professional standards authority for Health and Social Care

General Medical Council

Monitoring report

2024/25

The General Medical Council regulates doctors, physician associates and anaesthesia associates.
There were:

409,768

professionals on the register as at 30 September 2025

This report covers the period 1 October 2024 to 30 September 2025

Key findings and areas for improvement

Anaesthesia Associates and Physician Associates

In this review period the GMC started regulating Anaesthesia Associates (AAs) and Physician Associates (PAs). It consulted on the rules, standards and guidance for these professions and updated its own guidance to reflect that it now regulates them. It has also designed and introduced the assessments AAs and PAs must pass to register with the GMC, and quality assurance processes for AA and PA course providers.

Doctors subject to overseas regulatory action

In October 2025 it came to light that some doctors who had restrictions on their practice overseas were allowed to practise without restriction in the UK. Some doctors were already dual registered at the time the sanction was imposed overseas and there were two doctors who registered with the GMC after being sanctioned overseas. The GMC took steps to restrict the practice of the doctors involved and is considering

See overleaf for more detail

how it can continue to strengthen its registration processes. This is an area of risk that we will continue to monitor closely with the GMC through our routine engagement and performance review assessments.

Equality, Diversity and Inclusion

The GMC continues to perform well against our Equality, Diversity and Inclusion (EDI) Standard and we have identified additional areas of good practice this year. The GMC continues to report on the progress of its EDI work, as well as the make-up of its register. We have also seen examples of the GMC working with other organisations to produce guidance for registrants on EDI issues. We asked the GMC to provide us with more information about its methods for collecting EDI data from people raising fitness to practise concerns because we had limited information about this last year. The GMC is planning to improve the quality of the data it collects through a diversity data review.

Fitness to practise

The GMC has met all five fitness to practise standards again this year. Its timeliness data has improved slightly since last year although we note the increase in open older cases; we will monitor this closely. In this review period the GMC reviewed changes it made in 2022/23 relating to third-party investigations and identified some improvements it can make, which we will consider in our next review. In September 2025 the Medical Practitioners Tribunal Service (MPTS)[1] published new guidance to support tribunals in making decisions which considered assessment of risk and guidance on specific case types such as sexual misconduct.

[1] The GMC's hearings service.

Standards met: 18 out of 18

General Standards
5 out of 5

Guidance and Standards
2 out of 2

Education and Training
2 out of 2

Registration
4 out of 4

Fitness to Practise
5 out of 5

Previous years
2023/24
18 out of 18

2022/23
18 out of 18

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process **here**. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

General Standards

The GMC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

This section of our report mainly focuses on Standard 3 because this is our second year of using our new approach to assessing the regulators against this Standard. More information is available **on our website**, including our guidance document and our evidence framework.

Anaesthesia Associates and Physician Associates

Since the Anaesthesia Associates and Physician Associates Order 2024 came into effect and the GMC started regulating Anaesthesia Associates (AAs) and Physician Associates (PAs)[2] in December 2024, it is now operating within two different frameworks: the AAPA Order for AAs and PAs and the Medical Act for doctors. The GMC updated various rules and guidance for doctors at the same time as it introduced them for AAs and PAs. This has meant that its processes remain fair to the different professions it regulates and will prepare the GMC to progress with regulatory reform for doctors. In this review period the GMC consulted on the rules, standards and guidance for AAs and PAs, and feedback received resulted in the GMC making changes to its proposals in several areas.

The Leng review included several recommendations for the GMC. The GMC has acknowledged these, and we will consider its work in response to the recommendations in future reviews.

Our assessment of the GMC's performance against Standard 3

In 2024, we introduced a new approach to assessing regulators against Standard 3, which focuses on Equality, Diversity and Inclusion. As part of that approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four outcomes. Our assessment of the GMC's performance against the four outcomes is set out below.

