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15 June 2026

Letter before claim: Reforming the General Medical Council's legislative framework (the Consultation)

Dear Sir/ Madam,

This is a letter written in accordance with the Pre-Action Protocol for Judicial Review regarding the abovementioned Consultation.

1. Proposed claim for judicial review

The British Medical Association (BMA) is of the view that the part of the Consultation which relates to the General Medical Council's (GMC) right of appeal is materially misleading and therefore not compliant with the 2nd *Gunning* principle.

The Consultation was published on 24 March 2026 and is due to close on 23 June 2026. The Consultation proposes to retain and enhance the GMC's right of appeal. The Consultation provides that these proposals are based on Recommendations in the Mann Review. The Review was not published prior to the launch of or alongside the Consultation, which left consultees in the dark as to the precise nature of the recommendations.

The Mann Review was finally published on 4 June 2026 – more than two months after the launch of the Consultation and less than three weeks before its intended close. Now that the Review has been published, it is clear that the Consultation does not accurately or adequately reflect the Review's recommendations.

Further details of the matter being challenged are supplied in sections 4 and 5 below.

2. The claimant

The claimant is the British Medical Association, BMA House, Tavistock Square, London WC1H 9JP. The relevant contact at the BMA is: Claire Wills (Senior Solicitor – CWills@bma.org.uk).

3. The defendant and interested parties

The Consultation is a joint consultation on behalf of the SSfHSC and Scottish Ministers. The Mann Review was commissioned by the SSfHSC. The BMA's view is that the SSfHSC is the correct defendant in this matter; Scottish Ministers are an interested party. Please let us know if either SSfHSC or Scottish Ministers disagree with this formulation.

Given the relevant issues pertaining to the Consultation and their respective stances on them, the BMA also includes the Professional Standards Authority for Health and Social Care (PSA) and the GMC as interested parties. Scottish Ministers, the PSA and GMC are copied into this letter. We also consider that the Medical Protection Society, Doctors Association UK, the Medical Defence Union and MDDUS may have an interest in this case, and they are also copied into this letter.

4. The details of the matter being challenged

The Consultation (*Reforming the General Medical Council legislative framework – consultation document*) was published on 24 March 2026. It is introduced on the basis that "*The current UK model of regulation for healthcare professionals is rigid, complex and needs to be reformed to better protect the public, support our health services and help the workforce meet future challenges…".*

It provides that the government proposes to start its legislative reform with this consultation on the draft General Medical Council Order 2026 (the draft order). It is proposed that the draft order, once in force, will repeal the majority of the provisions in the Medical Act 1983 and the entire Anaesthesia Associates and Physician Associates Order 2024 and *"will provide the GMC with the statutory powers and duties required to safely and efficiently regulate medical practitioners, physician assistances in anaesthesia and physician assistants in the UK"*.

The changes proposed in the Consultation and draft order are wide-ranging with significant implications for regulator and those it regulates. This includes the retention of the GMC's right to appeal fitness to practise decisions of the Medical Practitioners Tribunal Service (MPTS) and an extension of that right to apply to interim decisions of the tribunal.

The Consultation includes under the header "Implementation of review recommendations" references to three reviews apparently relevant to and formative of its proposals:

The Leng Review

The Leng Review was an independent review into physician associate and anaesthesia associate professions in England commissioned by SSfHSC in November 2024. Professor Gillian Leng CBE's conclusions and 18 recommendations were published on 16 July 2025.

The Williams Review

The Williams Review into gross negligence manslaughter in healthcare was a rapid policy review commissioned in February 2018. Professor Sir Norman Williams's findings and recommendations were published on 11 June 2018. One of the recommendations of the review was:

> *"The General Medical Council should have its right to appeal fitness to practise decisions by its Medical Practitioner Tribunal Service removed. This will help address mistrust that has emerged between the GMC and the doctors that it regulates. The Professional Standards Authority will retain its right to appeal these cases to ensure public protection, in the same way that it does for the other eight regulatory bodies for healthcare professionals."*

The government accepted all the Williams Review recommendations including this one and indicated it would consult on change in due course.

