

# Regulated Professions (Health and Social Care) (Amendment) Bill 2022

Bill No. 80 of 2022

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## Abstract

The [\*Regulated Professions \(Health and Social Care\) \(Amendment\) Bill 2022\*](#) proposes to make amendments to two health professional regulator Acts, namely, the [\*Health and Social Care Professionals Act 2005\*](#) and the [\*Medical Practitioners Act 2007\*](#). The Bill seeks in general to amend existing legislation in respect of registration related issues, which affect certain cohorts of registrants with the [\*Medical Council\*](#) and the [\*Health and Social Care Professionals Council\*](#) (CORU).



## Contents

Summary .....	2
Introduction .....	3
Background.....	4
Overview of Professional Regulatory Bodies.....	5
Health and Social Care Professionals Act 2005 .....	6
Health and Social Care Professionals Council (CORU).....	7
Registration boards .....	10
Registration statistics .....	13
Medical Practitioners Act 2007 .....	13
The Medical Council.....	14
Medical Council Registration Process .....	15
General Registration .....	15
Registration statistics .....	16
PLS of the General Scheme of the Bill .....	17
Principal provisions of the Bill .....	17

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## Summary

The [\*Regulated Professions \(Health and Social Care\) \(Amendment\) Bill 2022\*](#) seeks to amend existing legislation in respect of registration related issues, which affect certain cohorts of registrants with the [Medical Council](#) and the [Health and Social Care Professionals Council](#) (CORU).

Specifically, this Bill proposes, among other things, to give effect to the following:

*Amendments to the [Health and Social Care Professionals Act 2005](#) (as amended)*

- Ensure that social care workers applying for registration are required to meet the same standards as other professions registered with CORU;
- Provide for the Minister (of Health) to prescribe and vary by Order the qualifications required for designated professions;

*Amendments to the [Medical Practitioners Act 2007](#) (as amended)*

- Provide that persons operating under the functions of the Medical Council will have appropriate immunity in the performance of their role;
- Provide that holders of UK medical degrees can access intern training posts in Ireland;
- Provide for the continued provision of a route to registration on the General Division of the Medical Council's register for certain cohorts of internationally trained doctors.
- Provide for amendments to support the performance of triage, investigation and adjudication of complaints under the principal act, as amended.

## Introduction

The [\*Regulated Professions \(Health and Social Care\) \(Amendment\) Bill 2022\*](#) (the “Bill”) was published on 16 August 2022 on the [Houses of the Oireachtas website](#).

The Bill seeks to amend existing legislation in respect of registration related issues, which affect certain cohorts of registrants with the [Medical Council](#) and the [Health and Social Care Professionals Council](#) (CORU).

The Bill is comprised of four Parts which in total account for 14 Sections. The main provisions of the Bill seek to amend the following three Acts:

- [\*Health and Social Care Professionals Act 2005\*](#); (Principal Act)
- [\*Medical Practitioners Act 2007\*](#); (Principal Act) and,
- [\*Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020\*](#).

It should be noted that the [\*Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020\*](#), parts of which are still to be commenced, had previously amended the two Principal Acts of 2005 and 2007 respectively.

Specifically, this Bill proposes, among other things, to give effect to the following:

Amendments to the [\*Health and Social Care Professionals Act 2005\*](#) (as amended)

- Ensure that social care workers applying for registration are required to meet the same standards as other professions registered with CORU;
- Provide for the Minister (of Health) to prescribe and vary by Order the qualifications to be listed in Schedule three (“Qualifications required by existing practitioners”) of the relevant principal Act;
- Provide for the Minister of Health to prescribe and vary by Order the qualifications to be listed in Schedule three (“Qualifications required by existing practitioners”) of the relevant principal Act, which are acceptable for the purposes of registration for practitioners already engaged in the practise of a relevant profession during the transitional period after a registration board (for a registered profession) is established.

Amendments to the [\*Medical Practitioners Act 2007\*](#) (as amended)

- Provide that persons operating under provisions of the Act will have appropriate immunity in the performance of their functions;
- Provide that holders of UK medical degrees can access intern training posts in Ireland;
- Provide for the continued provision of a route to registration on the General Division of the Medical Council’s register for certain cohorts of internationally trained doctors.
- Provide for amendments to support the performance of triage, investigation and adjudication of complaints under the Principal act, as amended.

## Background

The context of the Bill is, in short to, provide for amendments to the existing regulatory legislation around certain professions working in medical, health and social care in order to plan for and respond to changing circumstances as the professions and their educational requirements evolve.

A profession - in this case medical, health and social care professions - can be said to be regulated when access to and exercise of a profession is subject to the possession of specific professional qualifications.<sup>1</sup>

To give two relevant examples;

- Firstly, an Anaesthesiologist,<sup>2</sup> to take but one example, in order to practice must be accredited with the qualification Doctor of Medicine – with specialist training and meet the provisions set out under the [Medical Practitioner Act 2007](#). The competent authority for the purposes of registration of anaesthesiologists in Ireland is the Medical Council. The Medical Council has four main registration categories (specialist, general (i.e., GP), trainee specialist and, interns) and an anaesthesiologist would seek and be registered therefore under the specialist category, along with other specialities such as obstetrics and gynaecology, pathology, emergency medicine etc.<sup>3 4</sup>
- Secondly, for a social worker<sup>5</sup>, they must be accredited with one of the number of qualifications approved by CORU, the Health and Social Care Professionals Council, as set out under [Health and Social Care Professionals Act 2005](#) (as amended).<sup>6</sup> Specifically, they must be registered to practice with the CORU's Social Workers Registration Board.<sup>7</sup> CORU, as detailed later in the Digest, also is responsible for the registration of other health and social care profession including physiotherapists, radiographers, dietitians etc.

