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Cite this as: *BMJ* 2025;390:r1833

<http://doi.org/10.1136/bmj.r1833>

# Professional regulation in the UK

## Future role of GMC under challenge

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The recently expanded remit of the General Medical Council (GMC) to regulate physician and anaesthesia assistants (PAs and AAs) has given rise to political tensions. The BMA's failed legal challenge to this change raises fundamental questions about how, and for whom, healthcare regulation should function.<sup>1 2</sup> The GMC has a longstanding statutory duty to protect the public interest by regulating the medical profession and has historically served as both a licensing authority and an adjudicator, but its role is now under increased scrutiny, including for how it interacts with ethnic minority doctors and its dealing with sexual misconduct cases.<sup>3 4</sup>

After the Shipman inquiry criticised the GMC's role,<sup>3</sup> the independent Medical Practitioners Tribunal Service (MPTS) was created in 2012 to separate investigation from adjudication. The GMC refers cases to the MPTS, which comprises lay and professional members, for judgment on fitness to practise. However, the GMC has the right to appeal outcomes if public protection is at risk.

This has proved controversial, and the 2018 Williams review recommended the removal of that right after the Bawa-Garba case, when the GMC had appealed the MPTS outcome as too lenient, leading to a "loss of trust between the GMC and doctors."<sup>5</sup> Leaving decisions to appeal fitness to practise outcomes solely to the Professional Standards Association (PSA) would put the GMC in line with the other nine regulators of UK health professions.

In 2024, both the GMC and the PSA challenged an MPTS outcome involving sexual misconduct and racism, raising concerns about MPTS functionality, overlapping authority, and regulatory disparity.<sup>4</sup> Debates about the optimal investigation and adjudication process continue, and individual regulatory bodies take different approaches to the separation of decision making, both in the UK and elsewhere. Health minister Karin Smyth has announced the GMC will lose the right to appeal MPTS outcomes under upcoming regulatory reforms.<sup>6</sup>

The GMC has responded to concerns and made progress. In 2021 it set targets to deal with disproportionate regulatory referrals of ethnic minority doctors and disadvantages in medical education and attainment, due to be met by 2026 and 2031, respectively.<sup>7</sup> And in 2023 it acted to improve management of sexual misconduct cases by amending its standards for good medical practice to bring greater clarity on the behavioural standards required of registrants.<sup>8</sup> The MPTS sanctions guidance is currently undergoing further revision following extensive consultation after concern at outcomes inconsistent with both GMC recommendations and with other regulators. Such reforms provide some

reassurance to stakeholders that the GMC is prepared to play its part in addressing systemic failures.

The government's decision to bring regulation of PAs under the remit of the GMC brought a new challenge. In April 2025, a judicial review was held into the BMA's legal challenge to the GMC's standards document, *Good Medical Practice*, being applied to PAs and AAs. The standards use the term "medical professional(s)," a title not protected under the 1983 Medical Act, to refer to both doctors and PAs. After the High Court upheld the GMC's terminology, the BMA announced plans to appeal and escalated its campaign subsequently, calling for a new, doctor-only regulator and resignation of GMC leadership.<sup>1 2</sup> The recently published Leng review into PAs and AAs recommended that the GMC separate good practice standards for doctors and assistants.<sup>9</sup>

## Case for single healthcare regulator

Doctors may believe that they need to be judged by doctors to be fairly treated. Healthcare professionals have different risks, responsibilities, and training pathways, which may not be amenable to a universal regulatory model. There are, however, serious inconsistencies that need to be addressed. For example, research for the PSA showed that fitness to practise sanctions for doctors with proved allegations of sexual misconduct were more lenient than those for other regulated health professions.<sup>10</sup>

The PSA responded to the 2021 government consultation into regulatory reform by advising that a single regulator could be a first step towards a more consistent framework.<sup>10</sup> The resulting Health and Social Care Act 2022 granted the secretary of state power to "merge or abolish healthcare professional regulators"<sup>11</sup> a provision still in force.

There are multiprofessional models both in the UK and elsewhere that work. The UK's Health and Care Professions Council has achieved a level of regulatory harmony and consistency between professions few thought possible in 2001.<sup>12</sup> It regulates 15 different health professions, including paramedics, psychologists, and operating department practitioners, at considerably lower cost than the GMC.<sup>13 14</sup> Australia has had a single professional health regulator for 15 years with responsibility for 16 health professions, including doctors, dentists, and nurses. It has one legal framework, a single registration system, and national boards with lay and professional members for each profession. Over the past five years, it has worked to reform its fitness to practise investigations, acknowledging the harm they cause, working collaboratively with stakeholders to counter common regulatory myths, and restoring

trust, while delivering more compassionate regulation. Its responsive, risk based approach has resulted in faster decision making, focusing resources where sanctions are necessary to protect the public.<sup>15 16</sup>

As evidence continues to emerge on the damage caused to complainants, registrants under investigation, and witnesses in the fitness to practise process,<sup>15-18</sup> constructive multiprofessional dialogue in the UK should explore building a streamlined, evidence based, regulatory framework that puts patients first and holds everyone to the same ethical standard.