Regulating healthcare professionals, protecting the public followed in 2021. In fact, it was published five years to the day prior to the present Consultation (24 March 2021). This consultation included the proposal to remove the GMC's right to appeal Fitness to Practise panel decisions, *"as per our commitment to introduce the Williams Review recommendations"*.

The government published its response to the *Regulatory healthcare professionals, protecting the public* consultation in February 2023. The response noted: "*We plan to consult on draft legislation that will remove the GMC's current powers which allow it to appeal decisions of the Medical Practitioners Tribunal Service to the High Court. Subject to the responses to the consultation, we aim to lay the legislation in 2023."*

As far as the BMA is aware, this position has not been challenged by key stakeholders – the GMC and the PSA. Indeed, in his evidence before the Health and Social Care Committee some months after the publication of the Williams Review (in October 2018), Mark Stobbs (previously the Director of Scrutiny and Quality of the PSA, since retired) noted: *"We think that one of the principal problems with a regulator having the right to appeal its own tribunals is that effectively it is giving them two bites of the cherry"*. Describing the PSA's process for taking decisions on whether to exercise its right of appeal, he explained *"We have a formal published process. We take legal advice. We have three decision makers before we do so. We publish our reasons, and we seek to be as transparent and clear in the public interest as possible."*

The expectation for the past eight years has been that the relevant recommendation arrived at by Professor Sir Norman Williams would become law. In fact, as recently as 21 January 2026, Charlie Massey (the Chief Executive and Registrar of the GMC) in giving evidence before the Health and Social Care Committee had the following exchange with the Chair (emphasis supplied):

> *"Q84* ***Chair:*** *Does it remain the position that you will still not be able to appeal under the new legislation, in your understanding?*
> ***Charlie Massey:*** *We have never had a right of appeal on interim orders tribunals; at the moment, we have a right of appeal on the final fitness-to-practise decisions made by tribunals.* ***The Government have said that they intend to remove the right of appeal that we have, when they legislate.*** *As I said, we believe that we have always used that right proportionately and appropriately, and we will continue to make our views known through the PSA, which will continue to have a right of appeal on fitness to practise, so it can exercise that right of appeal should the Government decide to proceed with removing our existing one."*

This remained the understanding and expectation until the Consultation which is the subject of this challenge was published in March, and it referenced another "rapid review".

The Lord Mann Review of antisemitism and other forms of racism in healthcare (the Mann Review).

What the Consultation says about the Mann Review

The Mann Review appears to be the stimulus for the complete and unexpected change of course now advanced via the Consultation and the draft order. The current Consultation proposes not only that the GMC's right of appeal is to be retained (contrary to years of statements to the contrary) but that it will be expanded to cover interim decisions.

The Consultation document includes the following references to the Mann Review in the context of the proposed changes to the GMC's right of appeal (emphasis supplied, save for headings):