### Purpose of the Bill

The Bill seeks to make miscellaneous amendments to the *Health and Social Care Professionals Act 2005*, the *Medical Practitioners Act 2007* and the *Regulated Professions (Health and Social Care) (Amendment) Act 2020*.

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<sup>1</sup> [Regulated professions by country, with competent authorities \(europa.eu\)](#)

<sup>2</sup> Anaesthesia is an acute medical specialty, which combines an in-depth understanding of applied physiology and pharmacology with the need to be practically adept. The use of local anaesthetic techniques including epidurals, spinals and other nerve blocks is now widespread in anaesthetic practice. As intra-operative care includes continual observation and monitoring of the patients, attention to detail is important, and anaesthetists must have an ability to respond appropriately to sudden changes. [Regulated profession - Anaesthesiology \(Ireland\) \(europa.eu\)](#)

<sup>3</sup> Addition speciality under this division include medicine, occupational health, paediatrics, psychiatry, public health, radiology sports and exercise, surgery etc.

<sup>4</sup> [annual-report-2020.pdf \(medicalcouncil.ie\)](#)

<sup>5</sup> Social work is a practice-based profession which aims to empower individuals, groups and communities to take charge of their own lives within their own environment and social context. Social workers work in a variety of diverse settings including hospitals, community care settings, mental health services, child and adolescent services, child protection and welfare settings; and generally in a social work or multi-disciplinary team. [Regulated profession - Social worker \(Ireland\) \(europa.eu\)](#)

<sup>6</sup> [What is CORU - Coru](#)

<sup>7</sup> [Social Workers Registration Board - Coru](#)

Overall, the key public policy aim of the registration of medical, health and social care professions is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration structures and processes.

The purposes of amendments to the legislation, providing for such regulation and the associated regulatory bodies, is to respond to the dynamic changes in the professions, their training, the external environment and the associated needs for such professions among the public, who are the users of such professional services.

The Bill therefore provides for amendments to the Principal Acts to ensure they are fit for purpose and have the potential to respond to changing circumstances and anomalies or loopholes identified in the current legislation. Part of the Bill also provides for commencement of provisions previously included in the [Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020](#).

## Overview of Professional Regulatory Bodies

It has been a feature of professions that they are, to varying degrees, self-regulating. In some cases, such as law and accountancy for example, professions claim a monopoly on expertise in a particular field, and control the means by which persons may gain access to its ranks. They tend to demand maintenance of specific standards in both performance and ethical conduct, and lay down their own standards accordingly. Members of professional (regulatory) bodies by and large must maintain these standards or face exclusion from the profession. While many long-established professions have engaged in these *self-regulatory practices independent of any statutory oversight*, increasingly legislation has been enacted so it provides a comprehensive and responsive framework for the regulation of the professions.

In respect of health and social care professions, in April 2000, the then Department of Health and Children launched a consultation process on statutory registration with professional bodies. This followed the [Report of the Expert Group on Various Health Professions](#). At that time, only five health and social care professions were subject to statutory registration. These were: doctors, dentists, nurses, opticians and pharmacists:

- doctors (the Medical Council: *Medical Professions Act 2007*)
- nurses and midwives (the Nursing and Midwifery Board: [Nursing and Midwifery Act 2011](#));
- pharmacists (the Council of the Pharmaceutical Society of Ireland: [Pharmacy Act 2007](#));  
and
- dentists (the Dental Council: [Dentists Act 1985](#))

The Report of the Expert Group on Various Health Professions recommended the introduction of legislation to provide a framework for the regulation of the health [and social care] professions. It stated that the:<sup>8</sup>

“main purpose of statutory registration is to protect the public, and to provide a structure for the appraisal and approval of training courses, examinations, qualifications and institutions,

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<sup>8</sup> Report of the Expert Group on Various Health Professions, 2000, Available [here](#).

thus ensuring the proper development of education and training for certain health professions”.

Subsequently, the 2001 Health Strategy ([\*Quality and fairness – A Health System for you\*](#)) committed to introducing legislation providing for statutory registration of other health professional groups to meet quality and accountability objectives:<sup>9</sup>

“At present, five professions are subject to statutory registration: doctors, nurses, pharmacists, opticians and dentists. New legislation will provide for the statutory registration of a number of other health professional groups. The Government is committed to strengthening existing legislation regarding registration of certain professions, such as doctors, nurses and pharmacists. In addition, new legislation will be introduced for the registration of health and social care professionals including physiotherapists, occupational therapists, social workers, child care workers and others.”

The rationale provided in the 2001 Health Strategy for the regulation of health and social care professions was stated as follows:<sup>10</sup>

“The primary purpose of statutory registration is to protect and guide members of the public, so that they can be confident that the professional treating them is fully qualified and competent. Registration also provides the facility for legal action against the very small number of professionals who may harm patients or clients and bring their profession into disrepute through professional misconduct or serious illness...The legislation for professionals already registered, and for health and social care professionals being registered for the first time, will provide for consumer representation on the relevant statutory registration bodies, to ensure that the views of service users are represented. The legislation will also enable registration boards to provide for a system requiring re-accreditation of professionals at regular intervals, based on a structured system of continuing education and training.”

## Health and Social Care Professionals Act 2005

The commitment made in the 2001 Health Strategy was met in the [\*Health and Social Care Professionals Act 2005\*](#). The Act introduced a system of statutory registration for designated health and social care professionals. Introducing the Bill, the then Minister for Health Mary Harney, TD, stated that:<sup>11</sup>

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<sup>9</sup> *Health Strategy 2001*, available [here](#).