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[2] The Leng review, published in July 2025, recommended that the AA and PA roles should be renamed as Physician Assistant in Anaesthesia (PAA) and Physician Assistant (PA) respectively. At the time of publication, these changes have not been made.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

The GMC has a clear governance model in place to support its EDI work. This includes the Strategic EDI Advisory Forum, Race Equality Forum and EDI Steering Group which provide senior oversight to inform action and priorities. The GMC collects and holds data for its Council and Committee members, senior staff, staff and associates. It has also planned a diversity data review but will first assess the impact the Sullivan review[3] and the recent Supreme Court judgment[4] may have on this.

The GMC published its latest report about the progress of its EDI work (*Equality, diversity and inclusion Targets, progress and priorities for 2024*) in **October 2024**. This reported on progress against its fairness targets, showing that the GMC is close to achieving its target for fairer employer referrals by the end of 2026. The GMC has reported that there remains a significant attainment gap across the measures relating to inequality in medical education, but the GMC anticipates these should improve; the GMC has a target to close this gap by 2031.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills

In this review period, the GMC produced guidance with the Academy of Medical Royal Colleges for doctors treating patients with unfamiliar conditions, which include some EDI principles to think about such as considering patient preferences without discrimination, being open minded to reasonable adjustments and considering patients' individual needs.

Good practice

This year the GMC has worked with the NMC to produce new advice for multidisciplinary teams working in maternity. Specific to EDI, the advice includes how registrants should consider health inequalities and individual needs. The advice includes references to language and communication. It is encouraging that the GMC and NMC identified an area where additional advice would be beneficial for registrants and acted on it.

We have also seen this year that the GMC's outreach team worked with medical schools in Northern Ireland to embed an EDI training module for undergraduate and postgraduate doctors.

Also relevant to this outcome is the GMC's updated guidance to support Equality Impact Assessments of curricular and assessment changes specifically at post-graduate level.

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3 An independent government review that looks at data, statistics and research on sex and gender.

4 Women Scotland Ltd v The Scottish Ministers; the ruling meant that a person's legal sex is the one that was recorded at birth.

The GMC has added questions to its EDI self-assessment for medical schools to understand how they are addressing issues relating to EDI.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions

The GMC continues to publish data about the make-up of its register, including EDI data, through its data explorer tool. The GMC also said this year that for the first time ever in the UK there are more female than male doctors on the register and that ethnic minority doctors make up a larger proportion of the workforce than white doctors.

The GMC does not require AAs and PAs to provide their gender on registration, but registrants can provide this information voluntarily. This information is not published. This is currently different to the rules for doctors but the GMC plans to update these rules to no longer require the gender of new doctors to be recorded on the register.

The GMC collects some EDI data from fitness to practise complainants (disability, ethnicity, gender and age). However, we encourage the GMC to improve its data collection in this area and welcome its commitment to review this as part of its diversity data review.

The GMC has introduced a set of decision-making principles to be applied by all fitness to practise decision makers, which cover the seriousness of the concern, the impact of context and the registrant's response.

Good practice

The GMC updated parts of its drafting allegations guidance this year to include explanations of section 26(2) of the Equality Act, which relates to sexual harassment. Ordinarily, harassment under the Equality Act must be related to a protected characteristic.

We have identified it as good practice that the GMC's guidance goes further and explains that the Protection from Harassment Act can be used when considering harassment not in relation to a protected characteristic and not in the context of employment. The guidance also directs drafters to consider whether hostility should be alleged, in relation to race or religion, disability, sexual orientation or transgender identity.

Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes

In this review period the GMC published the report on its consultation about rules, standards and guidance for AAs and PAs. As part of this, it commissioned public research to gain views of patients and public and it collected the diversity data of respondents.

The GMC sought feedback this year from its EDI Advisory Forum about the next corporate strategy and new proposed sanctions banding guidance. The GMC also held its first

meeting of the Race Equality Forum in this review period, which the GMC says aims to strengthen relationships and tackle inequalities affecting ethnic minority doctors.

We note that the GMC continues to report on corporate complaints which contain an element of EDI issues, and the percentage of such complaints this year was similar to last year. The GMC has continued to publish data, research and analysis and, in this review period, published research about doctors' decisions to migrate to the UK.

The feedback we received from stakeholders about the GMC's EDI work this year was, overall, positive.