> *"In October 2025, Lord John Mann was commissioned by the Secretary of State for Health and Social Care to undertake a rapid, internal review into tackling antisemitism and other forms of racism in the healthcare regulatory system and across the NHS ('the Mann Review').*
>
> *Within the wider context of several high-profile GMC cases in 2025 related to allegations of antisemitic behaviours by UK doctors, Lord Mann was asked to examine how the regulatory system for healthcare professionals supports recognition and reporting of racism, and tackles it at every stage - from employment through to national oversight and professional regulatory bodies. Engagement with stakeholders during this review process highlighted the need for regulators to go further in increasing transparency and accountability during the regulatory investigation and decision-making process.*
>
> *The Mann Review therefore makes recommendations to extend the powers of PSA to ensure sufficient oversight of regulator decision-making to improve transparency, efficiency and consistency in handling allegations of racism. Ahead of further Mann Review recommendations, this consultation sets out and seeks views on the first tranche of recommendations from the review, which relate to legislation and regulatory reform.*
>
> *The Mann Review will make a number of other recommendations for the UK health regulators, the government and the NHS, to strengthen how racism is tackled with the aim of increasing public protection, which cannot be delivered through the GMC reform order and are therefore out of scope for this consultation. Work is underway to ensure parity across the UK health regulatory landscape and to finalise a range of further recommendations from the Mann Review, which will be shared in due course…"*
>
> ***"Regulator appeal to an appropriate court***
>
> *Section 40A of the Medical Act 1983 provides GMC with a right of appeal against specific fitness to practise decisions made by MPTS. The Williams Review in 2018 recommended that this right of appeal be removed from legislation to contribute towards increasing levels of registrant trust in the regulator, a recommendation that was accepted by the previous government. The government is of the view that the value of oversight, taken alongside historic evidence of proportionate use of this power by GMC and work done to address the concerns raised by the Williams Review, justifies revisiting this. GMC has also set a target to eliminate disproportionality in employer referrals and implemented the Fair Employer Referrals Programme to deliver on this aim.*
>
> ***Lord Mann's 2026 Review into tackling antisemitism and other forms of racism in healthcare reflects this in its recommendation that GMC's right of appeal against specific decisions made by a fitness to practise panel should remain in legislation, to ensure sufficient oversight of panel decision-making.*** *Lord Mann's view is concerns raised regarding the decision-making process and outcomes in a number of high-profile cases that were brought to MPTS have underlined the importance of having appropriate, timely and proportionate appeals routes at every stage of the process.*
>
> *GMC has a strong record of success on the decisions it chooses to appeal and does not use this power frequently (since GMC right of appeal came into force in January 2016, GMC has issued section 40A appeals in respect of a total of 60 doctors). Maintaining GMC's appeal right would ensure a route to challenge MPTS decisions which GMC deems insufficient to protect the public, thereby ensuring decisions that improve patient safety. We are therefore consulting on retaining this appeal right, as an important part of maintaining public confidence in the regulatory process.*

> *The government is supportive of a further power for GMC and PSA to appeal interim decisions as a proportionate additional route to ensure protection of the public at every stage.* ***Lord Mann's review also recommends that GMC and PSA should have a right of appeal against interim registration measure decisions made by a fitness to practise panel to further support protection of the public.*** *GMC has already taken forward work to set out more clearly the processes undertaken when they use their appeals powers, addressing some of the concerns raised by the 2018 Williams Review. This also includes work to develop fairer and more consistent fitness to practise processes and further diversify its investigations teams. GMC has made significant progress against its target to eliminate disproportionate fitness to practise referrals by 2026 and become a more inclusive organisation with higher representation of people from ethnic minority backgrounds, and progression within its own workforce…"*

Any consultee or potential consultee reading the Consultation document would have understood that it was Lord Mann's positive recommendation that the GMC's right of appeal should be retained and that it was Lord Mann's positive recommendation that the GMC should be granted an additional right of appeal in relation to interim decisions.

The publication of the Mann Review

The Mann Review was not published until 4 June 2026. Prior to this the BMA had been on the point of sending a Judicial Review Pre-Action Protocol letter to SSfHSC on the basis that the failure to supply or publish the Review rendered the Consultation non-compliant with well-established principles of consultation law (namely, the second *Gunning* principle and the overarching requirement that a consultation should be fair and should enable the purposes of consultation, as described by the Supreme Court in *R (Moseley) v London Borough of Haringey* [2014] 1 WLR 3947 at paras 25-26, to be achieved).

The position had led to key stakeholders publishing *"initial views"* on the Consultation. The PSA said such comments *"may [be] nuance[d] or amend[ed] following the publication of the Mann Review"*. The GMC's briefing stated:

> *"The Williams Review previously recommended that we lose our power to appeal under s40*[1] *of the Medical Act. We note Lord Mann's recommendation that we retain this power.* ***As we have not yet seen the Mann review report, or the detailed rationale underpinning the recommendations, it would be premature to comment further at this stage.*** *In the meantime, we will continue to exercise any appeal powers carefully and proportionately to protect the public."*

The timing of the belated publication of the Mann Review is curious, coming as it does towards the end of the consultation period and at a point in time at which (no doubt) a number of consultees will already have responded, and the delay has not been explained in the context of the Consultation.