<sup>10</sup> Department of Health, 2001: 123. “Quality and fairness: A health system for you”. Department of Health: Dublin. Available [here](#).

<sup>11</sup> Seanad Éireann, Vol. 178, 09/11/2004 col. 899. Available [here](#).



‘Statutory registration is best described as a system whereby individual members of a profession are recognised by a specified body as being competent to practise within that profession under a formal mechanism provided for by law.’

The Principal Act, as amended, currently provides for a system of statutory registration for 18 ‘professions’.<sup>12</sup> The Principal Act further empowers the Minister to designate additional health and social care professionals who meet certain criteria.

The Principal Act provides for:

- The establishment and functions of **CORU** (The Health and Social Care Professionals Council)
- **Registration boards** for designated health and social care professions under the ambit of CORU;
- The **registration of persons qualified to use the title** of a designated profession; and
- The determination of **fitness to practise complaints** for these professions.

Regulation of the health and social care professionals under the Act is primarily by way of statutory protection of professional titles confining their use solely to persons granted registration. The structure of statutory regulation comprises the Council, registration boards, and a committee structure to deal with disciplinary matters.

The Principal Act provides for “grandparenting” which is a transitional period of two years during which existing practitioners of a newly designated profession must register on the basis of specified qualifications. Only registrants of a registration board, subject to the Act’s regulatory regime, are entitled to use the relevant protected title.<sup>13</sup>

## Health and Social Care Professionals Council (CORU)

CORU was established in March 2007 under the *Health and Social Care Professionals Act 2005*



(as amended).<sup>14 15</sup> It is a regulator whose key function is to establish and oversee the registration system, which will comprise 18 Registration Boards, one for each of the professions listed in the

<sup>12</sup> Dietitians; Dispensing Opticians; Medical Scientists; Occupational Therapists; Optometrists; Physical Therapists; Physiotherapists; Podiatrists; Radiographers; Radiation Therapists; Social Workers; Speech and Language Therapists; Clinical Biochemists; Counsellors; Orthoptists; Psychologists; Psychotherapists; and, Social Care Workers

<sup>13</sup> Ibid.

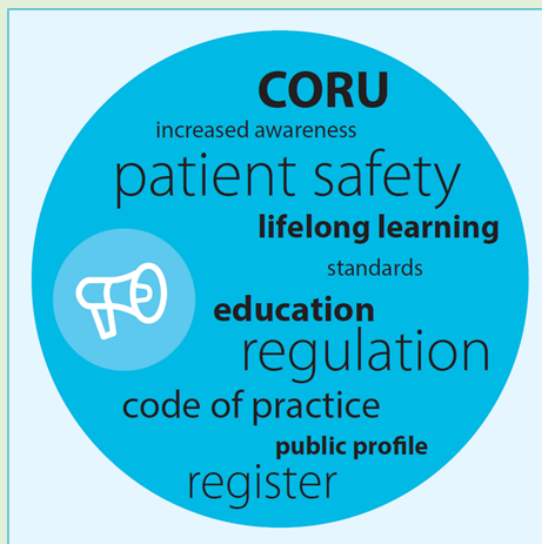
<sup>14</sup> Information on the Council in this section is taken from the website. Link at: <http://www.coru.ie/>

<sup>15</sup> “The name CORU originates from an Irish word, ‘cóir’ meaning fair, just and proper. These are values that resonate deeply within our organisation, and perfectly reflect our commitment to protecting the public by regulating health and social care professionals. CORU is not an acronym.” *Source: [www.coru.ie/en/faq](http://www.coru.ie/en/faq)*



Principal Act.<sup>16</sup> When all the registration boards are in place it will be responsible for the regulation of approximately 25,000 professionals.<sup>17</sup> Box 1 outlines the functions of the Council in more detail.

### Box 1: Functions of the Health and Social Care Professionals Council (CORU)



The main function of the Council is to provide / oversee the statutory registration of designated professions, with a system in place that will allow for:

- Additional Health and Social Care professions to be designated on approval by the Minister for Health and Children;
- Enforcement powers through a fitness to practise regime; and
- Establishment of standards in education, practice and policy and codes of ethics and conduct.

The aim of the Council is to progress the implementation of the Act including:

- The establishment of registration boards and registers for each of the 18 professions;<sup>18</sup>
- Approval for Education and Training courses;
- Dealing with Complaints, Inquiries and Discipline; and
- Protection of Professional Titles; and other matters.

Other functions under the Act include:

- To oversee and co-ordinate the activities of the registration boards;
- To establish dedicated statutory registration boards for each of the professions and to oversee the work of these boards – including the establishment of registers for each profession;
- To provide administrative support to the registration boards and their committees;
- To enforce standards of practice and education for registrants of the designated professions including codes of professional conduct and ethics adopted by the registration boards;
- Developing mechanisms concerning complaints, inquiries and discipline that will meet the requirements of the Act.
- To make statutory rules providing for any matters relating to the Council's functions; and'
- A range of other tasks under the Act in relation to such matters as Education and Training and Professional Titles.

Source: Compiled by the Oireachtas L&RS from the CORU website, available [here](#).

As of September 2022, CORU is responsible for the regulation of the professions depicted in Figure 1 below.

