

GOC consultation response: DHSC Reforming the General Medical Council legislative framework (published 24 March 2026)

Copy of response submitted on 22 June 2026

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)

GOC response: We agree with the DHSC that implementation of new legislation for all healthcare regulators must be managed safely and effectively but we do not agree that the coming into force date should be included in legislation. We would caution against a 'cliff-edge' approach, which could undermine a regulator's ability to discharge its duties effectively and could jeopardise public safety and confidence in the regulatory system.

We would suggest a more balanced approach is needed with regulators working closely with governments across all four nations to determine a realistic timeframe which may require a more staggered approach to implementation. Whilst we appreciate that this must not be unnecessarily prolonged, which in itself can pose risks, the reforms are wide ranging and affect not only the regulator, but also patients, the public, registrants and wider external stakeholders. There may be other ways to determine when aspects of the order will come into force, for example, via tertiary legislation. The PSA could also potentially play a role in overseeing a regulator's effective transition which could help provide assurance to government.

Healthcare regulators also function under very different statutory frameworks, operating models and vary hugely in size, so the transition period should be flexible and tailored to a regulator's specific requirements. For example, unlike the GMC, the GOC will not be bringing any new professions into regulation, thereby avoiding the risk of a 'regulatory gap'. However, we will be expanding the scope of business regulation by requiring more optical businesses to register with the GOC in future, so in this case the timetable for implementation would need to take account of this. We are also comparatively a small regulator and transitioning to a new legal framework will require significant resource, for example in terms of consultation on new rules, implementation of new policies and transitioning to new processes.

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)

GOC response: We agree with the inclusion of equality, diversity and inclusion (EDI) requirements within the draft order. These provisions broadly reflect the duties and legal obligations that regulators, such as the GOC, already have in this area including oversight by the PSA and compliance with the Public Sector Equality Duty. Inclusion within the draft order itself further embeds the principles of good practice and continuous improvement consistently across all healthcare regulators.

We are already committed to ensuring EDI is embedded across GOC policies and regulatory functions and we continuously assess and implement improvements where necessary. Our EDI strategy 2025-30 outlines the actions we intend to take to strengthen our role in, for example, in addressing inequalities, fostering inclusivity and promoting diversity for patients, the public, registrants and our employees. We are transparent in holding ourselves to account, for example, we publish an EDI annual monitoring report where we reflect on how well we have met our duties, and we are also externally assessed by the PSA via their performance review.

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)

GOC response: We are not able to comment specifically on whether these provisions enable the GMC to carry out its functions appropriately, this is a matter for the GMC and its stakeholders. However, we agree with the policy intent in relation to the governance and operating functions in the draft order. For example:

- We agree that regulators should have the power to delegate their functions but retain overall responsibility for delivery. We already have this power and agree with retaining and including it in the draft order.
- In relation to publication and disclosure powers, whilst we welcome these powers, we think that the drafting lacks clarity in places, for example, Article 32(7)(a)(ii) could be interpreted as requiring regulators to publish information about any warnings or registration measures against a registrant indefinitely. This is inconsistent with the GOC's current position and not something we would support. We therefore suggest that powers in relation to publication and disclosure are reviewed to ensure regulators can determine a proportionate and transparent way to publish information that protects the public but does not unduly penalise registrants.
- We agree that regulators should have the power to issue, vary or revoke guidance in relation to their functions. This reflects the current powers regulators such as the GOC and GMC have.
- We agree that regulators should publish their annual reports and lay them before Parliament and the devolved administrations, thereby ensuring transparency and accountability.
- We agree that regulators should have the power to set registrant fees without parliamentary or Privy Council oversight. The GOC already has this power, and it should be consistent across all the regulators.
- As with the GMC, the GOC is a registered charity and must therefore also comply with the Charity Commission's requirements, including those relating to reserves. We welcome the provision in the draft order (Schedule 19(2)(a)) that enables regulators to set aside a reasonable amount of reserves. This is also important in ensuring that regulators have financial resilience and the funds to invest in improvements.
- We agree with the provisions in the draft order in relation to borrowing and welcome the additional flexibility around receiving grants and loans.