Competing interests: The BMJ has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following other interests: CN is co-lead of the working party on sexual misconduct in surgery. She has participated in consultations and meetings with the GMC, the MPTS, NHS England, the PSA, the BMA, and surgical royal colleges in that role. AE was medical adviser to the Shipman Inquiry 2000-06. He is a non-executive director of North West Ambulance Trust and was a member of the Medical Practitioner Tribunal Service (MPTS) in 2023-25. AvdG is working with the Australian health regulator on improvements to their fitness to practise processes.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Royal Courts of Justice. Case No: AC-2024-LON-00. 2025. [https://www.judiciary.uk/wp-content/uploads/2025/04/BMA-v-GMC-AC-2024-LON-002308-Approved-Judgment\\_.pdf](https://www.judiciary.uk/wp-content/uploads/2025/04/BMA-v-GMC-AC-2024-LON-002308-Approved-Judgment_.pdf)
- 2 General Medical Council. GMC welcomes judgment following judicial review by British Medical Association. 2025. <https://www.gmc-uk.org/news/news-archive/gmc-welcomes-judgment-following-judicial-review-by-british-medical-association>
- 3 Dyer C. Shipman inquiry finds GMC has “fundamental flaws.” *BMJ* 2005;330. doi: 10.1136/bmj.330.7481.10 pmid: 15626799
- 4 Professional Standards Authority. PSA statement on appealing the outcome of the MPTS decision in the case of James Gilbert. 2024. <https://www.professionalstandards.org.uk/news-and-updates/news/psa-statement-appealing-outcome-mpts-decision-case-james-gilbert>
- 5 Dyer C. GMC set to lose power to appeal decisions by medical practitioners tribunals. *BMJ* 2022;378. doi: 10.1136/bmj.n1875 pmid: 35882420
- 6 Dyer C. Reforms to how GMC regulates doctors will go ahead this parliament, says minister. *BMJ* 2025;389. doi: 10.1136/bmj.n996 pmid: 40368430
- 7 General Medical Council. GMC targets elimination of disproportionate complaints and training inequalities. 2021. <https://www.gmc-uk.org/news/news-archive/gmc-targets-elimination-of-disproportionate-complaints-and-training-inequalities>
- 8 General Medical Council. Sexual harassment in healthcare must stop – new GMC standards for doctors make clear. 2023. <https://www.gmc-uk.org/news/news-archive/sexual-harassment-in-healthcare-must-stop>
- 9 UK Government. The Leng review: an independent review into the physician associate and anaesthesia associate professions. 2025. <https://assets.publishing.service.gov.uk/media/687760ed55c4bd0544dcaefb/the-Leng-review-an-independent-review-into-physician-associate-and-anaesthesia-associate-professions.pdf>
- 10 Professional Standards Authority. Reforming healthcare professional regulation. 2025. <https://www.professionalstandards.org.uk/improving-regulation/reforming-healthcare-professional-regulation>
- 11 Department of Health and Social Care. Regulating healthcare professionals, protecting the public. 2023. <https://assets.publishing.service.gov.uk/media/63ee19508fa8f56139fc0c96/Regulating-healthcare-professionals-protecting-the-public-consultation-response-analysis.pdf>
- 12 Health and Care Professions Council. The making of a multi-professional regulator: The HCPC 2001–2015. 2015. <https://www.hcpc-uk.org/globalassets/resources/reports/the-making-of-a-multi-professional-regulator---the-hcpc-2001-2015.pdf>
- 13 Professional Standards Authority. Review of the cost effectiveness and efficiency of the health professional regulators. 2012. <https://www.professionalstandards.org.uk/sites/default/files/attachments/cost-effectiveness-and-efficiency-review-health-professional-regulators-2012.pdf>
- 14 Redding S, Nicodemo C. The costs of fitness to practise. Health and Care Professions Council. 2015. <https://www.hcpc-uk.org/globalassets/resources/reports/research/the-costs-of-fitness-to-practise---a-study-of-the-health-and-care-professions-council.pdf>
- 15 Fletcher M. Reflections on 15 years of National Health Practitioner Regulation in Australia. *Aust Health Rev* 2025;49:3. doi: 10.1071/AH25131 pmid: 40717022
- 16 Biggar S, van der Gaag A, Maher P, et al. ‘Virtually daily grief’—understanding distress in health practitioners involved in a regulatory complaints process: a qualitative study in Australia. *Int J Qual Health Care* 2023;35:mzad076. doi: 10.1093/intqhc/mzad076 pmid: 37751386
- 17 Maben J, Hoinville L, Querstret D, Taylor C, Zasada M, Abrams R. Living life in limbo: experiences of healthcare professionals during the HCPC fitness to practice investigation process in the UK. *BMC Health Serv Res* 2021;21. doi: 10.1186/s12913-021-06785-7 pmid: 34412640
- 18 Hawton K. Suicide in doctors while under fitness to practise investigation. *BMJ* 2015;350. doi: 10.1136/bmj.h813 pmid: 25680977