> "The GMC has continued to work hard to engage a diverse range of stakeholders in EDI, striving to balance and respond well to the often strong opinions and frank feedback that many of them give."
>
> **Stakeholder feedback**

We have seen examples of strong performance by the GMC under each outcome for this Standard. We have also identified good practice against this Standard and therefore conclude it is met.

Engaging with stakeholders and responding to regulatory issues

In this review period, the GMC has responded to the Infected Blood and Independent Neurology Inquiries. It also consulted on the proposed rules, standards and guidance for AAs and PAs and made changes as a result.

> "We are very pleased with the way that our profession was brought into regulation. The reworking of the GMC website and the phrasing update to various documents such as FtP meant that AAs felt included and recognised...The staff at the GMC should be commended for their continued diligence during what has been a very difficult time, full of changes and challenges."
>
> **Stakeholder feedback**

The GMC has continued to meet and collaborate with stakeholders this year. This includes having an information-sharing agreement with the independent review of maternity services in Nottingham and meeting with the Care Quality Commission to discuss what more can be done to reduce disproportionality in employer fitness to practise referrals.

The GMC also responded to the Scottish Government's consultation on its five-year palliative care strategy.

As part of its patient and public involvement work, the GMC meets with patient organisations and invites patient groups to roundtable meetings twice a year. Topics discussed in this review period include the proposed changes to sanctions banding and bringing AAs and PAs into professional regulation (including raising awareness of the roles and benefits of them being regulated).

Guidance and Standards

The GMC met both Standards for Guidance and Standards this year.

The GMC introduced the updated version of *Good Medical Practice* in January 2024.
In this review period the GMC has published and updated the following guidance:

- good practice advice for doctors supervising AAs and PAs
- support for employers and Responsible Officers in identifying and tackling allegations of sexual misconduct
- resources to support doctors treating patients with unfamiliar conditions (eating disorders, intellectual disability and neuro-developmental conditions).

As outlined under Standard 3 and acknowledged as good practice, the GMC produced joint guidance with the NMC for those working in maternity, having identified the importance of multidisciplinary working in this area and the challenges that come with it. In September 2024 the GMC published new guidance about good practice in research which emphasises the benefits of research and the importance of an environment that supports research.

The GMC updated its standards and guidance documents in preparation for regulating AAs and PAs from December 2024.

Education and Training

The GMC met both Standards for Education and Training this year.

The Medical Licensing Assessment

In previous years we have reported on the GMC's work to develop and introduce the Medical Licensing Assessment (MLA), an assessment to ensure that all doctors wishing to practise in the UK meet the threshold for safe practice. Medical students graduating in 2025 are the first required to pass the MLA and international medical graduates are still required to take the PLAB[5] test, which is MLA-compliant.

[5] Professional and Linguistic Assessments Board.

Anaesthesia Associates and Physician Associates

When the GMC started regulating AAs and PAs it introduced two sets of education standards; **Standards for the delivery of physician associate and anaesthesia associate pre-qualification education** and **Standards for physician associate and anaesthesia associate curricula**. The GMC says that these Standards are largely based on existing standards for doctors and that they are interim and will be reviewed in the next few years. We have not seen evidence that these standards present risks to patient safety but will monitor this.

In addition to their degree, from September 2025, PAs and AAs have been required to pass the **PA Registration Assessment (PARA)**[6] or the **AA Registration Assessment (AARA)**, in order to register with the GMC. When designing these assessments, the GMC sought input from relevant stakeholders, and it said the format of the PARA is identical to the previous assessment and the content is similar.

The GMC has used the same quality assurance process for AA and PA course providers as it does for medical schools. That is, the course providers will submit self-assessment questionnaires which are followed by feedback meetings. The GMC confirmed it has completed in-person visits to all AA and PA course providers.

In this review period we have seen examples of the GMC's quality assurance and process working effectively, with the GMC imposing conditions and applying enhanced monitoring.

Registration

The GMC met all four Standards for Registration this year.

Accuracy of the register

Our register check did not identify any inaccuracies in the GMC's Register.

