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About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- **On behalf of an organisation**

HCSA (The Hospital Doctors’ Union)

Questions for organisations

What type of organisation are you responding on behalf of?

- Academic institution
- Business
- Not for profit
- Public sector body
- **Other, please specify**

Trade union and professional association for hospital doctors

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



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framework to the new. This could be achieved by specifying dates in tertiary legislation - for example, to be made through a Privy Council Order.

Q1

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)

HCSA believes that flexibility around when specific provisions take effect may be beneficial, however, we are clear that there should be sufficient clarity and advance notice of the ‘coming into force date’ to alert registrants to changes. We recognise the challenges and risks associated with setting a specific date at an early stage and acknowledge the advantages of using tertiary legislation, provided the exact date is made publicly available with sufficient lead time. Where possible individuals who are likely to be impacted by the changes should be contacted directly.

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



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Q2

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 support the inclusion of a duty to ensure the GMC, in the exercise of its functions, applies good practice in relation to equality and diversity. We do, however, take the view that the second provision ‘*where it considers that an improvement may be required, a duty to take such steps as it considers appropriate to make that improvement*’ enables the GMC to act with significant discretion and should be amended to provide greater clarity on what steps the GMC should take if it considers improvements necessary arising from its obligations around EDI.

In relation to the provision: ‘*a duty to have regard to any current or future principles set by Professional Standards Authority (PSA) regarding equality, diversity and inclusion*’ we would require additional information on how this would work in practice before we would feel able to offer a substantive response.

We agree the GMC has a duty to ensure that, in the exercise of its functions, it applies good practice in relation to equality and diversity, and this should be monitored to ensure the organisation is meeting obligations set out under the Equality Act (2010).

In practice this needs to be reflective and fair to all stakeholders including complainants (whether healthcare professionals or patients), as well as doctors under referral/investigation. We specifically wish to highlight the increased onus placed on doctors to report colleagues under the up-dated Good Medical Practice.



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Legislation and operating processes must be fair and avoid discrimination or disadvantage to either party if public confidence is to be maintained in the profession and the regulator. In this respect due regard should be given to the Public Sector Equality Duties.

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.

Q3

Do you agree or disagree that the provisions set out in parts 2 to 4 of the draft order (p6-14) 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)

Section 9 (part 3) of the draft order provides a general power for the GMC to disclose and publish information which relates to its functions, including powers to disclose information on regulated professionals. We believe that there should be



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limitations on what the GMC is allowed to publish, and this should be restricted to information related to its core functions. We are clear, for example, that the GMC should not have the ability to publish sensitive information on health assessments, or fitness to practise issues related to the health of registrants.

HCSA was a signatory to a letter (16 September 2025) calling on the Department of Health and Social Care to maintain "adverse physical or mental health" as a distinct category of impairment and we welcomed the department's decision to do so. Restricting the GMC's ability to publish sensitive information relating to clinicians' health would further protect the status of health as a distinct category of impairment and we would ask that the order provide greater clarity on what information the GMC could disclose arising from the changes set out in the order.

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 (p50-57) 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 around Schedule 1 of the order and the changes it makes to composition of the GMC Executive board. As drafted, paragraph 1 removes the existing requirement for a majority of members to be registered doctors and instead states that members who are, or have been, registered members, or who



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hold an approved professional qualification, must not outnumber members without such qualifications.

It is our view that maintaining sufficient clinical representation on the GMC Executive Board is vital both to ensuring the governing body has sufficient medical expertise and in ensuring the confidence of the medical profession in the regulator.

On regulated professional and lay engagement, the order states:

7.— (1) The regulator must put in place arrangements to ensure that, where appropriate in the

conduct of its meetings, the regulator takes into account the views of—

(a) regulated professionals,

(b) and (b) those who do not hold a qualification approved under article 26 (approval of education and training), and does not apply a disproportionate weighting to the views of either.

We believe these clauses do not ensure sufficient clinical input to the GMC’s Executive board and decision-making processes and taken together these changes have the potential to further erode trust in the regulator and should be reconsidered.

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



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- Disagree
- **Don’t know**

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

We believe this falls out with expertise of the HCSA and is better answered by others.

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.

Q4

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 this is a necessary step to enable effective oversight of GMC from PSA. We understand that PSA has requested this change in the past and believe it will enhance the ability of PSA to act more effectively in its statutory oversight functions.