<sup>17</sup> [CORU meeting with Minister for Health, Simon Harris, March 2017](#)

**Figure 1: Professions currently regulated by CORU**



Source: Compiled by the L&RS

Currently, CORU currently has registers open for the following professions:<sup>19</sup>

- [Dietitians](#)
- [Dispensing Opticians](#)
- [Medical Scientists](#)
- [Occupational Therapists](#)
- [Optometrists](#)
- [Physical Therapists](#)
- [Physiotherapists](#)
- [Podiatrists](#)
- [Radiographers](#)
- [Radiation Therapists](#)
- [Social Workers](#)
- [Speech and Language Therapists](#)

In the future professions to be regulated by CORU are:<sup>20</sup>

- Clinical Biochemists
- Counsellors
- Orthoptists
- Psychologists
- Psychotherapists
- Social Care Workers

## Registration boards

Each designated profession has (or will have) its own or be part of a Registration Board. The Registration Board is responsible for the registration of members of that profession – see box 2 below.

### Box 2: Registration Board's under CORU explained

#### What is a Registration Board under CORU?

A separate Registration Board is established for each of the designated professions. The objective of each board is to protect the public by fostering high standards of professional conduct, education, training and competence among those registered.

Each Registration Board consists of 13 voluntary members with a lay majority as follows: 6 are to be elected by registrants of their profession (3 engaged in the practice of that profession, 2 engaged in the management of services provided by it and one in the education and training of it). The remaining 7 are appointed by the Minister (one from the management of the public health sector, the social care sector or both, one from a voluntary or private sector organisation concerned with health or social care, one involved in the training of that profession and 4 representing the interest of the general public). The ordinary term of office for members of Registration Boards is not more than 4 years and no longer than two consecutive terms.

Source: [About Registration Boards - Coru](#)

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<sup>19</sup> [What is CORU - Coru](#)

<sup>20</sup> [What is CORU - Coru](#)

Figure 2 below shows the status of the establishment of registration boards for all designated professions, including 'to be designated professions' as at December 2021.

**Figure 2: Registration Boards by phase of development, as of December 2021.**



Source: [coru-annual-report-2021.pdf](#)

In Figure 2 above the following apply:

- **Pre-designation:** This is where it is intended to regulate a profession. The profession is not yet prescribed under the Act. A Registration Board is not yet established and members have not been appointed.
- **Pre-establishment:** In this phase, a Ministerial decision has been made to establish a Registration Board to regulate a named profession. The members of the Registration Board have not been appointed and thus the Registration Board has not yet been appointed.
- **Establishment:** This is where a Registration Board has been established, members appointed and its first meeting has taken place. The Registration Board may in this phase

begin a process of public consultation with members of the profession and stakeholders in preparation for the establishment of a register. During this phase, as indicated, the register is not open.

- **Transition:** In this phase, the Registration Board has opened the register for members of the profession to apply for statutory registration. Existing practitioners are required to apply for registration over a two-year period from the date of opening the register. After the two-year transition period, the title of the profession will become legally protected.
- **Business as Usual:** The final phase refers to where the Registration Board for the profession is established, the register is open, the two-year transition period has passed and the title of the profession is legally protected.

### Paths to registration under CORU

The following outlines the two main paths to registration for a designated profession under CORU.

#### Existing Practitioners - Section 91 Applicants

This path to registration is aimed at existing practitioners. During the first two years that a register is open - a period known as the *Transitional Period* - existing practitioners can apply for registration and satisfy the registration board that they meet the requirements for registration. Existing practitioner must complete the CORU s.91 application form and satisfy the relevant Board that:<sup>21</sup>

- they have been practising the profession for the required period; (Proof of Professional Employment)
- hold the relevant qualifications or have successfully completed a competency test; and
- are deemed fit and proper to practise the profession.

This path to registration is also referred to as the “Grandparenting” route. It should be noted that all applications after the transitional period closes are treated as Section 38 applications.

#### New Graduates - Section 38 Applicants

This second route to registration is for:

- new entrants to the professions in Ireland;
- graduates;
- those who have been practising abroad; or
- those returning to the profession.

If the categories apply, potential registrants are required, among other things, to:

- hold an approved qualification;
- demonstrate that they are fit and proper to practise the profession; and
- satisfy the Board that they have sufficient knowledge of the language necessary to practise the profession in Ireland - this may include undertaking a language test.

It should be noted here that new entrants with qualifications from abroad must first have their qualifications recognised by CORU before they are eligible to apply for registration.

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<sup>21</sup> [Transitional \(Grandparenting\) Route \(S91\) - Coru](#)

## Registration statistics

Table 1 below presents an overview of registrations under the ambit of CORU's Registration Boards in recent years. This shows that as at the end of 2021, there were 22,866 health and social care professionals registered with CORU. The largest number of registrants are Physiotherapists (n=5,323), followed by Social Workers (n=4,893) and at the other end of the scale there were just 28 Podiatrists registered in 2021, though this Podiatrists Register has only recently been opened.

**Table 1: CORU Registrants 2017-2021**

Profession	2017	2018	2019	2020	2021
Social Workers	4,237	4,451	4,668	4,843	4,893
Radiographers/Radiation Therapists	2,413	2,587	2,816	3,049	3,257
Dietitians	865	962	1,028	1,110	1,203
Speech and Language Therapists	1,684	1,843	1,964	2,082	2,205
Occupational Therapists	2,237	2,599	2,846	3,018	3,193
Optometrists	805	829	867	895	933
Dispensing Opticians	185	185	199	203	207
Physiotherapists	148	1,782	3,562	4,650	5,323
Medical Scientists	n/a	n/a	111	462	1,534
Podiatrists	n/a	n/a	n/a	n/a	28
<b>Total</b>	<b>12,574</b>	<b>15,238</b>	<b>18,061</b>	<b>20,312</b>	<b>22,866</b>

Source: L&RS adapted from [coru-annual-report-2021.pdf](https://www.coru.ie/coru-annual-report-2021.pdf)

## Medical Practitioners Act 2007

The *Medical Practitioners Act* was passed by the Oireachtas in 2007. It repealed and replaced the [Medical Practitioners Acts 1978](#) to 2002.

