Responding to the GMC Consultation on reform of their legislative framework

Guidance from Healthworkers against Censorship (HAC)

- A vital action to protect free speech and lawful expression of opinions

- Deadline extended to JULY 21st 2026 but do it NOW…

What is this all about???

- Activists supporting healthcare workers are asking us to please complete this consultation
- Proposed changes to the regulations will have far reaching consequences for any medical worker expressing views of conscience on Palestine
- It was rushed out in order to respond to the Lord Mann Review on Antisemitism in Health and Social Care, and is strongly informed by his findings
- The deadline was originally Friday 26th June, but has been extended.
- **It IS a bit complicated, so here are your questions answered!**

What is the GMC?

- General Medical Council: public body that maintains the official register of medical practitioners within the United Kingdom. Its chief responsibility is to "protect, promote and maintain the health and safety of the public" by controlling entry to the register, and suspending or removing members when necessary. It also sets the standards for medical schools in the UK. Funded by fees paid by doctors.

- Currently covers not only registered doctors but “physician associates” and “anaesthesia associates” who are not qualified doctors, have had some medical training, and carry out some duties under supervison of a doctor. Introduced (with some controversy) as cost saving exercise in 2024; according to some professionals, causing confusion in the public mind (am I seeing a doctor or not)?

- **GMC has adopted the IHRA definition of antisemitism**

What is the BMA?

- The British Medical Association (BMA) is the trade union and professional body for doctors in the UK.
- Has rejected the IHRA definition of antisemitism. See here and here (be patient with the second link as it may take a moment to respond).
- So, the GMC and the BMA have different views and perspectives

Who are Health Workers Against Censorship?

- A coalition of medical associations representing over 13,000 healthcare workers in the UK
- Directors include a GP trainee, consultant neurologist and consultant vascular surgeon
- They have provided a detailed response to the GMC consultation – see here.

- I have read this through in detail and provided page numbers from the HAC report for the relevant comments on sections

What is the GMC consultation about?

Changing the regulatory framework in response to:-

1. The 2025 Lord Mann Review of Antisemitism in Health and Social Care
2. The need to take account of the new category of ”physician associates/assistants”
3. The need to regularize recognition of qualifications gained in other countries

This means that there are sections in the consultation that relate to these different questions. I have made it clear which are the sections to be concerned about

And what about the Mann Review?

- The recommendations have been accepted in full by the government
- However, criticism has been widespread
- See here for BMA concerns
- Concerns of the former regulator Roger Kline – see links to several of Kline's articles on this page.

- HAC says: lack of evidence to back its claims; lack of objectivity and conflicts of interest; partiality in its focus on antisemitism whilst disregarding statistics re racism directed against Muslim and black staff; reliance on self-reporting and perception in categorising incidents as antisemitic (as does the Community Security Trust). There is also a push to recognise Jewishness as a distinct ethnicity, which HAC opposed since Judaism is a religion. Because the GMC has accepted the IHRA definition of antisemitism, creating a separate ethnic group for Jews allows criticism of Israel to be reframed more generally as racism

Why MUST we respond…?

- Anyone has the right to respond to the consultation.
- As patients of the NHS, we are all concerned in how doctors are regulated.
- The GMC consultation will determine how doctors are regulated for speaking out on matters of conscience, and exercising their right to lawfully express political opinions.
- At the present time it is largely those who speak out about Palestine who are being censored. But if the recommended and very wide-ranging changes are accepted, they could pose a threat to free speech in any context.

What do I need to do?

Use the following slides to help you understand the questions, and decide how you want to answer.

✅ Step 1: Consult pages 1-10 of the HAC Consultation Response to get some background and some suggested responses.

✅

Step 2: Complete the public consultation which the Government explains in this document.

You do not have to agree with every point in HAC document, it is simply a helpful guide. Feel free to use the HAC suggestions and adapt them. I have referred to the relevant page numbers.