The relevant parts of the Mann Review

The key parts of the Mann Review addressing the GMC's right(s) of appeal are as follows (emphasis supplied, save for headings):

> ***"Recommendations responded to in the consultation on the GMC Order 2026***
>
> *The programme to reform the regulation of healthcare professionals in the UK, including the draft GMC Order 2026 consultation referred to at the start of this chapter, provides a timely opportunity to consider whether regulators' fitness to practise processes are sufficiently transparent to enable effective scrutiny at every stage.* ***The consultation seeks views on proposals*** *to ensure that there is sufficient oversight of fitness to practise decisions made by regulators and their fitness to*

[1] This should be section 40A – section 40 is the doctor's right of appeal.

*practise panels, including appropriate appeal routes, particularly to improve transparency, efficiency and consistency in handling allegations of racism**. The proposals are as follows:***

- *PSA and GMC should have a right of appeal to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court in Northern Ireland against interim registration measure decisions made by a fitness to practise panel*
- *GMC and PSA should retain their right of appeal to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court in Northern Ireland against a fitness to practise panel's final registration measure decisions….*

Where there are concerns regarding a fitness to practise panel's decision making, ***this review is supportive of GMC and/or PSA having rights to challenge interim registration measure decisions*** *to the High Court of Justice in England and Wales, the Court of Session and the High Court in Northern Ireland. This is a proportionate additional route to ensuring protection of the public.*

Allowing interim decisions to be challenged by PSA could ensure that PSA is able to exercise their responsibility to provide oversight of GMC more quickly and effectively, where PSA deems interim registration decisions made are not sufficient to protect the public and would support in ensuring oversight at all the main points in the regulatory decision making process. It is likely to have a cost implication for PSA.

*This recommendation is intended to address the need to improve oversight of regulator decision making and ensure appropriate accountability at every stage of the fitness to practise process**. It seems sensible to also consider if this power should be extended to GMC.***

Therefore, this review recommends that the government should consult on the following proposal:

PSA and GMC should have a right of appeal against a fitness to practise panel's interim registration measure decision to the High Court of Justice in England and Wales, Court of Session in Scotland or High Court of Justice in Northern Ireland.

PSA and GMC should have a right of appeal against a fitness to practise panel's interim registration measure decision *to the High Court of Justice in England and Wales, Court of Session in Scotland or High Court of Justice in Northern Ireland. The review also looked at the appeal arrangements regarding final MPTS hearings. Currently, if evidence suggests that such a serious failure to meet standards that, if proven, a doctor's fitness to practise would be impaired and the safety of the public, or the public's confidence in doctors, may be at risk GMC will refer a case to an MPTS hearing. If GMC has concerns regarding the outcome of that hearing it can currently appeal that decision to the High Court of Justice in England and Wales, the Court of Session in Scotland and the High Court of Justice in Northern Ireland…*

PSA can also join a GMC appeal or take over the conduct of an appeal with which GMC decides not to proceed. PSA has the power to bring its own appeal against an MPTS hearing decision where GMC does not bring an appeal. PSA appeals have 2 respondents, the regulator and the registrant - whereas the registrant is the only respondent in a GMC appeal. In addition, the MPTS cannot oppose a GMC or PSA appeal. As a respondent to a PSA appeal, GMC is able to respond to, and take part in, an appeal by PSA. Sir Norman Williams' rapid policy review on gross negligence manslaughter in healthcare, published in June 2018, recommended that the GMC right of appeal be removed from legislation to ensure a consistent approach to appeals across the regulated health professions, and to address increasing levels of registrant mistrust in GMC. This recommendation was accepted by the previous government.