In short, the Act's purpose is to protect and inform the public in their dealings with medical practitioners. In so doing, the Act introduced measures, among others, around the following:

- Registration and oversight of medical practitioners;
- Ensuring the education, training and competence of medical practitioners;
- Amending the functions, membership and accountability of the Medical Council;
- Investigation of complaints against medical practitioners

The impetus of the Act is varied. Firstly, the Act followed on from commitments given in the Department of Health and Children's 2001 Health Strategy ("Quality and Fairness: a Healthy System for You), which sought to strengthen and expand the provisions for the statutory registration of health professionals, as noted above, but also included medical doctors.<sup>22</sup> Secondly, the Act updated the previous Medical Practitioners Act 1978, which although introduced statutory regulation of medical doctors, the nature of change in the profession and wider societal change called for a significant overhaul of that legislation in terms of regulatory reach and oversight powers provided to the Medical Council. The Act also built on the Report of the Lourdes Hospital Inquiry.<sup>23</sup>

<sup>22</sup> [Quality and Fairness - a health system for you \(lenus.ie\)](https://www.lenus.ie/handle/10761/10000)

<sup>23</sup> [BILLJUNIT \(oireachtas.ie\)](https://www.oireachtas.ie/billjunit/)

In the present context, the Act introduced an explicit definition of the role of the Medical Council as the competent authority to protect the public interest and overhauled the “lay” representation on the Council and its ‘Fitness to Practice’ investigation committee structures. In this regard, the Act enhanced the investigation mechanisms of the Council by putting in place an assessment committee assisted by investigators to undertake preliminary investigations prior to fitness to practice proceedings.

In terms of registration, the Act updated the registration processes for medical practitioners and created a statutory framework for the maintenance of professional standards on the part of registered medical practitioners.

## The Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting professional standards amongst doctors practising in the State.<sup>24</sup>

The Council has a majority of non-medical members. The 25 member Council consists of 13 non-medical members and 12 medical members. The Council does not receive State funding and is funded primarily by doctors’ registration fees.

The key areas of the Medical Council’s remit are the following:<sup>25</sup>

- Maintaining the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland;
- Setting out the standards for medical education and training in Ireland;
- Promoting good medical practice; and,
- Providing the effective mechanisms so that the public may make a complaint against a doctor.

Figure 3 below shows a graphic outlining the main function of the Medical Council under the Act

**Figure 3: Functions of the Medical Council**



Source: Medical Council - statement of strategy 2019-2023

<sup>24</sup> [annual-report-2020.pdf \(medicalcouncil.ie\)](#)

<sup>25</sup> <https://www.medicalcouncil.ie/news-and-publications/reports/medical-council-statement-of-strategy-2019-2023.pdf>



## Divisions of the Register of Medical Practitioners

The following are the different registries for medical doctors operated by the Medical Council. It should be noted that two main categories here are “general registration” and “specialist registration”.

- [Internship registration](#)
- [Supervised registration](#)
- [Trainee Specialist registration](#)
- [General registration](#)
- [Specialist registration](#)
- [Visiting EEA registration](#)

## Medical Council Registration Process

In similarity with the CORU’s processes discussed above, there are different routes for registration with the Medical Council and this is dependent on where doctors, potential registrants, undertook their training and gained practice experience.<sup>26</sup>

### General Registration

#### Doctors trained in the EU/EEA

If a medical doctor trained in the European Union (EU) or European Economic Area (EEA), they can apply to the Medical Council with the following:

- Notarised copy of passport;
- Translated and notarised copy of original medical degree;
- Certificate of conformity stating that their training is in accordance with the EU directive 2005/36/EC (this does not apply if training was completed in the UK).
- Certificate of Good Standing to be sent directly to the Medical Council, from each medical council a prospective application has worked under within the last five years.

#### Doctors trained outside of the EU/EEA

If a medical doctor has trained outside of the EU or EEA, they will need to have their medical education credentials verified through the Electronic Portfolio of International Credentials (EPIC) before they can apply for registration with the Medical Council.<sup>27</sup>

There are 3 sub-routes in which a medical doctor can apply for General registration as a Non-EU applicant:

- Higher Qualification
- Certificate of Experience
- Pre-Registration Examination System (PRES)

### Eligibility requirements

The following eligibility requirements apply in respect of the above sub-routes.

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<sup>26</sup> [Medical Council - Registration Applications](#)

<sup>27</sup> EPIC is hosted by the Educational Commission for Foreign Medical Graduates (ECFMG).

- Medical doctors who have a higher qualification and have either worked in an internship for at least 12 months or have completed at least three years in an accredited training programme.
- Medical doctors who have achieved a Certificate of Experience from Australia, New Zealand, South Africa, Pakistan, Sudan, Malaysia, the UK or Malta.
- Medical doctors who are not eligible under the higher qualification or Certificate of Experience routes can apply for the Pre-Registration Examination System (PRES) exam

In tandem with the documentation required for those training in the EU/EEA, those trained outside of these jurisdictions must also produce the following documentation:

- All Non-EU applicants must have their medical degree verified by EPIC
- All Non-EU applicants must have their internship (and if applicable their Higher Qualification diploma verified by EPIC)
- International English Language Testing System (IELTS) certificate dated within the last two years with an overall band score of 7.0 and a minimum score of 6.5 in each module. OET certificate is also accepted with a score of B in each module.

