GMC should retain powers to appeal certain tribunal decisions. While the College has concerns regarding the proportionality and rationale for retaining and expanding these powers alongside the existing role of the Professional Standards Authority, we would welcome further information from DHSC on the justification for this approach and how duplication within the appeals system will be avoided.

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)

Disagree

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

RCPCH has reservations about proposals that would allow the GMC to approve overseas undergraduate, foundation and postgraduate education and training programmes. In particular we are concerned about how robust quality assurance of overseas education and training programmes would be achieved. Approving programmes across different international contexts would require consistent and rigorous oversight to ensure standards equivalent to those expected in the UK. In the UK, quality assurance of medical education relies on close collaboration between the GMC, Royal Colleges and training bodies, drawing on the expertise of practising clinicians and educators. Royal Colleges play a central role in developing curricula and maintaining specialty-specific standards, and it is not clear how equivalent oversight and expertise would be applied across diverse international healthcare systems and training environments. Any changes to the legislative framework should continue to recognise and draw on the expertise of Royal Colleges, educators and practising clinicians.

While RCPCH recognises the value of international collaboration in medical education, the purpose and intended outcomes of extending the GMC's approval powers overseas are not clearly set out. Greater clarity is needed on how these approvals would support the UK's medical education system and how they align with wider workforce policy and approaches to international recruitment. The regulatory role of the GMC must remain clearly focused on maintaining standards and public confidence in medical education and training.

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)

Neither agree nor disagree

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

RCPCH would like more information on how the proposed changes would operate in practice and what is meant by 'more flexible and swifter' processes. It is important that any increased flexibility does not come at the expense of robust quality assurance or reduce the role of specialist clinical expertise in approving and overseeing education and training.

In the UK context, effective regulation of education and training relies on close collaboration between the GMC, Royal Colleges and other training bodies, with input from practising clinicians to ensure standards are appropriate and consistently applied. It is important that this approach is maintained within any revised framework.

There has been discussion for some time on whether the GMC would move to quality assuring Royal College curricula processes rather than complex reviews of every change – this in turn would allow Royal Colleges to be more proactive to changing priorities in the workforce landscape. This would mirror how GMC quality assures Deanery QA processes rather than individually approves all training posts/programmes. If this work was intending to foster this approach, we would be supportive and look forward to being part of the discussions around that changing approach.

RCPCH would therefore welcome further detail on how these powers will be exercised to ensure they remain proportionate, transparent and underpinned by strong clinical input and quality assurance.

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)

Neither agree nor disagree

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

RCPCH recognises that elements of the Postgraduate Medical Education and Training Order of Council 2010 may no longer reflect the current regulatory landscape, particularly following the integration of the Postgraduate Medical Education and Training Board (PMETB) into the GMC. In principle, updating the legislative framework to reflect current structures may be appropriate.

However, the rationale for revoking the PMET Order and replacing the current list of recognised specialties with a power for the Privy Council to specify categories of speciality in a future Order of Council is not clearly set out. Greater clarity is needed on the purpose of this change and how it would operate in practice, including whether it would lead to a review or restructuring of existing specialties.

Recognised specialties provide an important foundation for postgraduate medical education and training in the UK. Any changes to how these are defined could have significant implications for training pathways, curriculum development and subspecialty training. For paediatrics in particular, the current framework underpins a well-established training pathway and recognised subspecialties that support the delivery of specialist care for infants, children and young people. Stability and clarity in how specialties and subspecialties are recognised is therefore important. RCPCH would be concerned by any changes that could reduce the visibility or recognition of specialties and subspecialties within the future framework.

Decisions relating to specialties and training structures should continue to draw on the expertise of Royal Colleges and practising clinicians, who play a central role in developing curriculum and maintaining professional standards. Any future process for defining or reviewing specialties should include clear mechanisms for meaningful engagement with Colleges and the medical profession.

Whilst we are provisionally positive about the overall aim, given the limited detail currently available on the intention and potential impact of this proposal, we would welcome further clarification before a definitive position can be reached.

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)

Disagree

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

We are concerned about the proposal that doctors could remain on the medical register while subject to a complete restriction on their ability to practise.

The purpose of the medical register is to provide clarity and assurance to patients, employers and the public about who is authorised to practise medicine in the UK. Allowing doctors to remain registered while fully restricted from practising risks creating confusion about what registration signifies and may undermine public confidence in the register.

While there may be circumstances in which a doctor temporarily chooses not to practise, or is unable to practise while meeting regulatory requirements, it is not clear why continued registration with a complete restriction would be necessary in these situations. Existing mechanisms, including restoration to the register when requirements have been met, may provide a clearer and more transparent approach.

The College is also concerned that the proposal lacks clarity about the intended purpose and practical application of this provision, including which groups of doctors it is intended to apply to and how it would operate in practice.

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)

Disagree

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

RCPCH does not support removing protection of the titles ‘apothecary’, ‘licentiate in medicine and surgery’ and ‘bachelor of medicine’ without careful consideration of the potential consequences.

Although these titles are historic and no longer reflect modern clinical practice, protected titles play an important role in ensuring only appropriately qualified individuals can use them, helping to protect patients and provide clarity. Removing these protections could create ambiguity around professional roles, especially as the GMC register now also includes physician and anaesthesia assistants.

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)

Neither agree nor disagree

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

RCPCH recognises the importance of maintaining clear distinctions between registered medical practitioners and other healthcare roles. Titles such as ‘registered medical practitioner’ need to be clearly defined and protected to prevent misunderstanding or misuse by those who do not meet full medical regulatory standards. We would welcome more detail on how these changes would retain the integrity and transparency of medical titles.

