

# RCOphth consultation response: Reforming the GMC legislative framework

## **Q: Do you agree or disagree that GMC should be able to approve overseas undergraduate, foundation and postgraduate education and training programmes?**

It is crucial that GMC works closely with medical royal colleges before approving overseas education and training programmes. Appropriate clinical input will ensure any design flaws are uncovered, unintended consequences are addressed and approval is based on transparent, rigorous and consistently applied standards.

The Royal College of Ophthalmologists (RCOphth) sets and maintains the highest standards in training and clinical practice in ophthalmology, and we expect that any overseas ophthalmology training programme is approved by RCOphth and meets the same UK-based ophthalmology training standards.

## **Q: Do you agree or disagree that 'registered medical practitioner' should become a protected title?**

RCOphth believes 'registered medical practitioner' should become a protected title. This is in the best interests of patient safety, and promotes professional clarity and public understanding by making clear who is medically qualified and registered with the GMC as a doctor and who is not.

In ophthalmology, care is delivered by different members of the multidisciplinary team (MDT), some of whom are not registered medical practitioners. Patients should immediately understand whether they are seeing a registered medical practitioner, another regulated healthcare professional, or a supervised assistant role. Public education can help to improve general understanding of the differences in qualifications of roles within an MDT.

We would welcome further GMC guidance on the use of the title 'doctor' in clinical settings. Where an individual such as an optometrist or nurse is not a registered medical practitioner but uses the title 'doctor' by virtue of a PhD or other doctorate, there is potential for patient confusion between roles - especially where ophthalmologists may use titles including 'Mr', 'Mrs' and 'Ms'. RCOphth therefore recommends that the title 'doctor' should not be used in healthcare settings by people who are not registered medical practitioners.

**Q: Do you agree or disagree that the title of ‘physician associate’ should be changed to ‘physician assistant’ and protected in law?**

RCOphth strongly supports the proposal to change the ‘physician associate’ title to ‘physician assistant’. This would more accurately reflect the supervised nature of the role and is more likely to support patient understanding of the limitations of the non-medical role. This is important for patient safety and transparency. It reinforces our earlier point in answer to the question on ‘registered medical practitioners’ that patients should always know immediately whether or not their treatment is being overseen by a qualified doctor.

[Following our Physician Associate Preceptorship Pilot Project](#), which reported in April 2025, we remain of the view that the role is not suitable for ophthalmology.

**Q: Do you agree or disagree that there should be a transition period in relation to moving from the associate titles to the assistant titles?**

The change should be enacted with as short a transition period as is operationally necessary – for example, to update patient-facing printed materials. We expect this should not take longer than six months.

**Q: Should there be any protection of the 'physician associate' and 'anaesthesia associate' titles alongside the proposed new titles?**

To avoid confusion, specifically in the interests of patient safety, RCOphth does not support the protection of the now-outdated titles ‘physician associate’ and ‘anaesthesia associate’. After a short transition period, the protected titles should be ‘physician assistant’ and ‘physician assistant in anaesthesia’.