What I did

- I did NOT provide my name (personal preference)
- I did identify as a health professional, but anyone can contribute as a concerned individual
- You can just tick AGREE/DISAGREE or DON'T KNOW. You do not have to explain why you do this.
- When I provided an explanation I gave very brief answers e.g. concern re effect on free speech and lawful political opinions; lack of safeguards etc.
- Note I am telling you what I did after reading the guidance but what you put is entirely up to you

THE SECTIONS OF THE CONSULTATION

Red text shows where issues related to suppression of free speech are involved. You should focus on these items. You don't need to answer the black ones, but can do so if you want.

1. COMMENCEMENT OF THE ORDER
2. GOVERNANCE
3. PROFESSIONAL STANDARDS AUTHORITY (PSA) EVIDENCE GATHERING
4. EDUCATION AND TRAINING
5. REGISTRATION (6-7 REGISTRATION RELATED TO ASSISTANT ISSUES)

8 – 12. FITNESS TO PRACTISE

13. RULE MAKING POWERS
14. POWER TO REVISE INDEPENDENT TRIBUNAL DECISIONS
15. APPEALS

1. COMMENCEMENT

- **Commencement**
- **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?**

- This is about setting a date for the regulations to be rolled out.
- I put Disagree (D) as there are likely to be legal challenges and a lot of clarification of the orders is needed before they are adopted (pp. 1—11 in the HAC document)

2. GOVERNANCE

- **Duties with regard to "good practice" EDI (equality, diversity, inclusion); "improvements". Future "principles"**
- I put D
- Because very unclear how these would be defined; if the Mann principles are applied, the right to act according to conscience and free speech could be under threat
- **3 questions relating to whether GMC provisions are adequate or appropriate to carrying out functions appropriately**
- I put D to each (pp. 11-16 in the HAC document). Lack of safeguards in place

3. Professional Standards Authority 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 informationfrom GMC. Do you agree or disagree that the draft order pprovides PSA with sufficient and proportionate evidence-gathering powers?**

- HAC *partially agree* (**for which there is no option**), but expressed concerns about the politicization in the Mann Review, and the likelihood that these enhanced powers could be used to allow the PSA to more easily interfere with, or appeal, decisions of the independent Medical Practitioners Tribunal Service (MPTS) – particularly when those decisions do not align with outcomes desired by government ministers.
- I put D with a note to the effect of concern re political interference

4. EDUCATION AND TRAINING

- This section relates largely to the issues about associate staff – the term is thought to be confusing and should be replaced by “assistant” and recognition of overseas qualifications.
- I did answer these questions, using pp 17-19 in the HAC document.

5 REGISTRATION

- This section relates to whether there should be restrictions on a) being able to practice as a doctor b) to continue being on a register.
- HAC state we **agree** that doctors should be able to be registered with a complete restriction on ability to practise.
- This is fairer than being struck off the register whilst complaints are being investigated. Must be safeguards in place, and HAC demands that complaints relating to the exercise of free speech are distinguished from those relating to fitness to practice. (p. 19)

6 REGISTRATION

- This section relates to registration of assistants as well as fully qualified doctors, to which HAC are opposed (p. 20): Quote:-
- *The GMC's primary duty is to assure the public that everyone on the medical register is a properly trained and competent doctor. The current proposals move in the opposite direction by further diluting that assurance.*

7. PROTECTION OF TITLE

- Relates to protecting the title Bachelor of Medicine.. The problem is that this is lumped in with obsolete terms such as “apothecary” and ‘licentiate in medicine and surgery”, which HAC agrees are no longer relevant
- HAC strongly agree with need to protect title of Registered Medical Practitioner

8. FITNESS TO PRACTISE

- **We are asked to agree/disagree with mandatory removals from the register when offences have been committed.**

- **The problem** is that there are 2 sections relating to mandatory removal from the register: Section 1 offences are **criminal**, with which of course we agree; but Section 2 offence categories allow "future offences to be added" which are likely to include "support for proscribed groups" or "inciting racial hatred".