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)

GOC response: We are not able to comment specifically on whether these provisions enable the GMC to carry out its functions appropriately and proportionately, this is a matter for the GMC and its stakeholders. However, we agree with the powers and duties set out in Schedule 1, (not withstanding Part 2, Chapter 1 which relates specifically to the MTS), in relation to the constitution of a regulator and giving regulators the flexibility to establish any additional committees.

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)

GOC response: We are not able to comment specifically on whether these provisions enable the GMC to carry out its functions appropriately, this is a matter for the GMC and its stakeholders. We agree with the Privy Council having powers to intervene if it considers a regulator is failing to carry out its functions. Similarly to the GMC, the GOC is already subject to this power in its legislation.

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)

GOC response: We support the recommendations of the Lord Mann Review to strengthen public protection, including the new information gathering powers given to the PSA. As regulators, such as the GMC and GOC, acquire greater flexibility and autonomy under the new legislative framework to make their own rules, we agree that there must be effective oversight mechanisms that allow the PSA to scrutinise regulatory decisions. Greater clarity on information sharing powers between regulators and the PSA will also help reduce any delays that could pose public protection issues. We welcome the PSA's commitment to work with regulators to ensure this power is used proportionately and effectively.

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)

GOC response: A core part of a regulator's function is to ensure that individuals on its register have the requisite knowledge, skills and behaviours to provide safe and effective patient care. Where training is delivered outside of the UK, we agree that the GMC and other healthcare regulators should have the power to approve overseas undergraduate, foundation and postgraduate education and training programmes leading to registration. The GOC currently has the power to approve both UK and non-UK education qualifications. We would like to retain this to ensure we have effective oversight over any providers providing registrable qualifications with the GOC whether within the UK or overseas. We also support the power for regulators to set out in rules how they will charge for services related to approving and quality assuring overseas providers.

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)

GOC response: We are not able to comment specifically on whether the powers and duties in the draft order will enable the GMC to carry out its education and training functions sufficiently and proportionately, this is a matter for the GMC and its stakeholders. However, we agree with the policy intent for example:

- We agree that regulators should determine the standards for education and training leading to registration with the regulator. This is a core function of a regulator and provides assurance that those entering the register meet the required standards to practise safely.
- We agree that regulators should have the power to approve, refuse, vary and withdraw approval of education and training providers, assessments and qualifications - this enables regulators to ensure the quality of education and training courses leading to registration with the regulator and drive improvements where necessary.
- We agree with the powers in relation to gathering information and evidence from education and training providers to help support robust, fair and evidence-based decision making.
- We agree that for consistency regulators should have the same set of criminal offences relating to education and training in their governing legislation.
- In relation to regulators issuing a certificate of completion of training (CCT) to confirm an individual has completed an approved UK postgraduate training programme, whilst this is not something the GOC currently does, we have no objections to regulators having this power.
- We agree that regulators should have the power to take appropriate steps to promote high standards of education and training and co-ordinate stages of education and training. Education and training schemes differ between regulators, so it's important that they have a degree of flexibility to effectively discharge their duties in relation to this function.

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)

GOC response: We do not have a view on this, and the matter would be better addressed by the GMC and its stakeholders.

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)

GOC response: We are not able to provide a view on whether medical practitioners should be able to apply for a complete restriction on their registration (for example, where they are registered but do not hold a licence to practise). This matter is better addressed by the GMC and its stakeholders. The GOC do not operate a comparable system in terms of a registrant applying for a complete restriction to practise and this is not a power we would seek to have. A GOC registrant may be subject to a

restriction on their practice due to, for example, a fitness to practise sanction being imposed. This additional provision may also be confusing to the public as it may be unclear why a registrant has a complete restriction on practise or what this means.