The Williams review found that the principle of a right of appeal against fitness to practise decisions that are considered insufficient to protect the public was universally accepted. It also noted that:

> *"The panel's view was that GMC's use of appeals is not excessive. Taken together with the high rate of successful appeals there can be no suggestion that the GMC has used its appeal power inappropriately. Indeed it can be argued that these successful appeals have improved patient safety."*

This review's position, based on concerns that have been raised regarding the decision-making process and outcomes in a number of high-profile cases that were brought to MPTS, is that these have underlined the importance of having appropriate, timely and proportionate appeals routes at every stage of the fitness to practise process.

As the Williams review noted, GMC has a record of success on the decisions it chooses to appeal. Since GMC right of appeal came into force in January 2016, GMC has issued section 40A appeals in respect of a total of 60 doctors. Of the cases that have completed the GMC are successful in around 70% of cases. Maintaining GMC's appeal right would ensure a route to challenge MPTS decisions which GMC deems insufficient to protect the public, thereby ensuring opportunities for decisions that improve patient safety. However, PSA also has a right of appeal, though it is used less frequently. This gives an appearance that GMC or PSA are applying different criteria when considering appeals. However, the true picture is nuanced. PSA does not join a GMC appeal of an MPTS decision unless it has additional points or grounds of concern that it thinks should be considered. This is to avoid unnecessary duplication and help keep resources focused on appealing cases where no other body is doing so. If retaining the GMC right to appeal was not adopted there would remain a need for a clear, transparent process by which GMC could raise concerns regarding certain MPTS decisions with PSA and transparency on when PSA subsequently decides to use its powers. This is especially true where GMC's expert knowledge may play a role in decision making on taking appeals.
Table 1: PSA appeal numbers

Type of appeal	***Number***
PSA appeals of GMC cases since 2012 (excluding joined appeals)	*26*
GMC appeals of MPTS decisions PSA has joined since 2016	*11*

Addressing some of the other concerns raised by the Williams Review, GMC has taken forward work to set out more clearly the process followed when they use their appeal powers, setting this process out publicly, which includes the convening of an internal panel to make the decision. Work has also been done to address bias in fitness to practice by GMC, including commissioning the Fair to Refer report. While bias in the fitness to practise process must be addressed by regulators it is also influenced by what happens at the employer level (addressed elsewhere in this review); it is crucial that regulators are addressing bias in their own processes, at every stage. …

Concerns and mistrust from doctors in this should be balanced with ensuring the right mechanisms exist to challenge decision making. The view of this review is that the approach to appeals should ensure at every stage there are proportionate routes to challenge decision making.

Therefore, this review recommended the government consult on the following proposal, <u>which it has done</u>:

GMC and PSA should retain its right of appeal to the High Court of Justice in England and Wales, *the Court of Session in Scotland and the High Court of Justice in Northern Ireland against a fitness to practise panel's final registration measure decision…*

Recommendation 25: the government should carefully consider the results of the General Medical Council (GMC) reform consultation, which contains the proposals set out in this sub-chapter, to ensure GMC reform includes efficient and proportionate regulatory oversight and decision making.*"*

The Review is light on methodology and evidence base for its recommendations, particularly in relation to this issue. The relevant evidence is largely limited to that lifted above. This includes statistics such as success rates without noting comparable rates, e.g. the fact that, although the GMC's 'success rate' is 70%, the BMA understands that the PSA's success rate is 88% (and in any event reliance on the 'success rate' masks the fact that if the GMC right of appeal did not exist, the PSA would still be able to bring any appeal which it considered appropriate) The Mann Review discusses the Williams Review conclusion in not insignificant detail. It notes concerns and mistrust from doctors and need for balance but does no more to explore this.

It is also worth noting that it is not only the Williams Review, etc, as detailed above which has consistently advocated removal of the GMC's right of appeal. This was also the unequivocal recommendation of an Independent review of gross negligence manslaughter and culpable homicide (the Hamilton review) which was actually commissioned by the GMC in June 2019. Recommendation 21 of the Hamilton review provided *"We agree with the Williams review's recommendation (at 6.1) to remove the GMC's right of appeal of Medical Practitioners Tribunal Service (MPTS) decisions, as an important step towards rebuilding the profession's relationship with its regulator. We urge the Government to introduce the legislative reform necessary to achieve this without delay. We commend the GMC's recent steps to review and reform its processes for decisions to appeal in the meantime"*. This Recommendation was "fully accepted" by the regulator. This is also relevant context as against the significant reversal now advanced by SSfHSC in the Consultation – apparently in sole reliance on the Mann Review, when the reality, as more particularly expounded below, the Mann Review did/ does not recommend what it indicates it does.