Education and training

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



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Q5

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 falls out with expertise of the HCSA and is better answered by others.

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.



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Q6

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 believe this falls out with expertise of the HCSA and is better answered by others.

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.

Q7

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**



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

We believe this falls out with expertise of the HCSA and is better answered by others.

Registration (p17-27)

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.

Q8

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 believe that this change may cause confusion and could lead to a lack of clarity among registrants and the public on clinicians’ right to practise. Removing the former license to practise system and replacing it with a system based around having or not having a complete restriction on registration may be less clear for patients, employers and practitioners and we would request more information on how these issues will be addressed.

Part 6 (p17-27) 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



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necessary education, training, knowledge, skills and experience required to practise safely in the UK.

Q9

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)

HCSA has consistently opposed the GMC as the regulator for assistant professional roles and are clear these roles are not interchangeable with doctors. However, we believe that there should be clear distinction between the registers for doctors and PAs and AAs. Having separate registers would provide clarity that the standards of education, training, knowledge, skills, experience and performance are not equivalent/interchangeable between professional groups. This would enhance patient safety by providing patients with more clarity on who is treating them and more appropriately reflect the distinction between doctors and PAs and AAs with regards to their respective scopes of 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.



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Q10

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 apothecary and licentiate in medicine and surgery are not in routine use, however, apothecary retains significance. The Society of Apothecaries, as one of the largest livery companies, issues qualifications including Diplomas in Tropical Medicine and Hygiene, there may therefore be some rationale for retaining the protected status of the title 'apothecary'.

We believe there is merit in retaining the protected status of 'bachelor of medicine'. While this is a qualification, and not a professional title, it is unclear whether removing the protection would alter the impacts of erroneous use and we therefore question if there is any downside to retaining its status as a protected title.

Q11

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

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



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

We agree that ‘registered medical practitioner’ should become a protected title and that this title should only refer to licensed medical doctors. Protecting ‘medical practitioner’ as a title for medical doctors would enhance patient safety, prevent against misuse and improve patient confidence that they are being treated by a trained medical doctor.

We believe there is additional scope to protect other titles, including medical specialties for example, ‘anaesthetist/anaesthesiologist’, and other titles, for example, ‘specialist’. These changes would further safeguard against misuse and ensure doctors receive the same protections in law as other medical professions, for example, PA and AA titles were protected as part of the PAAA order and these protections should be extended to doctors.

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.

Q12

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 agree that the title of ‘physician associate’ should be changed to ‘physician assistant’. This title more accurately reflects the role and its remit and will help to ensure greater clarity for patients and the public. We agree that the new title ‘physician assistant’ should become a protected title to prevent against misuse.



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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.

Q13

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)

We agree that the title of ‘anaesthesia associate’ should be changed to ‘physician assistant in anaesthesia’. This title more accurately reflects the role and its remit and will help to ensure greater clarity for patients and the public. We agree that the new title ‘physician assistant’ should become a protected title to prevent against misuse.

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.

Q14

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



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- **Disagree**
- Don’t know

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

HCSA does not agree that there should be a transition period in relation to moving from the associate to assistant titles. From a public perspective we do not see a convincing reason for having multiple titles in use simultaneously. Professor Leng was clear in her review that the existing associate titles are confusing for patients and ultimately unsafe. We therefore believe a transition period should be avoided as it would only serve to prolong existing confusion and make patient care more difficult and less safe.

Q15

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)

As above, the continued use of these titles may lead to further confusion, however, if the name change is enacted, retaining the protection of the former titles may prevent their misuse by non-registered professionals. However, it may be appropriate to have this reason clearly stated in documentation.

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



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fitness to practise panel hearing to determine whether the registrant’s fitness to practise is impaired.

Q16

Do you agree or disagree with the listed offences set out in schedule 4 of the draft order (p59)? (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 that many convictions are incompatible with GMC registration under the duty it has to maintain public confidence in the profession. This decision has been determined by a higher court beyond reasonable doubt and follows natural justice with a right of appeal. The role of a regulatory process in such cases is therefore unclear. However, we feel it is difficult to define a list of offences, and the pragmatic solution would be not to include this clause but in practice avoid lengthy proceedings through utilisation of an agreed outcome without a hearing. Guidance rather than legislation could be used to define a non-exhaustive list of offences.

