

Co-op Wales – Five-Part Response to Impenetrable GMC 2026 Order Questions

Part 1: The Register & Public Information (The "Single Register" Proposal)

Consultation Focus: The GMC's new duty to hold a single, combined register for doctors, PAs, and AAs. The draft General Medical Council Order 2026 does not provide a modern and flexible framework to regulate doctors, physician associates and anaesthesia associates?

Modernisation and flexibility are welcome. However, flexibility should not come at the expense of transparency, accountability, equality, public confidence and patient safety.

This is not an argument against multidisciplinary teams, nor against the important contribution made by physician assistants and other healthcare professionals. Modern healthcare depends upon collaboration and co-operation between professions. The issue is not whether assistant roles have value, but whether patients can clearly understand who is treating them, whether accountability remains clear and whether workforce shortages are being addressed safely and honestly.

The draft Order therefore raises questions which extend beyond technical regulation and engage wider issues of patient safety, trust and accountability. Members of the public may reasonably interpret "GMC registered" as implying equivalence with a doctor, creating risks that require explicit safeguards.

Patients need a clearly separate and patient-visible medical register. If Government proceeds with a single statutory register, the register of doctors should remain clearly distinguishable in all public-facing systems, patient information and employer checks.

Patients are entitled to know:

- who is treating them;
- what qualifications they possess;
- what restrictions apply;
- who supervises their care; and
- who carries responsibility for their treatment.

Professional regulation exists for the benefit of patients and communities and should embody participation, transparency and public trust. Technical competence alone is insufficient. Professional standards should also encompass compassion, dignity, integrity, equality, customer care, co-operative behaviours and human rights.

These principles are consistent with the values and principles of the International Co-operative Alliance, particularly democracy, openness, social responsibility and concern for community. They are also consistent with the Well-being of Future Generations (Wales) Act 2015 and the Social Partnership and Public Procurement (Wales) Act 2023, both of which emphasise involvement, collaboration and long-term thinking.

The principle of "Nothing About Us Without Us" should guide future reforms. Patients, carers and communities should be involved in setting standards, reviewing guidance, equality monitoring, complaints systems and evaluation of outcomes.

Recent events, including the admitted breach of duty by the Royal Gwent Hospital towards a disabled person, illustrate what happens in the absence of a national / UK scope of practice which enables local employers a wide degree of flexibility leading to this adverse incident. They further reflect the consequences when communication, transparency and accountability fail. Patients require clarity regarding who is responsible for their care. Public confidence requires that patients can readily identify whether they are being treated by a doctor, what qualifications are held and who retains ultimate clinical accountability.

Part 2: Professional Titles & Public Clarity (Leng Review Implementation) Consultation Focus: Changing professional titles to improve clarity for patients (Recommendations 1 and 9 of the Leng Review).

Coops Wales supports implementation of the Leng Review recommendation to adopt the title "Physician Assistant". The change assists patients in understanding that these practitioners are not medically qualified doctors.

However, title changes alone are insufficient.

They should be accompanied by:

- standardised identification badges;
- mandatory verbal introductions;
- written explanations in appointment letters;
- patient information leaflets;
- visible role descriptions;
- explicit scope of practice statements;
- strengthened supervision arrangements; and
- transparent escalation procedures.

Patients should always understand:

- who is treating them;
- whether that individual is a doctor;
- what they are qualified to do;
- who retains overall clinical responsibility; and
- how concerns may be raised.

Professional education should promote communication, ethics, safeguarding, trauma-informed approaches, cultural competence, customer care, compassion and co-operative behaviours.

Healthcare increasingly relies upon multidisciplinary working. Education systems should encourage peer support, reflective practice, multidisciplinary learning, mutual accountability, shared responsibility and continuous improvement. These principles reflect the co-operative values of self-help, mutual responsibility and solidarity.

Training and continuing professional development should include education concerning the Equality Act 2010, the Human Rights Act 1998, disability rights, neurodiversity, reasonable adjustments, communication accessibility, unconscious bias, cultural competence and the Public Sector Equality Duty.

The Royal Gwent case further demonstrates the importance of communication, listening to patients and making reasonable adjustments. Professional titles, verbal introductions and visible identification are not administrative matters; they are patient safety measures, particularly for Disabled people, neurodivergent people and others who may already face barriers in navigating healthcare systems.

These principles are consistent with prudent healthcare in Wales and with the Welsh commitment to co-production and person-centred care.