The true direction of the recommendations and proposals or endorsement or acceptance of them is also confusing. The Consultation points to Recommendations by the Review as forming the basis for its proposals, while the Review endorses the Government's intention and action in consulting on the same.

The most serious concern and the crux of the matter for the purposes of the proposed challenge is the fact that the Consultation document does not accurately or adequately reflect the Recommendations of the Mann Review, e.g.:

(1) The Consultation states: "*Lord Mann's review also recommends that GMC **and** PSA should have a right of appeal against interim registration measure decisions made by a fitness to practise panel to further support protection of the public."*

When, in fact, the Mann Review provides: *"...this review is supportive of GMC **and/or** PSA having rights to challenge interim registration measure decisions..."* The "and/or" is a critical component of this statement which is immediately followed by: "*Allowing interim decisions **to be challenged by PSA** could ensure that PSA is able to exercise their responsibility to provide oversight of GMC more quickly and effectively…"*

(2) The Mann Review does go on to specifically reference the *prospect* of the GMC having the same power but "*It seems **sensible to also consider** if this power should be extended to GMC."* It does not, however, recommend that the GMC *should* have this power, it only recommends that the government consult on the question as to whether it might.

(3) The Consultation is also incorrect to advance that the Mann review *"recommend[s] that GMC's right of appeal against specific decisions made by a fitness to practise panel should remain in legislation, to ensure sufficient oversight of panel decision-making."*

Again, the Mann Review only recommends that *"the government consult on the following proposal [that the GMC and PSA should retain its right of appeal…], which it has done:.."*

(4) The Mann Review then supplies Recommendation 25, i.e.: the government should carefully consider the results of the General Medical Council (GMC) reform consultation, which contains

the proposals set out in this sub-chapter, to ensure GMC reform includes efficient and proportionate regulatory oversight and decision making. It recommends that a consultation is run but does not endorse a particular outcome in this context, beyond showing 'support' for an appeal power for interim decisions, with a particular focus on the prospect of this being exercised by the PSA. It also underscores in its final recommendation the need to ensure any reform "includes efficient and proportionate regulatory oversight in decision making".

5. The issue

The requirements of a lawful consultation were neatly summarised recently in in *R (Clifford) v Secretary of State for Work and Pensions* [2025] EWHC 58 (Admin) at paragraphs 20-26 (emphasis supplied):

> 20. When assessing the lawfulness or otherwise of a consultation, the fundamental question is whether the consultation was *"so unfair as to be unlawful"*: *R (Bloomsbury Institute Ltd) v Office for Students* [2020] EWCA Civ 1074, [2020] ELR 653, [68]-[69]. Fairness in carrying out a consultation is part of procedural fairness in decision making more generally.
> 21. Whether the consultation process is fair is a fact-sensitive question that depends upon all the circumstances of the particular case looked at as a whole, and without drawing artificial distinctions between particular stages of the whole process. It is for the court to decide whether a fair procedure was followed: its function is not merely to review the reasonableness of the decision-maker's judgment of what fairness required.
> 22. If it is alleged that a consultation process is unfair, it is for the claimant to show that the unfairness was such as to render the consultation process unlawful.
>
> (…)
>
> 23. In *R (Moseley) v Haringey London Borough Council* [2014] UKSC 56, [2014] 1 WLR 3947, Lord Wilson JSC identified the purposes and requirements of a fair consultation at [24]-[26]:
> (…)
> 25. … [the following] basic requirements are essential if the consultation process is to have a sensible content. **First, that consultation must be at a time when proposals are still at a formative stage. Second, that the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response [*Gunning 2*]. Third … that adequate time must be given for consideration and response and, finally, fourth, that the product of consultation must be conscientiously taken into account in finalising any statutory proposals.***"*