- Quote: p. 23 *We have already seen doctors investigated and threatened with regulatory action for simply for expressing lawful political views on Palestine. Many of these speech-related offences are capable of attracting custodial sentences. Adding them (or similar offences) to Part 2 would mean automatic erasure from the medical register without any independent tribunal hearing. This is completely unacceptable and opens the door to the further politicisation of medicine. We therefore demand that Part 2 be removed entirely from Schedule 4. Mandatory removal must remain limited to the most egregious, non-speech-related crimes in Part 1 only.*

- **I put D ('Don't know' also a possibility). I put in the comments that I agreed with mandatory removal for criminal offences in Part 1, but think Part 2 offences should be removed**

8. Fitness to Practise contd.

- **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 forre-entry to the register, save for in the limited exceptional circumstances prescribed in the draft order?**
- See preceding slide. No possibility of “partial agreement” for Part 1 offences only. I put D with note to say yes for part 1 not for part 2

6. Fitness to practice: 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. 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?

Problem is "misconduct". How is this defined? I put D, with a note stating this was because of the way in which the proposal could be misused to threaten the right to lawful free speech (p. 24 in HAC doc).

These comments from HAC are very helpful

We therefore recommend that the Order explicitly states that:

- The expression of political opinions, including on matters of public importance such as foreign policy or human rights, does not constitute misconduct.
- The GMC must not interfere in matters unrelated to clinical practice or patient safety.
- "Misconduct" must be tightly defined and limited to behaviour that has a *direct relationship to patient safety or the doctor's clinical competence*.
- No action may be taken solely on the basis of protected speech under Articles 10 and 14 of the European Convention on Human Rights.

Without these explicit safeguards, the grounds for action remain dangerously open to political abuse and will continue to chill legitimate debate within the medical profession. Patient safety, not political conformity, must remain the central test for fitness to practise (p. 25 in HAC document).

10. Fitness to Practise: Proceedings

- **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?**
- I put D. GMC's arbitrary powers are thereby strengthened, while weakening independent oversight and safeguards for registrants. This is particularly dangerous given the GMC's recent track record of politicised investigations and the clear influence of the Mann Review. Standard of proof is currently as required in **civil** not **criminal** proceedings (as was the case up until 2008). The HAC's view is that the currently required proof does not provide enough protection to the practitioner (HAC, p. 27)

11. Fitness to practice: interim measures

- **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?**
- I put D. Unnecessary as there are pre-registration checks, this represents an extension of power, and GMC is invoking vague "public confidence concerns"; doctors are already being targeted with interim orders that relate to non-clinical issues not concerned with patient safety, but to matters such as political opinions or expressions of conscience (p. 27)

12. Fitness to practice: GMC evidence gathering

- **Do you agree or disagree that the draft order provides GMC with sufficient and proportionate evidence-gathering powers?**

I put D. The powers proposed are excessively broad and open to abuse. Compelling people to supply unspecified information can lead to "fishing expeditions" and ideologically motivated complaints – especially relating to Palestine. Compelling witnesses to attend appeal hearings without safeguards, risks creating a climate of fear (p. 29-30 in HAC document).

13 Rule making powers

- **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?**
- I put D. (see preceding slides). Disproportionate aggregation of powers p. 30-31 in HAC document. Likely to result in "misconduct" or "professional standards" being defined in ways that restrict lawful political speech; the scope of "equality and diversity" duties being expanded to enforce ideological conformity; education and training standards being altered in ways that blur the distinction between doctors and assistants, and; under political pressure, procedural rules being created that favour the regulator over registrants in fitness to practise cases.

14. Power to revise decisions

- **Under the draft order, GMC will be able to revise specific: 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?**
- I put D. This proposal would weaken the decision making of independent medical tribunals, allowing GMC to overturn decisions with which it disagrees. This is what has happened in the case of Dr. Ghassan Abu Sittah https://www.icjpalestine.com/2026/02/05/gmc-appeals-to-high-court-following-defeat-in-dr-ghassan-abu-sittah-case/

15 Appeals

- **4 questions relating to whether: a) the rights of appeal for individuals are sufficient and proportionate; b) and c)whether GMC should have right to appeal against decisions made by independent medical tribunals going to the relevant High Courts in England, Wales, Scotland and NI, and; d) whether GMC should be able to administer its own appeal processes**

- **(Quote:**The GMC would once again act as investigator, prosecutor, decision-maker, reviser, and appellate body – *all within the same organisation)*

- I put D to all, see previous slides and p33-36 in the HAC document

Hope this has been helpful and convinced you of the need to take action!!

Good Luck!