Anaesthesia Associates and Physician Associates

AAs and PAs will have a unique registration number, like doctors, but it will be prefixed with an 'A' to distinguish them from doctors on the register. Legal protection of the titles (and therefore mandatory registration with the GMC) does not come into force until December 2026. The GMC invited those on the voluntary registers (with the Faculty of Physician Associates and the Royal College of Anaesthetists) to apply for registration in January 2025. It will continue to ask those on the voluntary registers directly to register and will work with employers to remind those who were not.

[6] Formerly the the Physician Associate National Examination (PANE) Knowledge Based Assessment, run by the Royal College of Physicians

Time taken to process applications for registration

The total number of new registration applications has continued to rise and has increased by 50% in the last three years. Despite this rise in application numbers, the GMC's processing times have not been impacted.

Doctors subject to overseas regulatory action

In October 2025 it came to light that some doctors who had restrictions on their practice overseas were allowed to register with the GMC and practise without restrictions. We asked the GMC about this, and it told us that it had been notified of 92 cases, 27 of which it had been unaware. The GMC reviewed the doctors concerned, opened fitness to practise cases in relation to the doctors it was unaware of and took action to restrict the practice of those who had a licence to practice.

The GMC told us that all but two of the doctors concerned held dual registration at the point when the overseas regulator applied the sanction. In this situation, the GMC told us that there is a reliance on individuals to self-report action taken against them[7] and on overseas regulators sharing that information. The GMC continues to lobby government and international regulatory organisations to improve information sharing.

Two doctors brought to the GMC's attention had sanctions imposed by overseas regulators before they registered with the GMC. The sanctions were also imposed before the time period covered by the GMC's certificate of good standing (CGS) requirement and were not disclosed by the applicants as part of the declaration they are required to complete. When an individual applies to join the GMC register, they are required to provide a CGS from overseas regulators they have been registered with in the last five years. Where possible, the GMC obtains this directly from the regulator. However, not all overseas regulators issue CGSs directly to the GMC and will instead issue them to applicants to send them on to the GMC. In those cases, the GMC will undertake primary source verification with the regulator to ensure authenticity. The GMC is considering additional steps it can take to strengthen its processes to mitigate this risk.

We recognise the swift and thorough action taken by the GMC to restrict the practice of the doctors concerned. We also acknowledge that this is a challenging issue to address. However, we encourage the GMC to consider what more it can do to strengthen its registration process, including whether it should extend the period a CGS covers.

Digital identity checks

In 2023, the GMC launched a digital identity check system as an alternative to in-person checks which would also help to address a backlog of approximately 30,000 doctors who were registered during the pandemic and unable to attend an in-person identity check. The GMC had reduced this backlog to under 40 as of 1 December 2025. In November 2025, the GMC started proceedings to remove the licence to practise or registration from those remaining. The numbers have clearly reduced significantly since we first reported on this issue, and we welcome the GMC's action to prevent individuals from practising if their identity checks are not complete.

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[7] As required by *Good Medical Practice* and as part of the revalidation process

Fitness to Practise

The GMC met all five Standards for Fitness to Practise this year.

Third-party investigation guidance

In 2022/23 we reported that the GMC had introduced new guidance about how it handles cases where there is a third-party investigation[8] in progress. In such cases, the guidance allows the GMC to decide to wait until the third-party investigation has completed before opening an enquiry, unless an interim order is required. This means the case is closed without a formal decision[9] about whether the concerns amount to an allegation about the registrant's fitness to practise. Last year we reviewed a sample of these cases, and we reported on how the process operates and how the GMC monitors them. We said we would continue to monitor the impact of this guidance. The GMC told us this year that cases closed without a Rule 4 decision accounted for 14% of all triage closures in 2024, compared to 12% in 2023.

The GMC also told us that it conducted a post-implementation review of the process in 2025 which focused on providing assurance that the progress of third-party enquiries can be accurately tracked and reviewing a sample of decisions to ensure they were made in accordance with the guidance. The review found that, overall, the process is achieving its aims[10] and mechanisms are in place to ensure the cases are monitored regularly. It highlighted opportunities for improvement which we will continue to monitor and will consider in our 2025/26 review.