There is well-established precedent for the proposition that a consultation document which is materially misleading may be a breach of *Gunning 2*: see *R (Law Society) v Lord Chancellor* [2019] 1 WLR 1649 at paras 93-94, which provides that consultees *"are entitled to expect that a Government ministry undertaking a consultation exercise will conduct it in a way which is open and transparent … It should also go without saying that consultees are entitled to expect that consultation documents will not be positively misleading"*. See also *R (Clifford) v Secretary of State for Work and Pensions* [2025] EWHC 53 (Comm) at para 26c (*"Consultation axiomatically requires the candid disclosure of the reasons for what is proposed if the undertaking to consult is not to be rendered largely nugatory … The true reasons for the proposals should be revealed in the consultation process if that process is not to be legally defective"* – underlining added) and *R (Electronic Collar Manufacturers Association) v Secretary of State for Environment, Food and Rural Affairs* [2019] EWHC 2813 (Admin) at para 142 (*"the presentation of the information must be fair. Thus it must be complete, not misleading and must not involve failure to disclose relevant information"*).

It is clear from the above that the positioning of the relevant proposals by SSfHSC in the Consultation is misleading. The position is much more nuanced and/or hesitant than the Consultation suggests. Lord Mann's recommendations are (1) for a consultation on the retention of the GMC's right of appeal and (2) for the establishment of a right to appeal interim decisions by the GMC **and/or** the PSA, with a particular emphasis in its discussion on the prospect of the PSA holding this power. The approach means that this part of the Consultation is fundamentally flawed. Consultees would have understood from the

Consultation document the nature and force of Lord Mann's recommendations to be other than what in truth they are.

This must also be understood in the wider context where: (a) the relevant proposals represent a significant departure from a long-held Government plan (following multiple other reviews and evidence) to do the exact opposite to the present proposals (b) the Review was only supplied in the last couple of weeks of a three-month long consultation.

6. The details of the action the defendant is expected to take

The SSfHSC should seriously consider the impact of the matters on the Consultation as a whole – persisting with the Consultation document as is would be unlawful and the potential outcomes unsustainable.

If, despite this, the SSfHSC is determined to proceed with the Consultation (and closure of responses on 23 June 2026), it is imperative that, as a minimum, the relevant part of it addressed in this letter should be severed from the whole.

Any consultees who have already considered the Consultation document and either responded, or decided not to respond (believing, as any reader would, that these proposals reflected clear recommendations from Lord Mann), will have been misled and would not have been able to engage properly with the relevant issues. Moreover, any potential consultee now considering whether to respond (and if so how) would only be aware of the correct factual position if they have also read the Mann review in full. In short, a consultation based on the current Consultation document is misleading and unfair.

The SSfHSC should therefore, at the very least, agree to remove from the draft GMC Order 2026 the provisions relating to the GMC's right of appeal and to re-consult on this issue (if the SSfHSC persists in proposing a complete change of position from the prior acceptance of the Williams recommendations) with a consultation document that is accurate, comprehensive and non-misleading.

7. ADR

The BMA has considered whether the matter is suitable for ADR. In light of the issues and proposed remedy, its view is that ADR is unlikely to provide an effective means of resolving the dispute, although it does not rule it out pending the SSfHSC's response.

8. Requested information

The BMA requests supply of relevant documentation to demonstrate how the Mann Review engaged with the Consultation team and vice versa. E.g. what was said to Lord Mann about the proposals in the Consultation and when? How was Lord Mann asked to consider the same? This is not clear from the Terms of Reference, from the Consultation document or from the Review itself. Such material is relevant and disclosable pursuant to the SSfHSC's duty of candour

9. Proposed reply date

The BMA kindly requests SSfHSC respond within 14 days.

Yours faithfully,

Ch. Wills

Claire Wills
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