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

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

We support the recommendation of the Leng Review that the title physician associate should be changed to physician assistant. Clear and consistent role titles are important for supporting safe clinical practice, effective team working, and public understanding of who is providing care. We believe this change may help improve clarity for patients, families and healthcare teams about the role, training and scope of practice of this profession.

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)

Neither agree nor disagree

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

RCPCH recognises the importance of having clear and proportionate grounds for action where concerns are raised about a healthcare professional's fitness to practise. These powers are an important part of maintaining patient safety and public confidence in the medical profession.

However, we note that the proposed grounds, particularly those relating to misconduct and the ability to provide care to a sufficient standard, are broadly defined. Greater information is needed to ensure these grounds are applied consistently and fairly in practice, including clearer guidance on what may constitute misconduct.

RCPCH also emphasises the importance of maintaining robust and independent processes when concerns are investigated. Any use of interim measures during an investigation should be proportionate, based on clear thresholds, and subject to appropriate oversight. It is important that these powers are used carefully and based on clear evidence, so that doctors are treated fairly and action is not taken on the basis of weak or unsubstantiated concerns.

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)

Neither agree nor disagree

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

Some elements of the proposed model require further clarification. In particular, the role and composition of the proposed fitness to practise panels are not clearly defined in the draft order. The current tribunal based model provides an important degree of independence and allows decisions to be informed by a range of expertise. It is important that any revised process maintains similar levels of objectivity, transparency and professional input.

RCPCH also notes that the draft order introduces the possibility of notifying 'interested parties' during the early stages of an investigation. Greater clarity is needed on who may be considered an interested party and at what stage notification would occur, to ensure that information is shared appropriately and proportionately.

Overall, we would welcome further detail on how these proposals would operate in practice to ensure that fitness to practise processes remain fair, transparent and independent while continuing to protect patients and the public.

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)

Neither agree nor disagree

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

A framework for governance, education and training, registration and fitness to practise is important for maintaining consistent standards and protecting patients.

However, we note that the scope of the proposed powers is broad, particularly in relation to the ability to revise certain decisions, including registration and fitness to practise decisions. More detail would be helpful on how these powers would be used in practice and what safeguards would be in place to ensure transparency and independence in decision-making.

In particular, it is important that mechanisms for reviewing or appealing decisions maintain appropriate separation and oversight. Where decisions have been reached through established independent processes, any review or appeal should continue to involve appropriate external scrutiny, rather than being solely internal to the regulator.

RCPCH would therefore welcome further information on how these rule-making powers would operate in practice and how appropriate checks and balances would be maintained.

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)

Neither agree nor disagree

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

RCPCH recognises the importance of ensuring that applicants, registrants and former registrants have clear, timely and fair routes of appeal in relation to registration and fitness to practise decisions.

However, further detail is needed on how these appeal rights will operate in practice, including how consistency and independence will be ensured across different stages of the process.

In principle, robust appeal rights are essential to maintaining fairness and confidence in regulatory decision-making. However, these must be balanced with ensuring that processes are not overly complex or duplicative, and that they remain transparent and easy to understand for those subject to regulation.

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)

Disagree

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

RCPCH does not support the proposed extension of the GMC's right of appeal to the higher courts in relation to interim registration measures and fitness to practise decisions.

There are longstanding concerns across the profession regarding the GMC's existing and historic role in appealing tribunal decisions. In 2023 RCPCH joined a broad coalition of medical organisations to [call](#) for the removal of this function, following the recommendations of the Williams Review into gross negligence manslaughter in healthcare. This included concerns that the GMC's appeal powers risk undermining trust in the regulatory system and contribute to perceptions of imbalance in decision-making.

As highlighted in our advocacy, retaining or expanding appeal rights risks creating a system of overlapping and duplicative appeal mechanisms alongside the established oversight role of the Professional Standards Authority (PSA). The Williams Review also emphasised that public protection is maintained through PSA oversight, without requiring additional appeal powers for the regulator.

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)

Neither agree nor disagree

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

RCPCH recognises the important oversight role of the PSA in ensuring regulatory decisions are consistent, lawful and protect the public.

The College is therefore open in principle to mechanisms that allow effective escalation where there is clear evidence that regulatory decisions may not meet required standards. However, further detail is needed on how this proposed change would interact with existing PSA powers, and how duplication or overlap with other appeal routes would be avoided.

Any extension of PSA powers should be carefully considered to ensure that it strengthens, rather than complicates, the overall regulatory system and maintains clarity for patients and professionals.

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)

Disagree

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

The RCPCH does not support proposals that would enable the GMC to administer its own internal appeals function for registration and fitness to practise decisions.

While we recognise the need for clear and efficient routes of appeal, we have concerns about the implications of consolidating appeal functions within the regulator itself. Independent scrutiny is a cornerstone of fair and trusted regulation, and it is important that appeals processes are not solely internal to the body whose decisions are being challenged.

The College is concerned that this approach risks reducing perceived independence and may undermine confidence in the regulatory system. It may create complexity within the wider appeals framework, particularly given the existing oversight role of the PSA and wider court-based appeal routes.

As reflected in wider sector concerns and previous [joint advocacy](#), there remains a strong view that appeal mechanisms should be independent of the original decision-maker wherever possible, to maintain trust, transparency and proportionality within medical regulation.