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

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

GOC response: We are not able to provide a view on whether the draft order enables the GMC to carry out its registration functions sufficiently. This is a matter for the GMC and its stakeholders. However, we are generally supportive of the powers outlined within the draft order, for example:

- To achieve consistency across the healthcare regulators and ensure greater clarity and transparency for the public, we are supportive of the information outlined in the draft order (Article 33) that regulators must publish about individual registrants on the register to demonstrate they are fit to practise.
- We are also supportive of the discretionary powers (Articles 33(1)(d), 33(2)(d) and 33(4)) given to regulators allowing them to publish any additional information that is necessary to protect the public.
- We agree with Article 34 giving regulators the power to determine the standards for registration. This reflects the current position of healthcare regulators and ensures that only individuals who meet the required standards enter the register.
- We agree with Article 35, which requires registrants to demonstrate that they have appropriate indemnity insurance in place for their scope of practice. This is an important safeguard for public protection and helps maintain confidence in the system when things go wrong.
- We agree with Article 37 giving regulators the power to make any restrictions or enhancements on the register subject to its rules. This will help provide clarity and transparency to the public. For example, as scope of practice

continues to evolve and expand it is important that regulators have the flexibility to determine how to reflect additional information on the register, (subject to consultation).

- We agree with giving regulators a discretionary power to remove a registrant where the registrant has requested removal (Article 39(3)). Regulators must have the discretion to decide whether to grant voluntary removal to a registrant where, for example, fitness to practise concerns have been raised or are being investigated. We think this strikes the right balance between the rights of a registrant and upholding public protection and confidence in the professions.
- We agree with giving regulators the power to set out in rules their approach to periodic assessment. Regulators operate very different systems of continuing professional development or revalidation, so it's important that they have the flexibility to determine this in their rules taking a proportionate and risk-based approach.
- We agree with giving regulators consistent powers in relation to temporary registration during a period of emergency (Article 43). These powers will better enable regulators to respond swiftly and effectively to manage future emergencies and ensure the UK fully utilises its workforce capability to protect patients and the public.

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)

GOC response: This matter would be better addressed by the GMC and its stakeholders.

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)

GOC response: This matter would be better addressed by the GMC and its stakeholders.

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)

GOC response: We support the recommendations set out in the Leng Review that, to minimise confusion, the titles and roles of healthcare professionals must be clear to patients and to other healthcare professionals. However, the specifics should be addressed by the GMC and its stakeholders.

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)

GOC response: We support the recommendations set out in the Leng Review that, to minimise confusion, the titles and roles of healthcare professionals must be clear to patients and to other healthcare professionals. However, the specifics should be addressed by the GMC and its stakeholders.

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)

GOC response: This matter would be better addressed by the GMC and its stakeholders.

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)

GOC response: This matter would be better addressed by the GMC and its stakeholders.

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)

GOC response: We agree with the listed offences set out in Schedule 4, and extending the list to include lower-level sexual offences. The offences listed in Schedule 4 are among the most serious, including murder, sexual offences, slavery and human trafficking, and are incompatible with registration in a regulated profession.

The offences listed in schedule 4 significantly undermine public trust and confidence and we agree with the government and devolved governments that a positive cultural change is needed within healthcare and a consistent approach across regulators will ensure that patient safety remains paramount.

We support the automatic removal of registrants who have been convicted of a listed offence (as set out in Schedule 4). Automatic removal would enhance public protection by enabling the timely removal of registrants from the register.

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)

GOC response: We agree with DHSC's position, including the limited exceptional circumstances in which re-entry to a regulator's register (following mandatory removal) would be permitted. Healthcare professionals occupy positions of trust, and safeguarding patients must remain the overriding priority. Where a conviction has been quashed, or a custodial sentence has been quashed and replaced with a non-custodial sentence, regulators should retain discretion to determine the fitness to practise of an individual applying for re-entry to the register.

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)

GOC response: We agree with the grounds for action set out in the draft order (Article 49(1)). This will help align the approach taken by healthcare regulators and ensure that concerns about registrants are dealt with consistently. It will also provide a simpler and clearer framework for patients and members of the public. We support the inclusion of health as a separate ground. This will enable regulators to take a more compassionate and sensitive approach to these types of cases.

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)

GOC response: We are not able to provide a view on whether the fitness to practise powers in the draft order are sufficient and proportionate for GMC and MTS. This is a matter for the GMC and its stakeholders. However, we are generally supportive of the powers and duties outlined in the draft order, for example:

- Overall, we are supportive of the DHSC’s policy intent to modernise the fitness to practise process and increase public protection by making it swifter, fairer and less adversarial.
- We are supportive of the three-stage fitness to practise process bringing consistency across the regulators and greater clarity for patients and members of the public. The GOC already operates this model, for example, we have case examiners and agreed panel disposal which are effective in allowing cases to be concluded quickly without a contested hearing.
- We agree with the removal of the five-year rule, preventing regulators from investigating allegations that are more than five years old. The GOC does not currently have a five-year restriction. The ability for all regulators to be able to investigate concerns made more than five years after they came to light is an important part of a regulator’s public protection role.