### Doctors who completed specialist training in the EU/EEA

If a medical doctor has trained or are recognised as a specialist in the EU or EEA, they will have their qualifications automatically recognised by the Medical Council. The following list of supporting documents will be required:

- Notarised copy of your passport.
- Translated and notarised copy of your original medical degree.
- Translated and notarised copy of your original Certificate of Specialist Training (if you are applying for Specialist Registration).
- Certificate of conformity stating that your training is in accordance with the EU directive 2005/36/EC (this does not apply to you if you completed your training in the UK).
- Certificate of good standing to be sent directly to the Medical Council, from each Medical Council you have registered and worked within during the last five year

### Doctors who completed specialist training outside of the EU/EEA

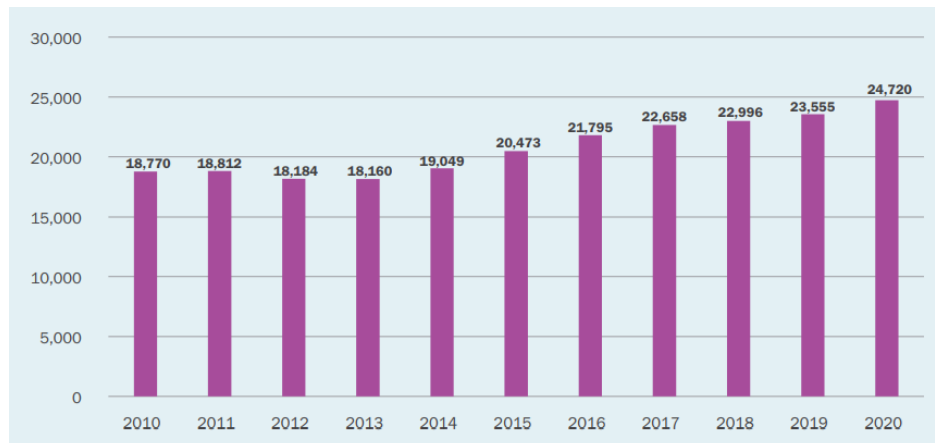
In those cases where medical doctors either trained outside of the EU or EEA or have gained part of their training and experience in the EU or EEA, they will need to apply for specialist registration with the Medical Council. Doctors who completed training outside of the EU or only partly in the EU proceed via a portfolio-based application which is assessed by the relevant training body in Ireland.

### Registration statistics

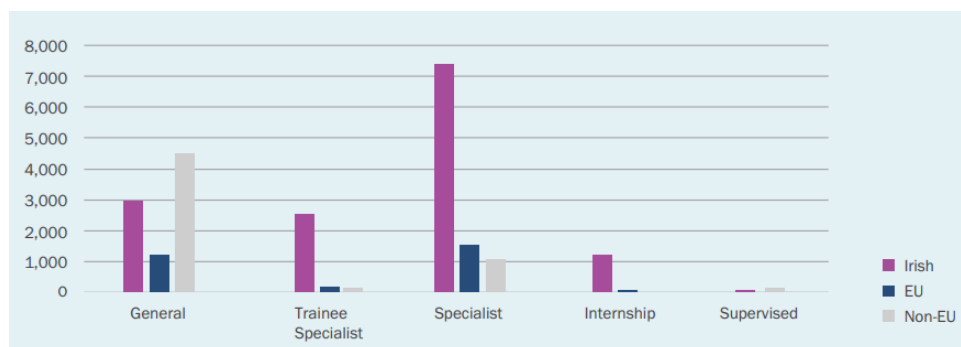
This section provides some registration data in respect of the medical registrations with the Medical Council. Figure 4 shows the total number of registered doctors from 2010 to 2020. Figure 4 shows the categorisation of doctors registration division and nationality (Irish, EU and Non-EU).

Figure 4 demonstrates that there were 24,720 doctors registered with the Medical Council in 2020. This number has increased each year since 2013, at which time the corresponding number was 18,160.

Figure 5, below also, shows that most registrations are in the “specialist” doctor category. This is followed by the “General” category or division. The largest proportion of generalist doctors are Non-EU, while the specialist doctor division is overwhelmingly Irish.

**Figure 4: Number of doctors on the Register**

Source: [Medical Council Annual Report and Financial Statements 2020](#)

**Figure 5: Doctors holding full registration by Category**

Source: [Medical Council Annual Report and Financial Statements 2020](#)

## PLS of the General Scheme of the Bill

Pre-legislative Scrutiny (PLS) did not take place on the General Scheme of the *Regulated Professions (Health and Social Care) (Amendment) Bill 2022*. In this regard, the Department of Health forwarded the General Scheme of the Bill to the Oireachtas Joint Committee on Health on 16 May 2022 but in so doing requested that PLS be waived for the Bill. The Joint Committee on Health agreed to waive PLS on the General Scheme of the Bill and communicated its decision to the Department of Health on 8 June 2022.<sup>28</sup>

## Principal provisions of the Bill

This segment of the Bill Digest examines the principal provisions of the Bill as they relate to the policy areas it seeks to legislate for. As noted above, the Bill contains four Parts which together account for 14 sections. It is worth keeping in mind that the Bill provides for a number of standard and technical amendments, such as those requiring consequential amendments in other legislation, however due to their technical nature, these are not treated in this Digest. The focus of

<sup>28</sup> L&RS communication with the Oireachtas Joint Committee on Health.

this section is therefore on the key or principal provisions of the Bill. In this regard, consequential provisions of the Bill are contained in the following sections:

#### **Health and Social Care Professionals Act 2005**

- Section 4: Amendment of section 91 of the Act of 2005
- Section 5: Amendment of section 95 of the Act of 2005

#### **Medical Practitioners Act 2007**

- Section 6: Amendment of section 10 of the Act of 2007

#### **Regulated Professions (Health and Social Care) (Amendment) Act 2020**

- Section 12: Amendment of section 88 of the Act of 2020
- Section 13: Amendment of section 96 of the Act of 2020
- Section 14: Amendment of section 110 of the Act of 2020

Each relevant section is treated in turn below.

