

**MEDICAL PROTECTION**

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Karin Smyth MP  
 Minister of State for Health  
 Department of Health and Social Care  
 39 Victoria Street  
 London  
 SW1H 0EU

16 June 2026

Dear Minister

### **Proposed changes to rights of appeal in the Draft General Medical Council Order 2026**

We write as a coalition of organisations representing doctors across the UK to urge you to reconsider the government's position on the General Medical Council's (GMC) right of appeal against decisions of its own tribunal service, as set out in the Draft General Medical Council Order 2026 ('the Order').

The Order, as currently drafted, would see the GMC retain its ability to appeal decisions of the Medical Tribunal Service, duplicating the Professional Standards Authority's (PSA) established statutory role in overseeing decisions across all healthcare regulators. The Order further sets out additional powers for both the GMC and PSA to appeal interim decisions.

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While each of our organisations will provide detailed comments in our own submissions to the department's consultation, we are writing collectively to highlight that we believe the right to appeal tribunal decisions should sit solely with the PSA.

As you know, the 2018 review for the government led by Sir Norman Williams concluded that the GMC's right of appeal against tribunal decisions should be removed. It found that the GMC holding a right to challenge decisions made by a tribunal it had itself established risked undermining confidence in the independence of the adjudicatory process. It also made clear that public protection would not be compromised by removing this right, given the continuing oversight role of the PSA.

In addition, the review led by Dr Leslie Hamilton for the GMC that ran alongside the Williams review also recommended that the GMC should lose its statutory right of appeal against tribunal decisions.

These recommendations – supported by both the then government and the GMC – further reinforces the case for a single, independent route of appeal. This had widespread support amongst the medical profession, and the lack of action to implement this change over successive years has been a source of significant frustration.

In our view, providing both the GMC and the PSA both with parallel rights of appeal creates unnecessary duplication, inconsistency, and complexity to the regulatory system, with the potential for the two bodies to undermine one another. This risks prolonging proceedings and creating uncertainty for all parties involved, including patients and healthcare practitioners.

The available evidence further highlights that this duplication is unnecessary. The consultation argues that GMC's right of appeal should be retained because it has a strong record of success in the appeals it pursues.

However, evidence obtained by MPS through Freedom of Information requests shows that the PSA has been successful in 88% of appeals it has been involved in since 2016, compared with 70% for the GMC over the same period. This demonstrates that an additional overlapping GMC right of appeal is unnecessary given the existence of an established and effective independent oversight mechanism through the PSA.

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This approach also risks undermining the professions' confidence in its regulator, as was the case following the GMC's appeal in relation to Dr Hadiza Bawa-Garba.

Our view, therefore, remains that removing the GMC's right of appeal, while retaining the right of appeal with the PSA would ensure the same level of patient protections. Indeed, this approach would provide more clarity for everyone concerned by locating this function within a single, independent body.

We share the government's keenness to strengthen public confidence in the regulatory system, including ensuring that there are appropriate mechanisms to challenge decisions where necessary. However, we maintain that a more proportionate and effective approach to achieving this would be to maintain a single, independent route of appeal via the PSA. This would ensure robust oversight where necessary, while avoiding duplication and preserving confidence in the independence of the adjudicatory process. Crucially, it would better support the government's wider objectives of improving trust in the regulatory system as well as confidence in the wider programme of reforms being proposed.

We each look forward to responding to the consultation in more detail. In the meantime, we hope that this letter helps to demonstrate the strength of opinion on this specific policy area across the medical profession.

Yours sincerely,

A handwritten signature in black ink, appearing to read "P Bradshaw".

Dr Pallavi Bradshaw  
Medical Director, Medical Protection

A handwritten signature in black ink, appearing to read "Tim Meek".

Dr Tim Meek  
President, Association of Anaesthetists

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Dr Joydeep Grover  
President, British Association Of Physicians of Indian Origin

Dr Sahira Dar  
President, British Islamic Medical Association

Dr Emma Runswick  
Deputy Chair, British Medical Association

Dr Matt Kneale  
Co-Chair, Doctors Association UK

Dr Alex Gorton  
President, Faculty of Forensic & Legal Medicine

Dr Claudia Paoloni  
President, Hospital Consultants and Specialists Association

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A handwritten signature in black ink, appearing to read "Chris Kenny".

Chris Kenny  
Chief Executive, Medical and Dental Defence Union of Scotland

A handwritten signature in black ink, appearing to read "Dr Matthew Lee".

Dr Matthew Lee  
Chief Executive Officer, The Medical Defence Union

A handwritten signature in black ink, appearing to read "Jane Dacre".

Dame Jane Dacre  
President, Medical Women's Federation

A handwritten signature in black ink, appearing to read "Steve Turner".

Professor Steve Turner  
President, The Royal College of Paediatrics and Child Health

A handwritten signature in black ink, appearing to read "Duncan Bew".  
The name "Duncan Bew" written in a cursive script below the signature.

Mr Duncan Bew  
Chair, Royal Medical Benevolent Fund

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