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)

GOC response: We agree with extending the fitness to practise panel’s powers so that it can impose an interim registration measure during registration proceedings, as well as during fitness to practise proceedings and we agree with the grounds for imposing such as order. Giving regulators the power to impose an interim measure during the registration proceedings would be a helpful alternative to an outright refusal.

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)

GOC response: We are not able to provide a view on whether the draft order provides the GMC with sufficient and proportionate evidence gathering powers. This is a matter for the GMC and its stakeholders. However, we are generally supportive of the powers outlined within the draft order. The GOC currently has these powers in relation to fitness to practise proceedings, and they enable us to obtain all information that is relevant to our statutory processes.

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)

GOC response: We are not able to provide a view on whether the rule making powers in the draft order are sufficient and proportionate for the regulation of the professions the GMC regulates. This is a matter for the GMC and its stakeholders. However, more generally we are supportive of the powers outlined within the draft order which would be applicable to all healthcare regulators. Greater rule making powers will enable regulators to be more agile and responsive to external circumstances. This is a core rationale for regulatory reform and one that we fully support. During COVID-19 many regulators were limited in their ability to quickly change policies and processes in response to changing circumstances without Parliamentary or Privy Council approval. This can affect a regulator's ability to discharge its functions effectively and protect the public.

We are content with the duty on regulators to consult stakeholders before making rules which help ensure decisions are reached in a fair and transparent way. We already carry out public consultations and impact assessments before making changes to our rules, processes and systems.

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)

GOC response: We are not able to provide a view on whether the draft order provides the GMC with sufficient and proportionate powers and duties in relation to revision of decisions. This is a matter for the GMC and its stakeholders. However, in relation to the GOC, this would be a new power and would require appropriate safeguards. Since the proposal does not extend to decisions by the fitness to practise panel, and is restricted to decisions that could undermine public protection, for example, quashing a case examiner decision to close a case on the basis that the registrant's fitness to practise is not impaired, we would support this measure subject to the rules setting out a fair process.

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)

GOC response: We agree that the powers in the draft order provide individuals with sufficient and proportionate appeal rights. These rights are fundamental to the administration of justice.

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)

GOC response: We are not able to provide a view on whether the GMC should have a right of appeal under these circumstances. This is a matter for the GMC and its stakeholders. These are not powers the GOC currently has under its legislative framework, but we understand the government's rationale for re-instating a regulator's power to appeal against decisions made by a fitness to practise panel and introducing a further power to appeal against interim decisions. Whilst we are supportive of the initial recommendations in the Mann Review to strengthen public protection and confidence by having appeal routes at different stages, we have not yet seen the full report and the rationale for overriding the recommendation in the Williams Review (i.e. that the GMC lose this power of appeal). Therefore, we are not able to provide a definitive answer at this point. We would like to fully consider the recommendations in the Mann Review once published, and the implications for the optical sector.

We would also like further clarity in one area; the consultation suggests that registrants will be able to appeal against "registration decisions" and the regulator against "interim registration decisions" but not vice versa, but there is no explanation for this distinction.

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)

GOC response: We agree that the PSA should be able to appeal specific fitness to practise decisions and interim registration measure decisions to the appropriate court on the grounds of public protection. We are content with the government's rationale for allowing the PSA to appeal interim decisions made by a regulator following the Mann review to improve oversight of a regulator's decision making and enhance accountability. We would also support further work by DHSC, the PSA and regulators to ensure this power is implemented proportionately and effectively.

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)

GOC response: We are not able to provide a view on whether the draft order provides the GMC with sufficient and proportionate powers to administer its appeals function. This is a matter for the GMC and its stakeholders. However, it is our view that this is a proportionate approach and power for regulators to have, as an internal appeal route can be quicker and less stressful than appeals to the High Court. The appeals will also be restricted to decisions by the registrar and case examiners.