Fitness to practise timeliness

The number of fitness to practise referrals received by the GMC continues to rise but the time taken to progress cases at the early stages has not been impacted. We have also seen that the GMC continues to provide additional support to members of the public wishing to make referrals.

Figure 1 shows that the GMC's performance in terms of end-to-end timeliness has improved this year and the time from receipt to consideration by the Investigating Committee (IC) or Case Examiners (CEs), and from IC/CEs to final hearing has remained consistent with previous years.

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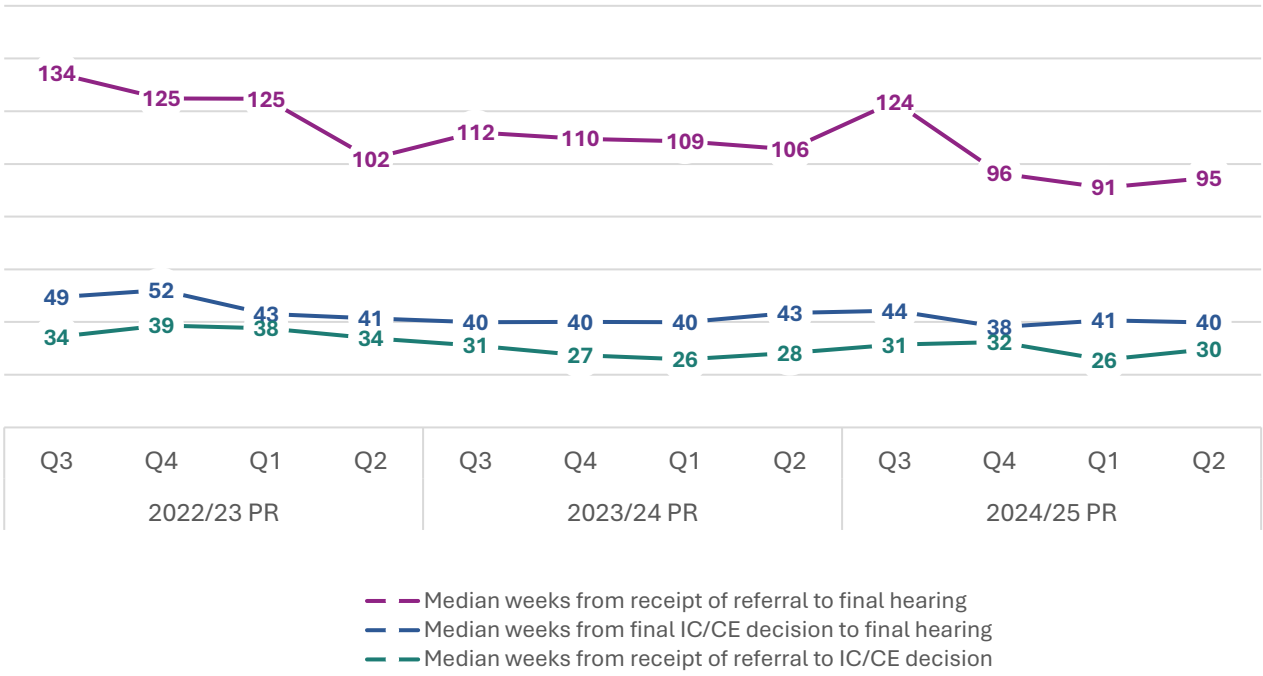
8 For example, an investigation by the police or an employer.

9 A Rule 4 decision.

10 To avoid enquiries being open for extended periods while waiting for information necessary to make a Rule 4 decision, and to prevent enquiries being progressed that cannot go further than investigations without the outcome of the third-party investigation. The GMC recognised that these scenarios impact its targets as well as a doctor's wellbeing and revalidation.