#### **Section 4: Amendment of section 91 of the Act of 2005**

Section 91 of the Act of 2005 (as amended), under its Part 9 (Transitional Provisions), provides for the entry route to a profession and, among other things, refers to the qualifications required by practitioners in order to be granted registration as delineated in Schedule 3 of the Act. In addition, section 91 provides for entry to the professions through an applicant's engagement in the State in the practice of a designated profession, as specified in meaning of such practice by the relevant registration board in its bye-laws, for two years in the previous five years.

Section 4 of this Bill seeks to ensure that Social Care Workers applying for registration are required to meet the same safety standards as all other CORU registered professionals.<sup>29</sup>

Section 4 of the Bill provides specifically for the registration route for Social Care Workers. Social Care Workers were designated as a profession to be regulated by CORU in 2005. The process is at present in the transition phase and CORU's Social Care Worker Registration Board is planning to open the register for Social Care Workers toward the end of 2023.<sup>30 31</sup> Thus, as it stands, on 30 November 2023, the Social Care Worker Register will open and this will begin a two-year transition period for existing Social Care Workers to apply to register with CORU – the title 'Social Care Worker' will become a legally protected title in Ireland on 30 November 2025.

By means of further context in respect of the CORU's Social Care Worker Registration Board, the registration process has been impacted by Covid-19 and the pandemic's impact in turn on education and training for the profession. The following, taken from the webpage for the Social Care Worker Registration Board, provides further context for this section of the Bill:

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<sup>29</sup> [Update on the Registration of Social Care Workers - Coru](#)

<sup>30</sup> L&RS communication with the Department of Health.

<sup>31</sup> The Social Care Workers Register will open on the 30 November 2023. This will begin a 2 year transition period for existing practitioners to apply to register with CORU. On the 30th November 2025, the title 'Social Care Worker' will become a legally protected title in Ireland. [Update on the Registration of Social Care Workers - Coru](#)

“A vital part of assuring public protection is establishing the correct standards for education and training of the profession. This work is necessary as the Board cannot open register until such time as an Approved Qualification Bye-law has been set. The reason for this being that there would be no route for new entrants into the profession (Section 38 applicants) to register as they would not meet the grand parenting requirement of having practice experience (2 years in previous 5 years), as set out in legislation.

This is a significant undertaking for the Social Care Workers Registration Board given the volume of programmes currently being delivered (40 programmes delivered by 18 education providers). Given that it will require between 24 to 36 months to process applications for programme approval and make an initial Approved Qualification Bye-law, the earliest estimated date for opening the Social Care Workers Register is 2022.<sup>32</sup> However, it should be noted this is an indicative date and dependent on external factors, including the number of applications received from education providers seeking programme approval and is subject to available resources.”<sup>33</sup>

However, it has been established that the registration route provided for existing Social Care Workers who do not hold the necessary qualifications differs from other professions, which is deemed problematic and unsafe.<sup>34 35</sup>

In this regard, the Principal Act currently provides that during the two-year transition period, referred to as a “grand parenting period”<sup>36</sup>, the Social Care Worker Registration Board is required to place on the register any person who has been practising as a Social Care Worker professional. This includes those who practiced outside of Ireland, those who have practiced for a continuous two-year period out of five previous years and where an employer states that a Social Care Worker

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<sup>32</sup> As noted above, this has now been changed to 2023. This statement was made in May 2020.

<sup>33</sup> [Update on the Registration of Social Care Workers - Coru](#)

<sup>34</sup> Ibid.

<sup>35</sup> As detailed in Schedule 3 of the relevant Principal Act, the necessary qualifications for Social Care Workers are the following:

- National Diploma in Child Care awarded by the Higher Education and Training Awards Council/Dublin Institute of Technology, or
- National Diploma in Applied Social Care Studies awarded by the Higher Education and Training Awards Council/Dublin Institute of Technology, or
- Diploma in Social Care awarded by the Higher Education and Training Awards Council/Dublin Institute of Technology, or
- Diploma in Applied Social Studies/Social Care from the Dublin Institute of Technology, or Open Training College National Diploma in Applied Social Studies (Disability).

It should be noted that these qualifications will be under review and subject to bye-laws set out by the work of the Social Care Worker Registration Board and may be subject to variance and update on foot of Ministerial Order under the provisions of this Bill. As noted in the body of the Digest, the Social Care Worker Registration Board had identified 40 relevant education and training courses provided across 18 providers as of 2019.

<sup>36</sup> The Grandfathering provision, in the context of the Principal Act, refers to the process whereby if people do enough professional practice they may be entitled to join the profession's register. However, this practice must be in keeping the meaning specified by the relevant Registration Board's bye-laws and be for a period of at least 2 of the previous 5 years.

meet the standards for the profession. However, this route is not aligned with other professions regulated by CORU.<sup>37</sup>

Section 4 therefore provides that where Social Care Workers apply for registration, they must have completed two years of work as a Social Care Worker in Ireland, and, must pass an assessment of competence set the Social Care Worker Registration Board rather than professional competence being assessed by their respective employers.

As such, section 4 seeks to align the route to registration for Social Care Workers with the route available for other practitioners. However, section 4 provides flexibility for Social Care Workers including that the two-year period of professional experience within the previous five years does not have to be continuous and the retention of the provision that the five-year period extends to the end of the transition period rather than on the opening of the Registration Board.<sup>38</sup>

### Section 5: Amendment of section 95 of the Act of 2005

Section 95 of the Principal Act, as amended, provides a Minister powers to make regulations and orders under the Act. Therein, section 5 of the Bill provides for the Minister to prescribe or vary the list of qualifications set out under Schedule 3 of the Act that are acceptable for the registration of existing health and social care professionals during the transition period. The effect of this amendment is that the list of acceptable qualifications, as they relate to the registration of designated professions, can be updated by Ministerial Order to reflect new qualifications that are acceptable. Section 5, among other things, also provides that Minister may make such regulations only after consulting the Registration Board of a designated profession under the Act or other organisations that she or he considers appropriate.