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.

Q17

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



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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 believe that clinicians who have been erased from the register should have access to recourse in limited circumstances and access to fitness to practise proceedings and decisions on restoration to the register should remain on a case-by-case basis. We do not understand the rationale for including this clause with the caveat “save for limited exceptional circumstances” and feel the practical aspects could be covered outside legislation.

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

Q18

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



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- **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 grounds for action set out in the draft order. We are pleased to see “adverse physical or mental health” retained in the order as a separate category of impairment as part of fitness to practise. HCSA was among 32 major healthcare organisations who called on the government and GMC to maintain existing protections for doctors, and we are pleased to the government and GMC engaged with the views of the sector on this issue.

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.

Q19

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 (p27-31)? (Optional)

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

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



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We broadly agree that the fitness to practise powers and duties set out in the order for GMC and MTS are sufficient and proportionate. However, as currently drafted, the order sets out that the GMC can impose sanctions or erasure on a registrant without a hearing if they do not respond to a case examiners proposed sanction in 28 days. We believe that 28 days is too short a timeframe and should be extended. This change if enacted, instead of making the regulatory process less adversarial and challenging for registrants could make the process more difficult and stressful. We believe this change has the potential to negatively impact the mental and physical health of registrants going through fitness to practise proceedings and should be reconsidered.

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.

Q20

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 P31-34)? (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 falls out with expertise of the HCSA and is better answered by others.



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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.

Q21

Do you agree or disagree that the draft order provides GMC with sufficient and proportionate evidence-gathering powers (p34-36)? (Optional)

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

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

HCSA supports an approach which ensures regulated professionals are obliged to provide evidence in response to reasonable requests from the GMC. We are clear, however, that safeguards must be in place to ensure any request for information from the GMC to registrants is reasonable and proportionate, and does not go beyond the GMC’s scope with regards to fitness to practise investigations.

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



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- revision of decisions and internal appeals

Q22

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 (p36-37)? (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 that the rules set out are broadly appropriate, however, it is not clear whether this list is exhaustive. We have concerns that the lack of detail set out in the Order allows the GMC significant scope to exercise its rule-making powers and we would therefore appreciate greater clarity on what safeguards would be in place to ensure the GMC exercises these powers in a proportionate and transparent way.

We would like to understand more about the scope to define circumstances which should be covered by operational guidance versus legislation recognising that this enables greater flexibility and agility whilst contained within a framework. We believe it is important to define an oversight mechanism for the GMC rules. We would support the inclusion of consultation with key stakeholders such as organisations representing regulated health care professionals and patients/the public.

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)



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- case examiner interim registration measure review decisions

Q23

Do you agree or disagree that the draft order provides GMC with sufficient and proportionate powers and duties in relation to revision of decisions (p37-45)? (Optional)

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

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

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.

Q24

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)

As with our answer above, we do not believe 28 days is sufficient for individuals to seek to appeal any registration or fitness to practise decision. Individuals seeking



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to appeal decisions made by the GMC are at the greatest risk of adverse impact on their mental and physical health and we therefore request that this timeframe be extended.

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

Q25

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 do not agree that the GMC should have a right of appeal against fitness to practise decisions. The GMC has separated the investigatory and judiciary organisations with the MPTS/MTS responsible for hearings. The onus is on the GMC to make their case to the tribunal panel. The draft order provides increased powers to the PSA. Conferring the right of appeal to both the PSA and GMC is disproportionate and disadvantageous to registrants. The greater independence of the PSA makes it better placed to assess the merits of the appeal.

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



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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

Q26

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)

HCSA supports PSA’s function as a statutory oversight body with the ability to appeal fitness to practise decisions in the public interest. We do not support extending powers to appeal interim registration measure decisions. Decisions around interim registration are not the same as fitness to practise decisions. They do not, for example, make decisions on misconduct. We therefore do not believe extending appeals powers to the PSA would be appropriate or proportionate and would risk adding unnecessary complexity, cost and delay to the regulatory system.

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.

Q27



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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 do not support principle of appeals where the body responsible for a decision is responsible for any subsequent appeal. We believe that this would lead to questions of fairness and transparency and would not improve the regulatory process or increase trust in the system.