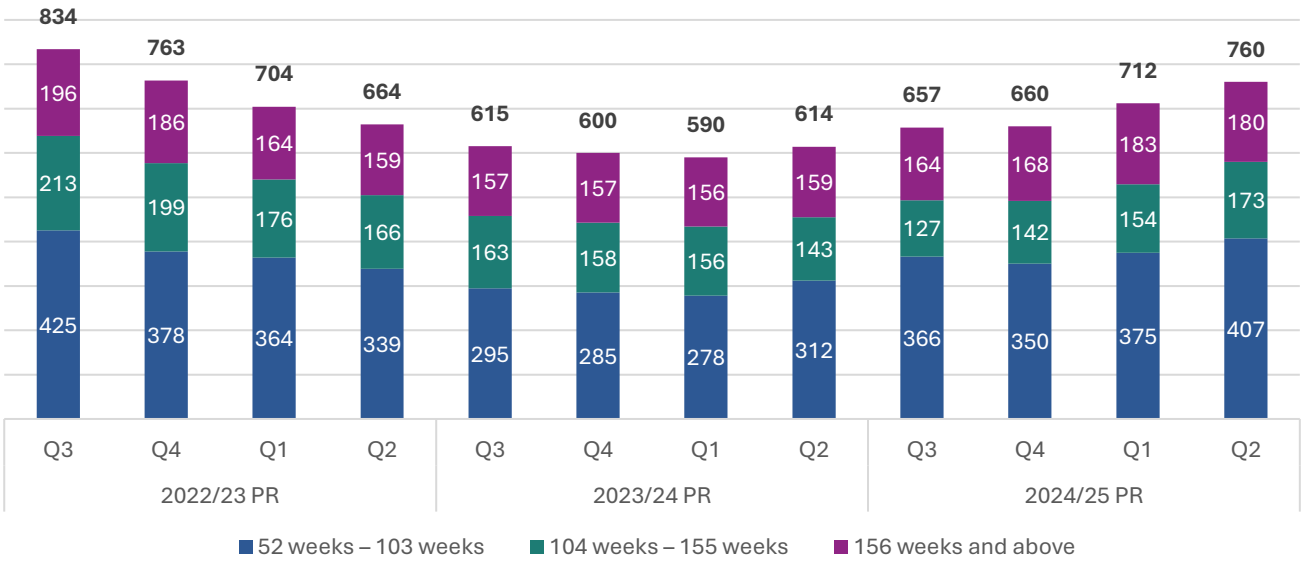
Figure 1: Time taken to progress fitness to practise referrals



Open old cases

Figure 2 shows that the number of open old cases has increased throughout this review period. Although the number remains within the range of the last couple of years, we will monitor this closely.

Figure 2: Open cases more than a year old



Guidance for fitness to practise decision-makers

The GMC published fitness to practise guidance relating to AAs and PAs in December 2024 and equivalent, updated guidance for doctors, in May 2025. The GMC said that there is now a set of core principles to be applied by all fitness to practise decision-makers. In September 2025 the Medical Practitioners Tribunal Service (MPTS) published new guidance to support tribunals in making decisions. It includes guidance on seriousness, factors that would increase risk and specific guidance for certain case types, such as sexual misconduct. When developing this guidance, the MPTS sought feedback from stakeholders.

Managing risk

Last year we found through our audit that the GMC does not require risk assessments to be separately documented in the same way that other regulators we oversee do. We therefore could not be sure when and how risk had been considered. We identified that there was an opportunity for the GMC to improve the controls it has in place, by being clearer about how and when staff are identifying, considering and responding to evidence of risk in cases.

The GMC told us that it has spoken to other regulators and has identified improvements that could be explored in order to be proportionate in recording risk, such as reviewing how staff guidance and how record keeping of risk can be shown on the systems. We will continue to monitor how the GMC improves the way it records risk.

Support provided to parties

The GMC told us it is developing a 'feedback loop' from those involved in its fitness to practise processes. The GMC sends a survey to doctors, patients and the public and will use feedback to improve how it communicates and manages expectations. The GMC also has an internal forum involving staff from fitness to practise, the contact centre and the Corporate Complaints team to consider feedback it receives. It has made improvements based on this feedback, such as removing a historic phone number on the website and improvements to the fitness to practise online complaint form.

Quick links/find out more

- → Read the **GMC's 2023/24 performance review**
- → Find out more about **our performance review process**
- → Read our **Standards of Good Regulation**
- → Read our **evidence framework for Standard 3**

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