Question 3

Part 3: Regulation, Standards, and Education

Consultation Focus: Giving the GMC enhanced flexibility to set standards for education, training, and registration pathways

We welcome the focus arising from the Mann Review concerning antisemitism and racism. However, discrimination does not occur in isolation.

Equal attention should be given to:

- Islamophobia;
- racism in all forms;
- sexism;
- misogyny;
- sexual harassment;
- disability discrimination;
- age discrimination;
- religion or belief;
- sexual orientation;
- prejudice affecting LGBTQ+ communities; and
- discrimination affecting carers and families.

Repeated discriminatory conduct should properly be considered capable of impairing fitness to practise.

Transparency through publication of equality outcomes and discrimination-related complaints would promote learning and accountability.

Recent years exposed concerns regarding attitudes towards disabled people and older people, particularly during COVID-19 and debates concerning frailty criteria. These experiences demonstrate that equality and human rights are inseparable from patient safety.

This broader approach is consistent with the Equality Act 2010, the Human Rights Act 1998, the Public Sector Equality Duty, the UN Convention on the Rights of Persons with Disabilities and the Anti-racist Wales Action Plan.

It is also consistent with co-operative values of equality, equity and solidarity.

Part 4: Fitness to Practise & Governance

Consultation Focus: Overhauling the fitness to practise process and removing routine Privy Council oversight for GMC rule changes to make the regulator more "agile".

A significant risk is that workforce shortages may be addressed through unsafe substitution.

The NHS requires:

- more doctors in training;
- increased specialty training places;
- improved retention;
- safe rota design; and
- solutions to consultant workforce shortages.

Expanding assistant roles without addressing doctor unemployment, specialty training bottlenecks, consultant shortages and retention challenges risks worsening the workforce crisis rather than solving it.

Healthcare delivery and workforce planning are devolved responsibilities and reforms should recognise differences between the four nations.

In Wales, reforms should align with:

- the Well-being of Future Generations (Wales) Act 2015;
- social partnership principles;
- co-production;
- prevention and long-term thinking; and
- involvement and collaboration.

Modernisation is welcome, but flexibility should not come at the expense of transparency, democratic accountability, equality, independent scrutiny and patient safety.

The co-operative movement has long demonstrated that systems built upon participation, mutual responsibility and openness command greater trust and resilience.

Part 5: Overall Impact & Patient Safety (General Comments)

Consultation Focus: Any further comments on the impact of the draft GMC Order 2026.

Every deployment model should identify:

- the supervising doctor;
- limits of delegated work;
- escalation thresholds;
- arrangements for reviewing complaints;
- systems for learning from errors and near misses; and
- mechanisms for whistleblowing and transparency.

Co-operative values emphasise democracy, openness and accountability. Whilst regulators require operational independence, independence must not become isolation. Internal regulation alone is insufficient, and no organisation should become entirely self-regulating.

Concerns therefore arise regarding proposals which may provide the GMC with greater autonomous rule-making powers whilst reducing Parliamentary scrutiny and annual reporting requirements.

External scrutiny promotes trust, supports learning, protects whistleblowers, guards against groupthink and reduces conflicts of interest.

Professional protectionism and closed cultures should be guarded against. Independent challenge strengthens professions rather than weakens them.

Public confidence depends not merely upon regulators acting independently, but upon being seen to do so under arrangements that themselves command confidence.

Independent oversight is essential because systems can become inward-looking and defensive. Learning from incidents such as the admitted breach of duty at the Royal Gwent Hospital requires openness, candour and external challenge.

Co-operatives Wales also wishes to record concern regarding the structure and accessibility of this consultation. The documentation is highly technical and risks restricting meaningful participation to industry insiders. Agreement amongst a limited group of technically informed respondents should not be equated with broad public support.

Concern also exists regarding the apparent absence of visible and transparent patient engagement in Wales. Questions arise regarding how the voices of ordinary patients, carers, Disabled people and the role of Llais as the statutory patient body in Wales have been incorporated.

Professional expertise is essential, but expertise alone is insufficient. The voices of patients and communities should carry equal weight alongside professional opinion.

Effective regulation is strongest when it reflects the co-operative values of democracy, equality, equity, solidarity, openness, honesty, social responsibility and concern for others, and when patients, communities and professionals are genuine partners in shaping safe, compassionate and accountable healthcare across the United Kingdom.