It was noted above in the case of the Social Care Worker Registration Board that there were, as of 2019, 40 relevant education and training programmes delivered by 18 providers. In this context, this amendment provides that secondary legislation, under the Act, can respond to changing circumstances in respect of qualifications across the range of health and social care professions regulated by CORU.

Moreover, under the *Health and Social Care Professionals Act 2005* additional professions are due to be registered in the future. Following the opening of the Register for a profession by the relevant Registration Board, a two -year transitional period applies to facilitate existing practitioners to apply and satisfy the Registration Board that they meet the relevant requirements, including acceptable qualifications. Section 5 if enacted thus provides for the amending and updating of Schedule 3's list of acceptable qualifications for professions that have not yet opened a register, including reference to qualifications that are no longer applicable.

### Section 6: Amendment of Section 10 of the Act of 2007

Section 6 of the Bill proposes to amend section 10, 'Immunity', of the [Medical Practitioners Act 2007](#). Section 10 of the Principal Act provides for the protection from civil liability of Medical Council members and staff, former members and former staff and persons appointed to assist with its Preliminary Proceedings Committee.<sup>39</sup> Section 6 amends section 10 of the Principal Act with the

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<sup>37</sup> L&RS communication with the Department of Health.

<sup>38</sup> Ibid.

<sup>39</sup> [BILLJMUNIT \(oireachtas.ie\)](#)



effect that certain person operating under its provisions will have appropriate immunity from civil liability in carrying out their functions.<sup>40</sup> The [Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020](#) (and section 14) of this Bill expand the cohorts of persons who can be appointed to assist the Council in the performance of its functions. Examples here include persons assessing medical courses, advising staff on medical practice, terminology, organising records and so forth. Section 6 therefore provides immunity for those persons not already included under section 10 of the Principal Act. This includes persons with functions under section 7 (Functions of the Council) and section 58A (Investigation of Complaints) of the Principal Act.

### **Section 12: Amendment of section 88 of the Act of 2020**

Section 12 of the Bill proposes to amend section 78 (Amendment of section 2 of the Act of 2007) of the [Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020](#), which in turn amended section 2 (Interpretation) of the *Medical Practitioners Act 2007*.

Section 12 provides for the recognition of a qualification as an intern qualification for the purposes of registration on the Medical Council's Intern Register. Following the UK's departure from the European Union, this amendment to section 36D of the Principal Act, as introduced by section 88 of the 2020 Act, with the effect that medical degrees completed wholly or mainly in the UK meet the requirements for recognition as intern qualifications in Ireland. Such medical degrees must however meet the criteria set by the Medical Council for recognition.

This amendment responds to an anomaly arising on foot of the UK's departure from the EU. Post-Brexit, this amendment therefore (re)extends to graduates of UK medical schools opportunities to undertake medical internships in Ireland.

The amendment is also significant in fulfilling Ireland's commitment under the Common Travel Area agreement the UK, which "affords Irish and British citizens the right to access all levels of education and training, and associated student support, in each other's state, on terms no less favourable than those for the citizens of that state."<sup>41</sup> <sup>42</sup>

### **Section 13: Amendment of section 96 of the Act of 2020**

Section 13 of the Bill proposes to amend section 96 (Amendment of Act of 2007 - insertion of sections 44A to 44C) of the [Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020](#), which has not yet been commenced. Section 96 of the 2020 Act provides, among other things, for application for recognition of medical qualifications, requirements to be met for recognition of qualification as general medical qualification and requirements to be met for recognition of medical qualification as specialist qualification. These in turn relate to the categories of registration (General, Specialist, Intern etc.) of medical professions with the Medical Council.

Specifically, section 13 provides for amendments that relate to the requirements to be met for recognition of a qualification as a general qualification for the purposes of registration on the General Division of the Medical Council's Register. The effect of the amendment, if enacted, will be

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<sup>40</sup> [b8022d-memo.pdf \(oireachtas.ie\)](#)

<sup>41</sup> L&RS communication with the Department of Health.

<sup>42</sup> [Memorandum-of-Understanding-Ire-version.pdf \(dfa.ie\)](#)



to ensure the continued provision of a route to registration on the General Division/category for certain cohorts of internationally trained doctors.

#### **Section 14: Amendment of section 110 of the Act of 2020**

Section 14 proposes to amend section 110, (Amendment of section 58 of Act of 2007), of the [\*Regulated Professions \(Health and Social Care\) \(Amendment\) Act 2020\*](#). Section 58 of the *Medical Practitioners Act 2007* provides for “Persons to assist Preliminary Proceedings Committee”. Section 14 provides for amendments that relate to the new system for the investigation of complaints against doctors by the Medical Council, introduced by the 2020 Act. The proposed amendment, if enacted, will have the effect of further supporting the performance of the Medical Council’s triage, investigation, and adjudication of complaints functions under the new system. These include, among other things, providing for the Chief Executive Officer (CEO) and the Medical Council to appoint persons to assist in the investigation of complaints under the Council’s Preliminary Proceedings Committee, provision of written reports to the CEO or in respect of the Committee’s functions and provision of assistance by suitably qualified experts in the form of advice to the Committee, authorised officers and CEO in the performance of their functions under this section.

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